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HFAP Accreditation And the Physical Environment

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SURVIVAL
for the **FITTEST**

Healthcare Facilities Accreditation Program

Healthcare Facilities Accreditation Program (HFAP) was created in 1945 to conduct an objective review of services provided by osteopathic hospitals.

HFAP received deeming authority from the predecessor of the Centers for Medicare & Medicaid Services (CMS) in 1965, to survey all hospitals.

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Healthcare Facilities Accreditation Program

HFAP is a division of the American Osteopathic Organization (AOA), based in Chicago, IL

To understand the beginning of HFAP, we need to review the history of osteopathic medicine



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Dr. Andrew Still

The originator of osteopathic medicine is Andrew Still, born in 1828 in Jonesville, VA

In 1854, Still began his apprenticeship to his father who was a country physician/preacher/farmer.



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Dr. Andrew Still

Prior to the Civil War, physicians rarely attended medical school, learning their profession through the apprenticeship program

During the Civil War, Dr. Still served as a hospital steward and surgeon, among other duties



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Dr. Andrew Still

The profession of 'Doctoring' in the last half of the 19th century was not well respected, as healers were transient by nature, going from town-to-town selling worthless patent medicines that were advertised as a cure-all for every infirmity



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Dr. Andrew Still

Dr. Still believed that the conventional medical system lacked credible efficacy, was morally corrupt, and treated symptoms rather than the cause of the disease

Some of the medicines commonly given to patients during this time were arsenic, castor oil, whiskey, and opium.



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Dr. Andrew Still

Dr. Still believed in a drugless approach to treating patients and developed new approaches in healing that included bathing, fresh air, exercise, and diet

Another new style of treatment was 'bone-setting' that involved the manipulation of the limbs, torso, and spine, which was tremendously successful

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Dr. Andrew Still

Dr. Still called his new approach to healing: Osteopathy, taken from the Greek words *Osteo* (bone) and *Pathy* (a system of treating disease) to help describe his approach

By diagnosing and treating the musculoskeletal system, he believed physicians could treat a variety of diseases and spare patients the negative side-effects of drugs

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Osteopathic Medicine

Dr. Still opened the first school of osteopathy in 1892 in Kirksville, MO, where graduates were deferred the title of Doctor of Osteopathy (D.O.)

The success of osteopathy grew quickly, with many D.O.s trained in the art of manipulation



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Osteopathic Medicine

At first, orthodox M.D.s considered osteopathy a cult, and objected to states granting licenses to practice for D.O.s

The American Osteopathic Organization (AOA) was created to develop professionalism in the osteopathic field



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Osteopathic Medicine

In order for medical schools to be effective, they had to be affiliated with hospitals

Early in the 20th century, all hospitals were affiliated with the American Medical Association (AMA), so AOA developed their own osteopathic hospitals



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Osteopathic Medicine

Osteopathy schools began to teach more traditional medicine such as the study of anatomy, physiology, surgery and mid-wifery

By the middle of the 20th century, most D.O.s abandoned the manipulative approach to treatment and practiced medicine similarly as the M.D.s, and patients would not notice the difference

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HFAP

This lead to most prejudices to be eroded and D.O.s and M.D.s work side by side in both AOA and AMA hospitals

Healthcare Facilities Accreditation Program (HFAP) was created in 1945 to conduct an objective review of services provided by osteopathic hospitals.

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HFAP

Today, HFAP continues to accredit hospitals regardless of their affiliations

In 1965, HFAP was the first accreditation organization to receive deeming authority from CMS (or their predecessor)



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The HFAP Difference

So, what's the difference between HFAP accreditation and any other accreditation organization, today?

- HFAP is user friendly
- HFAP is educationally focused
- HFAP is collegial
- HFAP is cost effective

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The HFAP Difference

- The HFAP manual is clear and easy to read
- Our accreditation requirements are clearly tied to the corresponding CMS Conditions of Participation
- Successful accreditation is based on the organization's ability to correct deficiencies, so there is no downside to discovery of findings during survey

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The HFAP Difference

- Our surveyors are experienced healthcare professionals
- They understand the many complexities of a health care facility
- They help make the survey process more realistic and educational

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The HFAP Difference

- If a deficiency is identified, our surveyors are able to draw from their experience and offer practical solutions, usually on the spot
- Because the standards are so clearly written consultants and workshops to assist in understanding the standards are rarely required

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The HFAP Difference

- HFAP does not ask that you become ISO 9001 compliant , which requires adopting a new language and philosophy, requiring training and consultants
- HFAP does not prescribe a certain method in meeting compliance with the standards
- HFAP does not mandate accreditation of services that are not required by CMS

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The HFAP Survey Process

That's all well and good but what does all of this mean to the physical environment people, such as facility managers, safety officers, and project leaders?

