

This checklist may help hospital facility professionals prepare for survey evaluations regarding Appendix A requirements from the Centers for Medicare & Medicaid Services (CMS). Similar to the K-Tags CMS uses for life safety, the series of A-Tags developed by CMS provide interpretive guidance for hospitals. The latest edition of Appendix A was issued on February 21, 2020. While many of the A-Tags are of a clinical or governance nature several deal with the physical environment. This checklist and crosswalk focus only on those A-Tags dealing with the physical environment.

A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0020	Compliance with Federal, State and Local Laws CFR §482.11	☐ The hospital must ensure that all applicable Federal, State and local law requirements are met.		DNV CE.2.SR.1	
0021	Compliance with Federal Laws related to patient health and safety CFR §482.11(a)	☐ Leadership must be able to describe the hospital's compliance with Federal laws related to patient health and safety.		TJC EC.02.04.01 EP5 EC.02.05.01 EP6 DNV GB.1 SR.1h GB.2 SR.1a CE.2 SR.1	
0022	Hospital must be licensed CFR §482.11(b)	☐ Leadership must be able demonstrate that the facility meets the statutory definition of a hospital		DNV GB.1 SR.1	
0073	The institution must have an overall institutional plan that meets the following conditions: CFR §482.12(d)	☐ The plan must include an annual operating budget that is prepared according to generally accepted accounting principles ☐ The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense ☐ The plan must provide for capital expenditures for at least a 3-year period ☐ The plan must include and identify each anticipated capital expenditure in excess of \$600,000		TJC LD.04.01.03 DNV GB.3 SR.1 GB.3 SR.2 (a, b, c)	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0084	The governing body must ensure that the services performed under a contract are provided in a safe and effective manner. CFR §482.12(e)(1)	☐ All services provided under contract are subject to the same hospital-wide quality assessment and performance improvement (QAPI) evaluation as other services provided directly by the hospital		TJC: LD.01.03.01 EP21 LD.04.03.09 DNV GB.4	
0085	The hospital must maintain a list of all contracted services CFR §482.12(e)(2)	☐ A list of contracted services must be available for review		DNV GB.4 SR.3	
0142	The hospital must ensure the privacy and safety requirements are met CFR §482.13(c)	☐ Hospital must be able to demonstrate how patient privacy and safety requirements are being met		DNV PR.2 SR.5 PR.2 SR.6 PR.2 SR.8	
0143	The patient has the right to personal privacy. CFR §482.13(c)(1)	☐ Hospital must be able to demonstrate how the patient basic right to respect, dignity, and comfort while in the hospital are being met		DNV PR.1-9	
0144	The patient has the right to receive care in a safe setting. CFR §482.13(c)(2)	☐ Hospital must be able to demonstrate that each patient receives care in an environment that a reasonable person would consider to be safe		DNV PR.2 SR.6	
0145	The patient has the right to be free from all forms of abuse or harassment. CFR §482.13(c)(3)	☐ Hospital must be able to demonstrate how it prohibits all forms of abuse, neglect (as a form of abuse) and harassment whether from staff, other patients or visitors		DNV PR.2 SR.7	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0536	Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use and disposal of radioactive materials. CFR §482.26(b)(1)	The hospital must adopt and implement written policies and procedures to ensure safety from radiation hazards. The policies and procedures must include, but are not limited to, consideration of the following: Clear and easily recognizable signage identifying hazardous radiation areas Limitations on access to areas containing radiologic services equipment Appropriate use of shielding Identification and use of appropriate containers to be used for various radioactive materials		TJC EC.02.02.01 EP7 DNV NM.2 MI.2 SR.1 MI.2 SR.2	
0537	Periodic inspection of equipment must be made and hazards identified must be properly corrected CFR §482.26(b)(2)	The hospital must have policies and procedures in place to ensure that periodic inspections of radiology equipment are: Conducted Current and That problems identified are corrected in a timely manner		DNV MI.3 SR.1 MI.3 SR.2	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. CFR §482.41	This CoP applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations. The hospital's Facility Maintenance and hospital departments or services responsible for the hospital's buildings and equipment (both facility equipment and patient care equipment) must be: Incorporated into the hospital's QAPI program and Be in compliance with the QAPI requirements.	NFPA 101 NFPA 99	TJC Life Safety and Environment of Care Standards DNV PE.1-8 QM.5	
0701	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured CFR §482.41(a)	The hospital must ensure ☐ That the condition of the physical plant and overall hospital environment is developed and maintained in a manner to ensure the safety and well-being of patients	NFPA 101 NFPA 99	TJC EC.04.01.01 DNV PE.1 SR.1	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE
					Resources
0702	The hospital must comply with the applicable provisions of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition and NFPA-99: Health Care Facilities, for emergency lighting and emergency power. CFR §482.41(a)(1)	☐ The hospital must comply with the applicable provisions of NFPA 101 and NFPA 99 2012 Edition and applicable references, for emergency lighting and emergency power	NFPA 101 7.8.1.4, 7.9 19.2.9 NFPA 99 6.3.2.2.11, 6.4.2.2.3.2	TJC EC.02.05.03 EC.02.05.07 LS.02.01.20 EP39 LS.03.01.20 EP13 DNV PE.2 SR.1 PE.6 SR.5 PE.6 SR.5b PE.8 SR.6	Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016) EC.02.05.01 Lack of Emergency Lighting [EP1]
0703	There must be facilities for emergency gas and water supply CFR §482.41(a)(2)	☐ The hospital must have a system to provide emergency gas and water as needed to provide care to inpatients and other persons who may come to the hospital in need of care.		TJC EM.02.02.09 DNV PE.8 SR.5 PE.8 SR.9	Roadmap to Resiliency
0709	Life Safety from Fire CFR §482.41(b)	☐ The hospital must ensure that the life safety from fire requirements are met.	NFPA 101	TJC Life Safety Standards DNV PE.2	
0710	The hospital must meet the applicable provisions of the 2012 edition of the Life Safety Code of the National Fire Protection Association. Roller latches are prohibited. CFR §482.41(b)	☐ The hospital must comply with the hospital/healthcare Life Safety Code requirements Note: There is a separate survey form to evaluate compliance with the Life Safety Code, form CMS 2786, K-tags.	NFPA 101 19.3.6.3.5 Exception 2 not allowed	TJC Life Safety Standards LS.02.01.30 EP2 & 3 DNV PE.2 PE.2 SR.1(b)	Frequently asked questions on the new CMS regulations (June 7, 2016)

