

EXHIBIT 12

Luminis Health Doctors Community Medical Center: Maryland Office of Health Care Quality Survey-February 2021.

- Outcome: Survey findings are pending.

Luminis Health Doctors Community Medical Center: Joint Commission Preliminary Denial of Accreditation –January 2015.

- Outcome: Action Plans accepted and awarded full Accreditation May 2015.
- Action/Monitoring Completed: Established evidence of acceptable compliance with Joint Commission standards cited to include standards pertaining to governing body and surgical services.

Luminis Health Anne Arundel Medical Center: Billing Errors with Anticoagulation Outpatient Clinic-

- Outcome: Settlement including five-year corporate integrity agreement effective on June 26, 2019.
- Action/Monitoring Completed: Luminis Health Anne Arundel Medical Center has successfully executed all the requirements set forth in the Corporate Integrity Agreement. The first year Annual Report was submitted and accepted by the Office of Inspector General with no further requests for information or follow up questions.

Luminis Health Anne Arundel Medical Center: 3-Month Temporary Hold on Medicare Deemed Status-July 2015

- Outcome: No Penalties (Action Plan accepted, restored full Deemed Status October 2015).
- Action/Monitoring Completed: Documentation and monitoring of Patient Rights conditions of participation.

Luminis Health Anne Arundel Medical Center: 3-Month Temporary Hold on Medicare Deemed Status-May-2013

- Outcome: No penalties (Action Plan accepted, restored full Deemed Status July 2013).
- Actions/Monitoring: Documentation and monitoring initiative to improve language and interpretation services for patients with limited English proficiency.
- Note: Self-Reported December 2012.

Luminis Health Anne Arundel Medical Center: Radiation Misadministration-February 2008

- Outcome: Monetary Fine.
- Actions/Monitoring Completed: Developed an Emergent Radiation Oncology Protocol.
- Note: Self-Reported.

Luminis Health Anne Arundel Medical Center: Joint Commission Conditional Accreditation Status-July 2003

- Outcome: Action Plans accepted and awarded full Accreditation March 2004.
- Actions/Monitoring Completed: Established evidence of acceptable compliance with 5 Type 1 Recommendations (Medical Record Documentation, Medication Range Orders, Data Analysis, Departmental Scope of Services, and Job Description Performance Competencies).

Luminis Health Anne Arundel Medical Center: Medicare/Tricare Billing Claims for Infusion Therapy

- Outcome: Settlement including five-year corporate integrity agreement (closed 2003) plus fine.
- Actions/Monitoring Completed: Appointment of Compliance Officer/Committee, Annual Corporate Compliance Education, Implementation of Corporate Compliance Program.
- Note Identified April 1999.



The Joint Commission

May 4, 2015

Re: # 6287

CCN: #210051

Program: Hospital

Accreditation Expiration Date: February 09, 2016

Philip B. Down
President and CEO
Doctors Community Hospital
8118 Good Luck Road
Lanham, Maryland 20706-3596

Dear Mr. Down:

This letter confirms that your January 13, 2015 unannounced for-cause survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on March 27, 2015, March 30, 2015 and April 14, 2015, the successful on-site unannounced Abatement Survey event conducted on February 05, 2015, the successful on-site unannounced Medicare Deficiency Follow-up event conducted on February 27, 2015, and the successful on-site unannounced Contingent Follow-up event conducted on May 01, 2015, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of May 02, 2015. We congratulate you on your effective resolution of these deficiencies.

§482.12 Governing Body
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective May 02, 2015. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Doctors Community Hospital
d/b/a Doctors Community Hospital
8118 Good Luck Road, Lanham, MD, 20706

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always

www.jointcommission.org

Headquarters

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 3 /Survey and Certification Staff

**ANNE ARUNDEL MEDICAL CENTER
CORPORATE INTEGRITY AGREEMENT
Executive Summary**

A. AAMC Corporate Integrity Agreement Requirements Overview

1. Preamble

Effective June 26, 2019, Anne Arundel Medical Center (AAMC) entered into a Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS). Under Section V of the CIA, AAMC is obligated to submit an Implementation Report within 120 days after the Effective Date and an Annual Report within 60 days after the close of the Reporting Period.

2. Scope and Term of CIA

Anne Arundel Medical Center - The period of the compliance obligations assumed by AAMC under this CIA shall be five years from the effective date of this CIA. The "Effective Date" shall be the date on which the final signatory of this CIA executes this CIA. Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a "Reporting Period."

3. Corporate Integrity Obligations

1. Compliance Officer

Under Section III. A.1. of the CIA, AAMC is obligated to appoint an individual to serve as AAMC's full-time, permanent Compliance Officer.

