**SCOPE:** All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, outpatient imaging centers, urgent care centers, and all Corporate Departments, Groups and Divisions. Specifically, the following departments:

- Administration
- Ethics and Compliance
- Quality Management

**PURPOSE:** To ensure that each Company-affiliated facility and subsidiary provides immediate notification to Corporate and Division management:

- of any surveys by any third party agency for any reason at their facility;
- upon receipt of any request for copies of patient or facility records for use in an investigation of an alleged compliance violation;
- upon receipt of written communication from the facility’s Quality Improvement Organization (QIO) or other health care survey or enforcement agency pertaining to a formal project that will involve aggregate reporting of data or information to the QIO or requesting agency; and
- upon identification by the facility of the obligation to notify a regulatory/accrediting body of an adverse event or violation of a state/federal regulation via self-report communication to the applicable body.

**POLICY:**

1. All Company-affiliated facilities must provide immediate notification to the Corporate Regulatory and Accreditation Services Department and to their Division Vice President for Quality/Division Quality and Risk Manager for Ambulatory Surgery Centers (ASCs)/Division Quality Manager for Physician Services Group (PSG) when the following occur:

   - any survey visits by a third party agency;
   - upon receipt of any request for copies of patient or business records for use in the investigation of an alleged compliance violation by a third party agency;
   - upon receipt of communication from the facility’s QIO or other health care survey or enforcement agency pertaining to a formal project that will involve aggregate reporting of data or information to the QIO or requesting agency; and
   - upon identification by the facility of the obligation to notify a regulatory/accrediting body of an adverse event or violation of a state/federal regulation via self-report communication to the applicable body.

2. The Corporate Regulatory and Accreditation Services Department will ensure that other Corporate and Division Departments are notified of survey visits or events that relate to the Department’s area of responsibility.
DEPARTMENT: Clinical Services Group – Regulatory and Accreditation Services

POLICY DESCRIPTION: Regulatory Compliance Notification

PAGE: 2 of 3

REPLACES POLICY DATED: 5/14/99, 7/21/99, 9/30/03, 9/1/07, 6/1/09, 5/1/15, 8/1/15, 9/1/18

EFFECTIVE DATE: July 1, 2020

REFERENCE NUMBER: CSG.RAS.001 (formerly CSG.QS.001 and QM.001)

APPROVED BY: Ethics and Compliance Policy Committee

PROCEDURE:

Facility Responsibility

1. Immediately upon the arrival of any survey team at the facility for any reason, the Chief Executive Officer/Administrator or their designee must notify the appropriate Division offices and Corporate Regulatory and Accreditation Services Department (see Attachment A)/Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

2. Immediately upon the receipt of any request for copies of patient or business records for use in the investigation of an alleged compliance violation, the Chief Executive Officer/Administrator or their designee must notify the appropriate Division offices and Corporate Regulatory and Accreditation Services Department (see Attachment A)/Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

3. Immediately upon receipt of communication from the facility’s QIO or other health care survey or enforcement agency pertaining to a formal project that will involve aggregate reporting of data or information to the QIO, the facility Ethics and Compliance Officer (ECO) or in the absence of the ECO, the ECO’s designee, must notify Corporate Regulatory and Accreditation Services Department (see Attachment A)/Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

4. Upon determination of an adverse event or a violation of a state/federal regulation with an obligation of subsequent notification via self-report communication to the applicable body, the Chief Executive Officer or their designee must notify Corporate Regulatory and Accreditation Services Department (see Attachment A)/Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

Following a Survey

- A Regulatory Survey Log Data Form (see Attachment B) and any summation notes or summation conference transcript prepared by the facility representative and the surveyor should be completed and sent to Corporate Regulatory and Accreditation Services Department (see Attachment A).

- The Regulatory Survey Log Data Form is available in electronic format at the Regulatory and Accreditation Services page on Atlas Connect at the following address: [http://externalsurveylog.app.medcity.net/webforms/newsurvey.aspx](http://externalsurveylog.app.medcity.net/webforms/newsurvey.aspx).

- Copies of any correspondence relating to a survey or an investigation of an alleged violation, whether from the surveying agency, Centers for Medicare and Medicaid Services (CMS), or any other regulatory agency should be sent to the Corporate Regulatory and Accreditation Services Department (see Attachment A) with reference to applicable log number.

