OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**1-B-7**	Only recognized abbreviations are allowed to be used in the clinical record.
1-B-8	The facility must perform a self-survey review of compliance with all QUAD A standards annually prior to the expiration date of its accreditation in each of the two years between QUAD A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include: 1. A completed Self-Survey checklist 2. A Plan of Correction for any standard identified as non-compliant 3. Evidence that each plan of correction has been carried out to establish compliance with standards 4. Evidence that findings from the self-survey have been reviewed, included in the facility's Quality Improvement Plan, and discussed in the facility's Quality Improvement meetings.		No Change
N/A	No current requirement.	**1-E-3**	Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician's pain management staff or other licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action.
N/A	No current requirement.	**2-B-1**	The facility must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.
N/A	No current requirement.	**2-E-3**	Outdated medical supplies, instruments, implants, and equipment are removed and destroyed in accordance with federal/national, state, provincial, and local regulations.

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**3-D-1**	All medical hazardous wastes (including desposable sharp items) are disposed of in sealed, labeled containers and stored in compliance with local, state/provincial, and national guidelines, and/or OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.
N/A	No current requirement.	**3-D-4**	Used disposable sharp items are placed in secure puncture-resistant containers that are located as close to the use area as is practical.
5-D-1	The Provider/Supplier must comply with all applicable Federal, State, and local emergency preparedness requirements. The Provider/Supplier must establish and maintain an emergency preparedness program that meets the requirements of this section.		No Change
5-D-2	Emergency plan: The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two (2) years.		No Change
5-D-3	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.		No Change
5-D-4	The plan must include strategies for addressing emergency events identified by the risk assessment.		No Change
5-D-5	The plan must address patient population, including, but not limited to, the type of services the Provider/Supplier has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		No Change
5-D-6	The plan must address the location and use of alarm systems and signals; and methods of containing fire.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-D-7	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.		No Change
5-D-8	The plan must be developed and maintained with assistance from fire, safety, and other appropriate experts.		No Change
5-D-9	Policies and procedures: The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, and the communication plan in standard 5-D-21. The policies and procedures must be reviewed and updated at least every two (2) years.		No Change
5-D-11	At a minimum, the policies and procedures must address safe evacuation from the Provider/Supplier.		No Change
5-D-12	Safe evacuation from the Provider/Supplier must include consideration of care and treatment needs of evacuees.		No Change
5-D-13	Safe evacuation from the Provider/Supplier must include staff responsibilities.		No Change
5-D-17	At a minimum, the policies and procedures must address a means to shelter in place for patients, staff, and volunteers who remain in the Provider/Supplier.		No Change
5-D-18	At a minimum, the policies and procedures must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-D-19	At a minimum, the policies and procedures must address the use of volunteers in an emergency and other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.		No Change
5-D-21	Communication plan: The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.		No Change
5-D-22	The communication plan must include names and contact information for Staff, Entities providing services under arrangement, Patients' physicians, Volunteers, and Other Provider/Suppliers within the same Medicare type.		No Change
5-D-23	The communication plan must include contact information for Federal, state, tribal, regional, and local emergency preparedness staff and Other sources of assistance.		No Change
5-D-24	The communication plan must include primary and alternate means for communicating with Provider/Supplier's staff and Federal, State, tribal, regional, and local emergency management agencies.		No Change
5-D-25	The communication plan must include a method for sharing information and medical documentation for patients under the Provider/Supplier's care, as necessary, with other health care providers to maintain the continuity of care.		No Change
5-D-28	The communication plan must include a means of providing information about the Provider/Supplier's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.		No Change