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0713	The hospital must have procedures for the proper routine storage and prompt disposal of trash CFR §482.41(b)(4)	☐ The storage and disposal of trash must be in accordance with Federal, State and local laws and regulations (i.e., EPA, OSHA, CDC, State environmental, health and safety regulations).	NFPA 101 18/19.7.5.7; 18/19.7.5.7.1; 18/19.7.5.7.2; 18/19.7.5.7.3 IFC 808.1 Wastebaskets and linen containers	TJC EC.02.02.01 EP19 DNV PE.3 SR.8 PE.5	11000011000
0714	The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities CFR §482.41(b)(5)	 ☐ The hospital must have written fire control plans and verify they contain the required provisions of the Life Safety Code or State law ☐ The hospital staff must report all fires as required to State officials ☐ Staff throughout the facility should be able verbalize their knowledge of their responsibilities during a fire 	101-18/19.7.2.2	TJC EC.02.03.01 EP9 EC.02.03.03 DNV PE.2 SR.4	
0715	The hospital must maintain written evidence of regular inspection and approval by State or local fire control agencies CFR §482.41(b)(6)	☐ Provide copies of inspection and approval reports from State and local fire control agencies		TJC LS.01.01.01 EP5 DNV PE.2 SR.3	
0716	Provisions of usage of alcohol-based hand rubs CFR §482.41(b)(7)	 □ Verify ABHR dispensers are installed in accordance with the LSC □ Verify ABHR dispensers are maintained in accordance with manufacturer's recommendations 	NFPA 101 18/19.3.2.6 IFC 5705.5 Alcohol-based hand rubs	TJC LS.02.01.30 EP6 LS.03.01.30 EP5 DNV PE.5.SR.7	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0717	Sprinkler system shut down for more than 10 hours CFR §482.41(b)(8)	 □ Policy to evacuate the building or portion thereof, or □ Establish a fire watch until the system is back in service. 	NFPA 101 9.6.1.6 IFC 901.7 Systems out of service.	TJC LS.01.02.01 - EP 2 HFAP 13.00.04 13.00.09 DNV PE.2.SR.7	HITF Interpretations, June 2009
0718	Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement. CFR §482.41(b)(9)	 □ Verify windows are provided in each sleeping room □ Verify window sill height does not exceed 36 inches. 		TJC LS.02.01.30 - EP 24 LS.02.01.30 - EP 25 HFAP 11.07.01 DNV PE.2.SR.9	What you need to know about the CMS adoption of the 2012 Life Safety Code® (May 17, 2016) Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016)

