

Facility Site Review Worksheet

Pre-audit Document Request List

Pre-audit Document Request List							
Criteria				Score			Comments
				Yes	No	NA	
Office Policies and Provider/Staff Training							
1	PR	F1	Infection Control/Universal Precautions (annually)				
2	PR	F2	Bloodborne Pathogen Exposure Control Prevention (annually) <ul style="list-style-type: none"> • <u>Site Specific Bloodborne Pathogen Exposure Control Plan</u> 				
3	PR	F3	Biohazardous Waste Handling (annually)				
4	PR	G1	Patient confidentiality				
5	PR	G2	Informed Consent, including human sterilization				
6	PR	G3	Prior Authorization requests				
7	PR	G4	Grievance/Complaint Procedure				
8	PR	G5	Child/Elder/Domestic Violence Abuse				
9	PR	G6	Sensitive Services/Minors' Rights				
10	PR	G7	Health Plan referral process/procedures/resources				
11	PR	G8	<u>Cultural and linguistics</u>				
12	PR	G9	<u>Disability Rights and Provider Obligations</u>				
13	AS	C1	Evidence staff training for safety training and/or has safety information available on the following: a. Fire safety and prevention				
14	AS	C2	b. Emergency nonmedical procedures (e.g. disaster, site evacuation, workplace violence)				
15	AS	D1	Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.				
16	IC	D1	Provide a copy of written site-specific policy-procedure OR manufacturer's instructions for instrument/ equipment cleaning and sterilization				
17	IC	A3	Provide a copy of policy for isolation procedures for potentially infectious patients				
18	CS PH	A5	<u>Provide a copy of written site-specific policy/procedure for dispensing of sample drugs are available on site.</u>				
19	CS PH	B8	<u>Provide a copy of written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer</u>				
Tracking Logs and Documentation							
1	CS PH	B7	<u>Provide daily temperature readings of drugs/vaccines refrigerator and freezer are documented.</u>				
2	CS LB	D5	Provide tracking logs demonstrating site has a procedure to check expiration date of lab supplies and a policy describing the method to dispose of expired lab test supplies				
3	AS	D7	Provide tracking logs demonstrating site has a procedure to check emergency equipment and supplies				
4	CS PH	C2	Provide tracking logs demonstrating that the site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas				

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6	IC	D4c	Provide evidence of spore testing of autoclave/steam sterilizer with documented results (at least monthly)				
7	CS PH	A4	Provide a copy of controlled substance logs				
9	IC	B8	Provide evidence of transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds).				
10	IC	C2	Provide a copy of site-specific routine cleaning and decontamination schedule/log				
11	IC	D4	Provide a copy of autoclave log containing load documentation				
12	AS	E2	Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines. <ul style="list-style-type: none"> • Calibration logs/stickers • Quality Control logs for POC testing (i.e. glucometers, urine analyzers) 				
Practitioner and Healthcare Personnel Documents							
				Score			Comments
				Yes	No	NA	
1	PR	A1	Provide a copy of all current required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency.				
2	PR	D1	Provide a copy of Standardized Procedures for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).				
3	PR	D2	Provide a copy of Practice Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.				
4	PR	D3	Provide evidence that Standardized Procedures, Practice Agreements and Supervisory Guidelines are revised, updated <u>and</u> signed by the supervising physician and NPMP when changes in scope of services occur.				
5	PR	D4	Provide evidence that each NPMP that prescribes controlled substances has a valid Drug Enforcement Administration Registration Number.				
6	PR	E1	Ratio to number of NPMPs does not exceed established ratios in any combination. <ul style="list-style-type: none"> a) 1:4 Nurse Practitioners b) 1:4 Certified Nurse Midwives c) 1:4 Physicians Assistants 				
7	PR	E2	Provide evidence that 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				
8	PR	E3	Provide evidence of Non-Physician Medical Practitioner (NPMP) supervision.				
9	PR	C1	Provide copy of MA certificate(s). Documentation of education/training for non-licensed medical personnel is maintained on site. For pediatric sites: MA evidence of training: <i>Audiometric screening, Vision screening, Anthropometric measurements, Dental screening, and fluoride varnish application (Valid for 4 years).</i>				
10	PR	C4	Provide evidence of only qualified/trained personnel operate medical equipment.				
11	CS LB	D2	Provide evidence that personnel performing clinical lab procedures have been trained.				