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QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-D-29	Training and testing: The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, policies and procedures in standard 5-D-9, and the communication plan in standard 5-D-21. The training and testing program must be reviewed and updated at least every two (2) years.		No Change
5-D-30	The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.		No Change
5-D-31	The training program must provide emergency preparedness training at least every two (2) years.		No Change
5-D-32	The training program must maintain documentation of all emergency preparedness training.		No Change
5-D-33	The training program must demonstrate staff knowledge of emergency procedures.		No Change
5-D-34	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.		No Change
5-D-35	The Provider/Supplier must conduct exercises to test the emergency plan at least annually.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-D-36	The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two 2) years; or If the Provider/Supplier experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.		No Change
5-D-37	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise as required by standard 5-D-36 is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.		No Change
5-D-38	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-E-1	If a Provider/Supplier is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Provider/Supplier may choose to participate in the healthcare system's coordinated emergency preparedness program.		No Change
5-E-2	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		No Change
5-E-3	If elected, the unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.		No Change
5-E-6	If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of standards 5-D-4, 5-D-5, 5-D-6, and 5-D-7.		No Change
5-E-7	If elected, the unified and integrated emergency plan must also be based on and include a documented community-based risk assessment, utilizing an all-hazards approach.		No Change
5-E-8	If elected, the unified and integrated emergency plan must also be based on and include a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
5-E-9	If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in 5-D-9, a coordinated communication plan, and training and testing programs that meet the requirements in standards 5-D-21 and 5-D-29, respectively.		No Change
N/A	No current requirement.	**6-F-13**	The following medication must be available in the facility at all times: A narcotic reversal agent (e.g., aloxone, nalmefene).
N/A	No current requirement.	**7-B-1**	Hand hygiene is performed in accordance with current nationally recognized and/or WHO guidelines and standards of practice. Periodic hand hygiene auditing must be a part of the facility's quality activities. For surgical/procedural facilities: Scrub facilities are provided for the operating room staff. Scrub products (as appropriate), soap, and alcohol cleansers are provided for the operating room staff, consistent with current adopted guidelines and standards of practice for hand hygiene.
N/A	No current requirement.	**7-C-1**	The facility has a written protocol for the reprocessing of all instruments and disinfection of all equipment used in patient care consistent with the manufacturer's instructions for use.
N/A	No current requirement.	**8-A-6**	Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations.
N/A	No current requirement.	**8-A-8**	Clinical records for each patient must be accurate, legible, and promptly completed.
N/A	No current requirement.	**8-A-9**	Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.
N/A	No current requirement.	**8-A-10**	Clinical records are maintained and easily accessible by the accredited facility.
N/A	No current requirement.	**8-B-1**	Clinical records must contain patient identification.

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
11-E-6	All qualified personnel practicing in an accredited organization must meet one of the following criteria: - PT - Physical Therapist - PTA - Physical Therapist Assistants - OT - Occupational Therapist - COTA - Certified Occupational Therapist Assistance - SLP - Speech Language Pathologist - SLPA - Speech Language Pathologist Assistant	**11-E-6**	All qualified personnel practicing in an accredited organization must meet one of the following criteria: - PT - Physical Therapist - PTA - Physical Therapist Assistants - OT - Occupational Therapist - OTA - Occupational Therapist Assistance - SLP - Speech Language Pathologist
N/A	No current requirement.	**11-I-1**	Each personnel record has evidence of annual hazard safety training.
N/A	No current requirement.	**11-I-2**	Each personnel record has evidence of annual blood borne pathogen training.
N/A	No current requirement.	**11-I-3**	Each personnel record has evidence of annual universal precaution training.
