



## **Official Accreditation Report**

Beth Israel Deaconess Medical Center  
330 Brookline Avenue  
Boston, MA 02215

**Organization Identification Number: 5501**

**Unannounced Full Event: 5/9/2016 - 5/13/2016**

## Report Contents

### Executive Summary

#### Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

#### Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

#### Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

# The Joint Commission

## Executive Summary

**Program(s)**

Hospital Accreditation

**Survey Date(s)**

05/09/2016-05/13/2016

**Hospital Accreditation :** As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

## Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

**Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:**

<b>Program:</b>	Hospital Accreditation Program	
<b>Standards:</b>	EC.02.03.01	EP1
	EC.02.04.03	EP5
	EC.02.05.01	EP8,EP15
	EC.02.05.05	EP3,EP5
	IC.02.02.01	EP2,EP4
	MM.04.01.01	EP13
	PC.01.03.01	EP1
	PC.02.01.03	EP1
	PC.02.02.03	EP11
	PC.03.01.03	EP1

**Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:**

<b>Program:</b>	Hospital Accreditation Program	
<b>Standards:</b>	EC.02.02.01	EP5
	EC.02.05.09	EP3
	EC.02.06.01	EP1
	HR.01.02.01	EP1
	HR.01.04.01	EP7

## The Joint Commission

**Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:**

HR.01.06.01	EP6
IC.02.01.01	EP1
LD.01.03.01	EP2
LD.04.01.05	EP1
LS.02.01.10	EP4,EP5
LS.02.01.20	EP13
LS.02.01.30	EP2,EP18
LS.02.01.35	EP4,EP14
MM.05.01.01	EP1
MS.08.01.01	EP1
RC.01.01.01	EP11,EP19
RI.01.03.01	EP13

## The Joint Commission Summary of CMS Findings

**CoP:** §482.23      **Tag:** A-0385      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(5)	A-0397	HAP - HR.01.02.01/EP1	Standard
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

**CoP:** §482.24      **Tag:** A-0431      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP11, EP19	Standard
§482.24(c)(4)(v)	A-0466	HAP - RI.01.03.01/EP13	Standard

**CoP:** §482.25      **Tag:** A-0490      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

CoP Standard	Tag	Corresponds to	Deficiency
§482.25(b)	A-0500	HAP - MM.05.01.01/EP1	Standard

**CoP:** §482.41      **Tag:** A-0700      **Deficiency:** Condition

**Corresponds to:** HAP

**Text:** §482.41 Condition of Participation: Physical Environment

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.

## The Joint Commission Summary of CMS Findings

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(a)	A-0701	HAP - EC.02.02.01/EP5, EC.02.05.01/EP8, EC.02.06.01/EP1	Standard
§482.41(b)	A-0709	HAP - EC.02.03.01/EP1	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.04.03/EP5, EC.02.05.05/EP3, EP5, EC.02.05.09/EP3	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.10/EP4, EP5, LS.02.01.20/EP13, LS.02.01.30/EP2, EP18, LS.02.01.35/EP4, EP14	Standard

**CoP:** §482.42      **Tag:** A-0747      **Deficiency:** Standard

**Corresponds to:** HAP - IC.02.01.01/EP1,  
IC.02.02.01/EP4,  
EC.02.05.01/EP15

**Text:** §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

**CoP:** §482.51      **Tag:** A-0940      **Deficiency:** Standard

**Corresponds to:** HAP - IC.02.02.01/EP2, EP4

**Text:** §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP4	Standard

**CoP:** §482.57      **Tag:** A-1151      **Deficiency:** Standard

**Corresponds to:** HAP

**Text:** §482.57 Condition of Participation: Respiratory Care Services

The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.

CoP Standard	Tag	Corresponds to	Deficiency
§482.57(b)(3)	A-1163	HAP - PC.02.01.03/EP1	Standard

**CoP:** §482.12      **Tag:** A-0043      **Deficiency:** Condition

## The Joint Commission Summary of CMS Findings

**Corresponds to:** HAP - LD.01.03.01/EP2

**Text:** §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

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## Requirements for Improvement – Detail

Chapter: Environment of Care  
Program: Hospital Accreditation  
Standard: EC.02.02.01

ESC 60 days

Standard Text: The hospital manages risks related to hazardous materials and waste.

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.



Scoring Category : C  
Score : Insufficient Compliance

Observation(s):

EP 5  
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

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.  
This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities at Beth Israel Deaconess Healthcare - Chelsea (1000 Broadway, Chelsea, MA) site for the Hospital deemed service.**

**In the multispecialty clinic where concentrated bleach (a corrosive chemical) was used, the eye wash was plumbed for hot water. The eye wash lacked a mixing valve to ensure the flow of tepid water (60-100 degrees Fahrenheit) as required by the ANSI guidelines.**

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**While conducting tracer activity in the OB/GYN dirty utility room, the surveyor noted there was no mixing valve on the eyewash station.**

**Observed in Tracer Activities in GI Lab at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In the GI Endoscopy (S3) suite, the caps were not on the two eyewash eyepieces in room 0353. The testing documentation indicated that the eyewash unit had been tested earlier that day.**

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Chapter: Environment of Care  
Program: Hospital Accreditation

# The Joint Commission

Standard: EC.02.03.01

ESC 45 days

Standard Text: The hospital manages fire risks.

