



## ACCREDITATION SURVEY AUTHORIZATION

Facility Name:

Facility DOH ID:

Mailing Address:

Contact Person:

Phone:

Email:

It is hereby requested that the Pennsylvania Department of Health (PA DOH) accept the final deeming accreditation report of **(SELECT ONE)**:

The Joint Commission (TJC)

Accreditation Commission for Health Care (ACHC) (Formally AOA/HFAP)

The Center for Improvement in Healthcare Quality (CIHQ)

DNV GL HEALTHCARE USA, Inc. (DNV GL)

in lieu of conducting a PA DOH licensure survey. I further understand that:

1. This facility must provide the Department of Health with the final deeming accreditation letter which must have been issued no more than one year prior to the expiration date of the facility's license. We must provide this letter to the DOH within ten business days of receipt. The facility must make available upon request by the Department the full accreditation report including any plan of correction.
2. The accreditation survey process is distinct and separate from federal surveys conducted by the PA DOH at the request of the United States Department of Health and Human Services. It is also separate from any complaint or occupancy survey that may be conducted by the Department.
3. Notwithstanding the standards of our chosen accreditation organization, this facility understands that it must maintain compliance with state law, including applicable statutes and regulations. The Department may conduct a validation survey following a deemed accreditation survey.
4. This authorization is effective immediately and remains in force until this facility notifies PA DOH otherwise.

**(SELECT ONE):**

I will be using my deemed status for licensure.

I will not be using deemed status for licensure and fully understand a licensure survey will be conducted by the PA DOH.

Authorized/CEO Name:

Date of Signature:

Signature:

Current Accrediting Organization:

Date of last accreditation survey:

Current accrediting organization ID number:

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Email the completed form to:

[RA-DAAC@pa.gov](mailto:RA-DAAC@pa.gov)