15-A-1	Except as specified in paragraphs 15-A-2 through 15-A- 13 of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy, and speech-language pathology services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.		No Change
15-A-2	Federally defined qualifications must be met: For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in 42 CFR 484.		No Change
15-A-3	Federally defined qualifications must be met: For a speech-language pathologist, the qualifications specified in section 1861(II)(1) of the Act and the requirements in 42 CFR 484.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-A-4	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An administrator is a person who has a bachelor's degree and has experience or specialized training in the administration of health institutions or agencies; or is qualified and has experience in one of the professional health disciplines.		No Change
15-A-5	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An occupational therapist must meet the requirements in part 484 of this chapter.		No Change
15-A-6	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: An occupational therapy assistant must meet the requirements in 42 CFR 484 of this chapter.		No Change
15-A-7	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physical therapist must meet the requirements in 42 CFR 484 of this chapter.		No Change
15-A-8	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physical therapist assistant must meet the requirements in 42 CFR 484 of this chapter.		No Change
15-A-9	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A social worker must meet the requirements in 42 CFR 484 of this chapter.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-A-10	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A vocational specialist is a person who has a baccalaureate degree and two years' experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment agency, etc.; or at least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or a master's degree in vocational counseling.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-A-11	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A nurse practitioner is a person who: 1) must be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and 2) be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or 3) be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000; or 4) be a nurse practitioner who on or after January 1, 2001, applies for a Medicare billing number for the first time and meets the standards for nurse practitioners in items 1 and 2 above; or 5) Be a nurse practitioner who on or after January 1, 2003, applies for a Medicare billing number for the first time and possesses a master's degree in nursing and meets the standards for nurse practitioners in items 1 and 2 above.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-A-12	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A clinical nurse specialist is a person who must be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law; have a master's degree in a defined clinical area of nursing from an accredited educational institution; and be certified as a clinical nurse specialist by the American Nurses Credentialing Center.		No Change
15-A-13	If no State licensing laws or State certification or registration requirements exist for the profession, the following requirement must be met: A physician assistant is a person who has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and is licensed by the State to practice as a physician assistant.		No Change
15-B-1	The organization and its staff are in compliance with all applicable Federal, State, and local laws and regulations.		No Change
15-B-2	In any State in which State or applicable local law provides for the licensing of organizations, a clinic, rehabilitation agency, or public health agency is licensed in accordance with applicable laws.		No Change
15-B-3	Staff of the organization are licensed or registered in accordance with applicable laws.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-C-1	The clinic or rehabilitation agency has an effective governing body that is legally responsible for the conduct of the clinic or rehabilitation agency. The governing body designates an administrator and establishes administrative policies.		No Change
15-C-2	There is a governing body (or designated person(s) so functioning) which assumes full legal responsibility for the overall conduct of the clinic or rehabilitation agency and for compliance with applicable laws and regulations. The name of the owner(s) of the clinic or rehabilitation agency is fully disclosed to the State Agency and QUAD A. In the case of corporations, the names of the corporate officers are made known.		No Change
15-C-3	The governing body appoints a qualified full-time administrator.		No Change
15-C-4	The governing body delegates to the administrator the internal operation of the clinic or rehabilitation agency in accordance with written policies.		No Change
15-C-5	The governing body defines clearly the administrator's responsibilities for procurement and direction of personnel.		No Change
15-C-6	The governing body designates a competent individual to act during temporary absence of the administrator.		No Change
15-C-7	Personnel practices are supported by appropriate written personnel policies that are kept current. Personnel records include the qualifications of all professional and assistant level personnel, as well as evidence of State licensure if applicable.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-C-8	Patient care practices and procedures are supported by written policies established by a group of professional personnel including one or more physicians associated with the clinic or rehabilitation agency, one or more qualified physical therapists (if physical therapy services are provided), and one or more qualified speech pathologists (if speech pathology services are provided). The policies govern the outpatient physical therapy and/or speech pathology services and related services that are provided. These policies are evaluated at least annually by the group of professional personnel and revised as necessary based upon this evaluation.		No Change
