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Capabilities Document

Environmental Services, Linen & Textile Management, and Physical Environment Survey Readiness

On January 1, 2026, environmental services staffing adequacy became a governing body accountability. Under **IC.05.01.01, EP 1**, the board must allocate human resources to mitigate infection risk, and the standard names the example itself: **"nursing and environmental services staffing must be adequate to carry out infection prevention and control activities."** On the same date, the written management plans that let a facilities director satisfy accreditation with a binder were retired. What is left is the condition of the room and the documented competency of the person standing in it. That is not a paperwork problem. **It is a labor problem**, and labor is what RSG sells.

Board exposure
EVS staffing adequacy, IC.05.01.01, EP 1

Plans retired
safety, security, hazmat, utilities, equipment

3 of top 5
survey findings sit inside the EVS contract

Evidence
produced at the point of work, not stored

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Premier GPO Members · Contract No. COND-0096 · Founded 2015

RSG Solutions: for union-represented environments

Union-represented: RSG. Non-union: RVP. Mixed, changing or unsure: confirm fit.

Final company fit and scope require confirmation. Updated October 9, 2026.

01

Executive summary: the burden moved to labor

The 2026 reset did not reduce accountability. It converted a documentation burden into an operational one, and put the staffing model in front of the board.

The business case, in one element of performance

Every other argument in this document is downstream of a single requirement. Under **IC.05.01.01, EP 1**, the governing body must ensure the infection prevention and control program is resourced, including — and this is the standard's own illustration, not our gloss — "allocating human resources to mitigate infection risks and prevent transmission of infections (for example, **nursing and environmental services staffing must be adequate to carry out infection prevention and control activities**)."

> **EVS headcount is no longer a budget line. It is a board exposure.**
> The Joint Commission has placed environmental services staffing adequacy alongside nursing staffing adequacy as a governing body infection prevention obligation. A hospital cannot cut EVS labor to a price point and treat the consequence as a vendor performance issue — the adequacy of the model is the board's exposure. RSG will not bid a model it cannot defend against this standard, and we will put the productivity assumptions, the square-footage and acuity basis, and the cleaning-time evidence in front of the board if asked. A vendor that underbids this scope is manufacturing a finding for its client and calling it savings.

Why the burden moved

Before 2026, physical environment compliance could be evidenced with a document. Written management plans for safety, security, hazardous materials and waste, utilities, and medical equipment were the artifact a facilities director produced at survey. As of January 1, 2026, those plans are no longer required for hospitals and critical access hospitals. Only three written plans are still evaluated: the fire response plan, the water management program, and the emergency operations plan. The standing environmental tour requirement is gone.

Remove the binder and what remains is the condition of the room and the competency of the person in it. Compliance stopped being a document the compliance department stores and became **a state maintained continuously at the point of work**. States are maintained by people. That is the entire reason this conversation belongs with an environmental services partner rather than with a consultant.

And the survey itself did not soften. The Joint Commission's own Field Director for the hospital program has been blunt about it:

> *"All we have done is use the existing formats of our tools and change the nomenclature to reflect the new standards. What we are evaluating hasn't changed."*
>
> **Jim Grana, Field Director, Hospital Program, The Joint Commission**

We quote that deliberately, and against our own interest. The 709-page Survey Process Guide is published openly; Grana calls it an open-book test. Nobody should pay a vendor for access to a free document. What a hospital cannot download is the trained, supervised, documented labor that turns the open book into a passed survey. **We are not selling standards literacy. We are selling the workforce that produces the evidence.**

For orientation: what changed structurally

The restructuring reduced the hospital manual from roughly 1,551 standards to 774. The Environment of Care chapter (19 standards, 189 EPs) and Life Safety chapter (24 standards, 284 EPs) were retired and consolidated into **Physical Environment** — 8 standards, 59 EPs. Emergency Management remains separate. The National Patient Safety Goals became **14 National Performance Goals** for hospital and CAH programs. The Infection Prevention and Control chapter was renumbered to IC.04.01.01, IC.05.01.01, and IC.06.01.01. Every citation in this document is drawn from the primary 2026 sources listed at each section break.

