

Full Scope
Site Review Survey 2012
 California Department of Health Care Services
 Medi-Cal Managed Care Division

Attachment A

Health Plan _____ IPA _____ Site ID No. _____ Review Date: _____ Last review: _____

Provider/Address _____ Phone _____ Fax _____ Fire Clearance _____
 _____ Current Yes/No

_____ Contact person/title _____

No. of staff on site _____ Physician _____ NP _____ CNM _____ PA Reviewer/title _____

_____ RN _____ LVN _____ MA _____ Clerical _____ other Reviewer/title _____

| Visit Purpose | Site-Specific Certification(s) | Provider Type | Clinic Type |
|---|---|--|--|
| <input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Ed/TA <input type="checkbox"/> Other _____ <small>(type)</small> | <input type="checkbox"/> AAAHC <input type="checkbox"/> JCAHO <input type="checkbox"/> CHDP <input type="checkbox"/> NCQA <input type="checkbox"/> CPSP <input type="checkbox"/> None <input type="checkbox"/> Other _____ | <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/GYN <input type="checkbox"/> General Practice <input type="checkbox"/> Specialist <input type="checkbox"/> Mid level (type) _____ | <input type="checkbox"/> Primary Care <input type="checkbox"/> Community <input type="checkbox"/> Hospital <input type="checkbox"/> FQHC <input type="checkbox"/> Rural Health <input type="checkbox"/> Other _____ <small>(type)</small> <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Staff/Teaching |

| Site Scores | | | | | | Scoring Procedure | | | | Compliance Rate | |
|-------------------------------|-------------------------|-----------------------|-------------|--------------|-------------|--|--|--|--|--|--|
| | Points Poss. | Yes Pts. Given | No's | N/A's | CE's | 1) Add points given in each section. 2) Add total points given for all six sections. 3) Adjust score for "N/A" criteria (if needed), by subtracting N/A points from 150 total points poss. 4) Divide total points given by 150 or by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate. $\frac{\text{Points Given}}{\text{Total / Adjusted Points}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{Compliance Rate \%}$ Note: CE's column may be used for easy reference to see if there are Critical Elements that trigger a CAP. | | | | <input type="checkbox"/> Exempted Pass: 90% or above <i>(without deficiencies in Critical Elements, Pharmaceutical Services or Infection Control)</i> <input type="checkbox"/> Conditional Pass: 80-89%, or 90% and above <i>with deficiencies in Critical Elements, Pharmaceutical Services or Infection Control</i> <input type="checkbox"/> Not Pass: Below 80% <input type="checkbox"/> CAP Required <input type="checkbox"/> Other follow-up Next Review Due: | |
| I. Access/Safety | (29) | | | | | | | | | | |
| II. Personnel | (22) | | | | | | | | | | |
| III. Office Management | (25) | | | | | | | | | | |
| IV. Clinical Services | (34) | | | | | | | | | | |
| V. Preventive Services | (13) | | | | | | | | | | |
| VI. Infection Control | (27) | | | | | | | | | | |
| | (150) | | | | | | | | | | |
| | Total Pts. Poss. | Yes Pts. Given | No's | N/A's | CE's | | | | | | |

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SAMPLE

I. Access/Safety (continued on next page)

| Site Access/Safety Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|---------|---------|---------|-----|------------|
| <p>A. Site is accessible and useable by individuals with physical disabilities. 24 CCR (CA Building Standards Code); 28 CFR §35 (American Disabilities Act of 1990, Title II, Title III)</p> <p>Sites must have the following safety accommodations for physically disabled persons:</p> | | | | | |
| 1) Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance. | 1) ____ | 1) ____ | 1) ____ | 1 | |
| 2) Pedestrian ramps have a level landing at the top and bottom of the ramp. | 2) ____ | 2) ____ | 2) ____ | 1 | |
| 3) Exit doorway openings allow for clear passage of a person in a wheelchair. | 3) ____ | 3) ____ | 3) ____ | 1 | |
| 4) Accessible passenger elevator or reasonable alternative for multi-level floor accommodation. | 4) ____ | 4) ____ | 4) ____ | 1 | |
| 5) Clear floor space for wheelchair in waiting area and exam room. | 5) ____ | 5) ____ | 5) ____ | 1 | |
| 6) Wheelchair accessible restroom facilities or reasonable alternative. | 6) ____ | 6) ____ | 6) ____ | 1 | |
| 7) Wheelchair accessible hand washing facilities or reasonable alternative. | 7) ____ | 7) ____ | 7) ____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.