2. Compliance Committee

Under Section III. A.2. of the CIA, AAMC is obligated to review and revise its Compliance Committee as necessary to meet the requirements of the CIA. In accordance with the CIA, AAMC's Corporate Compliance Committee is chaired by the Chief Compliance Officer and is comprised of senior executives of relevant departments that support the CCO in fulfilling her responsibilities.

3. AAMC Board Compliance Obligations

Under Section III. A.3. of the CIA, the Board Audit and Compliance Committee is comprised of independent members and is responsible for the review and oversight of matters related to compliance with Federal health care program requirements and the obligations of the CIA. The Board Audit and Compliance Committee meets quarterly and oversees the performance of the Chief Compliance Officer and the Corporate Compliance Committee, and fulfills the responsibilities of the CIA as defined under Section III. A.3. The AAMC Audit and Compliance Board of Trustees must adopt a resolution, signed by each member summarizing its review and oversight of the AAMC Compliance with Federal health care program requirements.

4. Management Certifications

Under Section III. A.4 of the CIA, in addition to the responsibilities set for in the CIA for all Covered Persons, certain AAMC employees (Certifying Employees) are obligated to monitor and oversee activities within their areas of authority and shall annually certify that the applicable AAMC departments are in compliance with applicable Federal health care program requirements and the obligations of this CIA.

B. AAMC Written Standards

Pursuant to Section III. B. of the CIA, AAMC must review and revise, as necessary, its written Policies and Procedures regarding the operation of AAMC's compliance program, including the compliance program requirements outlined in the CIA and AAMC's compliance with Federal health care program requirements. The following are a list of compliance policies and procedures:

1. **Code of Conduct Policy (AAMC Policy ADM1.1.68)** AAMC's Corporate Compliance Plan (Plan) outlines the Standards of Conduct, which all AAMC employees are required to follow.
2. **Detecting and Preventing Fraud, Waste, Abuse and Misconduct (ADM1.1.59)** This policy, relates to the Federal False Claims Act, the Federal Program Fraud Civil Remedies Act and the Maryland Medicaid Fraud law.
3. **Conflict of Interest (ADM 1.1.82)** This policy describes the standards and responsibilities for addressing potential or real conflicts of interest or unethical or unlawful practices, and is designed to ensure that health care, education, research, investment and other activities are conducted free from undue influence or the perception of such influence arising from outside obligations.
4. **Whistleblower Protections (ADM 1.1.99)** The Whistleblower Policy is designed to separately articulate and ensure that AAMC fosters a culture of non-retaliation and non-retribution particularly with regard to staff who report, in good faith, actual or suspected non-compliance with laws, regulations, policies and the AAMC Corporate Compliance Plan and/or the Code of Conduct.
5. **Discrimination and Harassment Policy (HR8.2.01)** This policy outlines AAMC's process for reporting, responding and investigating complaints of discrimination and harassment.
6. **Compliance Screening Policy (ADM1.1.83)** The Compliance Screening Policy is in order to verify that all present employees, new hires, Medical Staff Members, and contractors are not designated as excluded individuals by the Office of the Inspector General (OIG) List of Excluded

Individuals/Entities (LEIE) under the U.S. Department of Health and Human Services (DHHS).

7. **Compliance Hotline and Reporting Policy (ADM1.1.641)** The Compliance Hotline and Reporting Policy, describes the reporting mechanisms for employees, medical staff members/house staff, volunteers and vendors to disclose issues to AAMC, including potential violations of policies, procedures and compliance objectives. As indicated in the policy, the reporting mechanism includes a confidential option for an individual to seek guidance and to disclose information about issues without fear of retaliation.
8. **Corporate Compliance Investigative Resolution Process Policy (ADM.1.1.60)** The Corporate Compliance Investigative Resolution Process policy describes the framework and procedures for investigating compliance related issues, as appropriate, through the Corporate Compliance Department.
9. **Corporate Compliance Risk Assessment and Internal Review Policy (ADM 1.1.86)** The Corporate Compliance Risk Assessment and Internal Review Policy describes the processes used to identify, measure, prioritize, and develop an internal audit plan and a compliance plan to address the risks associated with AAMC's participation in the Federal health care programs. This policy is designed to promote an organizational culture encouraging a commitment to compliance with laws, rules and regulations.
10. **Access, Use, and Disclosure of Protected Health Information Policy (MR7.1.01)** The Access, Use, and Disclosure of Protected Health Information policy addresses the access, use, and disclosure of PHI by workforce members, members of the medical staff, business associates, and patients in accordance with applicable federal and state laws.

