



**Final Accreditation Report**

**Armed Forces Retirement Home  
3700 North Capitol St. N.W.  
Washington, DC 20011**

**Organization Identification Number: 545715  
60-day Evidence of Standards Compliance Submitted: 8/30/2021**

**ESC Programs Reviewed**

**Home Care  
Ambulatory  
Nursing Care Center**

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## The Joint Commission Executive Summary

<b>Program</b>	<b>Submit Date</b>	<b>Event Outcome</b>	<b>Follow-up Activity</b>	<b>Follow-up Time Frame or Submission Due Date</b>
<b>Home Care</b>	8/30/2021	No Requirements for Improvement	None	None
<b>Ambulatory</b>	8/30/2021	No Requirements for Improvement	None	None
<b>Nursing Care Center</b>	8/30/2021	No Requirements for Improvement	None	None

# The Joint Commission Requirements for Improvement Summary

Program: Home Care

Standard	Level of Compliance
<a href="#">HR.01.01.01</a>	Compliant
<a href="#">MM.04.01.01</a>	Compliant
<a href="#">PC.01.02.03</a>	Compliant
<a href="#">PC.01.03.01</a>	Compliant
<a href="#">PC.02.01.03</a>	Compliant
<a href="#">PC.02.03.01</a>	Compliant
<a href="#">RC.01.02.01</a>	Compliant

# The Joint Commission Requirements for Improvement Summary

**Program: Ambulatory**

Standard	Level of Compliance
<a href="#">HR.01.01.01</a>	Compliant
<a href="#">MM.03.01.01</a>	Compliant
<a href="#">NPSG.01.01.01</a>	Compliant

# The Joint Commission Requirements for Improvement Summary

Program: Nursing Care Center

Standard	Level of Compliance
<a href="#">EC.02.04.03</a>	Compliant
<a href="#">HR.01.01.01</a>	Compliant
<a href="#">IC.02.01.01</a>	Compliant
<a href="#">LS.02.01.35</a>	Compliant
<a href="#">PC.01.02.03</a>	Compliant
<a href="#">PC.02.01.01</a>	Compliant
<a href="#">PC.02.02.03</a>	Compliant
<a href="#">RC.02.01.21</a>	Compliant

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## Appendix

### Standard and EP Text

#### Program: Home Care

Standard	EP	Standard Text	EP Text
HR.01.01.01	5	The organization defines and verifies staff qualifications.	Staff comply with applicable health screening as required by law and regulation or organization policy. Health screening compliance is documented.
MM.04.01.01	1	Medication orders or prescriptions are clear and accurate. Note: For more information on verbal and telephone orders, refer to Standards RC.02.03.07 and PC.02.01.03.	For organizations that prescribe or receive medication orders verbally or via telephone, fax, or electronic media: The organization follows a written policy that identifies the specific types of medication orders or prescriptions that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following: <ul style="list-style-type: none"> <li>- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom</li> <li>- Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances specified in the instructions</li> <li>- Automatic stop orders: Orders that include a date or time to discontinue a medication</li> <li>- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status</li> <li>- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval</li> <li>- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status</li> <li>- Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s)</li> <li>- Orders for compounded drugs or drug mixtures not commercially available</li> <li>- Orders for medication-related devices (for example, nebulizers, catheters)</li> <li>- Orders for investigational medications</li> <li>- Orders for herbal products</li> <li>- Orders for medications at discharge or transfer</li> </ul>
PC.01.02.03	1	The organization assesses and reassesses the patient and his or her	The organization conducts the patient's initial assessment in accordance

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Standard	EP	Standard Text	EP Text
		condition according to defined time frames.	with written time frames it defines and law and regulation. (See also RC.01.03.01, EP 2)
PC.01.03.01	5	The organization plans the patient's care.	The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
PC.02.01.03	1	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.	Prior to providing care, the organization obtains or renews orders (verbal or written) from a physician or allowed practitioner in accordance with professional standards of practice and law and regulation.
PC.02.03.01	10	The organization provides patient education and training based on each patient's needs and abilities.	<p>Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:</p> <ul style="list-style-type: none"> <li>- An explanation of the plan for care, treatment, or services</li> <li>- Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency</li> <li>- Basic health practices and safety</li> <li>- Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03, EP 3)</li> <li>- Nutrition interventions (for example, supplements) and modified diets</li> <li>- Infection prevention and control</li> <li>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management</li> <li>- Information on personal hygiene and grooming</li> <li>- Information on oral health</li> <li>- Basic physical and structural home safety</li> <li>- Information on the safe and effective use of medical equipment or supplies provided by the organization</li> <li>- Information on the storage, handling, and access to medical gases and supplies</li> <li>- Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes</li> <li>- Habilitation or rehabilitation techniques to help the patient reach maximum independence</li> <li>- Information on the use of restraint</li> </ul> <p>(See also PC.01.02.07, EP 8; PC.01.03.01, EP 55)            Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization must provide infection control education to patients and caregivers.</p>
RC.01.02.01	4	Entries in the patient record are authenticated.	<p>Entries in the patient record are authenticated by the author. Information introduced into the patient record through transcription or dictation is authenticated by the author.</p> <p>Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.</p>

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Standard	EP	Standard Text	EP Text
			<p>The Centers for Medicare &amp; Medicaid Services (CMS) permits the use of rubber-stamp signatures in accordance with the Rehabilitation Act of 1973 for authors with a physical disability who can provide proof of their inability to sign their signature due to a disability.</p> <p>Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for physician or allowed practitioner verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.</p>

### Program: Ambulatory

Standard	EP	Standard Text	EP Text
HR.01.01.01	5	The organization defines and verifies staff qualifications.	Staff comply with applicable health screening as required by law and regulation or organization policy. Health screening compliance is documented.
MM.03.01.01	2	The organization safely stores medications.	The organization stores medications according to the manufacturers' recommendations. Note: This element of performance is also applicable to sample medications.
MM.03.01.01	8	The organization safely stores medications.	The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: This element of performance is also applicable to sample medications.
NPSG.01.01.01	1	Use at least two patient identifiers when providing care, treatment, or services.	Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 7, 10; PC.02.01.01, EP 10)

### Program: Nursing Care Center

Standard	EP	Standard Text	EP Text
EC.02.04.03	3	The organization inspects, tests, and maintains medical equipment.	The organization inspects, tests, and maintains non-life-support equipment. These activities are documented.
HR.01.01.01	5	The organization defines and verifies staff qualifications.	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.

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Standard	EP	Standard Text	EP Text
IC.02.01.01	1	The organization implements its infection prevention and control plan.	The organization implements its infection prevention and control activities, including surveillance, to reduce and/or minimize the risk of infection. (See also MM.09.01.01, EP 5) Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of infections spreading among patients and residents. Information from the surveillance activities is used within the organization to improve processes and outcomes related to infection prevention and control.
LS.02.01.35	6	The organization provides and maintains systems for extinguishing fires.	There are 18 inches or more of open space maintained below the sprinkler to the top of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3)
PC.01.02.03	3	The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.	Each patient or resident is reassessed based on his or her plan of care or changes in his or her condition. Note: Reassessments may also be based on the patient's or resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements, patient or resident acuity and needs.
PC.02.01.01	1	The organization provides care, treatment, and services for each patient or resident.	The organization provides the patient or resident with care, treatment, and services according to his or her individualized plan of care.
PC.02.02.03	6	The organization makes food and nutrition products available to its patients and residents.	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
RC.02.01.21	1	Clinical record documentation includes patient and resident education.	The provision of patient and resident education, along with his or her response to education is documented in the clinical record.