DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AUTHORIZATION FOR STATE AGENCY HOSPITAL VALIDATION SURVEY

1. NAME AND ADDRESS OF STATE AGENCY	2. NAME AND ADDRESS OF HOSPITAL CMS CERTIFICATION NUMBER: ______________________________

3. **THIS HOSPITAL IS CURRENTLY DEEMED BY *(NONE OR MORE THAN 1 MAY BE CHECKED)***

☐ TJC ☐ DNV
☐ AOA/HFAP ☐ NONE

4. ***CHECK A OR B; DO NOT CHECK BOTH***

A. ☐ **THIS VALIDATION SURVEY IS BASED ON A SAMPLE SELECTION. CHECK 1 OR 2. DO NOT CHECK BOTH.**

1. ☐ PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY WITHIN 60 CALENDAR DAYS OF ________________________ *(ENTER AO NAME)* ACCREDITATION SURVEY END DATE.
THE SCHEDULED END DATE OF THE ACCREDITATION SURVEY IS: ________________________

IF APPLICABLE, CHECK ONE OR MORE OF THE FOLLOWING:

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED FACILITY.

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; HOSPITAL IS CURRENTLY DEEMED.

2. ☐ THIS IS A MID-CYCLE VALIDATION SURVEY. PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY

SA MUST COMPLETE ALL VALIDATION PACKET DOCUMENTS LISTED IN EXHIBIT 63 FOR ANY FULL VALIDATION SURVEY.

B. ☐ **THIS VALIDATION SURVEY IS BASED ON ALLEGATIONS OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS. *CHECK ONE OF THE FOLLOWING:***

☐ POTENTIAL IJ—INITIATE SURVEY WITHIN 2 WORKING DAYS; OR

☐ INITIATE SURVEY WITHIN 45 CALENDAR DAYS

SA MUST NOT NOTIFY THE FACILITY OR AO IN ADVANCE OF THE SURVEY

5. **AREAS TO BE SURVEYED *(FOR SAMPLE VALIDATION SURVEYS, CHECK ALL; FOR ALLEGATION SURVEYS, CHECK ALL APPLICABLE CONDITIONS, AND, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD)*:**

☐ 482.11 FEDERAL, STATE AND LOCAL LAWS
☐ 482.12 GOVERNING BODY
☐ 482.13 PATIENT'S RIGHTS
☐ 482.21 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
☐ 482.22 MEDICAL STAFF
☐ 482.23 NURSING SERVICES
☐ 482.24 MEDICAL RECORD SERVICES
☐ 482.25 PHARMACEUTICAL SERVICES
☐ 482.26 RADIOLOGIC SERVICES
☐ 482.27 LABORATORY SERVICES
☐ 482.28 FOOD AND DIETETIC SERVICES
☐ 482.30 UTILIZATION REVIEW
☐ 482.41 PHYSICAL ENVIRONMENT
☐ 482.41(b) LIFE SAFETY CODE
☐ 482.42 INFECTION CONTROL
☐ 482.43 DISCHARGE PLANNING
☐ 482.45 ORGAN, TISSUE, & EYE PROCUREMENT
☐ 482.51 SURGICAL SERVICES
☐ 482.52 ANESTHESIA SERVICES
☐ 482.53 NUCLEAR MEDICINE SERVICES
☐ 482.54 OUTPATIENT SERVICES
☐ 482.55 EMERGENCY SERVICES
☐ 482.56 REHABILITATION SERVICES
☐ 482.57 RESPIRATORY CARE SERVICES

6. SIGNATURE OF REGIONAL REPRESENTATIVE	7. REGION	8. DATE

Form CMS-2802 (02/11)

ORIGINAL TO: STATE SURVEY AGENCY
COPIES TO: CMCS/SCG/DACS