Element(s) of Performance:

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 1

§482.41(b) - (A-0709) - §482.41(b) Standard: Life Safety from Fire

The hospital must ensure that the life safety from fire requirements are met.  
This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 3 of 12 cylinder gas storage rooms surveyed, there were 4 tanks in the respiratory oxygen storage room #SV-OB11; 4 tanks in the new oxygen storage room directly across the hall from the same room; and a tank in the Anesthesia storage room on the third floor at room SC03G1 with the shipping mesh attached. Corrected on survey 5/11/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 5 of 30 above ceiling checks, there was a junction box without a cover on the 8th floor mechanical area in the Rosenberg Penthouse; 2 junction boxes on the 6th floor Stoneman above the entry door; 2 open junction boxes on the 6th floor Stoneman at room 612; 1 open junction box on the 7th floor Stoneman above the ceiling at the unit entry door; and 1 open junction box on 8 Stoneman above the ceiling at the entrance door to the unit. All were Corrected on Survey 5/13/2016.**

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Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

ESC 45 days

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

# The Joint Commission

5. The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 5

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

**Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 23 of 55 annual hemodialysis preventative maintenance checks, the work was performed beyond the required 12 month timeframe as outlined by the manufacturer's instructions for use. 9 of the 23 delinquent checks were greater than 6 months overdue.**

**Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**During further review of preventative maintenance documentation for the 2008K2 hemodialysis machines used at this facility, it was learned that the required semi-annual servicing of the machines had not been conducted for the past 5 years. The staff responsible for this activity was not aware of this required maintenance interval. The day this was identified by the surveyor, there were 9 of the 12 machines that were due or overdue for their 6 month semi-annual check. This preventative maintenance activity was performed prior to the machines being used for any further patient dialysis treatments. This was verified by the surveyor. As of the close of survey, all machines were current with their maintenance requirements.**

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**At time of survey, the hospital could not provide documentation to demonstrate that a chemical analysis of the source water used in dialysis had been performed in the past 12 months. The source water sample was drawn and the results were provided to the surveyor prior to the close of survey.**

**Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 6 portable reverse osmosis hemodialysis machines that require annual chemical analysis for water quality, no chemical analysis had been performed within the past 12 months. Evidence of the RO machines being tested was provided to the surveyor prior to the close of survey.**

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Chapter: Environment of Care  
Program: Hospital Accreditation  
Standard: EC.02.05.01

ESC 45 days

# The Joint Commission

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.



Scoring Category : A

Score : Insufficient Compliance

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)



Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 8  
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

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.  
This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 50 electrical panel checks, the electrical panel box # 51612 West campus Rosenberg 5th floor, Panel Boxes # PK2-1 and L-K in the kitchen; and the electrical panel box # 16698 West campus Rosenberg did not have a roster of all it's breakers.**

# The Joint Commission

EP 15

§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control  
This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 50 critical pressure relationships, the air pressure in Operating Room 1 and the air pressure at the sterile storage room for ophthalmology in the OR was negative pressure to the center restricted corridor. Corrected on Survey 5/13/2016**

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Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.05

ESC 45 days

Standard Text: The hospital inspects, tests, and maintains utility systems.  
Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

Element(s) of Performance:

3. The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)  
Note: High-risk utility system components includes life-support utility system components.



Scoring Category : A  
Score : Insufficient Compliance

5. The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)



Scoring Category : A  
Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 3

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There was a smoke detector with a construction cover on it in the dietary department on the West Campus. Corrected on Survey 5/13/2016**

EP 5

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There were approximately 100 sprinkler heads that were part of a sprinkler system at the main entrance of the hospital on Brookline St. that have been decommissioned and not removed. This is a requirement as per the Life Safety Code article 4.6.12.2 that requires existing Life Safety features that are obvious to the public be maintained or removed.**

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Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.09

ESC 60 days

Standard Text: The hospital inspects, tests, and maintains medical gas and vacuum systems.  
Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Element(s) of Performance:

3. The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 3

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 45 medical gas shutoff valve panel checks, the medical gas gauges for Operating Room 2 and 3 in the Shapiro Bldg. were completely blocked by a suture supply cart; the medical gas gauges for Operating Room 7 in the Shapiro Bldg. were completely blocked by a routine supply cart; and the medical gas shutoff valves at C-Section room 3 were blocked by a supply cart. All of the above were Corrected on Survey 5/13/2016.**

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Chapter: Environment of Care  
Program: Hospital Accreditation  
Standard: EC.02.06.01

ESC 60 days

Standard Text: The hospital establishes and maintains a safe, functional environment.  
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.



Scoring Category : C  
Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 1

§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

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.

This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**Makeshift handles were observed on a large rolling biohazardous waste collection container in the soiled utility room of a patient care unit. Plastic garbage bags tied between two grommets had been used at either end of the container to create a pulling strap.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There were co-mingled full, in use, and empty oxygen tanks stored in a single storage rack at the oxygen storage room in the Operating Room in Felberg. Corrected on Survey 5/13/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**The trash cart area in the basement near SPD was missing 3 ceiling tiles. Corrected on Survey 5/13/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There was an electrical panel box blocked by a desk in the food service area on the West Campus. Corrected on Survey 5/13/2016.**

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Chapter:	Human Resources
Program:	Hospital Accreditation
Standard:	HR.01.02.01
Standard Text:	The hospital defines staff qualifications.
Element(s) of Performance:	

ESC 60 days





1. The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2)

Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).

Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: 'Personnel for Nonwaived Testing' 493.1351-493.1495. A complete description of the requirement is located at <http://wwwn.cdc.gov/clia/Regulatory>.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.

Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 19

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

§482.23(b)(5) - (A-0397) - (5) A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**During tracer activity on the 8th floor medical surgical unit, the surveyor noted that a staff nurse was used as an interpreter without evidence of training. According to hospital policy Interpreter, Services # PR -17, BIDMC strongly discourages the use of untrained interpreters, whether they are relatives, friends, other patients, or bilingual staff. The policy further explains that a BIDMC-approved medical interpreter in person, phone, or video is the best way and bilingual staff can only be utilized in an emergency.**

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Chapter: Human Resources  
Program: Hospital Accreditation  
Standard: HR.01.04.01  
Standard Text: The hospital provides orientation to staff.

ESC 60 days

Element(s) of Performance:

7. The hospital orients external law enforcement and security personnel on the following:
- How to interact with patients
  - Procedures for responding to unusual clinical events and incidents
  - The hospital's channels of clinical, security, and administrative communication
  - Distinctions between administrative and clinical seclusion and restraint



Scoring Category : C  
Score : Partial Compliance

Observation(s):

EP 7

**Observed in Tracer Activities IN Emergency Dept at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In 2 of 2 outside law enforcement officer interviews in the Emergency Department, it was determined that there was no orientation to the facility. The officers were with a patient when interviewed. They both indicated that there was no education or orientation provided. The organization's "Sheriff, Police and Correction Officer's Prisoner Patient Watch Policy (EC-07, Revised 4/15) discussed the responsibilities of Forensic Personnel, education and orientation, etc. There was also a document that the officers were expected to sign after receiving "all the information provided to me regarding the BIDMC Policy."**

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Chapter: Human Resources  
Program: Hospital Accreditation  
Standard: HR.01.06.01  
Standard Text: Staff are competent to perform their responsibilities.

ESC 60 days

# The Joint Commission

## Element(s) of Performance:

6. Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.



Scoring Category : C

Score : Insufficient Compliance

## Observation(s):

EP 6

**Observed in Tracer Activities at Beth Israel Deaconess Healthcare - Lexington (482 Bedford Street, Lexington, MA) site.**

**In 3 of 3 HR files reviewed, for staff who performed high level disinfection of nasopharyngoscopes using MetraCide OPA, there was a lack of documentation of ongoing assessments of competency related to high level disinfection processes.**

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Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

ESC 60 days

Standard Text: The hospital implements its infection prevention and control plan.

## Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.



Scoring Category : C

Score : Insufficient Compliance

## Observation(s):

# The Joint Commission

EP 1

§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control  
This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
Dusty/dirty floors were observed in the West Campus laundry storage area in the basement of the Rosenberg Building.**

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
The environmental service room in the basement of the Rosenberg Building was visibly soiled with debris and a thick layer of brown residue in standing water within the drainage basin of the room.**

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
An employee dressed in surgical attire was observed riding a hospital elevator with a surgical mask hanging around the neck. This is not in compliance with the organization's policy #PSM 100-101, Attire/Dress Code in the Perioperative Service Areas.**

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Chapter:	Infection Prevention and Control
Program:	Hospital Accreditation
Standard:	IC.02.02.01
Standard Text:	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
Element(s) of Performance:	

ESC 45 days

# The Joint Commission

2. The hospital implements infection prevention and control activities when doing the following:

Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. \* (See also EC.02.04.03, EP 4)

Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.

Footnote \*: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at [http://www.cdc.gov/hicpac/Disinfection\\_Sterilization/acknowledg.html](http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html) (Sterilization and Disinfection in Healthcare Settings).



Scoring Category : A

Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 2

§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services  
This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities in the Emergency Dept at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**  
**In the Emergency Department, the method for testing the MetriCide OPA Plus test strips was not being conducted according to the manufacturer's instructions. The preparation of the negative control solution was incorrectly being prepared as a 1:1 ratio of MetriCide OPA Plus solution to tap water. The manufacturer's instructions indicated that the negative control solution required a dilution of "10 ml of full strength solution with 15 ml of tap (or deionized) water". Therefore, this was a 1:1.5 ratio. The instructions on the testing documentation form were incorrect. The MetraCide was used for High Level Disinfection of the Nasal Pharyngeal fiberoptic scope. The situation was rectified during the survey.**

EP 4

§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services  
This Standard is NOT MET as evidenced by:

§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control

This Standard is NOT MET as evidenced by:

§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.

This Standard is NOT MET as evidenced by:

## The Joint Commission

Observed in Tracer Activities at Beth Israel Deaconess Healthcare - Lexington (482 Bedford Street, Lexington, MA) site for the Hospital deemed service.

In the otolaryngology clinic, the nasopharyngoscope was not stored in a manner to protect from contamination. The disinfected scope was observed hanging on the wall in the clean storage sleeve (labeled clean) immediately adjacent to and touching the dirty storage sleeve (labeled dirty). The disinfected coiled loop of the scope was touching the dirty storage sleeve.

Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.

In 2 of 4 blood tube in the gyn triage area, the surveyor noted expired blood tubes mixed in with non-expired tubes.

Observed in Tracer Activities in the GI Labs at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.

In 4 of 6 endoscope storage cabinets, there were eleven hanging colonoscopes that were touching the pads on the bottoms of the cabinets. Two of the longer colonoscopes had part of the lower end of the colonoscope resting on the bottom of the cabinet. During the survey, the organization modified the cabinets in a manner that permitted the colonoscopes to hang, but not touch the bottom. The organization indicated that they would be replacing the cabinets in about four weeks.

Observed in Tracer Activities on 5S at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.

It was noted that tie cords from two patient robes, being stored on the bottom level of a linen cart, were lying on the floor.

Observed in Tracer Activities on 12R at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.

In a storage room, there was a storage cart with orthopedic trapeze equipment lying on a bottom open wire shelf. There was risk that the equipment could be soiled from below the shelf since there was no solid barrier on the shelf.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.

The Operating Room Storage room had shipping boxes being stored inside is positive pressure area to the restricted OR corridor in Felberg. Corrected on Survey 5/13/2016.

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Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.01.03.01

ESC 60 days

Standard Text: The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element(s) of Performance:

# The Joint Commission

2. The governing body provides for organization management and planning.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 2

§482.12 - (A-0043) - ?482.12 Condition of Participation: Condition of Participation: Governing Body  
This Condition is NOT MET as evidenced by:

**Observed in Auto Score for CLD at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews: §482.41 - (A-0700), §482.12 - (A-0043)**

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Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.05

ESC 60 days

Standard Text: The hospital effectively manages its programs, services, sites, or departments.

Element(s) of Performance:

1. Leaders of the program, service, site, or department oversee operations.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**During the review of the organizations hospital based hemodialysis program, ineffective management of critical program elements was evident through gaps in preventative maintenance of dialysis equipment, and through lack of performance of required annual chemical analysis of water quality.**

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Chapter: Life Safety

# The Joint Commission

Program: Hospital Accreditation

Standard: LS.02.01.10

ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

## Element(s) of Performance:

4. Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)



Scoring Category : A

Score : Insufficient Compliance

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)



Scoring Category : C

Score : Insufficient Compliance

## Observation(s):

### EP 4

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 3 of 25 fire barrier door checks, there were 3 non rated doors on the Environmental Services closets on the 9th floor, 10th floor and 11th floor of the Farr Bldg. – West campus.**



# The Joint Commission

EP 5

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 25 fire rated doors surveyed, the doors to OR #1, OR #4 and the Environmental Services closet on the 5th floor Felberg had a greater than 3/4" undercut of the door; and the double smoke hall door at the Shapiro Operating Room entry to the Locker Room hall had an astragal gap in excess of 1/8". Corrected on Survey 5/13/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 25 fire barrier door checks, there were fire doors on the Shapiro side of the OR connecting bridge; door #346 at the Decontamination side of SPD; the door at SPD basement West Campus; and the fire door at the Farr Bldg.at the end of the foot bridge from Rosenberg on the 7th floor that did not close and latch properly.**

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Chapter: Life Safety  
Program: Hospital Accreditation  
Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)



Scoring Category : C  
Score : Partial Compliance

Observation(s):

# The Joint Commission

EP 13

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 2 OR egress hallways surveyed, there were several non-patient care carts in the egress halls at the Operating Room in the Felberg building and several miscellaneous carts stored in the egress hall in the Operating Room area at the Shapiro Building. Corrected on survey 5/11/2016.**

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Chapter: Life Safety  
Program: Hospital Accreditation  
Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Element(s) of Performance:

2. All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:  
Boiler/fuel-fired heater rooms  
- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.  
- New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.  
Central/bulk laundries larger than 100 square feet  
- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have



## The Joint Commission

1-hour fire-rated walls and 3/4-hour fire-rated doors.

- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)

- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

Laboratories (See NFPA 45-1996 to determine if a laboratory is a 'severe hazard' area)

- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.

- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.

- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

Maintenance repair shops

- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.

- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)

- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas

- Existing paint shops that are not severe hazard

## The Joint Commission

areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms

- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms

- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.

- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms

- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Scoring Category : C

Score : Insufficient Compliance

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

## The Joint Commission

EP 2

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**Door # CC-0835 in the basement of the Rosenberg Building did not positively latch on closing. The door served an environmental services room.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 3 of 35 fire barrier door checks, the environmental services closets on 6-A, 5A and on the 3rd floor Farr Building, designated as hazardous locations, did not have closers on the doors. Corrected on Survey 5/13/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**The dry storage room door at the kitchen on the West Campus did not close and latch properly. Corrected on Survey 5/13/2016.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There was no an automatic door closer on the respiratory oxygen storage room # SV-OB 11 that was designated as a hazardous space and located on the ground floor near the loading dock. Corrected on Survey 5/13/2016**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 45 storage doors surveyed, there was a sterile ophthalmic supply storage room # 393 at the Operating Room and a storage room door at CC501D West campus 5th floor that did not close and latch properly. Corrected on Survey 5/13/2016.**

