

The Joint Commission expects healthcare organizations to comply with all Elements of Performance. In view of the circumstances, The Joint Commission will not cite noncompliance with these Elements of Performance for the period of time during any local, state, or federal declared State of Emergency for COVID-19. The Joint Commission continues to recommend all healthcare organizations use their independent medical judgment on a case by case basis in the best interest of patient safety.

Chapter	Standard	EP	EP Text	comments
HR	HR.01.01.01	2	The organization verifies and documents the following: - Credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. - Credentials of care providers (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.	Regarding CPR, ACLS, BLS: The Joint Commission released an FAQ supporting the extension of expiration dates for certifications by 60 days, in accordance with published guidance by the American Heart Association.
PC	PC.01.02.03	1	The organization conducts the patient's or resident's initial assessment in accordance with written time frames it defines and law and regulation. (See also RC.01.03.01, EP 2)	CMS has granted a waiver at 483.20(k) which allows the suspension of pre-admission screening and annual resident review for new residents for 30 days. After 30 days new patients admitted with a mental illness or intellectual disability should receive the assessment as soon as resources become available. No maximum time frame was provided. The time frame should be determined by the organization and consistent with the needs of the patient.
PC	PC.01.02.03	3	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.	CMS has granted a waiver at 483.20(k) which allows the suspension of pre-admission screening and annual resident review for new residents for 30 days. After 30 days new patients admitted with a mental illness or intellectual disability should receive the assessment as soon as resources become available. No maximum time frame was provided. The time frame should be determined by the organization and consistent with the needs of the patient.
PC	PC.02.01.13	2	The attending physician visits the patient or resident at least once during the 30 days following admission. For planned stays of less than 30 days, the patient's or resident's attending physician visits the patient or resident at least once before discharge.	CMS is waiving the Requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform inperson visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

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PC	PC.02.01.13	4	The patient or resident is seen within 72 hours of admission when the attending physician is different from the patient's or resident's primary physician.	CMS is waiving the Requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform inperson visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
PC	PC.02.02.09	3	The organization helps patients and residents to participate in social and recreational activities according to their abilities and interests.	CMS is waiving the requirements at 42 CFR 483.10(f)(5), which ensure residents can participate in-person in resident groups. This waiver would only permit the facility to restrict in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. Refraining from in-person gatherings will help prevent the spread of COVID-19.
PC	PC.02.02.09	4	For patients or residents with dementia, the organization provides activities that accomplish the following: <ul style="list-style-type: none"> - Recognize the patient or resident with dementia as a mature adult - Encompass both small groups with similar cognitive levels and one-to-one opportunities - Match the patient's or resident's cognitive, sensory, and physical capabilities - Promote engagement in a manner that supports the patient's or resident's communication ability - Match the patient's or resident's past and current interests - Promote creative artistic expression - Meet the patient's or resident's spiritual or religious needs - Allow for flexibility based on the patient's or resident's sleep and wake patterns (See also PC.01.03.01, EP 48) 	CMS is waiving the requirements at 42 CFR 483.10(f)(5), which ensure residents can participate in-person in resident groups. This waiver would only permit the facility to restrict in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. Refraining from in-person gatherings will help prevent the spread of COVID-19.
WT	WT.03.01.01	6	Competence for waived testing is assessed according to organization policy at defined intervals, but at least at the time of orientation and annually thereafter. This competency is documented. Note: Provider-performed microscopy (PPM) procedures are not waived tests.	During the COVID-19 pandemic when a state of emergency is instituted, (national, federal, or local level depending upon which allows the most time to address), they have 60 days after the end of the state of emergency to get these items completed.