



Policy Review

A3L Keeps you Survey-Ready... Every Day

■ Overview

In today's fast-changing healthcare environment, maintaining compliance takes more than simply having policies on file. It requires that those policies are accurate, up to date, and fully aligned with CMS and accreditor expectations. A3L's Policy Review service helps your organization achieve exactly that.

Our team of regulatory specialists and former surveyors conducts a thorough, line-by-line review of your policies and procedures to ensure they reflect the latest Medicare Conditions of Participation (CoPs), accreditor standards, and industry best practices.

We go beyond identifying gaps, we provide clear, actionable recommendations that strengthen both compliance and operational performance. Our experts work closely with your leadership and department heads to tailor policies that fit how your organization operates, ensuring your documentation supports your daily practices and your staff can confidently demonstrate compliance during surveys.

■ Our Approach

- **Regulatory Requirements:** We translate complex Medicare Conditions of Participation (CoPs) and accreditation standards into clear and actionable guidance your team can understand and apply. Our consultants interpret what each requirement means for your specific care setting, department, and documentation process.
- **Gap Analysis:** Our team conducts a comprehensive review of your existing policies and procedures, comparing them against current CMS regulations, accreditor expectations, and best practices. We identify missing elements, inconsistencies, or conflicting procedures that could trigger survey findings or compliance risk.
- **Tailored Solutions:** A3L will provide recommendations that are designed around your workflows, staffing structure, and service lines. We work with you to draft policies that are easy to follow. Our consultants also ensure alignment between written policy and day-to-day operations, helping your organization avoid the "policy vs. practice" discrepancies that often lead to citations.

■ Benefits

- Reduces the risk of deficiencies or citations during a survey.
- Ensures full compliance with Medicare and accreditation standards.
- Clarifies staff responsibilities and expectations.
- Builds trust with CMS and accrediting organizations.
- Verifies every written standard in your organization reflects current regulatory compliance.