Where the risk actually concentrates

The Joint Commission's January 2026 *Perspectives* replaced the old “top 10 challenging standards” percentage tables with a Survey Analysis for Evaluating Risk (SAFER) weighted review of surveyor observations. The five leading physical environment opportunities for improvement it identifies are, with one exception, environmental services work:

#	2026 physical environment opportunity for improvement	Whose scope
1	Maintaining interior spaces that are safe and suitable — stained or damaged ceiling tiles, peeling paint, wall damage, unclean surfaces, loose floor plates, unsecured sharps	EVS + Facilities
2	Ensuring critical pressure relationships — ORs, sterile storage, decontamination; temperature and humidity out of range without documented corrective action	Facilities
3	Providing a clean, odor-free environment — dust on vents and equipment, soiled patient care equipment and furniture, dirty refrigerators, stained ceiling tiles	**EVS**
4	Properly handling and storing hazardous chemicals — eyewash stations blocked or out of reach, expired solutions, missing dust caps, undocumented inspections, unlabeled containers	**EVS**
5	Maintaining and ensuring safety of furnishings and equipment — torn upholstery, exposed foam, tape residue, ice buildup, cracked surfaces that defeat disinfection	**EVS** + Facilities

> **Three of the top five are ours.**
>
> Cleanliness, chemical safety, and the condition of furnishings and equipment are the three areas where surveyors are writing the most findings in the physical environment — and all three sit inside the environmental services contract. A hospital that outsources EVS is outsourcing the majority of its physical environment survey exposure. That is either its biggest liability or its biggest advantage, depending entirely on who holds the contract.

Sources for this section

1. 2026 Hospital Survey Process Guide, The Joint Commission — Infection Prevention and Control Program Assessment Tool (pp. 605–619), source of IC.05.01.01, EP 1 as quoted.

https://digitalassets.jointcommission.org/api/public/content/64731897e3d94ca69e54042c2e27d9c6?v=19446f24

2. Joint Commission Perspectives, January 2026, Vol. 46 No. 1 — top opportunities for improvement and the SAFER-weighted methodology. https://digitalassets.jointcommission.org/api/public/content/d5909e6a819c43f3bc08afa988e59e98?v=6d683268
3. 2026 Hospital National Performance Goals, The Joint Commission. https://www.jointcommission.org/en-us/standards/national-performance-goals
4. Are Joint Commission Environment of Care management plans still required? — Health Facilities Management. https://www.hfmmagazine.com/are-joint-commission-environment-care-management-plans-still-required
5. The Survey Process Guide: your open-book test for Accreditation 360 — Healthcare Facilities Network (Jim Grana interview). https://healthcarefacilitiesnetwork.com/insights/the-survey-process-guide-your-open-book-test-for-accreditation-360

02

What RSG does

Five service lines. One operating system for evidence.

Core environmental services

Daily and terminal cleaning across inpatient, procedural, ambulatory, administrative, and public space; floor care and hard-surface restoration; waste and regulated medical waste handling; discharge and isolation turnover; 24/7 response coverage; project and deep-clean cycles.

Procedural and operating room turnover

Between-case high-touch disinfection, end-of-day terminal cleaning including weekends, damp dusting of horizontal surfaces before the first case, and wet-vacuum or mop floor disinfection with an EPA-registered product — performed to the sequence The Joint Commission evaluates under **LD.13.01.09, EP 6**.

Movable medical equipment disinfection

Programmatic cleaning and low-level disinfection of reusable noncritical devices — blood pressure cuffs, ECG leads, tourniquets, pulse oximeter probes, IV pumps, beds, wheelchairs, workstations on wheels — with tagging, staging, and per-unit turnaround accountability. This is the single most commonly orphaned scope in a hospital, and the one most likely to be scored to nursing when it fails.

Linen and textile management

Full-cycle healthcare textile management: soiled collection and containment at the point of use, segregated transport, clean receipt and storage, par-level management, exchange cart service, loss and utilization control, and the pressure and separation conditions required in the processing environment. Detailed in Section 03.

Post-construction, renovation, and activation cleaning

Rough, final, and terminal deep clean of construction and renovation areas, coordinated to the hospital's infection control risk assessment, with the documented handoff that lets infection prevention sign the area back into service.