# The Joint Commission

EP 18

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 4 of 55 above ceiling checks, there is a penetration to the smoke barrier at the junction box above the respiratory storage room door # SV-OB 11 located on the ground floor near the loading dock and cable penetrations in the smoke wall above the door at the 7th floor and the 8th floor Stoneman nursing units.**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**There was a Penetration to the smoke barrier in the production area of the East Campus kitchen.**

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Chapter: Life Safety  
Program: Hospital Accreditation  
Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)



Scoring Category : C  
Score : Partial Compliance

14. The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.



Scoring Category : C  
Score : Insufficient Compliance

Observation(s):

## The Joint Commission

### EP 4

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 35 above ceiling checks, there was an air duct on the 9th floor Farr Bldg- West Campus at room #09C1 and multiple cables above the ceiling on the 3rd floor of the Farr Building – West Campus being supported by the sprinkler line.**

### EP 14

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html).

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

# The Joint Commission

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
There was an OR procedure table blocking the Fire Extinguisher at the Cystoscopy Room in the Operating Room in the Shapiro building. Corrected on Survey 5/13/2016.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
The Ansul fire suppression system in the East Campus kitchen was not covering the deep fryer.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
There was a fire extinguisher blocked by a desk in the food service area on the West Campus. Corrected on Survey 5/13/2016.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
In 3 of 100 sprinkler heads surveyed, there was a sprinkler head at the basement west near SPD; a sprinkler head at the washer area of SPD - basement- West campus.;and a sprinkler head at the loading dock -above dock #1 West campus that were missing escutcheon plates.

Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.  
In 2 of 25 East campus ceilings surveyed, there was a sprinkler head missing the escutcheon plate in the ceiling at the ICU entrance at 4 Finard and 3 missing escutcheon plates in the kitchen area of the East Campus.

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Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.01

ESC 60 days

Standard Text: The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

Element(s) of Performance:

1. A period of focused professional practice evaluation is implemented for all initially requested privileges.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):



# The Joint Commission

EP 1

Observed in Credentialing and Privileging at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.

In 2 of 3 Focused Professional Practice Evaluation (FPPE) files for new applicants with new privileges, one could not determine from the information available in the files that the completed FPPEs were as privilege specific as required by the Element of Performance, FAQ, and Booster Pak. Although the organization has a robust FPPE program that reviews negative outcomes, current competencies, etc. during the FPPE, one could not determine whether all of the divisions were using an approach focused on all the privileges granted. The medical staff explained that the individual division chiefs of service monitor the FPPEs for their area and send in an assessment after approximately six to eight weeks. The medical staff and the representatives of the Credentials Committee present at the session could not address whether all of the FPPEs were being reviewed with the concept of being privilege specific as part of the review. The Guidelines for Monitoring the Performance of Medical Staff Members policy (MS-30, Revised 9/2015) indicated that newly appointed medical staff members were subjected to a focused evaluation in order to assess their competence until there is sufficient information to evaluate the practitioner, but the specifics of the process were not addressed. For example, in the file of a new cardiologist with a completed FPPE, one could not determine from the documentation available which of the granted privileges were actually evaluated. This same situation was noted in the file of a new OB/GYN physician.

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Chapter: Medication Management  
Program: Hospital Accreditation  
Standard: MM.04.01.01  
Standard Text: Medication orders are clear and accurate.

ESC 45 days

Element(s) of Performance:

13. The hospital implements its policies for medication orders.



Scoring Category : C  
Score : Partial Compliance

Observation(s):

# The Joint Commission

EP 13


**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**Pain medication orders were reviewed for a patient who had undergone transplant surgery. Orders included Dilaudid 2-4 mg every 3 hours as needed for pain, and Oxycodone 5-10 mg every 4 hours as needed for pain. Two medications in a range of orders were available for the nurse to select for medication. This presented the opportunity for therapeutic duplication. The organization's policy # 03-07-09, Pharmacists Clinical Review During the Order Verification Process was reviewed. The policy requires all orders be reviewed for several items including therapeutic duplication and that any issues are clarified with the prescribing physician. The policy had not been implemented in this circumstance.**

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**While reviewing a patients record on the 6th floor postpartum unit, the surveyor noted three medications written for the same indication without differentiation of when to give each, thus creating a therapeutic duplication which did not follow hospital policy.**

---

Chapter:	Medication Management	
Program:	Hospital Accreditation	
Standard:	MM.05.01.01	
Standard Text:	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.	
Element(s) of Performance:		



1. Before dispensing or removing medications from floor stock or from an automated storage and distribution device, a pharmacist reviews all medication orders or prescriptions unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication or when a delay would harm the patient in an urgent situation (including sudden changes in a patient's clinical status), in accordance with law and regulation.

Note 1: The Joint Commission permits emergency departments to broadly apply two exceptions in regard to Standard MM.05.01.01, EP 1. These exceptions are intended to minimize treatment delays and patient back-up. The first exception allows medications ordered by a licensed independent practitioner to be administered by staff who are permitted to do so by virtue of education, training, and organization policy (such as a registered nurse) and in accordance with law and regulation. A licensed independent practitioner is not required to remain at the bedside when the medication is administered. However, a licensed independent practitioner must be available to provide immediate intervention should a patient experience an adverse drug event. The second exception allows medications to be administered in urgent situations when a delay in doing so would harm the patient.