The survey process is more educational and consultative than other accreditation organizations, and not punitive

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The HFAP Survey Process

HFAP standards are closely linked to CMS CoPs (85% of the HFAP standards)... Why is this important?

1. This equates to very few proprietary standards that are not required by CMS
2. This prepares you to be successful if and when you have a CMS validation survey

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The HFAP Survey Process

HFAP is driven by a philosophy of risk reduction and risk mitigation...

- The more meticulous and thorough the surveyors are in identifying standards that area noncompliant, the safer the organization becomes
- The number of findings identified during a survey does not trigger an adverse decision
- Therefore, the survey process is not punitive by nature

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The HFAP Survey Process

It's not about the decision of the survey... There are no conditional or accreditation-with-follow-up-survey decisions

It's about the thoroughness of the evaluation, which leads to an educative survey process

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The HFAP Survey Process

This process eliminates the fear of discovery of findings

During the survey, all of the HFAP accreditation standards are reviewed

The accreditation decision is straightforward

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The HFAP Survey Process

All surveys are unannounced

We will do a building tour, observing the level of compliance with the Life Safety Code

We will review your fire safety documentation

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The HFAP Survey Process

We will conduct random interviews with staff to determine their level of knowledge of fire safety issues

Staff includes employees, contractors, vendors, volunteers, physicians, students.... Anyone performing their job inside your facility

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The HFAP Survey Process

Life Safety surveyors will survey for one day for all hospitals that have less than 50 licensed beds, or less than 100,000 square feet of healthcare occupancy.

LS surveyors will survey for two days for all hospitals with 50 or more licensed beds, or 100,000 square feet or more of healthcare occupancy.

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The HFAP Survey Process

Additional survey-days will be assigned for additional off-campus locations of healthcare occupancies

A typical agenda will have the LS surveyor arrive on the first day with all the other surveyors, and will spend the first day conducting the building tour

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The HFAP Survey Process

On the second day of the survey, the LSC surveyor will conduct a review on all the life safety testing and inspection documentation, such as:

- Fire alarm system
- Sprinkler system and Fire pumps
- ALSM policy and implementation documents
- Fire & smoke dampers
- Emergency power systems
- Medical gas systems

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The HFAP Survey Process

The LSC surveyor will also have the opportunity to continue the building tour (if needed), or spend time in a consultative nature with the facility manager

Additional LS surveyor days may be spent at multiple healthcare occupancy off-campus organizations

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The HFAP Survey Process

Administrative surveyors will conduct an evaluation for compliance with the Physical Environment standards, such as:

- Management plans
- Risk assessments
- Hazardous materials inventory
- Policy review
- Fire drills
- Staff education

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The 2014 HFAP Manual

For 2014, HFAP separated Life Safety and Emergency Management from the Physical Environment chapter, and gave them their own chapters.

- Emergency Management is now chapter 9
- Physical Environment remains chapter 11
- Life Safety is now chapter 13

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The 2014 HFAP Manual

The purpose of creating a separate chapter for Life Safety is to identify emphasis on certain, common issues hospitals have difficulties comply with.

While there are 48 standards in chapter 13, there are only four (4) new requirements compared to the previous HFAP manual.

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New: Facility Demographic Report

13.00.05 Facility Demographic Report (FDR)

This new document replaces the old Life Safety Assessment (LSA), which is no longer required.

The FDR is found at the end of Chapter 13 along with instructions on how to fill it out.

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New: Facility Demographic Report

The hospital must designate in writing an individual to complete and maintain the FDR. The hospital must identify the qualifications for this individual, who may be an employee, contract worker or vendor.

HFAP does not set qualifications for the individual responsible to complete and maintain the FDR.

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New: Facility Demographic Report

Each facility in the organization designated as a healthcare occupancy or an ambulatory health care occupancy must have an individual FDR completed.

The FDR must be completed on an annual basis, or more often as needed. The accuracy of the information must be maintained.

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New: Facility Demographic Report

Deficiencies identified during the hospital's self-evaluation process must be resolved, or be listed in the Life Safety Code Deficiency Report within 45 days of discovery.

This demonstrates that you are managing the deficiency and have a plan to resolve it

Completion of the Life Safety Code Deficiency Report does not provide the hospital any relief from a survey finding or citation.

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New: Facility Demographic Report

The Life Safety Code Deficiency Report is not a new requirement. It replaces the Physical Environment Plan of Correction which was part of the old LSA.