15-D-1	For each patient in need of outpatient physical therapy or speech pathology services, there is a written plan of care established and periodically reviewed by a physician, or by a physical therapist or speech pathologist respectively.		No Change
15-D-2	The patient's significant past history is obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-3	Current medical findings, if any, are obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-4	Diagnosis(es), if established, are obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-5	Physician's orders, if any, are obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-6	Rehabilitation goals, if determined, are obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-7	Contraindications, if any, are obtained by the organization before or at the time of initiation of treatment.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-D-8	The extent to which the patient is aware of the diagnosis(es) and prognosis is obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-9	If appropriate, the summary of treatment furnished, and results achieved during previous periods of rehabilitation services or institutionalization is obtained by the organization before or at the time of initiation of treatment.		No Change
15-D-10	For each patient there is a written plan of care established by the physician or by the physical therapist or speech-language pathologist who furnishes the services.		No Change
15-D-11	The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the type, amount, frequency, and duration.		No Change
15-D-12	The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken.		No Change
15-D-13	Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.		No Change
15-D-14	The rehabilitation agency must establish procedures to be followed by personnel in an emergency, which cover immediate care of the patient, persons to be notified, and reports to be prepared.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-E-1	If the organization offers physical therapy services, it provides an adequate program of physical therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.		No Change
15-E-2	The organization is considered to have an adequate outpatient physical therapy program if it can provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity.		No Change
15-E-3	The organization is considered to have an adequate outpatient physical therapy program if it can conduct patient evaluations.		No Change
15-E-4	The organization is considered to have an adequate outpatient physical therapy program if it can administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.		No Change
15-E-5	A qualified physical therapist is present or readily available to offer supervision when a physical therapist assistant furnishes services.		No Change
15-E-6	If a qualified physical therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.		No Change
15-E-7	When a physical therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified physical therapist who makes an onsite supervisory visit at least once every thirty (30) days.		No Change
15-E-8	The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-E-9	Physical therapy services are provided by, or under the supervision of, a qualified physical therapist. The number of qualified physical therapists and qualified physical therapist assistants is adequate for the volume and diversity of physical therapy services offered. A qualified physical therapist is on the premises or readily available during the operating hours of the organization.		No Change
15-E-10	If personnel are available to assist qualified physical therapists by performing services incident to physical therapy that do not require professional knowledge and skill, these personnel are instructed in appropriate patient care services by qualified physical therapists who retain responsibility for the treatment prescribed by the attending physician.		No Change
15-F-1	If the organization offers occupational therapy services, it provides an adequate program of occupational therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.		No Change
15-F-2	The organization is considered to have an adequate outpatient occupational therapy program if it can provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity.		No Change
15-F-3	The organization is considered to have an adequate outpatient occupational therapy program if it can conduct patient evaluations.		No Change
15-F-4	The organization is considered to have an adequate outpatient occupational therapy program if it can administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-F-5	A qualified occupational therapist is present or readily available to offer supervision when an occupational therapist assistant furnishes services.		No Change
15-F-6	If a qualified occupational therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.		No Change
15-F-7	When a occupational therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified occupational therapist who makes an onsite supervisory visit at least once every thirty (30) days.		No Change
15-F-8	The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service.		No Change
15-F-9	Occupational therapy services are provided by, or under the supervision of, a qualified occupational therapist. The number of qualified occupational therapists and qualified occupational therapist assistants is adequate for the volume and diversity of occupational therapy services offered. A qualified occupational therapist is on the premises or readily available during the operating hours of the organization.		No Change