Note 2: A hospital's radiology service (including hospital-associated ambulatory radiology) will be expected to define, through protocol or policy, the role of the licensed independent practitioner in the direct supervision of a patient during and after IV contrast media is administered including the licensed independent practitioner's timely intervention in the event of a patient emergency.

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 1

§482.25(b) - (A-0500) - §482.25(b) Standard: Delivery of Services

In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.

This Standard is NOT MET as evidenced by:

**Observed in Tracer Activities in OR areas at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In the preoperative areas for the Feldberg ORs and the Shapiro ORs, it was determined that the Omnicell automated medication storage and dispensing units were not "profiled"; and the removal of medications from the units for elective scheduled cases did not require a Pharmacy review. Since the unit was not "profiled", the staff removing a medication would not know whether the medication possibly had a pharmacy review. Medications removed from these Omnicell units never require an "override" since nurses always have access to any medications in the Omnicell. For example, when an ophthalmologist orders preoperative eye-drops for an elective case and the medications are administered before the ophthalmologist arrives, the staff would have removed and administered the medications without a pharmacy review. In this situation, one would not have the involvement of a licensed independent practitioner in the preparation and administration of the medication.**

---

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

ESC 45 days

Standard Text: The hospital plans the patient's care.

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; PC.01.02.13, EP 2)



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 1

§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**During review of a patient's record on 6th floor Postpartum Unit, the surveyor noted that a postpartum hemorrhage patient did not have an individual care plan reflecting the updated diagnosis.**

**Observed in Individual Tracer on 12R at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 10 care plan needs identified by the patient's assessment, it was noted that two important assessment findings were not incorporated in the plans for the patient. In the record of a patient recovering from hip surgery, the History and Physical, the PAT Pre Procedure Assessment, and a specific note indicated concerns that the patient was a Perioperative Opioid Dependent Patient. Also, there was a Bipolar diagnosis; and the patient's Lithium had been stopped on the day prior to the procedure. None of the documented elements in the Care Plans addressed these two significant concerns. The staff present during the review of the record indicated that these elements should have been addressed in the Care Plan.**

---

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.02.01.03
Standard Text:	The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
Element(s) of Performance:	

ESC 45 days

# The Joint Commission



1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. \*

Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:

- Responsible for the care of the patient
- Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
- Acting within his or her scope of practice under state law
- Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services

Footnote \*: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

§482.57(b)(3) - (A-1163) - (3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**The surveyor observed that oxygen was administered to the patient without an order to do so.**

---

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.02.03



# The Joint Commission

Standard Text: The hospital makes food and nutrition products available to its patients.

Element(s) of Performance:

11. The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 11

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In 6 of 6 open 1/2 gallon cartons of milk or juice in a patient nutrition refrigerator on the Farr 7 Unit, there was no indication of the date they were opened. These products would expire in 7 to 10 days after opening per the Food Product Shelf-Life Guideline provided to the surveyor.**

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In 1 of 4 opened 1/2 gallon cartons of milk or juice in the patient nutrition refrigerator on Farr 10, there was no date that the container had been opened.**

---

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03

ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

# The Joint Commission

EP 1

**Observed in Individual Tracer in ED at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In the record of a patient who received moderate sedation during the reduction of a dislocated shoulder, it was noted that the airway assessment was not documented. The evaluation and documentation of an airway assessment was part of the hospital's required pre-sedation assessment, as noted in the Moderate Sedation Non-Anesthetist policy CP-03, section X9d.**

---

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01

ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Element(s) of Performance:

11. All entries in the medical record are dated.



Scoring Category : C

Score : Partial Compliance

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.



Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 11

§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 2 patient records reviewed, the surveyor noted the history and physical form had the physician's signature but no date or time.**



# The Joint Commission

EP 19

§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 5 of 5 patient records reviewed, it was noted that entries in the record did not indicate the time of the entry. In the record of a patient recovering from bowel surgery, the intraoperative record was signed and dated by the nurse, but the entry was not timed. In the record of a patient recovering from hip surgery, the intraoperative record was signed and dated by the nurse on page 2, but the entry was not timed. A closed Emergency Department record that addressed the reduction of dislocated hips with moderate sedation, had a pre-procedure assessment that was not dated or timed. In the record of a patient recovering from back surgery, the entry by an LIP on a Trigger Event document was not dated or timed. All of the the History and Physicals prepared in the PAT area, and the PAT Pre-procedure Assessment forms, were computer generated documents that provided only the date of the entries, but did not provide the time of the entries. During the survey, the organization was able to make the necessary changes to guarantee that the time of an entry would now be entered in these computer generated documents.**

---

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.03.01

ESC 60 days

Standard Text: The hospital honors the patient's right to give or withhold informed consent.

Element(s) of Performance:

13. Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)



Scoring Category : C

Score : Partial Compliance

Observation(s):

## The Joint Commission

EP 13

§482.24(c)(4)(v) - (A-0466) - [All records must document the following, as appropriate:]

(v) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.