I. Access/Safety (continued on next page)

| Site Access/Safety Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|---------|---------|---------|-----|------------|
| B. Site environment is maintained in a clean and sanitary condition. 8 CCR §5193; 28 CCR §1300.80 | | | | | |
| 1) All patient areas including floor/carpet, walls, and furniture are neat, clean and well maintained. | 1)_____ | 1)_____ | 1)_____ | 1 | |
| 2) Restrooms are clean and contain appropriate sanitary supplies. | 2)_____ | 2)_____ | 2)_____ | 1 | |
| C. Site environment is safe for all patients, visitors and personnel. 8 CCR §3220; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.301, §1926.34 | | | | | |
| There is evidence that staff has received safety training and/or has safety information available in the following: | | | | | |
| 1) Fire safety and prevention | 1)_____ | 1)_____ | 1)_____ | 1 | |
| 2) Emergency non-medical procedures (e.g. site evacuation, workplace violence) | 2)_____ | 2)_____ | 2)_____ | 1 | |
| The following fire and safety precautions are evidenced on site: | | | | | |
| 3) Lighting is adequate in all areas to ensure safety. | 3)_____ | 3)_____ | 3)_____ | 1 | |
| 4) <u>Exit doors and aisles are unobstructed and egress (escape) accessible.</u> | 4)_____ | 4)_____ | 4)_____ | 2 | |
| 5) Exit doors are clearly marked with “Exit” signs. | 5)_____ | 5)_____ | 5)_____ | 1 | |
| 6) Clearly diagramed “Evacuation Routes” for emergencies are posted in a visible location. | 6)_____ | 6)_____ | 6)_____ | 1 | |
| 7) Electrical cords and outlets are in good working condition. | 7)_____ | 7)_____ | 7)_____ | 1 | |
| 8) At least one type of fire fighting/protection equipment is accessible at all times. | 8)_____ | 8)_____ | 8)_____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

I. Access/Safety (continued on next page)



  RN/MD Review only

| Site Access/Safety Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|-----|------------|
| D. Emergency health care services are available and accessible 24 hours a day, 7 days a week. 22 CCR §51056, §53216; 28 CCR §1300.67   | | | | | |
| 1) Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Emergency equipment is stored together in easily accessible location. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Emergency phone number contacts are posted. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| Emergency medical equipment appropriate to practice/patient population is available on site: | | | | | |
| 4) <u>Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag.</u> | 4) _____ | 4) _____ | 4) _____ | 2 | |
| 5) Anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), appropriate sizes of ESIP needles/syringes and alcohol wipes. | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) Medication dosage chart (or other method for determining dosage) is kept with emergency medications. | 6) _____ | 6) _____ | 6) _____ | 1 | |
| There is a process in place on site to: | | | | | |
| 7) Document checking of emergency equipment/supplies for expiration and operating status at least monthly. | 7) _____ | 7) _____ | 7) _____ | 1 | |
| 8) Replace/re-stock emergency equipment immediately after use. | 8) _____ | 8) _____ | 8) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

I. Access/Safety (continued from previous page)

  **RN/MD Review only**

| Site Access/Safety Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|
| <p>E Medical and lab equipment used for patient care is properly maintained. CA Health & Safety Code §111255; 28 CCR §1300.80; 21 CFR §800-1299  </p> <p>1) Medical equipment is clean.</p> <p>2) Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1</p> <p>1</p> | |
| <p>Comments: Write comments for all "No" (0 points) and "N/A" scores.</p> | | | | | |
| TOTALS | | | | | |