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12	OM	D2	Provide documentation/certification for persons providing language interpreter services, including sign language on site, demonstrating they trained in medical interpretation.				
Site Level Contracts and Certifications							
1	CS PH	C7	If there is a pharmacy on site, provide a current copy of license by the CA State Board of Pharmacy.				
2	CS LB	D1	Provide evidence that laboratory test procedures are performed according to current site-specific CLIA certificate. Submit copy of current, site-specific CLIA Waiver				
3	CS RD	E1	Provide a copy of current CA Radiologic Health Branch Inspection Report or Proof of Registration if there is radiological equipment on site.				
4	IC	B7	Provide a copy of contract - Contaminated laundry is laundered at the workplace or by a commercial laundry service.				
5	IC	B8	Provide evidence of (contract) transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds).				
6	OM	H2	Procedures are followed to maintain the confidentiality of personal patient information Provide a copy of: housekeeping signed confidentiality form Fax cover sheet				
Misc. Documents and Forms							
1	AS	D3	Copy of emergency phone number contacts that are posted and updated annually and as changes occur.				
2	OM	H3	Provide a copy of Medical record release that is compliant with State and federal guidelines.				
3	IC	B4	Provide a copy of sharp injury log where all sharp injury incidents are documented				
4	OM	F 1,2	Provide a copy of document with <u>phone number</u> for filing grievances/complaints and copy of <u>procedure and complaint form</u>				
5	AS	D6	Provide a copy of emergency medication dosage chart.				
6	OM	E1	Provide a copy of referral log – please redact all PHI before sending.				
Interview Questions							
(please use checklist below to assess knowledge and compliance)							
				Score			Comments
				Yes	No	NA	
1	AS	C9	Employee alarm system				
2	AS	C1	Evidence staff training for safety training and/or has safety information available on the following: a. Fire safety and prevention				
	AS	C2	b. Emergency nonmedical procedures (e.g. disaster, site evacuation, workplace violence)				
3	AS	D1	Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.				
4	PR	C2	Only qualified/trained personnel retrieve, prepare or administer medications.				
5	PR	C3	Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.				
6	PR	C4	Only qualified/trained personnel operate medical equipment.				

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7	PR	E2	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			
8	OM	A1	Clinic office hours are posted or readily available upon request.			
9	OM	A2	Provider office hour schedules are available to staff.			
10	OM	A3	Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.			
11	OM	A4	Contact information for off-site physician(s) is available at all times during office hours			
12	OM	A5	After-hours emergency care instructions/telephone information is made available to patients.			
13	OM	B1	Appropriate personnel handle emergent, urgent, and medical advice telephone calls.			
14	OM	B2	Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.			
15	OM	B3	Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.			
16	OM	C1	Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.			
17	OM	C2	Patients are notified of scheduled routine and/or preventive screening appointments.			
18	OM	C3	There is a process in place verifying follow-up on missed and canceled appointments.			
19	OM	D1	Interpreter services are made available in identified threshold languages specified for location of site.			
20	OM	D2	Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.			
21	OM	E1	Processing internal and external referrals, consultant reports, and diagnostic test results.			
22	OM	E2	<u>Physician Review and follow-up of referral/consultation reports and diagnostic test results.</u>			
23	OM	F1	Phone number(s) for filing grievances/complaints are located on site.			
24	OM	F2	Complaint forms and a copy of the grievance procedure are available on site.			
25	OM	G1	Medical records are readily retrievable for scheduled patient encounters.			
26	OM	G2	Medical documents are filed in a timely manner to ensure availability for patient encounters.			
27	OM	H2	Procedures are followed to maintain the confidentiality of personal patient information.			
28	OM	H4	Storage and transmittal of medical records preserves confidentiality and security.			
29	OM	H5	Medical records are retained for a minimum of 10 years			
30	CS PH	B8	Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer			
31	CS PH	B11	Site has method(s) in place for drug and hazardous substance disposal.			
32	CS PH	C4	<u>Only lawfully authorized persons dispense drugs to patients.</u>			
33	CS PH	C5	<u>Drugs and Vaccines are prepared and drawn only prior to administration.</u>			
34	CS LB	D2	Testing personnel performing clinical lab procedures have been trained.			
35	IC	A3	Site has procedure for effectively isolating infectious patients with potential communicable conditions.			
Walk-Through (please use this checklist to assess readiness and compliance)						