All Life Safety Code deficiencies that cannot be resolved the same day they are discovered must be assessed for Alternative Life Safety Measures (ALSM) according to the hospital's policy

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New: Definition of Time

13.00.06 Definition of Time

Unless otherwise stated, the time-frame for all inspection, testing, & maintenance activities shall be as follows:

- Weekly or 'every 7 days' means the activity is performed anytime during the calendar week
- Monthly or 'every 30 days' means the activity is performed anytime during the calendar month

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New: Definition of Time

- Quarterly or 'every 3 months' means the activity is performed 3 months from previous activity, plus or minus 10 days
- Semi-annually or 'every 6 months' means the activity is performed 6 months from previous activity, plus or minus 20 days.
- Annual or 'every 12 months' means activity is performed 12 months from previous activity, plus or minus 30 days.

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New: Definition of Time

- 3-Years: Means the activity is performed 36 months from previous activity, plus or minus 45 days
- 5-Years: Means the activity is performed 60 months from previous activity, plus or minus 60 days

This new standard only applies for activities performed on or after July 1, 2014.

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New: Documentation

13.00.07 Documentation

Testing, inspection and maintenance documentation must contain basic information about the activity. Unless otherwise stated, documentation must include, but not limited to:

- Name of individual performing the activity
- Affiliation of the individual performing the activity
- The signature (or initials) of the individual performing the activity

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New: Documentation

- Activity name
- Date(s) which include month, day, and year that the activity was performed
- The frequency that is required of the activity
- The NFPA code or standard which requires the activity to be performed
- The result of the activity, such as 'Pass' or 'Fail'

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New: Documentation

One exception to this documentation standard is the inspection tags on portable fire extinguishers and alternate fire suppression systems.

Annual maintenance tags on extinguishers are permitted to have a stamped name of the individual performing the maintenance, and the tag does not have to reference the respective NFPA standard

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New: Documentation

Electronic documentation is permitted provided it includes the requirements of this standard.

This new standard only applies for activities performed on or after July 1, 2014.

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New: Life Safety Drawings

13.06.04 Life Safety Drawings

Previously, HFAP required basic Life Safety drawings, but this standard has new requirements.

Beginning on surveys that start on or after July 1, 2014, the following new requirements must be included on your Life Safety drawings:

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New: Life Safety Drawings

13.06.04 Life Safety Drawings

- Rated walls and barriers; include the required fire rating (not the actual fire rating)
- Exits
- Exit enclosures
- Horizontal exits
- Exit discharge
- Hazardous rooms

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New: Life Safety Drawings

- Suite of rooms
- The boundaries of all suites
- The total area of each individual suite in square feet
- Smoke compartment barriers
- The total area of each individual smoke compartment in square feet

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New: Life Safety Drawings

- The farthest travel distance to the closest smoke compartment barrier door in each smoke compartment
- The farthest travel distance for each exit
- Areas of the facility that are and/or are not protected with automatic sprinklers

If the entire facility is protected with sprinklers, then designation on the drawings is not necessary.

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New: Life Safety Drawings

Life Safety drawings should be clean and free of background clutter. Remove column lines, furniture and cabinet designations, and anything else that does not contribute to the requirements.

A legend or a key identifying all symbols or colors used is also required. Additional information concerning features of Life Safety is permitted.

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New: Life Safety Drawings

Hospital facilities management staff will be expected to be able to explain all features identified on the Life Safety drawings.

You need to know and understand your LS drawings.

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The Top Life Safety Deficiencies

Let's transition to what we have observed during the first half of 2014 with the new Life Safety surveyors...

The following information is the result of actual findings by surveyors during HFAP accreditation surveys.

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Exit Signs

The main problems with exit signs is their location and the lack of monthly inspections:

- Many exit signs were observed to be either obstructed by other signs, and cannot be seen from a distance; or were non-existent.
- Hospitals did not present evidence that Exit signs were inspected monthly to ensure they are still illuminated.

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Fire Alarm System- Installation

Smoke and heat detectors were observed to be mounted too close to the HVAC air diffusers.

- Must maintain 36 inches

Smoke and heat detectors were observed to be mounted too far below the ceiling or deck.