SAMPLE

II. Personnel (continued on next page)



| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|---------|---------|---------|-----|------------|
| <p>A. Professional health care personnel have current California licenses and certifications. CA Business & Professional (B&P) Code §2050, §2085, §2725, §2746, §2834, §3500, §4110; CCR, Title 16, §1355.4, §1399.547</p> <p>1) All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current. Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee.</p> | 1)_____ | 1)_____ | 1)_____ | 1 | |
| <p>B. Health care personnel are properly identified. CA B&P Code §680, AB 1439</p> <p>1) Health care personnel wear identification badges/tags printed with name and title.</p> | 1)_____ | 1)_____ | 1)_____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

II. Personnel (continued on next page)

  RN/MD Review only



| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|----------|----------|----------|-----|------------|
| C. Site personnel are qualified and trained for assigned responsibilities. CA B&P Code §2069; 16 CCR §1366; 22 CCR §75034, §75035   | | | | | |
| 1) <u>Only qualified/trained personnel retrieve, prepare or administer medications.</u> | 1) _____ | 1) _____ | 1) _____ | 2 | |
| 2) Only qualified/trained personnel operate medical equipment. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Documentation of education/training for non-licensed medical personnel is maintained on site. | 3) _____ | 3) _____ | 3) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

II. Personnel (continued on next page)



  **RN/MD Review only**

| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|----------|------------|
| D. Scope of practice for non-physician medical practitioners (NPMP) is clearly defined. 16 CCR §1379, §1399.540, §1399.545, §1474, CA B&P Code §2725.1   | | | | | |
| 1) Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM). | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) A Delegation of Services Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Standardized Procedures, Delegation of Services Agreements and Supervisory Guidelines are revised, updated <u>and</u> signed by the supervising physician and NPMP when changes in scope of services occur. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Each NPMP that prescribes controlled substances has a valid DEA Registration Number. | 4) _____ | 4) _____ | 4) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

II. Personnel (continued on next page)

  **RN/MD Review only**



| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|-----------------|-----------------|-----------------|-----------------|------------|
| <p>E. Non-physician medical practitioners (NPMP) are supervised according to established standards. B&P Code 3516(b); W&I Code 14132.966  </p> <p>The designated supervising physician(s) on site:</p> <p>1) ratio to number of NPMPs does not exceed established ratios in any combination.</p> <p style="margin-left: 20px;">a) 1:4 Nurse Practitioners</p> <p style="margin-left: 20px;">b) 1:3 Certified Nurse Midwives</p> <p style="margin-left: 20px;">c) 1:4 Physicians Assistants</p> <p>2) The designated supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients.</p> | <p>1) _____</p> | <p>1) _____</p> | <p>1) _____</p> | <p>1</p> | |
| | <p>2) _____</p> | <p>2) _____</p> | <p>2) _____</p> | <p>1</p> | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

II. Personnel (continued on next page)

  RN/MD Review only



| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|-----|------------|
| F. Site personnel receive safety training/information. 8 CCR §5193; CA H&S Code §117600; CA Penal Code §11164, §11168; 29 CFR §1910.1030   | | | | | |
| There is evidence that site staff has received training and/or information on the following: | | | | | |
| 1) Infection control/universal precautions (annually) | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Blood Borne Pathogens Exposure Prevention (annually) | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Biohazardous Waste handling (annually) | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Child/Elder/Domestic Violence Abuse | 4) _____ | 4) _____ | 4) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