The scope map surveyors actually use

Every service line above ties to a 2026 element of performance. This is the crosswalk we operate against, not a marketing summary:

RSG service line	2026 element(s) of performance	Retired citation it replaces
Daily and terminal cleaning; premises clean and orderly	PE.01.01.01, EP 3; IC.06.01.01, EP 3	EC.02.06.01, EP 20; IC.02.02.01, EP 2
High-touch and routine surface disinfection; EPA-registered products used per label	IC.06.01.01, EP 3	IC.02.02.01, EP 1–2

RSG service line	2026 element(s) of performance	Retired citation it replaces
OR and procedural turnover; terminal clean; noncritical device disinfection	LD.13.01.09, EP 6	NPSG.07.05.01; IC.02.02.01
Furnishings and equipment condition; damaged surfaces reported and removed	PE.01.01.01, EP 1 and EP 2	EC.02.06.01, EP 1
Chemical safety; SDS access; eyewash access and inspection logs	PE.02.01.01, EPs 1, 2, 4	EC.02.02.01, EPs 1, 3, 5, 6
Trash and regulated medical waste storage and prompt disposal	PE.02.01.01, EP 6	EC.02.02.01, EP 9
Corridor clutter, sprinkler clearance, storage discipline, ABHR placement	PE.03.01.01, EPs 3 and 7	LS.02.01.10; LS.02.01.30; EC.02.03.05
Linen: soiled containment, transport, clean storage	IC.06.01.01, EP 3	IC.02.02.01, EP 3
Linen: negative pressure in the contaminated receiving area	PE.04.01.01, EP 3	EC.02.05.01, EP 6
Post-construction terminal clean and ICRA closeout	PE.01.01.01, EP 1; PE.03.02.01, EP 1	IC.02.01.01, EP 6; LS.01.02.01
Hand hygiene product availability and dispenser condition	NPG.05.03.01, EP 1	NPSG.07.01.01
Job-specific training and documented competency for EVS staff	HR.11.03.01, EP 1; HR.11.04.01, EP 1	HR.01.05.03; IC.01.05.01
Security-sensitive area access control in cleaned spaces	NPG.11.01.01, EP 1	EC.02.01.01, EP 7

Read the right-hand column carefully. Any vendor still quoting IC.02.02.01, NPSG.07.01.01, or EC.02.06.01 in a 2026 hospital proposal is quoting a standard that no longer exists. RSG rebuilt its documentation to the current numbering before the first 2026 survey window opened.

03

Linen and textile management

The Joint Commission names laundry services explicitly in the infection prevention program scope. Most contracts do not.

Under **IC.04.01.01, EP 5**, the hospital's infection prevention and control program must apply to all care, treatment, and services — and the standard names the examples: hemodialysis, high-level disinfection and sterilization, respiratory therapy, wound care, dietary services, **and laundry services**. Linen is not an ancillary convenience line. It is a named element of the infection prevention program, and it is surveyed as one.

There are exactly four requirements a surveyor evaluates in healthcare textile handling. RSG's program is built around them, in their words:

Requirement as written	Cited under	How RSG holds it
Soiled textiles and laundry are handled with **minimum agitation** to avoid contamination of air, surfaces, and persons.	IC.06.01.01, EP 3	No sorting, shaking, or counting at the point of use. Bag-and-close discipline trained and audited at the room level.
Soiled laundry is contained in **leak-proof bags or containers at the point of use**. *Note: hamper covers are not required in patient care areas.*	IC.06.01.01, EP 3	Leak-resistant liners standard on every soiled cart; fill-line discipline; par hamper placement mapped by unit so containment does not depend on staff walking distance.
Healthcare textiles are **protected from environmental contamination during transport and storage**. *Note: linens are covered if stored in a clean area on the inpatient unit, or may be uncovered in a dedicated clean storage area.*	IC.06.01.01, EP 3	Covered clean carts in transit and on units; uncovered only in a designated, verified clean linen room. Cover status is a checklist line, not an assumption.
The **receiving area for contaminated textiles is clearly separated** from clean laundry areas and is **maintained at negative pressure** relative to the clean areas, per the FGI construction standards in effect at the time of construction.	PE.04.01.01, EP 3	Separation and directional airflow verified at mobilization and re-verified on a defined cycle, with readings retained. Where the built environment cannot meet it, RSG documents the gap and escalates rather than absorbing it silently.

The fourth one is where contracts fail.

Items one through three are behavioral and a good vendor can fix them in a week. Item four is an engineering condition — negative pressure in the soiled receiving area — and it is scored under the Physical Environment chapter, not infection control. It is routinely nobody's job: the linen vendor assumes facilities owns the air, facilities assumes the vendor owns the room. RSG assigns it in writing at contract signature, verifies it at mobilization, and reports it on a schedule. Naming the owner is the deliverable.