15-F-10	If personnel are available to assist qualified occupational therapists by performing services incident to occupational therapy that do not require professional knowledge and skill, these personnel are instructed in appropriate patient care services by qualified occupational therapists who retain responsibility for the treatment prescribed by the attending physician.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-G-1	If speech pathology services are offered, the organization provides an adequate program of speech pathology and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.		No Change
15-G-2	The organization is considered to have an adequate outpatient speech pathology program if it can provide the diagnostic and treatment services to effectively treat speech disorders.		No Change
15-G-3	The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of speech disorders it accepts for service.		No Change
15-G-4	Speech pathology services are given or supervised by a qualified speech pathologist and the number of qualified speech pathologists is adequate for the volume and diversity of speech pathology services offered. At least one qualified speech pathologist is present at all times when speech pathology services are furnished.		No Change
15-H-1	This condition and standards apply only to a rehabilitation agency's own patients, not to patients of hospitals, skilled nursing facilities (SNFs), or Medicaid nursing facilities (NFs) to which the agency furnishes services. The hospital, SNF, or NF is responsible for ensuring that qualified staff furnish services for which they arrange or contract for their patients. The rehabilitation agency provides physical therapy and speech-language pathology services to all of its patients who need them.		No Change
15-H-2	The agency's therapy services are furnished by qualified individuals as direct services and/or services provided under contract.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-H-3	If services are provided under contract, the contract must specify the term of the contract, the manner of termination or renewal and provide that the agency retains responsibility for the control and supervision of the services.		No Change
15-I-1	This condition and standards apply only to a rehabilitation agency's own patients, not to patients of hospitals, skilled nursing facilities (SNFs), or Medicaid nursing facilities (NFs) to which the agency furnishes services. The hospital, SNF, or NF is responsible for ensuring that qualified staff furnish services for which they arrange or contract for their patients. The rehabilitation agency provides physical therapy and speech-language pathology services to all of its patients who need them.		No Change
15-I-2	If an organization provides outpatient physical therapy or speech pathology services under an arrangement with others, the services are to be furnished in accordance with the terms of a written contract, which provides that the organization retains of professional and administrative responsibility for, and control and supervision of, the services.		No Change
15-I-3	The contract specifies the term of the contract and the manner of termination or renewal.		No Change
15-I-4	The contract requires that personnel who furnish the services meet the requirements that are set forth in this subpart for salaried personnel.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-I-5	The contract provides that the contracting outside resource may not bill the patient or Medicare for the services. This limitation is based on section 1861(w)(1) of the Act, which provides that only the provider may bill the beneficiary for covered services furnished under arrangements; and receipt of Medicare payment by the provider, on behalf of an entitled individual, discharges the liability of the individual or any other person to pay for those services.		No Change
15-J-1	The organization maintains clinical records on all patients in accordance with accepted professional standards, and practices. The clinical records are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.		No Change
15-J-2	The organization recognizes the confidentiality of clinical record information and provides safeguards against loss, destruction, or unauthorized use. Written procedures govern the use and removal of records and the conditions for release of information. The patient's written consent is required for release of information not authorized by law.		No Change
15-J-3	The clinical record contains sufficient information to identify the patient clearly, to justify the diagnosis(es) and treatment, and to document the results accurately.		No Change
15-J-4	All clinical records contain documented evidence of the assessment of the needs of the patient, of an appropriate plan of care, and of the care and services furnished.		No Change
15-J-5	All clinical records contain identification data and consent forms.		No Change
15-J-6	All clinical records contain medical history.		No Change
15-J-7	All clinical records contain report of physical examinations, if any.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-J-8	All clinical records contain observations and progress notes.		No Change
15-J-9	All clinical records contain reports of treatments and clinical findings.		No Change
15-J-10	All clinical records contain discharge summary including final diagnosis(es) and prognosis.		No Change
15-J-11	Current clinical records and those of discharged patients are completed promptly. All clinical information pertaining to a patient is centralized in the patient's clinical record. Each physician signs the entries that he or she makes in the clinical record.		No Change
15-J-12	Clinical records are retained for at least the period determined by the respective State statute, or the statute of limitations in the State; or		No Change