II. Personnel (continued from previous page)



 RN/MD Review only

| Site Personnel Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|--|--|--|----------------------------|------------|
| <p>G. Site personnel receive training and/or information on member rights. 22 CCR §51009, §51014.1, §51305.1, §53452, §53858; 28 CCR §1300.68  </p> <p>There is evidence that site staff has received training and/or information on the following:</p> <p>1) Patient Confidentiality</p> <p>2) Informed consent, including Human Sterilization</p> <p>3) Prior Authorization requests</p> <p>4) Grievance/Complaint Procedure</p> <p>5) Sensitive Services/Minors' Rights</p> <p>6) Health Plan referral process/procedures/resources</p> | 1)____ 2)____ 3)____ 4)____ 5)____ 6)____ | 1)____ 2)____ 3)____ 4)____ 5)____ 6)____ | 1)____ 2)____ 3)____ 4)____ 5)____ 6)____ | 1 1 1 1 1 1 | |
| Totals | | | | | |

Comments: Write comments for all "No" (0 points) and "N/A" scores.

III. Office Management (continued on next page)



  **RN/MD Review only (#B)**

| Office Management Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|---|---|---|--|------------|
| <p>A. Physician coverage is available 24 hours a day, 7 days a week. 22 CCR §56500, §53855</p> <p>The following are maintained current on site:</p> <p>1) Clinic office hours are posted, or readily available upon request.</p> <p>2) Provider office hour schedules are available to staff.</p> <p>3) Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.</p> <p>4) Contact information for off-site physician(s) is available at all times during office hours.</p> <p>5) After-hours emergency care instructions/telephone information is made available to patients.</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> | <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | |
| <p>B. There is sufficient health care personnel to provide timely, appropriate health care services. 22 CCR §53855; 28 CCR §1300.67.1, §1300.80  </p> <p>1) Appropriate personnel handle emergent, urgent, and medical advice telephone calls.</p> <p>2) Telephone answering machine, voice mail system or answering service is used whenever office staff does not directly answer phone calls.</p> <p>3) Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1</p> <p>1</p> <p>1</p> | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

III. Office Management (continued on next page)



  RN/MD Review only (#C)

| Office Management Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|---|---|---|---|------------|
| <p>C. Health care services are readily available. 22 CCR §56000(2)  </p> <p>1) Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.</p> <p>2) Patients are notified of scheduled routine and/or preventive screening appointments.</p> <p>3) There is a process in place verifying follow-up on missed and canceled appointments.</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1</p> <p>1</p> <p>1</p> | |
| <p>D. There is 24-hour access to interpreter services for non- or limited-English proficient (LEP) members. 22 CCR §53851; 28 CCR 1300.67.04</p> <p>1) Interpreter services are made available in identified threshold languages specified for location of site.</p> <p>2) Persons providing language interpreter services on site are trained in medical interpretation.</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1</p> <p>1</p> | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

III. Office Management (continued on next page)



  RN/MD Review only (#E)

| Office Management Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|---------------------------------|---------------------------------|---------------------------------|-------------------|-----------------|
| <p>E. Procedures for timely referral/consultative services are established on site. 22 CCR §53851; 28 CCR §1300.67 and §1300.80  </p> <p>Office practice procedures allow timely provision and tracking of:</p> <p>1) Processing internal and external referrals, consultant reports and diagnostic test results</p> <p>2) <u>Physician review and follow-up of referral/consultation reports and diagnostic test results.</u></p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1</p> <p>2</p> | <p></p> <p></p> |
| <p>F. Member Grievance/Complaint processes are established on site. 22 CCR §53858, §56260</p> <p>1) Phone number(s) for filing grievances/complaints are located on site.</p> <p>2) Complaint forms and a copy of the grievance procedure(s) are available on site.</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1) _____</p> <p>2) _____</p> | <p>1</p> <p>1</p> | <p></p> <p></p> |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