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE
0720	Hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code CFR §482.41(c)	☐ The hospital must comply with the applicable provisions of NFPA NFPA 99 2012 Edition and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5 and TIA 12–6.	NFPA 99	TJC EC.02.03.01 - EP 13 EC.02.05.05 - EP 8 EC.02.05.09 - EP 14 HFAP 13.00.03 DNV PE.1.SR.8	Navigating, Identifying, and Interpreting NFPA 99 (2016) Jonathan R. Hart NFPA 99: Health Care Facilities Code (2012) Classroom Training Health Care Facility Management Training: Advanced Maintenance and Operations
0722	The hospital must maintain adequate facilities for its services CFR §482.41(d)	 □ Verify facilities are designed and maintained in accordance with Federal, State and local laws, regulations and guidelines; and □ Verify facilities are designed and maintained to reflect the scope and complexity of the services it offers in accordance with accepted standards of practice. 		TJC EC.02.06.01 DNV PE.1 SR.2	Safe, Functional Environment (EC.02.06.01)
0723	Diagnostic and therapeutic facilities must be located for the safety of patients CFR §482.41(d)(1)	☐ Verify diagnostic and therapeutic facilities are being provided in rooms or areas specifically designed for the purpose intended		TJC EC.02.06.01 DNV PE.1 SR.2	

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE
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0724	Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality CFR §482.41(d)(2)	 □ Ensure that the condition of the physical plant and overall hospital environment is developed and maintained in a manner that provides an acceptable level of safety and well-being of patients, staff and visitors □ Ensure that supplies are maintained to provide an acceptable level of safety and quality for patients □ Ensure an acceptable level of equipment safety and quality □ Ensure the availability and reliability of equipment needed for its operations and services. □ Equipment must be inspected and tested for performance and safety before initial use and after major repairs or upgrade and must be inspected, tested, and maintained to ensure their safety, availability and reliability 		TJC	Focus on Compliance: Fire Protection (EC.02.03.05) (February/March 2016) Utility systems (EC.02.05.01) (August/September 2015) Managing Hospital Emergency Power Systems: Testing, Operation, Maintenance, Vulnerability Mitigation, and Power Failure Planning (2014) David L. Stymiest, PE, CHFM, CHSP, FASHE Super Storm Sandy's Impact on Essential Electrical Systems (2013) Jonathan Flannery
0725	The extent and complexity of facilities must be determined by the services offered CFR §482.41(d)(3)	☐ Ensure the physical facilities are large enough, numerous enough, appropriately designed and equipped, and of appropriate complexity to provide the services offered in accordance with Federal and State laws, regulations and guidelines and accepted standards of practice for that location or service		TJC EC.02.06.01 DNV PE.1 SR.1 PE.1 SR.2	Safe, Functional Environment (EC.02.06.01)

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A-Tag	Brief Description	Survey Readiness Practices	Code Reference	AO Standard	ASHE Resources
0726	There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas CFR §482.41(d)(4)	Proper ventilation is provided in at least the following areas: Where potentially hazardous substances are used Where oxygen is trans filled In isolation rooms In pharmaceutical preparation areas In laboratories In anesthetizing locations	101-9.2, 18/19.5.2 99 Chapter 9	TJC EC.02.05.01 EP15, 16, 19, 26 & 27 EC.02.05.05 EP8 LS.02.01.50 EP2 LS.03.01.50 EP2 DNV PE.8 SR.7 PE.8 SR.8	Focus on Compliance: Utility systems (EC.02.05.01) (August/September 2015) ASHE Publication: Mechanical Systems Handbook for Health Care Facilities

The ASHE advocacy team works to monitor and unify the many overlapping codes and standards regulating the health care physical environment allowing health care facilities to optimize their physical environment and focus more of their valuable resources on patient care.

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