15-J-13	In the absence of a State statute, clinical records are retained for at least five years after the date of discharge; or in the case of a minor, 3 years after the patient becomes of age under State law or 5 years after the date of discharge, whichever is longer.		No Change
15-J-14	Clinical records are indexed at least according to name of patient to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.		No Change
15-J-15	The organization maintains adequate facilities and equipment, conveniently located, to provide efficient processing of clinical records (reviewing, indexing, filing, and prompt retrieval).		No Change
15-K-1	The building housing the organization is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable environment.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-K-2	The facility must comply with all applicable State and local building, fire, and safety codes.		No Change
15-K-3	The facility must ensure that permanently attached automatic fire-extinguishing systems of adequate capacity are installed in all areas of the premises considered to have special fire hazards. Fire extinguishers are conveniently located on each floor of the premises. Fire regulations are prominently posted.		No Change
15-K-4	The facility must ensure that doorways, passageways and stairwells negotiated by patients are of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs).		No Change
15-K-5	The facility must ensure that doorways, passageways and stairwells negotiated by patients are free from obstruction at all times.		No Change
15-K-7	The facility must ensure that lights are placed at exits and in corridors used by patients and are supported by an emergency power source.		No Change
15-K-8	The facility must ensure that a fire alarm system with local alarm capability and, where applicable, an emergency power source, is functional.		No Change
15-K-9	The facility must ensure that at least two persons are on duty on the premises of the organization whenever a patient is being treated.		No Change
15-K-10	The facility must ensure that no occupancies or activities undesirable or injurious to the health and safety of patients are located in the building.		No Change
15-K-11	The organization establishes a written preventive- maintenance program to ensure that the equipment is operative, and is properly calibrated.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-K-12	The organization establishes a written preventive- maintenance program to ensure that the interior and exterior of the building are clean and orderly and maintained free of any defects that are a potential hazard to patients, personnel, and the public.		No Change
15-K-13	The organization provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.		No Change
15-K-14	Provision is made for adequate and comfortable lighting levels in all areas; limitation of sounds at comfort levels; a comfortable room temperature; and adequate ventilation through windows, mechanical means, or a combination of both.		No Change
15-K-15	Toilet rooms, toilet stalls, and lavatories are accessible and constructed so as to allow use by non-ambulatory and semi-ambulatory individuals.		No Change
15-K-16	Whatever the size of the building, there is an adequate amount of space for the services provided and disabilities treated, including reception area, staff space, examining room, treatment areas, and storage.		No Change
15-L-1	The organization that provides outpatient physical therapy services establishes an infection-control committee of representative professional staff with responsibility for overall infection control. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.		No Change
15-L-2	The infection-control committee establishes policies and procedures for investigating, controlling, and preventing infections in the organization and monitors staff performance to ensure that the policies and procedures are executed.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-L-3	All personnel follow written procedures for effective aseptic techniques. The procedures are reviewed annually and revised if necessary to improve them.		No Change
15-L-4	The organization employs sufficient housekeeping personnel and provides all necessary equipment to maintain a safe, clean, and orderly interior. A full-time employee is designated as the one responsible for the housekeeping services and for supervision and training of housekeeping personnel.		No Change
15-L-5	An organization that has a contract with an outside resource for housekeeping services may be found to be in compliance with this standard provided the organization or outside resource or both meet the requirements of the standard.		No Change
15-L-6	The organization has available at all times a quantity of linen essential for proper care and comfort of patients. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.		No Change
15-L-7	The organization's premises are maintained free from insects and rodents through operation of a pest-control program.		No Change
15-M-1	The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization's policies are followed in providing services to patients through employees or under arrangements with others.		No Change
15-M-2	Standard: Clinical-record review. A sample of active and closed clinical records is reviewed quarterly by the appropriate health professionals to ensure that established policies are followed in providing services.		No Change

OPT Change Report

QUAD A Previous Version 3.3		Revised Standards - Version 4.0	
Number	**Language**	**Number**	**Language**
15-M-3	Standard: Annual statistical evaluation. An evaluation is conducted annually of statistical data such as number of different patients treated, number of patient visits, condition on admission and discharge, number of new patients, number of patients by diagnosis(es), sources of referral, number and cost of units of service by treatment given, and total staff days or work hours by discipline.		No Change