III. Office Management (continued from previous page)

  RN/MD Review only (#H)

| Office Management Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|--|--|--|---------------------------------------|------------|
| G. Medical records are available for the practitioner at each scheduled patient encounter. 22 CCR §75055; 28 CCR §1300.80 1) Medical records are readily retrievable for scheduled patient encounters. 2) Medical documents are filed in a timely manner to ensure availability for patient encounters. | 1)____ 2)____ | 1)____ 2)____ | 1)____ 2)____ | 1 1 | |
| H. Confidentiality of personal medical information is protected according to State and federal guidelines. 22 CCR §51009, §53861, §75055; §28 CCR §1300.80; CA Civil Code §56.10 (Confidentiality of Medical Information Act)   1) Exam rooms and dressing areas safeguard patients' right to privacy. 2) Procedures are followed to maintain the confidentiality of personal patient information. 3) Medical record release procedures are compliant with State and federal guidelines. 4) Storage and transmittal of medical records preserves confidentiality and security. 5) Medical records are retained for a minimum of 7 years according to 22 CCR Section 75055. | 1)____ 2)____ 3)____ 4)____ 5)____ | 1)____ 2)____ 3)____ 4)____ 5)____ | 1)____ 2)____ 3)____ 4)____ 5)____ | 1 1 1 1 1 | |
| Comments: Write comments for all "No" (0 points) and "N/A" scores. | | | | | |
| Totals | | | | | |

IV. Clinical Services - Pharmaceutical (continued on next page)



| Pharmaceutical Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|----------|----------|----------|-----|------------|
| A. Drugs and medication supplies are maintained secure to prevent unauthorized access. CA B&P Code §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22; 16 CCR §1356.3 | | | | | |
| 1) Drugs are stored in specifically designated cupboards, cabinets, closets or drawers. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Prescription, sample and over-the counter drugs, hypodermic needles/syringes, prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Controlled drugs are stored in a locked space accessible only to authorized personnel. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) A dose-by-dose controlled substance distribution log is maintained. | 4) _____ | 4) _____ | 4) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

IV. Clinical Services - Pharmaceutical (continued on next page)

  RN/MD Review only

| Pharmaceutical Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|-----|------------|
| B. Drugs are handled safely and stored appropriately. 22 CCR §75037(a-g), §75039; 21 CFR §211.137; 21 USC §351   | | | | | |
| 1) Drugs are prepared in a clean area, or “designated clean” area if prepared in a multipurpose room. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Drugs for external use are stored separately from drugs for internal use. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Refrigerator thermometer temperature is 35°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit). | 4) _____ | 4) _____ | 4) _____ | 1 | |
| 5) Freezer thermometer temperature is 5° Fahrenheit or -15° Centigrade, or lower (at time of site visit). | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) Daily temperature readings of medication refrigerator and freezer are documented. | 6) _____ | 6) _____ | 6) _____ | 1 | |
| 7) Drugs are stored separately from test reagents, germicides, disinfectants and other household substances. | 7) _____ | 7) _____ | 7) _____ | 1 | |
| 8) Hazardous substances are appropriately labeled. | 8) _____ | 8) _____ | 8) _____ | 1 | |
| 9) Site has method(s) in place for drug and hazardous substance disposal. | 9) _____ | 9) _____ | 9) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

IV. Clinical Services - Pharmaceutical (continued from previous page)

| Pharmaceutical Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|-----|------------|
| C. Drugs are dispensed according to State and federal drug distribution laws and regulations. CA B&P Code §4024, §4076, §4170, §4171, §4173, §4174; 22 CCR §75032, §75033, §75036, §75037(a-g), §75038, §75039; 16 CCR §1718.1; 21 CFR §211.137; 42 USC 6A §300AA-26 | | | | | |
| 1) There are no expired drugs on site. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) All stored and dispensed prescription drugs are appropriately labeled. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) <u>Only lawfully authorized persons dispense drugs to patients.</u> | 4) _____ | 4) _____ | 4) _____ | 2 | |
| 5) Current Vaccine Information Sheets (VIS) for distribution to patients are present on site. | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy. | 6) _____ | 6) _____ | 6) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

IV. Clinical Services - Laboratory

| Laboratory Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|----------|----------|----------|-----|------------|
| D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations. 17 CCR §1050; 22 CCR §51211.2, §51137.2; B&P Code §1220; 42 USC 263a; Public Law 100-578 | | | | | |
| 1) Laboratory test procedures are performed according to current site-specific CLIA certificate. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Testing personnel performing clinical lab procedures have been trained. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Lab test supplies are not expired. | 4) _____ | 4) _____ | 4) _____ | 1 | |
| 5) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies. | 5) _____ | 5) _____ | 5) _____ | 1 | |

Comments: Write comments for all "No" (0 points) and "N/A" scores.

