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**CONSULTING
SERVICES**

ACCREDITATION MOCK SURVEY

Client Name: Sample Company

Facility Location: Anytown, USA

J. J. Keller® Accreditation Mock Survey Provides Comprehensive Compliance Assessment

J. J. Keller® Consulting provides the expertise of an independent consulting firm to prepare your facility for a successful DNV or TJC Life Safety Survey by assessing whether your organization would be likely to receive nonconformances or condition level findings. This sample report demonstrates the same type of full report you'll receive in order to determine your readiness for an actual survey, including recommendations for addressing areas of non-compliance.



ACTIVITY SUMMARY

This audit included a review of current written policies, procedures, and training documentation. In addition to the policies and procedures review and the walk-through of the facilities, employee interviews were conducted.

AUDIT METHODOLOGY

[Consultant Name] conducted opening and closing meetings for this audit. During the opening meeting, the overall goals and objectives were confirmed.

The following pages contain the results of J. J. Keller’s DNV Accreditation Audit, including the overall scoring and non-compliant findings. During the audit process, the information applicable to [Organization Name] was reviewed for compliance with the DNV requirements in up to 66 individual compliance items across 4 categories. Each individual compliance item was identified as one of the following: Compliant, Minor Gap, Major Gap, Absent, or Not Applicable. The score for that category was then compiled and a compliance percentage was assigned to each category relative to how well [Organization Name] performed in that category.

AUDIT RESULTS

The results of the audit produced an overall compliance percentage of 69%, for a Regulatory Compliance Risk Rating of MODERATE. A risk rating of MODERATE indicates that [Organization Name] is at risk for receiving nonconformances 1, 2, or condition level during the next DNV survey.

MOCK AUDIT	
Regulatory Compliance Risk Rating	Color
CRITICAL	Grey
SEVERE	Red
SERIOUS	Brown
MODERATE	Orange
LOW	Yellow
MINIMAL	Green

Custom matrix provides a rating system for the severity of your risks.

It is recommended that [Organization Name] set an objective to reach at least 85% regulatory compliance on their next audit to improve their Rating to MINIMAL, and reduce overall regulatory risk.

The table below provides visibility to the scores of categories, sorted by the compliance rating:

Category	Risk Rating Percentage	Compliance Risk Exposure
Facility	63%	Moderate
Safety, Security, Hazardous Material, Emergency Management	62%	Moderate
Life Safety	74%	Low
Medical Equipment and Utility Management Systems	77%	Low
Average	69%	MODERATE

FINDINGS AND RECOMMENDATIONS

The audit observations identified within this report are recommended to be an extension of the ongoing internal safety management and monitoring process. The observations documented in this section of this report were acquired during the documentation review and facility walk-through.

Facility: Moderate

#	Finding	Recommendations	Regulatory Reference
1.	During the document review, it was noted that the ligature risk assessment did not account for the risks identified during the building tour.	The annual ligature risk assessment should include leadership from Behavioral Health, Facilities, Safety, and Regulatory departments. The assessment should be systematically organized by location, ensuring that all potential risks are thoroughly identified and accompanied by corresponding remediation or mitigation plans. Each area where a patient could be present must be assessed comprehensively from top to bottom.	DNV NIAHO manual, PE.1 facility; SR.1 42 CFR 482.13(c)(2)

Areas of non-compliance or risk are categorized and itemized for at-a-glance review.



#	Finding	Recommendations	Regulatory Reference
2.	<p>During the building tour it was identified that there were damaged ceiling tiles in the following locations:</p> <ol style="list-style-type: none"> 1. Endo room ABCD 2. Storage room 2222 3. In corridor near elevator outside of pre-op 4. Room 522 5. Stairwell A on level 2 	<p>Replace the damaged ceiling tiles in the noted locations.</p>	<p>DNV NIAHO manual, PE.1 facility; SR.1</p>
3.	<p>During building tour there was wall damage observed in the following locations:</p> <ul style="list-style-type: none"> • Storage room 1234 • Operating room corridors • Inpatient behavioral health unit patient rooms and day rooms • Endo room 1234 • Throughout the 1st floor of ABC building 	<p>Paint refresh project as needed in highly used areas.</p>	<p>DNV NIAHO manual, PE.1 facility; SR.1</p>
4.	<p>During the building tour, floor damage or cleanliness issues were observed in the following areas:</p> <ol style="list-style-type: none"> 1. Operating room corridors had floor damage 2. Kitchen floors were dirty under and behind appliances 3. Refrigerator and freezer floors had dust and debris 4. Behavioral health patient room floors 	<p>Coordinate with EVS to conduct deep cleaning in high-traffic areas. Kitchen staff should perform a thorough cleaning under and behind appliances quarterly to prevent grease buildup. Refrigerator and freezer floors should be cleaned daily. In the OR, replace or repair the floors, as many of the welded seams and cove base are damaged.</p>	<p>DNV NIAHO manual, PE.1 facility; SR.1</p>