5/2020
<table>
<thead>
<tr>
<th><strong>DEPARTMENT:</strong> Clinical Services Group – Regulatory and Accreditation Services</th>
<th><strong>POLICY DESCRIPTION:</strong> Regulatory Compliance Notification</th>
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<tr>
<td><strong>PAGE:</strong> 2 of 3</td>
<td><strong>REPLACES POLICY DATED:</strong> 5/14/99, 7/21/99, 9/30/03, 9/1/07, 6/1/09, 5/1/15, 8/1/15, 9/1/18</td>
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<td><strong>EFFECTIVE DATE:</strong> July 1, 2020</td>
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</tr>
<tr>
<td><strong>APPROVED BY:</strong> Ethics and Compliance Policy Committee</td>
<td></td>
</tr>
</tbody>
</table>

**Corporate Responsibility**

The Corporate Regulatory and Accreditation Services Department will coordinate with other Corporate and Division support functions, as appropriate upon notification of survey visits or reportable events so that the appropriate Corporate and Division Departments may provide the appropriate support and guidance.
Corporate Regulatory and Accreditation Services Department Contact Information

HCA Healthcare Regulatory and Accreditation Services
Attention: REGULATORY COMPLIANCE
One Park Plaza
Nashville, TN 37203

Corporate Regulatory and Accreditation Services Department:
Corp HCA Regulatory and Accreditation Services

Phone: (615) 344-5865
Fax: (866) 527-5390
REGULATORY COMPLIANCE NOTIFICATION

Of critical importance is early notification to division and corporate management of any investigation of alleged compliance violations. The company policy requires immediate notification to the Corporate Regulatory and Accreditation Services Department and the Vice President for Quality in your Division offices.

Please assure this policy is followed in your hospital:

1. Immediately upon arrival of any survey team at any HCA Healthcare entity for any reason or the identification of an event for which there is an obligation for reporting to licensure, regulatory or accrediting entity, the Leadership, Chief Executive Officer/Administrator/Facility designee, will notify Corporate Regulatory and Accreditation Services Department, Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

2. Complete the HCA Healthcare Regulatory Survey report submission.
   http://externalsurveylog.app.medcity.net/webforms/newsurvey.aspx

3. With the surveyor's permission, please record any summation conference, which takes place. A copy of the recording should be provided to the surveyor and a copy retained at the hospital for your files.

4. Summation notes by you or the surveyor should be completed and forwarded to Corporate Regulatory and Accreditation Services Department with reference to the applicable log number as soon as possible after the conclusion of the survey, with a copy to the facility's Division.

5. Following the survey, please immediately forward any subsequent correspondence you receive from the agency, including state survey agencies, CMS, FDA, OCR, or other entities relating to the survey to the Corporate Regulatory and Accreditation Services Department and your Division office with reference to the applicable log number.

6. Upon receipt of any written or verbal request for copies of patient records for purpose of investigation of an alleged violation, the entity should notify the Division and Corporate Regulatory and Accreditation Services Department. 

7. Upon determination of an adverse event or a violation of a state/federal regulation with subsequent notification via self-report communication to the applicable body, the Chief Executive Officer or his/her designee must notify the Corporate Regulatory and Accreditation Services Department and the Division Vice President for Quality/Division Quality and Risk Manager for ASCs/Division Quality Manager for PSG.

If you have any questions concerning surveys, reportable events or compliance issues, please contact the Corporate Regulatory and Accreditation Services Department at the Regulatory and Accreditation Services mailbox:
CorpHCARegulatoryandaccreditationsurveys@hcahealthcare.com or a member of the Regulatory and Accreditation Services staff. The Regulatory and Accreditation Services staff will work with you to assure appropriate communication and access to company resources.

We appreciate your assistance and as always, welcome the opportunity to assist in your endeavors. Please do not hesitate to let us know if there is anything we can assist you with regarding compliance issues (e.g., OSHA, QIO, Medicare, State corrective action plans, etc.) or if you need any resources to assist in attaining and maintaining compliance.