Beyond compliance: the operating economics

Linen is one of the three largest non-labor consumable categories in most hospitals, and one of the least measured. RSG's program instruments it:

- **Par-level engineering by unit and shift** — pars set to observed consumption, not to historical order quantity, with weekly variance reporting.
- **Loss and diversion control** — cart-level accountability, exchange reconciliation, and identification of the units and shifts driving replacement spend.
- **Utilization visibility** — pounds per adjusted patient day and pounds per case, trended, so linen spend becomes a managed variable instead of a fixed assumption.
- **Condition and rejection standards** — stained, torn, and frayed textiles removed from circulation, which is both a quality control and a direct answer to the surveyor observation of “stained or ripped furniture” and textiles that cannot be effectively cleaned.
- **Single point of accountability** — when EVS and linen sit under one contract, the soiled-to-clean chain has one owner. Split contracts create a seam, and the seam is where findings live.

Source for this section

1. 2026 Hospital Survey Process Guide, Infection Prevention and Control Program Assessment Tool, pp. 605–619 — laundry and linen requirements, IPC program scope, EVS staffing adequacy, environmental cleaning and disinfection. https://digitalassets.jointcommission.org/api/public/content/64731897e3d94ca69e54042c2e27d9c6?v=19446f24

04

Physical environment survey readiness

We round the way the surveyor rounds, using the surveyor's published tools.

The Joint Commission publishes the entire hospital survey process — 709 pages of evaluation tools, document lists, and tracer guides — on its public website. There is no privileged information in accreditation readiness. There is only whether an organization has read the tools and built its daily work around them.

RSG has, and one finding from that reading is worth stating plainly, because most vendors have it wrong: **the environmental services requirements are not in the Physical Environment evaluation module.** That module is CMS Conditions of Participation content — construction, emergency power, medical gas, Life Safety Code compliance. It contains no mention of linen, laundry, housekeeping, eyewash stations, high-touch surfaces, or terminal cleaning. The EVS-scored content lives in three other places:

1. **Building Tour Guidance Document, Hospital and CAH** — empty patient rooms, corridors, soiled and clean utility, electrical closets, hazardous areas, engineering spaces, loading dock, OR suite, construction areas.
2. **Kitchen Tracer Survey Guide** — cleanliness, pest evidence, refuse disposal, wiping cloth sanitizing solution, food cart sanitation, sprinkler clearance over racks, eyewash reach time, floor and wall condition, door gaskets.
3. **Infection Prevention and Control Program Assessment Tool** — environmental cleaning and disinfection, laundry and textiles, EVS staffing adequacy, job-specific training and competency, surgical services cleaning, dietary sanitation.

A vendor that prepares a client by studying the PE module alone will prepare them for the wrong survey. That is not a subtle distinction; it is the difference between rounding on generators and rounding on ceiling tiles.

The RSG rounding crosswalk

Below is the client-facing summary of our rounding instrument, stated in the surveyor's own language and mapped to the element of performance that will be cited if it fails. The full line-level instrument — observation prompts, staff interview questions, scoring thresholds, and escalation triggers — is issued to the client leadership team at mobilization.

Location	What the surveyor looks for	Cited under
Empty patient room	Areas clean; no excessive wall or ceiling damage. Furniture safe and in good repair. Call lights functional; doors not blocked; medical gas outlets undamaged; oxygen cylinders in stands.	PE.01.01.01, EPs 1, 2, 3
Occupied and high-touch	High-touch surfaces — bed rails, over-bed table, bedside commode, bathroom lavatory surfaces — cleaned and disinfected more frequently than minimal-touch surfaces, with an EPA-registered disinfectant.	IC.06.01.01, EP 3
Product use at the cart	Cleaners and disinfectants, including disposable wipes, used per manufacturer instructions: dilution, storage, shelf life, and **contact time**. Staff can state the contact time for the product in their hand.	IC.06.01.01, EP 3