C. Training and Education

Pursuant to Section III. C. of the CIA, AAMC is obligated to provide certain training and education to certain Covered Persons.

1. Covered Persons Training

Under Section III.C.1 of the CIA during the Implementation Period, AAMC developed a written training plan that outlines the steps AAMC will take to ensure that all Covered Persons receive at least annually regarding AAMC's CIA requirements,

2. Board Training

Under Section III.C.2 of the CIA, within 90 days of the Effective Date of the CIA AAMC was obligated to provide training to each member of the Board of Trustees (Board). The training specifically addressed the unique responsibilities of health care Board members, including risks, oversight areas, and strategic approaches to conducting oversight of a health care entity.

3. Training Records

Under Section III.C.3 of the CIA, AAMC will make available, upon request of the OIG, training materials and records verifying the Covered Persons and Board members have timely received the training required.

D. Independent Review Organization (IRO)

Under Section III.D of the CIA, AAMC entered into an agreement with an Independent Review Organization (IRO) within 90 days of the Effective Date of the CIA to perform a Claims Review.

AAMC entered into an Agreement for Services of an Independent Review Organization with FTI. The Agreement provides that annually, for each Reporting Period, FTI shall perform an internal review to whether AAMC is complying with specific requirements under this CIA (50 Anti-coagulation Claims and 50 Claims from another hospital department to be named by the OIG), and will follow all applicable Medicare, state Medicaid, and TRICARE program rules and reimbursement guidelines. The IRO prepares a report based upon each Review it performs.

E. Independence and Objectivity Certification

Under the CIA, AAMC is required to provide certifications from the IRO regarding its professional independence and objectivity with respect to AAMC.

F. Risk Assessment and Internal Review Process

Under Section III.E of the CIA, AAMC has developed and implemented centralized annual risk assessment and internal review process policy to identify and address risks associated with AAMC's participation in the Federal health care programs, including but not limited to the risk associated with the submission of claims for items and services furnished to Medicare, Medicaid, and TRICARE program beneficiaries. AAMC's risk assessment and internal review process provides that, on an annual basis, compliance, legal, and department leaders: (1) identify and prioritize risks; (2) develop an internal audit work plan related to the identified areas; (3) implement the internal audit work plan; (4) develop corrective action plans in response to the results of any internal audits performed; and (5) track the implementation of the corrective action plan in order to assess the effectiveness of such plans.

G. Disclosure Program

Under Section III.F of the CIA, AAMC has developed and implemented a Disclosure Program that includes multiple lines of communication to the Compliance department to include a compliance telephone hotline, a compliance email, direct contact numbers for the Chief Compliance Officer, and a Compliance website link for reporting. All reporting can be anonymous and are policies emphasize a non-retribution and non-retaliation culture.

AAMC's Chief Compliance Officer completes an investigation on every report made to the compliance department. In addition, the corporate compliance department maintains a disclosure log that logs a summary of each disclosure, the determination of risk, the status of the investigation and any corrective action taken.

H. **Ineligible Persons**

Under Section III.G of the CIA AAMC is obligated to implement screening requirements to ensure that all Screened Persons are not Ineligible Persons.

I. **AAMC's Locations**

Under the CIA, AAMC is obligated to provide a list of AAMC's locations, the corresponding name under which each location is doing business and the corresponding phone numbers and fax numbers. In addition, AAMC is obligated to provide each location's Medicare Provider number(s), provider identification number(s), and/or supplier number(s) and the name and address of each Medicare contractor to which AAMC currently submits claims.

J. **AAMC's Corporate Structure**

Under the CIA, AAMC is required to provide a description of AAMC's corporate structure.

K. **Certification by Compliance Officer and Chief Executive Officer**

Under Section V. C. 2 of the CIA, the Implementation Report and Annual Report shall include certification by the Compliance Officer and the Chief Executive Officer.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Consortium/ Division of Survey & Certification

October 2, 2015

Ms. Victoria Bayless, Administrator
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Dear Ms. Bayless:

Re: CMS Certification Number: **210023**

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the Maryland Office Of Health Care Quality survey that ended on June 1, 2015, we find that **Anne Arundel Medical Center** is now in compliance with all of the Medicare conditions of participation.

Anne Arundel Medical Center can again be recognized as meeting Medicare requirements by virtue of its accreditation by the Joint Commission (JC). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the Maryland Office Of Health Care Quality. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

Pat McNeal
Principal State Representative
Certification and Enforcement Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

July 9, 2013

Ms. Victoria Bayless, Administrator
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Dear Ms Bayless:

Re: CMS Certification Number: 210023

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the Maryland Office of Health Care Quality survey that ended on July 2, 2013, we find that Anne Arundel Medical Center is now in compliance with all of the Medicare Conditions of Participation.