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## Regulatory Survey Log Data

### General

- **COID #:**
- **Facility Name:**
- **State:**
- **Date(s) Surveyed:** (Note: Date format: mm/dd/yy)
- **Your Name:**
- **Your Title:**
- **Hospital Contact Person:**
  - (A follow-up is needed)
- **Hospital Contact Person’s Title:**
- **Phone Number:**

### Type of Agency

- AAAHC (Accreditation Assoc for Ambulatory Healthcare)
- ACOS (American College of Surgeons)
- ACR (American College of Radiology)
- AHCA (Agency for Health Care Administration)
- AOAA (American Osteopathic Assoc.)
- CAP (College of American Pathologists)
- CMS / Medicare
- COC (Commission on Cancer)
- DCF- (Department of Children and Families)
- DEA (Drug Enforcement Administration)
- Department of Agriculture
- Department of Environmental Services
- Department of Homeland Security
- Department of Transportation
- Environment Protection Agency
- FBI (Federal Bureau of Investigation)
- FDA (Food & Drug Administration)
- Federal Law Enforcement
- Fire Safety Enforcement Agency
- ICE (Immigration and Customs Enforcement)
- Joint Commission
- Kentucky OIG (State Agency)
- Local Law Enforcement
- Nuclear Regulatory Commission
- Office of Civil Rights
- OIG (Office of Inspector General)
- OSHA
- QIO (Quality Improvement Organization)
- State Department of Health
- State Department of Human Services
- State Law Enforcement
- Others:

### Type of Survey

- Accreditation Survey
- Follow-Up of Original Accreditation Survey
- Original Survey Date(s):
- Hazardous Waste
- Home Health
- Laboratory
- NRC (Nuclear Regulatory Commission)
- Pharmacy/sterile Compounding
- Radiation Safety
- Risk Management
- State for CMS
- TJC/DNV Disease-Specific Certification
- Other Type of Survey:

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### Type of Surveyor

<table>
<thead>
<tr>
<th>Type of Surveyor</th>
<th>Other:</th>
<th>Joint Commission: Surveyor Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietician</td>
<td></td>
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<tr>
<td>Fire Marshall</td>
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<tr>
<td>Home Health Aide</td>
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<tr>
<td>Human Services Specialist</td>
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<tr>
<td>Laboratoni</td>
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<tr>
<td>Licensing Counselor</td>
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<tr>
<td>Life Safety Administrator</td>
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<tr>
<td>Nurse</td>
<td></td>
<td></td>
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<tr>
<td>Environmental Specialist</td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Type of Area

- Accreditation Survey
- Admitting
- Ambulatory Service Center (ASC)
- Behavioral Health/Psychiatric Services
- Biohazardous Waste
- Cath Lab
- Credentialing
- Discharge Planning
- Emergency Services
- Federal, State & Local Laws
- Food Services
- Geropsychiatric Unit
- Governing Body
- Home Health Services
- Human Resources
- Hyperbaric Oxygen Therapy (HBO)
- Infection Control
- Intensive Care
- Labor & Delivery
- Laboratory Services
- Other:                                    
- Mammography
- Medical Records/HIM
- Medical/Surgical Nursing
- Non-Hospital Related
- Non-Invasive Cardiology
- Nursing:                                   
- Oncology
- Outpatient Services
- Peer Review
- Pharmaceutical Services
- Physical Environment
- Privileging
- Quality Assessment
- Radiologic Services / Diagnostic Imaging
- Rehabilitation Services
- Respiratory Services
- Skilled Nursing Unit
- Social Services
- Surgical Services
- Transplant Program
All Surveys

Status at termination of visit: Select from list ▼

Check the box for each applicable statement:

- Immediate Jeopardy. (Explain below)
- Plan of Correction required.
- Referred to another external agency.
- We anticipate subsequent visit(s) related to this survey.
- Civil Monetary Penalty. Amount: $ [State] [Federal]
- OSHA Monetary Penalty. Amount: $ [State] [Federal]

Do you need assistance or support in follow-up of the survey?
If so, please specify the services or support needed:

Additional comments, concerns or requests:

CMS/State Surveys
If an EMTALA/Complaint survey, was EMTALA/Complaint validated? Not applicable ▼

OSHA Surveys
If an informal conference was requested, please describe the outcome:

Print this completed form before clicking submit button.

Submit Survey Clear All Answers

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