Location	What the surveyor looks for	Cited under
Cleaning textiles	Mop heads and cleaning cloths laundered **at least daily** using appropriate laundry techniques.	IC.06.01.01, EP 3
Blood and OPIM spills	Spills of blood or other potentially infectious material promptly cleaned and decontaminated using an appropriate EPA-registered hospital disinfectant.	IC.06.01.01, EP 3
Corridors	Corridor clutter. Door latching; undercuts within limits; projections no more than six inches; exit lighting and signage.	PE.03.01.01, EP 3
Sprinklers, everywhere	Sprinkler heads unobstructed — the 18-inch rule. Heads not damaged or dirty; escutcheon plates installed. Racks perpendicular to walls do not encroach on the 18-inch clearance.	PE.03.01.01, EP 3
ABHR dispensers	Not directly over an electrical outlet; corridor clear width of 44 inches not compromised; minimum four feet horizontal separation between dispensers; not within one inch of an ignition source; aggregate quantity per smoke compartment within limits.	PE.03.01.01, EP 7
Chemical storage and use	Written, current hazardous materials and waste inventory. Staff can access safety data sheets, including during computer downtime. Containers labeled and secured. Staff trained on emergency procedures and on which PPE to wear.	PE.02.01.01, EPs 1, 2, 4
Eyewash stations	Reachable within 10 seconds, approximately 55 feet, **without passing through a doorway**. Not blocked by carts or equipment. Not behind a locked door. Tepid water, 60–100°F, with a mixing valve where required. Dust caps in place, spray heads free of debris, solutions unexpired, inspection log current.	PE.02.01.01, EP 4
Soiled utility	Regulated medical waste and pharmaceutical waste in proper, properly labeled containers. Sharps containers secured and not overfilled. Waste stored so the public cannot access it while awaiting pickup. Prompt disposal.	PE.02.01.01, EP 6
Clean linen storage	Textiles protected from environmental contamination during transport and storage; covered on the unit, or uncovered only in a dedicated clean storage area. Supplies off the floor and clear of the sprinkler plane.	IC.06.01.01, EP 3; PE.03.01.01, EP 3
Soiled linen receiving	Contaminated textile receiving area clearly separated from clean areas and maintained at negative pressure relative to clean, per applicable FGI standards.	PE.04.01.01, EP 3
Kitchen and dietary	Areas kept clean. Free of signs of pests, or documented action taken. Refuse properly disposed. Wet wiping cloths stored in approved sanitizing solution and washed daily. Food carts cleaned and sanitized after every meal. Kitchen in good repair — no broken floor tiles, delamination, or flaking walls. Door gaskets intact against pest entry.	PE.01.01.01, EP 3; IC.06.01.01, EP 3; IC.04.01.01, EP 3
OR suite	Horizontal surfaces damp dusted before the first procedure of the day with a clean lint-free cloth and an EPA-registered detergent or disinfectant. High-touch surfaces cleaned between patients. ORs terminally cleaned after the last procedure of the day, including weekends, and each 24-hour period during the work week, with wet-vacuuming or mopping using an EPA-registered disinfectant.	LD.13.01.09, EP 6
Reusable devices	Reusable noncritical items — blood pressure cuffs, ECG leads, tourniquets, oximeter probes — cleaned and disinfected between patients.	LD.13.01.09, EP 6

Location	What the surveyor looks for	Cited under
Storage and equipment rooms	Storage not blocking electrical panels. No open junction boxes. Storage limits observed in hazardous areas. Minimal storage in air handling control rooms — filters only.	PE.04.01.01, EP 2; PE.03.01.01, EP 3
Construction areas	Interim life safety measures implemented at demolition, construction, and renovation locations. Infection control risk assessment defining the scope of infection risk and the need for barrier measures **before the project gets underway**.	PE.03.02.01, EP 1; PE.01.01.01, EP 1
Anywhere, any staff member	Job-specific infection prevention training completed and recorded. For environmental services staff, training in the methods and procedures for surface disinfection. Competency defined and assessed, job-specific.	HR.11.03.01, EP 1; HR.11.04.01, EP 1

Timing detail most vendors miss.

The Building Tour Guidance Document states that the OR suite pressure, air exchange, temperature, and humidity check is “done early in the survey to allow the organization time to correct while on site.” Early findings are correctable findings. Late findings are not. RSG front-loads the same sequence in its own rounding calendar for exactly that reason.

Source for this section

1. 2026 Hospital Survey Process Guide, The Joint Commission — Building Tour Guidance Document (pp. 596–604), Kitchen Tracer Survey Guide (pp. 589–595), Infection Prevention and Control Program Assessment Tool (pp. 605–619), Physical Environment Evaluation Module (pp. 250–267). https://digitalassets.jointcommission.org/api/public/content/64731897e3d94ca69e54042c2e27d9c6?v=19446f24

05

Evidence, not management plans

When the plan requirement disappeared, the burden of proof moved to the record of work.

Hospitals and critical access hospitals no longer maintain written management plans for safety, security, hazardous materials and waste, utilities, or medical equipment. Ambulatory organizations still do. For hospitals, the three plans still evaluated at survey are the fire response plan, the water management program, and the emergency operations plan.