Anne Arundel Medical Center can again be recognized as meeting Medicare requirements by virtue of its accreditation by the Joint Commission (JC). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the Maryland Office of Health Care Quality. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat McNeal". The signature is fluid and cursive, with a large loop at the beginning and a long, sweeping underline.

Pat McNeal
Principal State Representative
Certification and Enforcement Branch



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

June 25, 2004

Caroline Rader
Corporate Compliance Officer
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Re: Corporate Integrity Agreement – Close Out Letter

Dear Ms. Rader:

Anne Arundel Medical Center, (Medical Center) entered into a Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the Department of Health and Human Services on April 29, 1999. The CIA required the establishment of a Corporate Integrity Program (compliance program) to be in effect for five years from the date of the execution of the CIA and obligated the Medical Center to implement certain corporate integrity provisions (e.g., training, writing policies, audits, etc.) during that time period. Pursuant to the terms of this CIA, the five years have expired and the corporate integrity provisions have been fulfilled.

During the term of its corporate integrity requirements, the Medical Center submitted annual reports to the OIG summarizing the status of their compliance program that appeared to meet the basic requirements of the CIA. The OIG has completed its review of your most recently submitted annual report and found that it satisfied all the basic requirements of the CIA. The OIG recognizes that once our monitoring obligations cease, the Medical Center is under no obligation to maintain its compliance program in its current structure. However, the OIG encourages the Medical Center to continue its current compliance efforts as structured and if possible, expand the resources and presence of its compliance program as the Medical Center continues to develop and mature into a major regional health institution. Although the Medical Center appears to have implemented an efficient compliance program over the last five years, your organization is in the best position to validate the legitimacy, integrity and suitability of its effectiveness.

Page 2 - Caroline Rader

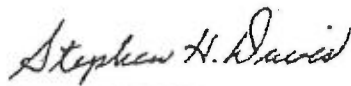
The OIG cannot equivocally confirm that such reports demonstrated that the Medical Center implemented an effective compliance program. It is a health care provider's responsibility to formulate policies, procedures and practices that are tailored to its own operations and demands, and that are comprehensive enough to ensure compliance with all Federal and State health care program requirements.

Although the terms for the Medical Center's corporate integrity obligations have concluded, you should be aware that the OIG may find it necessary to make further inquiries into your claim submissions and if necessary, take corrective action should it discover at a subsequent time that (1) there were potential material violations with regard to the Medical Center's compliance with the terms of its corporate integrity program during the life of the CIA, or (2) the information provided to the OIG in the Medical Center's annual reports was material inaccurate.

At the next monthly update, the Medical Center will be removed from the OIG's List of Settlement Agreements with Integrity provisions on the OIG's website. The OIG makes no representations in this letter as to the Medical Center's compliance practice that may be subject to ongoing investigations. Furthermore, our comments do not reflect our assessments of any legal claims made against the Medical Center.

Please feel free to contact me at 202-619-2580 if you have any questions:-

Respectfully,



Stephen H. Davis
Office of Counsel to the Inspector General



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

*file
JCAHO
accreditation*

March 11, 2004

Martin L. Doordan
President and CEO
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Dear Mr. Doordan:

The Joint Commission is pleased to inform you that your organization's Conditional Accreditation status will be updated to Accredited based on the results of your recently completed follow-up survey. This accreditation status applies to all services offered by your organization that have been surveyed by the Joint Commission.

Your accreditation remains effective from the day after the last day of your original survey and will be continued for the balance of your current accreditation cycle.

We direct your attention to several Joint Commission policies relating to accreditation. Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or the health care services you provide. Any other reports or focused survey visits concerning other type I recommendations related to your accreditation award must also be satisfied in order to maintain your accreditation.

We wish to advise you that a copy of this correspondence, including the integral enclosures, is being provided to the Centers for Medicare and Medicaid Services. This information-sharing arrangement was created by Section 6019(a) of the Omnibus Budget Reconciliation Act of 1989, (PL 101-239) which requires hospitals using their Joint Commission accreditation for Medicare certification purposes to authorize Joint Commission release of a copy of their most recent accreditation survey, and any other information related to the survey, to the Department (upon the request of the Department). The Department's request to us for this information was issued by CMS letter of August 27, 1990.