SAMPLE

IV. Clinical Services - Radiology

| Radiology Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|---|---|---|--|------------|
| <p>E. Site meets CDPH Radiological inspection and safety regulations. 17 CCR §30255, §30305, §30404, §30405</p> <p>1) Site has current CA Radiologic Health Branch Inspection Report, if there is radiological equipment on site.</p> <p>The following documents are <u>posted</u> on site:</p> <p>2) Current copy of Title 17 with a posted notice about availability of Title 17 and its location</p> <p>3) “Radiation Safety Operating Procedures” posted in highly visible location.</p> <p>4) “Notice to Employees Poster” posted in highly visible location.</p> <p>5) “Caution, X-ray” sign posted on or next to door of each room that has X-ray equipment</p> <p>6) Physician Supervisor/Operator certificate posted <i>and</i> within current expiration date</p> <p>7) Technologist certificate posted <i>and</i> within current expiration date</p> <p>The following radiological protective equipment is present on site:</p> <p>8) Operator protection devices: radiological equipment operator must use lead apron or lead shield.</p> <p>9) Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p> | <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | |
| <p>Comments: Write comments for all “No” (0 points) and “N/A” scores.</p> | | | | | |
| | | | | | |



V. Preventive Services (continued on next page)

| Preventive Services Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|-----------|-----------|-----------|-----|------------|
| A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. <small>22 CCR §53851, §56210; 28 CCR §1300.67</small> | | | | | |
| Examination equipment, appropriate for primary care services, is available on site: | | | | | |
| 1) Exam tables and lights are in good repair. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh). | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Thermometer with a numeric reading. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Scales: standing balance beam and infant scales. | 4) _____ | 4) _____ | 4) _____ | 1 | |
| 5) Measuring devices for stature (height/length) measurement <i>and</i> head circumference measurement. | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) Basic exam equipment: percussion hammer, tongue blades, patient gowns. | 6) _____ | 6) _____ | 6) _____ | 1 | |
| 7) Eye charts (literate and illiterate) and occluder for vision testing. | 7) _____ | 7) _____ | 7) _____ | 1 | |
| 8) Ophthalmoscope. | 8) _____ | 8) _____ | 8) _____ | 1 | |
| 9) Otoscope with adult and pediatric ear speculums. | 9) _____ | 9) _____ | 9) _____ | 1 | |
| 10) Audiometer in quiet location for testing. | 10) _____ | 10) _____ | 10) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

V. Preventive Services (continued from previous page)

  RN/MD Review only

| Health Education Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|---|---|---|---|------------|
| <p>B. Health education services are available to Plan members. 22 CCR §53851; 28 CCR 1300.67  </p> <p>Health education materials and Plan-specific resource information are:</p> <p>1) readily accessible on site, or are made available upon request,</p> <p>2) applicable to the practice and population served on site,</p> <p>3) available in threshold languages identified for county and/or area of site location.</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>1</p> <p>1</p> <p>1</p> | |
| <p>Comments: Write comments for all “No” (0 points) and “N/A” scores.</p> | | | | | |
| <p>Totals</p> | | | | | |