This is the trap. A hospital that reads “no plan required” as “no documentation required” will be scored, because the elements of performance still require inventories, inspections, logs, assessments, and training records. What changed is that the narrative wrapper is gone and the underlying artifacts now stand alone, undefended. RSG's contracts are structured to produce those artifacts as a byproduct of the work rather than as a quarterly reconstruction:

Element of performance	Evidence RSG produces	Cadence
PE.02.01.01, EPs 1–2 — written, current hazardous materials and waste inventory; permits, licenses, manifests, SDS	Chemical inventory by location with reconciliation to product actually on the cart; SDS access verification including downtime procedure; manifest retention	Inventory quarterly; SDS check monthly
PE.02.01.01, EP 4 — protection from hazardous material exposure; eyewash	Eyewash location map with reach-time and doorway analysis; weekly activation log; annual inspection record; PPE training roster	Weekly and annual
PE.02.01.01, EP 6 — routine storage and prompt disposal of trash and regulated medical waste	Waste stream rounding log; sharps fill-level and security observations; secured storage verification	Daily rounds; weekly summary
PE.01.01.01, EPs 1–3 — clean and orderly premises; safe furnishings; maintenance and repair completed	Rounding scores by unit; deficiency register with photo, date raised, owner, and date closed; furnishings condition log feeding the capital request	Continuous; monthly report
IC.06.01.01, EP 3 — environmental cleaning and disinfection; laundered mop heads and cloths	Room-level completion records; contact-time competency checks; textile laundering log; fluorescent-marker or ATP verification results with re-clean documentation	Daily; monthly verification
IC.04.01.01, EP 2 — auditing staff adherence to IPC policies, which may be delegated provided the infection preventionist is updated on results	Structured audit dataset delivered to infection prevention on a defined schedule, in a format the IP can enter into the program record	Monthly, formal
HR.11.03.01, EP 1 and HR.11.04.01, EP 1 — job-specific IPC training with staff records confirming completion; defined and assessed competency	Training matrix by role; competency validation with observer sign-off; bloodborne pathogen training at hire and at intervals; PPE don and doff observation	At hire, annually, and on change

Element of performance	Evidence RSG produces	Cadence
PE.04.01.01, EP 3 — pressure relationships in the textile receiving area	Directional airflow verification record with reading, date, method, and named verifier	At mobilization, then scheduled
PE.01.01.01, EP 1 — infection control risk assessment before a project gets underway	ICRA participation record, barrier verification, terminal clean certificate, and infection prevention sign-off before the area returns to service	Per project

The delegation clause is the contract hook.

IC.04.01.01, EP 2 permits the hospital to delegate auditing of adherence to infection prevention policies — explicitly naming unit-based liaisons or leaders — provided the infection preventionist is updated on the results. This is written permission for a vendor to carry audit volume the hospital's one or two infection preventionists cannot. RSG builds to that clause deliberately: our audit output is formatted for the IP's program record, not for our own quality report. The same standard also brings **personnel providing contracted services** inside the scope of required competency-based IPC education — which means our training records are the hospital's compliance evidence, not our internal paperwork.

06

Staffing, training, and governance

In 2026, environmental services staffing adequacy is a governing body accountability. In writing.

Section 01 opened with **IC.05.01.01, EP 1** because it is the business case: the governing body must allocate human resources to mitigate infection risk, and the standard's own example is that nursing and environmental services staffing must be adequate to carry out infection prevention and control activities. This section is how RSG makes that defensible in practice rather than in principle.

What we will put in front of a board

- **The productivity basis, stated.** Cleanable square footage by space type, acuity weighting, turnover volume, and the cleaning-time standard applied to each — not a blended rate per square foot with the assumptions hidden inside it.
- **Coverage against the actual demand curve.** Discharge timing, procedural block schedules, and isolation turnover volumes drive staffing by shift and by day of week, including weekends, because LD.13.01.09, EP 6 requires terminal cleaning on weekends and a Monday-through-Friday model cannot satisfy it.
- **Supervisory span and validation load.** The observation and verification volume required to keep competency records current is staffed explicitly, not absorbed into a working supervisor's day.
- **The consequence of a reduction, priced.** If a client asks us to remove labor, we will state which element of performance becomes exposed and by how much before we agree to it.