Congratulations on the improvements, which have been made in your organization's compliance status with the standards of the Joint Commission.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation Operations

cc: James McEneaney, Chairman, Board of Directors
Michael Lapenta, MD, President of Medical Staff

JCAHO
Hospital Accreditation Services
Accreditation Decision Grid

Organization: Anne Arundel Medical Center 6241
 2001 Medical Parkway
Location: Annapolis, Maryland 21401

Survey Date: March 2, 2004
Survey Type: Conditional Follow-up
 Survey

PATIENT-FOCUSED FUNCTIONS

**Patient Rights and
Organizational Ethics**

Patient Rights	
Organizational Ethics	

Assessment of Patients

Initial Assessment	1
Pathology and Clinical Laboratory Services - Waived Testing	
Reassessment	
Care Decisions	
Structures Supporting the Assessment of Patients	
Additional Requirements for Specific Patient Populations	

Care of Patients

Planning and Providing Care	
Anesthesia Care	
Medication Use	1
Nutrition Care	
Operative and Other Procedures	
Rehabilitation Care and Services	
Special Procedures	1

Education

Patient and Family Education and Responsibilities	
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Continuum of Care

Continuum of Care	
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ORGANIZATIONAL FUNCTIONS

**Improving Organization
Performance**

Design	
Data Collection	
Aggregation and Analysis	1
Performance Improvement	

Leadership

Planning	1
Directing Departments	
Integrating and Coordinating Services	
Role in Improving Performance	1

**Management of Environment
of Care**

Planning	1
Implementation	
Other Environmental Considerations	
Measuring Outcomes Of Implementation	

**Management of Human
Resources**

Human Resources Planning	
Orientation, Training, and Education of Staff	1
Assessing Competence	1
Managing Staff Requests	

**ORGANIZATIONAL FUNCTIONS
CONTINUED**

Management of Information

Information Management Planning	
Patient-Specific Data and Information	
Aggregate Data and Information	
Knowledge-Based Information	
Comparative Data and Information	

**Surveillance, Prevention and
Control of Infection**

Surveillance, Prevention, and Control of Infection	
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**STRUCTURES WITH
FUNCTIONS**

Governance

Governance	
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Management

Management	
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Medical Staff

Organization, Bylaws, Rules, and Regulations	
Credentialing	

Nursing

Nursing	
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Special Type 1

Recommendations	
Accreditation Participation Requirements	1

Rating Scale

1=Evidence of good compliance
 2=Evidence of acceptable compliance
 3=Insufficient evidence of acceptable compliance (least deficient)

4=Insufficient evidence of acceptable compliance (more deficient)
 5= Insufficient evidence of acceptable compliance (most deficient)
 N=Not Applicable



Joint Commission

on Accreditation of Healthcare Organizations

Setting the Standard for Quality in Health Care

Official Accreditation Decision Report

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(630) 792-5000
<http://www.jcaho.org>

Member Organizations
American College of Physicians
American College of Surgeons

American Dental Association
American Hospital Association
American Medical Association

**JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
OFFICIAL ACCREDITATION DECISION REPORT**

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

ORGANIZATION IDENTIFICATION NUMBER 6241

DATE OF SURVEY
March 2, 2004

SURVEYOR
Laurence C. Wegienka, MD

PROGRAM
Hospital Accreditation Program

Prepared By:
Nikkiba T. Jones

ACCREDITATION DECISION

The type I recommendations which required a follow-up survey visit on the above date have been removed. The findings of this survey indicate that your organization satisfied the requirements of these type I recommendations and is no longer in Conditional Accreditation.

The results of this conditional follow up survey do not affect any other type I recommendation requirements that may exist on your current accreditation status.

STATEMENT OF CONDITIONS

This accreditation decision is based, in part, on your organization's acceptable use of the Statement of Conditions relating to compliance with the Life Safety Code. Continued accreditation is, in part, contingent upon your maintenance of a current and accurate Statement of Conditions and implementation of any corrective actions outlined in Part 4 of the Statement of Conditions (including compliance with the identified time frames for achievement). The Statement of Conditions procedure also requires you to notify the Joint Commission in writing of any significant inability to implement the Plan for Improvement as identified in Part 4 of the Statement of Conditions and/or any substantial changes to the Statement of Conditions that was submitted to the Joint Commission at the time of survey.

CLEARED TYPE I RECOMMENDATION TOPICS

The following topics, reviewed as a part of this Type I recommendation response, have been found in compliance.

Hospital Accreditation Program

1. Special Procedures
2. Initial Assessment
3. Aggregation and Analysis
4. Role in Improving Performance
5. Orientation, Training, and Education of Staff
6. Medication Use
7. Planning
8. Assessing Competence
9. Accreditation Participation Requirements

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401
Organization Identification Number 6241
Page 2

*** No Recommendations ***