- Must not exceed 12 inches

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Water Based Fire Suppression System - Installation

Sprinkler heads were observed to be:

- Obstructed by items stored on shelves (closer than 18 inches)
- Obstructed ceiling mounted items
- Damaged, such as bent deflector heads
- Missing escutcheon plates
- Dirty, dusty or have pieces of plastic bags hanging from the heads

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Fire Rated Doors

The labels on fire rated doors were either painted over or missing; and latching hardware failed to secure the door closed

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Path of Egress Obstruction

Findings under this standard include observation such as:

- Items stored in the stairwell;
- Doors that do not open fully;
- Obstructions to exiting that are not 'corridor clutter'

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Fire Alarm System- Testing

Every device connected to the fire alarm system must be tested. Findings included a wide variety of devices where the hospital had no evidence they were tested:

- Occupant notification devices
- Interface relays to other features of fire safety

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Fire Rated Barriers

Unsealed penetrations in fire rated barriers dominate the findings under this standard.

Life Safety drawings need to clearly identify the location of all fire-rated barriers.

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Hazardous Areas

Hazardous areas were not maintained correctly:

- No closer on the entrance door
- Unsealed penetrations in the walls
- Walls not extended to the deck were needed

Hazardous areas need to be identified on your LS drawing.

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Plant Equipment & Systems - Maintenance

Primarily, findings under this standard include:

- Open junction boxes
- Cable & wires attached to the outside of conduit
- Obstructed access to electrical control panels.

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Medical Gas Systems - Maintenance

Surveyors made observations of improper storage of compressed gas cylinders and issues with gas manifold rooms.

Compressed gas cylinders must be secured at all times. Full & partially full cylinders must be stored separately from empty cylinders.

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Alternative Life Safety Measures-Implementation

The surveyor observations were ALSM were not implemented. The standard requires an assessment must be made and documented when a feature of life safety is found to be impaired (deficient), and cannot be resolved the same day it is discovered.

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Corridor Width

Corridor clutter... items left unattended in the corridor were observed by the surveyors. Only certain items are permitted to be left unattended in the corridor:

- Crash carts
- Isolation supply carts where a patient is actively on contact precautions

All other un-attended items must be removed from the corridor after 30 minutes

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Portable Fire Extinguishers-

Fire extinguishers are required to be mounted on something (wall or post), or placed in a cabinet. Surveyor observations include:

- Improper mounting
- Improper identification of the cabinet
- Failure to conduct monthly inspections.

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Building Safety

Deficiencies with eyewash stations and emergency showers were observed by surveyors at this standard. HFAP expects compliance with ANSI Z358.1-2009 standard for mounting and testing.

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Medical Gas Shutoff Valves

Surveyors observed medical gas shutoff valves that:

- Were not labeled
- The labels on the valves did not match the labels on the rooms they served
- Access to shutoff valves were obstructed.

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Corridor Doors

Corridor doors are required to latch when closed. Surveyors observed corridor doors, especially to utility rooms, as having their latching hardware impaired by tape, or wedges

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Exit Discharge

The exit discharge is the path of egress from the building exit, to the public way. Surveyors often found the path is on an uneven unimproved piece of ground, which is not permitted. Also, the path needs to be free and clear of snow and ice.

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Alternative Fire Suppression System- Installation & Testing

Findings under this standard primarily involve the kitchen cooking hood suppression system (Ansul). Most findings involve the lack of documentation on proper testing and maintenance. Ansul systems need to be inspected monthly, and maintained semi-annually.

- Look at NFPA 17A for guidance on monthly requirements

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Fire & Smoke Damper Testing

Surveyors will request to review the documentation that your fire and smoke dampers are tested 1-year after installation, and every 6-years thereafter for hospitals.

- Surveyors observed hospitals marking untested dampers as being inaccessible. Inaccessible dampers must be made accessible, and then tested. Hospital are expected to manage these issues and resolve the inaccessible problems.

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Door Locks

Doors are not permitted to be locked in the path of egress, with a couple of exceptions:

- Clinical needs locks on doors serving behavioral health units
- Delayed egress locks
- Access-control locks

Surveyors found deficiencies involving deadbolt locks and magnetic locks

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Door Locks

Deadbolt locks are not permitted on doors in the path of egress because it requires two actions to operate the door.

Magnetic locks are permitted on access-control locks, but surveyors found incomplete hardware. Missing were:

- Motion sensors on egress side
- 'Push to Exit' button on egress side, mounted 48 inches above the floor and within 5 feet of the door

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HFAP Accredited Organizations

At the end of 2013, 214 organizations were accredited by HFAP

We're not the biggest, and we do not accredit the most hospitals in America, but we believe we are the best in helping hospitals to have safer practices in the delivery of care, treatment or services, and facilities for their patients

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The HFAP Survey Process

When the state agencies come to your facility to conduct a CMS validation survey, they will hold you accountable to be fully compliant with the Life Safety Code.

Why wouldn't you want your accreditation organization to do the same?

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Healthcare Facilities Accreditation Program

Any questions...?

Thank you.

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