Safety, Security, Hazardous Material, Emergency Management Systems: Moderate

#	Finding	Recommendations	Regulatory Reference
14.	During the building tour of the SPD department, it was noted that the instrument air gauge in the decontamination room was not functioning.	Instrument air pressure should not exceed 30 psi without the use of PPE. Repair the gauge and ensure it reads 30 psi or less, unless proper PPE is being worn	DNV NIAHO manual, PE.3 Safety; SR.2 OSHA Standard 29 CFR 1910.242(b)
15.	During the building tour, it was identified that a bulb crusher was in use. However, there was no maintenance and inspection documentation verifying that the safety mechanism to limit exposure while the machine was operating was in place.	Remove the bulb crusher from service and instead use a waste vendor to handle the disposal of spent bulbs. This will eliminate the need for monitoring all staff who operate the machine and reduce maintenance, PPE, and training requirements.	DNV NIAHO manual, PE.3 Safety; SR.2 29 CFR 1910.1000
16.	During the building tour of the switchgear room, it was discovered that the doors leading outside had a significant drop with no warning signs, fall protection devices, or stairs installed.	Install appropriate warning signs on the doors leading outside and ensure stairs fall protection devices are in place to prevent injury to staff and contractors.	

Expert recommendations provide clear direction for addressing areas of risk and non-compliance.

Life Safety: Low

#	Finding	Recommendations	Regulatory Reference
28.	During the building tour of the generator and switchgear rooms, it was noted that there were no illuminated exit signs directing individuals to an exit.	Perform an egress assessment to identify where exit signs should be installed.	DNV NIAHO manual, PE.2 Life Safety; SR.1a NFPA 101, 2012: 7.10
29.	During the building tour there was a "Not an Exit" sign installed on the door leading to the Chiller construction site.	This sign should be replaced with a sign that reads "No Exit".	DNV NIAHO manual, PE.2
30.	During the building tour of the main fire panel room, it was observed that the spare sprinkler head cabinet contained only four QR heads.	Ensure that the correct number of spare sprinkler heads are stored in the cabinet. You have a central location where all spare heads are kept, place a sign on the spare cabinets indicating that location. All spare heads must be inspected annually.	

Regulatory references allow you to quickly research the compliance area for the exact compliance requirements.

Medical Equipment and Utility Management Systems: Low

#	Finding	Recommendations	Regulatory Reference
50.	During the building tour, it was identified that the endoscopy room was under negative pressure when it should be positive pressure according to the ASHRAE 170, 2008 ventilation table.	CMS adopted NFPA 99, 2012, which refers to the ASHRAE 170 – 2008 ventilation table. According to this table, endoscopy rooms should be under positive pressure. It is recommended to reach out to your DNV representative to confirm their stance on this matter and ensure that the current pressure setup meets their standards, as clear guidance is not explicitly provided by DNV.	DNV NIAHO manual, PE.8 Utility Management Systems; SR.1a NFPA 99, 2012: 2.3.2 CMS State Operation Manual, Appendix A
51.	During the building tour, the following concerns were identified as water management issues: 1. Ice Machine had visible dirt accumulation in the drain inlet. 2. The shower in the EVS floor care room was being used for storage and appeared to have been out of operation for an extended period. 3. In the ABC building, the old washer drain in the first-floor electrical room was plugged with a dirty rag and appeared to have not been flushed for a significant amount of time.	1. Make sure the inlet drain is cleaned during monthly service. 2. Remove supplies and run the shower. If the shower is no longer needed, consider removing the fixtures and plumbing. 3. Properly plug the drain. If hookups are no longer needed, consider removing the fixtures and plumbing.	DNV NIAHO manual, PE.8 Utility Management Systems; SR.1a
52.	During the document review session, it was noted that the water management plan lacked defined action levels for remediation procedures.	Include actions levels in the water management plan.	DNV NIAHO manual, PE.8 Utility Management Systems; SR.1a

CLOSING

The observations and recommendations within this report are intended for use as a process review summary only. Continued and ongoing vigilance from management is extremely important to the ongoing effectiveness of a workplace safety and compliance program. The findings and recommendations contained in this report are solely based on the items observed during the time that the consultant was on-site. Additional applicable information may be made available later that would impact on this report’s recommendations. Please reach out to the J. J. Keller team for any further assistance that you may need.

J. J. KELLER®

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