Training built to the standard's own example

HR.11.03.01, EP 1 requires job-specific infection prevention training with staff records confirming completion, and specifies that training must include the practical application of guidelines and procedures. Its own illustrative example is ours: “environmental services staff must be trained in the methods and procedures for surface disinfection.” **HR.11.04.01, EP 1** then requires that competency be defined and assessed, job-specific. RSG's program:

- **Role-specific curricula** for daily cleaner, discharge and isolation turnover, procedural and OR turnover, movable medical equipment technician, linen handler, floor care, and supervisor — not one generic orientation module.
- **Practical application, observed** — competency validated by direct observation of the task, with named observer and date, because the standard asks for practical application and a checkbox is not practical application.
- **Contact time as the anchor concept** — every frontline team member can state the wet contact time for the product in their hand and what to do if the surface dries early. This is the single question most likely to be asked and most likely to be missed.
- **Bloodborne pathogen and PPE training** at hire, at regular intervals, and as needed, including when PPE is necessary, what is necessary, and how to don, doff, adjust, and wear it.

- **Language and literacy accessibility** — visual, task-based instruction that works for a workforce that is frequently multilingual and frequently the least invested in by the organizations that depend on it most.
- **Records that survive the interview** — the surveyor asks the staff member, then asks for the record. Both have to hold.

Union-compliant and federal-capable operations

RSG operates in organized environments and under federal contracting requirements: collective bargaining agreement administration, jurisdictional scope discipline, prevailing wage and Service Contract Act compliance, and the documentation posture federal and public-sector clients require. Successor-clause transitions are managed as a scheduled program, not as an event, because staffing stability is the precondition for every training and competency record above.

Source for this section

1. 2026 Hospital Survey Process Guide, Infection Prevention and Control Program Assessment Tool — IC.05.01.01 EP 1, IC.04.01.01 EP 2, HR.11.03.01 EP 1, HR.11.04.01 EP 1.
https://digitalassets.jointcommission.org/api/public/content/64731897e3d94ca69e54042c2e27d9c6?v=19446f24

07

Construction turnover and activation

The area does not reopen until infection prevention signs. Someone has to earn that signature.

The Joint Commission's construction project commissioning guidance is explicit: “An infection preventionist must sign off on the finalization of the area and the infection control risk assessment before the area can be reopened for services.” It also states the two conditions that must both be met before barriers come down — the project was inspected by the infection control department, **and** the area was thoroughly cleaned by the environmental services department.

Every item on that checklist that involves cleaning, storage, or textiles is RSG scope:

- All work surfaces wiped with disinfectant; walls, floors, doors, and handles given a thorough terminal deep clean; wet mopping and HEPA vacuuming per the ICRA.
- Area free of pests, dust, and debris; surfaces cleanable, nonporous, and water resistant; free of adhesive tape and stickers.
- Dirty utility room equipped with linen cart, biohazard container, and trash cart; **clean linen storage covered**; clean and dirty separated with separate traffic flow.
- Supplies off the floor and at least 18 inches from the ceiling; solid bottom shelf on supply carts.
- Refrigerators cleaned, labeled, and logged; under-sink storage clear; sharps containers mounted and labeled; dispensers installed and stocked.
- Construction waste removed; HVAC isolation removed; water system flushed where it was shut down; no visible mold.

Industry practice has a visible hole here. In the 2025 hospital construction survey, roughly 80 percent of organizations commissioned their projects — the American Society for Health Care Engineering's position is that the number should be closer to 100 — and only **58 percent** built operational and survey-readiness requirements into their contracts with third-party planning, design, and construction partners. The most-cited barriers were lack of staff, lack of in-house expertise, and facility management teams brought in too late.

> *“You can't wait for the ribbon-cutting ceremony to learn how to operate a new facility.”*
>
> **Chad Beebe, American Society for Health Care Engineering**

RSG's position is that environmental services should be at the ICRA table at project kickoff and named in the turnover checklist, not called on the Friday before opening. We will accept that assignment in writing, produce the terminal clean certificate the infection preventionist needs, and hold the documentation that proves the area was clean before it was occupied.

Sources for this section

1. Construction Project Commissioning checklist, The Joint Commission. https://digitalassets.jointcommission.org/api/public/content/assets/1/7/05_07_construction_project_commissioning.docx
2. 2025 Hospital Construction Survey results — Health Facilities Management. https://www.hfmmagazine.com/2025-hospital-construction-survey-results

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Mobilization

The first 90 days decide whether the contract produces evidence or excuses.