This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer in Orthopedic clinic at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site for the Hospital deemed service.**

**In 2 of 2 Orthopedic Clinic records, it was noted that only verbal consents were obtained; and it was documented in each record that a verbal consent was obtained. However, the Informed Consent and Decision Making Policy (#PR-02) indicated on page 4 that: "All discussions with a patient or patient's legally recognized representation regarding treatment and/or procedures will be documented in the patient's medical record and on an approved Beth Israel Deaconess Medical Center form". In the record of an orthopedic patient who had an injection of medications into a knee, it was noted that the consent was documented as a verbal consent. In the record of a patient who had a knee aspiration, the consent was documented as a verbal consent. The staff present agreed that these were invasive procedures that required consents. The staff explained that all consents obtained in the Orthopedic Clinic were only documented as having acquired a verbal consent. The organization provided minutes indicating that the decision to use a verbal consent, instead of the consent form, was discussed in their minutes; but the minutes did not demonstrate that the question had been resolved. The minutes only documented the questions that had to be addressed. The clinic will now use the required Beth Israel Deaconess Medical Center consent form until the issue is further reviewed and the Policy is changed.**

---

## Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

<b>Program:</b>	Hospital Accreditation Program	
<b>Standards:</b>	LS.02.01.10	EP9
	LS.02.01.35	EP5
	MM.03.01.01	EP2
	PC.01.02.07	EP1,EP2
	PC.04.01.05	EP8
	RI.01.07.01	EP18

**The Joint Commission  
Findings**

**Opportunities for Improvement – Detail**

Chapter: Life Safety  
Program: Hospital Accreditation  
Standard: LS.02.01.10  
Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Element(s) of Performance:

9. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.

Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)



Scoring Category : C  
Score : Satisfactory Compliance

**Observation(s):**

**EP9**

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.  
There was a penetration to the fire wall in the Electrical Closet on the 11th floor Farr Building- West Campus.**

---

Chapter: Life Safety  
Program: Hospital Accreditation  
Standard: LS.02.01.35  
Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

5. Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)



Scoring Category : C  
Score : Satisfactory Compliance

**Observation(s):**

# The Joint Commission

## Findings

### EP5

**Observed in Building Tour at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**There were two sprinkler heads on the 6th floor Rosenberg building covered with dust and lint at door #CO3. Corrected on Survey 5/13/2016**

---

Chapter: Medication Management  
Program: Hospital Accreditation  
Standard: MM.03.01.01  
Standard Text: The hospital safely stores medications.

### Element(s) of Performance:

2. The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.

Note: This element of performance is also applicable to sample medications.



Scoring Category : C  
Score : Satisfactory Compliance

### Observation(s):

#### EP2

**Observed in Tracer Activities at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In 1 of 8 pour bottles of irrigation solution stored in a warming cabinet in the West OR, there was no date that the container was placed in the warmer or expiration date. Six liter bottles of normal saline were labeled, but two sterile water bottles were not. The manufacturer's instructions were reviewed and state that the "solution can be warmed to temperatures not exceeded 122 degrees Fahrenheit for a period no longer than 60 days.**

---

Chapter: Provision of Care, Treatment, and Services  
Program: Hospital Accreditation  
Standard: PC.01.02.07  
Standard Text: The hospital assesses and manages the patient's pain.

# The Joint Commission

## Findings

### Element(s) of Performance:

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)



Scoring Category : C  
Score : Satisfactory Compliance

2. The hospital uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand.



Scoring Category : C  
Score : Satisfactory Compliance

### Observation(s):

#### EP1

**Observed in Individual Tracer on 12R at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**In the record of a patient recovering from hip surgery, it was noted that there were no pain assessments documented before and after the patient received a narcotic for pain at 526 hours.**

#### EP2

**Observed in Individual Tracer at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue, Boston, MA) site.**

**While reviewing a medical record on the in-patient oncology unit, the surveyor noted that a pain assessment had been performed using questions posed in English, where the patient's documented preferred communication was Spanish.**

---

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.04.01.05
Standard Text:	Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.

### Element(s) of Performance:

8. The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)



Scoring Category : C  
Score : Satisfactory Compliance

### Observation(s):

# The Joint Commission

## Findings

### EP8

**Observed in Individual Tracer at Beth Israel Deaconess Healthcare - Chelsea (1000 Broadway,Chelsea,MA) site.**

**In the orthopedic clinic, a patient was treated with a steroid (Kenalog) joint injection. The written discharge instructions provided to the patient lacked information regarding the steroid joint injection, including any potential side effects or complications.**

---

Chapter: Rights and Responsibilities of the Individual  
Program: Hospital Accreditation  
Standard: RI.01.07.01  
Standard Text: The patient and his or her family have the right to have complaints reviewed by the hospital.