SAMPLE

VI. Infection Control (continued on next page)

 RN/MD Review only

| Infection Control Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|--|---------|---------|---------|-----|------------|
| A. Infection control procedures for Standard/Universal precautions are followed. 8 CCR §5193; 22 CCR §53230; 29 CFR §1910.1030; Federal Register 1989, §54:23042 | | | | | |
| 1) Antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing. | 1)_____ | 1)_____ | 1)_____ | 1 | |
| 2) A waste disposal container is available in exam rooms, procedure/treatment rooms and restrooms. | 2)_____ | 2)_____ | 2)_____ | 1 | |
| 3) Site has procedure for effectively isolating infectious patients with potential communicable conditions. | 3)_____ | 3)_____ | 3)_____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

SAMPLE

VI. Infection Control (continued on next page)


  RN/MD Review only

| Infection Control Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|----------|----------|----------|-----|------------|
| B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act. 8 CCR §5193 (Cal OSHA Health Care Worker Needlestick Prevention Act, 1999); H& S Code, §117600-118360 (CA Medical Waste Management Act, 1997); 29 CFR §1910.1030. | | | | | |
| 1) <u>Personal Protective Equipment is readily available for staff use.</u> | 1) _____ | 1) _____ | 1) _____ | 2 | |
| 2) <u>Needlestick safety precautions are practiced on site.</u> | 2) _____ | 2) _____ | 2) _____ | 2 | |
| 3) All sharp injury incidents are documented. | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) <u>Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.</u> | 4) _____ | 4) _____ | 4) _____ | 2 | |
| 5) Biohazardous (non-sharp) wastes are contained separate from other trash/waste. | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) Contaminated laundry is laundered at the workplace or by a commercial laundry service. | 6) _____ | 6) _____ | 6) _____ | 1 | |
| 7) Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons. | 7) _____ | 7) _____ | 7) _____ | 1 | |
| 8) Transportation of regulated medical wastes is only by a registered hazardous waste hauler or by a person with an approved limited-quantity exemption. | 8) _____ | 8) _____ | 8) _____ | 1 | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

VI. Infection Control (continued on next page)


 RN/MD Review only

| Infection Control Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|----------|----------|----------|-----|------------|
| C. Contaminated surfaces are decontaminated according to Cal-OSHA Standards. 8 CCR §5193; CA H&S Code §118275  | | | | | |
| 1) Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| 2) Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule. | 2) _____ | 2) _____ | 2) _____ | 1 | |
| Disinfectant solutions used on site are: | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 3) approved by the Environmental Protection Agency (EPA). | 4) _____ | 4) _____ | 4) _____ | 1 | |
| 4) effective in killing HIV/HBV/TB. | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 5) used according to product label for desired effect. | | | | | |

Comments: Write comments for all “No” (0 points) and “N/A” scores.

VI. Infection Control (continued from previous page)

 RN/MD Review only

| Infection Control Survey Criteria | Yes | No | N/A | Wt. | Site Score |
|---|----------|----------|----------|-----|------------|
| D. Reusable medical instruments are properly sterilized after each use. 22 CCR §53230, §53856  | | | | | |
| 1) Written site-specific policy/procedures or Manufacturer's Instructions for instrument/equipment sterilization are available to staff. | 1) _____ | 1) _____ | 1) _____ | 1 | |
| Staff adheres to site-specific policy <u>and/or</u> manufacturer/product label directions for the following procedures: | | | | | |
| 2) Cleaning reusable instruments/equipment prior to sterilization | 2) _____ | 2) _____ | 2) _____ | 1 | |
| 3) Cold chemical sterilization | 3) _____ | 3) _____ | 3) _____ | 1 | |
| 4) Autoclave/steam sterilization | 4) _____ | 4) _____ | 4) _____ | 1 | |
| 5) Autoclave maintenance | 5) _____ | 5) _____ | 5) _____ | 1 | |
| 6) <u>Spore testing of autoclave/steam sterilizer with documented results (at least monthly)</u> | 6) _____ | 6) _____ | 6) _____ | 2 | |
| 7) Sterilized packages are labeled with sterilization date and load identification information. | 7) _____ | 7) _____ | 7) _____ | 1 | |
| Totals | | | | | |

Comments: Write comments for all "No" (0 points) and "N/A" scores.