Window	What happens	What the client holds at the end
Days 1–15 **Baseline**	Full-facility physical environment walk using the published Building Tour, Kitchen Tracer, and IPC assessment structure. Eyewash reach-time mapping. Chemical inventory reconciliation. Linen separation and pressure verification. Staffing model validated against square footage, acuity, and cleaning-time evidence.	A written baseline deficiency register with owner and target date on every line — including the items that are not ours.
Days 16–45 **Standardize**	Role-specific training and competency validation for the full team. Cart standardization and product rationalization with contact times posted. Rounding cadence live. Audit output format agreed with infection prevention. Linen pars set to observed consumption.	Completed training and competency records, and the first formal audit package delivered to the infection preventionist.
Days 46–90 **Prove**	Cleaning verification cycle running with re-clean documentation. Deficiency register closing on schedule. Monthly report to the environment of care or safety committee. Mock physical environment tracer conducted in surveyor sequence, OR suite first.	A trend line, a closed-loop deficiency record, and a mock tracer report with corrective actions — the three documents a surveyor asks for.

What we ask of the client

Three things, and they are not negotiable if the outcome is going to be real: a named owner on the hospital side for the items that are structurally not ours; direct access to the infection preventionist for audit handoff; and a standing slot on the safety or environment of care committee agenda. A vendor that reports only to purchasing cannot deliver accreditation readiness, and any vendor that promises otherwise is selling a report, not a result.

Why RSG

- **Current, not retrofitted.** Our documentation, training, and rounding instruments cite the 2026 Physical Environment and National Performance Goal standards by number. Ask any competing vendor for their crosswalk. If it says IC.02.02.01 or NPSG.07, it was written for a manual that no longer exists.
- **Read the tools, not the summaries.** We built to the published Survey Process Guide, including the finding that the environmental services content sits in the tour, kitchen, and infection prevention tools rather than the Physical Environment module. Preparing for the wrong module is worse than not preparing.

- **One owner across the soiled-to-clean chain.** EVS, procedural turnover, movable medical equipment, linen, and post-construction cleaning under a single accountable contract. Seams between vendors are where findings are written.
- **Evidence as the product.** The cleaning is the service. The defensible record is the deliverable.
- **Staffing we will defend to your board.** Because under IC.05.01.01 it is your board's exposure, not just your budget line.

Let's begin

Initial conversations are led directly by our Vice President of Business Development.

Contact	Role	Reach
Calvin Thomas IV, FACHE	Vice President of Business Development	calvinthomasiv@rsg-solutions.com 636-346-5977
Raymond Pressley	Owner	rpressley@rsg-solutions.com
Schedule directly	—	calendly.com/calvinthomasiv-rsg-solutions/new-meeting
Premier GPO members	Contract vehicle	Contract No. COND-0096

RSG Solutions, LLC · Environmental & Facility Services for Healthcare · rsg-solutions.com · Founded 2015 · Premier Contract No. COND-0096

A note on sources. Every standard, element of performance, and quoted requirement in this document is drawn from primary Joint Commission publications current as of August 2026 and listed with full URLs in the source notes above. Where a requirement is quoted, it is quoted verbatim. Nothing in this document is an interpretation of an interpretation.

Primary sources

1. 2026 Hospital Survey Process Guide (709 pp.), The Joint Commission — effective January 1, 2026. https://digitalassets.jointcommission.org/api/public/content/64731897e3d94ca69e54042c2e27d9c6?v=19446f24
2. Joint Commission Perspectives, January 2026, Vol. 46 No. 1. https://digitalassets.jointcommission.org/api/public/content/d5909e6a819c43f3bc08afa988e59e98?v=6d683268
3. 2026 Hospital National Performance Goals, The Joint Commission. https://digitalassets.jointcommission.org/api/public/content/8d49c3ffa9934ffda2ff83b5ad860ea7?v=aae10901
4. Are Joint Commission Environment of Care management plans still required? — Health Facilities Management. https://www.hfmmagazine.com/are-joint-commission-environment-care-management-plans-still-required
5. Construction Project Commissioning checklist, The Joint Commission. https://digitalassets.jointcommission.org/api/public/content/assets/1/7/05_07_construction_project_commissioning.docx
6. The Survey Process Guide: your open-book test for Accreditation 360 — Healthcare Facilities Network (Jim Grana interview). https://healthcarefacilitiesnetwork.com/insights/the-survey-process-guide-your-open-book-test-for-accreditation-360
7. Joint Commission shifts to Physical Environment standards for 2026 — standard and EP counts. https://www.compquail.com/articles/the-joint-commission-shifts-to-physical-environment-standards-for-2026

Union-represented: RSG. Non-union: RVP. Mixed, changing or unsure: confirm fit.
Worksite and scope determine fit. Credentials and past performance remain entity-specific.