### Element(s) of Performance:

18. For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following:

- The name of the hospital contact person
- The steps taken on behalf of the individual to investigate the complaint
- The results of the process
- The date of completion of the complaint process



Scoring Category : C  
Score : Satisfactory Compliance

### Observation(s):

#### EP18

**Observed in Document Review at Beth Israel Deaconess Medical Center - East and West Campus (330 Brookline Avenue,Boston,MA) site.**

**In 1 of 4 grievance files reviewed, the written response did not include steps taken on behalf of the individual to investigate the complaint or the results of the investigation.**

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## Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 82

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC15-9.04  
**Description:**  
 Corridor door: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/15/2016  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC15-7.02  
**Description:**  
 Fire door/s: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/15/2016  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC15-4.17  
**Description:**  
Fire door/s: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/15/2016  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC15-2.05  
**Description:**  
Fire door: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/15/2016  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC15-2.03  
**Description:**  
SB door/s: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/15/2016  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-3.01  
**Description:**  
Hazardous Area: Insufficient Ventilation

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 10/31/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-HA5.32

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-HA.790

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-HA1.08

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA4.C3B  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA-F532  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA7.05F  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-9,37F  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-11.25F

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** No

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-2.31SH

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-3.07

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-4.33ST  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA5.15S  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA6.49S  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** No  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** East Campus\_HAP  
**PFI Id:** EC16-HA5.52F  
**Description:**  
Hazardous Area: Penetrations above the lay-in ceiling

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 12/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-HA.8.19

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-9.31FD

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** East Campus\_HAP

**PFI Id:** EC16-12.19FD

**Description:**

Hazardous Area: Penetrations above the lay-in ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 12/30/2016

**Funds Committed:** Yes

**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-6.01A  
**Description:**  
Smoke/fire barrier: deficient fire stopping  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-5.01A  
**Description:**  
Smoke/fire barrier: deficient fire stopping  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-3.02A  
**Description:**  
Smoke/fire barrier: deficient fire stopping  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-9.01A  
**Description:**  
Smoke/fire barrier: non- listed/rated fire/smoke stopping

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** Farr Building\_HAP

**PFI Id:** FA15-6.05A

**Description:**

Smoke/fire barrier: non- listed/rated fire/smoke stopping

**ILSM Access:** Yes

**Projected Completion Date:** 7/30/2017

**Funds Committed:** Other

**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** Farr Building\_HAP

**PFI Id:** FA15-6.04A

**Description:**

Smoke barrier: seams not taped

**ILSM Access:** Yes

**Projected Completion Date:** 7/30/2017

**Funds Committed:** Other

**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus

**Building Name:** Farr Building\_HAP

**PFI Id:** FA15-6.03A

**Description:**

Smoke/fire barrier: penetrations above ceiling

**ILSM Access:** Yes

**Projected Completion Date:** 7/30/2017

**Funds Committed:** Other

**Accepted Date:** 5/13/2016

---



## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-6.07A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-4.04A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-2.02A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-2.06A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-2.07A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-6.02A  
**Description:**  
Smoke/fire barrier: penetrations poorly fire stopped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-4.03A  
**Description:**  
Smoke/fire barrier: penetrations poorly fire stopped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-11.04  
**Description:**  
Sprinkler: escutcheon missing  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Farr Building\_HAP  
**PFI Id:** FA15-9.04  
**Description:**  
Sprinklers: missing in fully sprinklered area  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** RB16-1.01A  
**Description:**  
Smoke/fire barrier: Missing adjacent to ED  
**ILSM Access:** Yes  
**Projected Completion Date:** 9/30/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC16-5.01  
**Description:**  
Hazardous Area: Insufficient Ventilation

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 10/31/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC16-5.02  
**Description:**  
Hazardous Area: Insufficient Ventilation  
**ILSM Access:** Yes  
**Projected Completion Date:** 10/31/2016  
**Funds Committed:** Yes  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.06  
**Description:**  
SB door/s: penetrated  
**ILSM Access:** Yes  
**Projected Completion Date:** 2/1/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.09  
**Description:**  
Smoke barrier: door missing closer  
**ILSM Access:** Yes  
**Projected Completion Date:** 2/1/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** FA15-5.09  
**Description:**  
Fire door frame: label missing  
**ILSM Access:** Yes  
**Projected Completion Date:** 2/1/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-7.19A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-6.02A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-6.04A  
**Description:**  
Fireproofing: damaged

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-6.09A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.07A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.12A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.15A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.03A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.12A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.07A  
**Description:**  
Fireproofing: damaged

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.09A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.14A  
**Description:**  
Fireproofing: damaged  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-7.12A  
**Description:**  
Smoke barrier: seams not taped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.15A  
**Description:**  
Smoke barrier: seams not taped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.16A  
**Description:**  
Smoke barrier: seams not taped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.08A  
**Description:**  
Smoke/fire barrier: deficient fire stopping  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.10A  
**Description:**  
Smoke/fire barrier: deficient fire stopping

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.24A  
**Description:**  
Smoke/fire barrier: penetrations poorly fire stopped  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-7.17A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-6.05A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.01A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.05A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-5.11A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.01A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.08A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.17A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-3.18A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.01A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.02A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.03A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.04A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling

## The Joint Commission

**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.13A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.15A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.20A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

## The Joint Commission

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.22A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

---

**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.23A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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**Site:** Beth Israel Deaconess Medical Center - East and West Campus  
**Building Name:** Rosenberg\_HAP  
**PFI Id:** CC15-1.25A  
**Description:**  
Smoke/fire barrier: penetrations above ceiling  
**ILSM Access:** Yes  
**Projected Completion Date:** 7/30/2017  
**Funds Committed:** Other  
**Accepted Date:** 5/13/2016

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