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Criteria				Score			
				Yes	No	NA	Comments
1	AS	A1	Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.				
2	AS	A2	Pedestrian ramps have a level landing at the top and bottom of the ramp.				
3	AS	A3	Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.				
4	AS	A4	Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.				
5	AS	A5	Clear floor space for wheelchair in waiting area and exam room.				
6	AS	A6	Wheelchair accessible restroom facilities.				
7	AS	A7	Wheelchair accessible handwashing facilities or reasonable alternative.				
8	AS	B1	All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.				
9	AS	B2	Restrooms are clean and contain appropriate sanitary supplies.				
10	AS	C3	Lighting is adequate in all areas to ensure safety.				
11	AS	C4	<u>Exit doors and aisles are unobstructed and egress (escape) accessible.</u>				
12	AS	C5	Exit doors are clearly marked with "Exit" signs.				
13	AS	C6	Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs and exits.				
14	AS	C7	Electrical cords and outlets are in good working condition.				
15	AS	C8	Fire Fighting Equipment in accessible location				
16	AS	C9	An employee alarm system				
17	AS	D2	Emergency equipment is stored together in easily accessible location, and is ready to be used.				
18	AS	D4	Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.				
19	AS	D5	Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes.				
20	AS	D6	Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.				
21	AS	D8	Replace/re-stock emergency medication, equipment and supplies immediately after use.				
22	AS	E1	Medical equipment is clean.				
23	AS	E1	Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines - Look for stickers on equipment				
24	PR	A2	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				
25	PR	B1	Health care personnel wear identification badges/tags printed with name and title.				
26	OM	A1	Clinic office hours are posted or readily available upon request.				
27	OM	H1	Exam rooms and dressing areas safeguard patients' right to privacy.				

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28	OM	H4	Storage and transmittal of medical records preserves confidentiality and security			
29	CS PH	A1	Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.			
30	CS PH	A2	Prescription, drug samples, and over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments, hazardous substances and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.			
31	CS PH	A3	Controlled drugs are stored in a locked space accessible only to authorized personnel.			
32	CS PH	B1	Drugs are prepared in a clean area or “designated clean” area if prepared in a multi-purpose room.			
33	CS PH	B2	Drugs for external use are stored separately from drugs for internal use.			
34	CS PH	B3	Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.			
35	CS PH	B4	Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).			
36	CS PH	B5	Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit).			
37	CS PH	B6	Site utilizes drugs/vaccine storage units that are able to maintain required temperature			
38	CS PH	B9	Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.			
39	CS PH	B10	Hazardous substances are appropriately labeled.			
40	CS PH	B11	Site has method(s) in place for drug and hazardous substance disposal.			
41	CS PH	C1	There are no expired drugs on site.			
42	CS PH	C3	All stored and dispensed prescription drugs are appropriately labeled.			
43	CS PH	C6	Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.			
44	CS PH	C7	If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.			
45	CS PH	C8	Site utilizes California Immunization Registry (CAIR) or the most current version.			
46	CS LB	D3	Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.			
47	CS LB	D4	Lab test supplies are not expired.			
48	CS RD	E1	Site has current CA Radiologic Health Branch Inspection Report or Proof of Registration if there is radiological equipment on site.			
49	CS RD		The following documents are <u>posted</u> on site:			
50	CS RD	E2	Current copy of Title 17 with a posted notice about availability of Title 17 and its location.			
51	CS RD	E3	“Radiation Safety Operating Procedures” posted in highly visible location.			
52	CS RD	E4	“Notice to Employees Poster” posted in highly visible location.			
53	CS RD	E5	“Caution, X-ray” sign posted on or next to door of each room that has X-ray equipment.			
54	CS RD	E6	Physician Supervisor/Operator certificate posted and within current expiration date.			
55	CS RD	E7	Technologist certificate posted and within current expiration date.			
56	CS RD		The following radiological protective equipment is present on site:			
57	CS RD	E8	Operator protection devices: radiological equipment operator must use lead apron or lead shield.			
58	CS RD	E9	Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.			
59	PS	A1	Exam tables and lights are in good repair.			

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60	PS	A2	Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).			
61	PS	A3	Thermometer with a numeric reading.			
62	PS	A4	Basic exam equipment: percussion hammer, tongue blades, patient gowns.			
63	PS	A5	Scales: standing balance beam and infant scales.			
64	PS	A6	Measuring devices for stature (height/length) measurement and head circumference measurement.			
65	PS	A7	Eye charts (literate and illiterate) and occluder for vision testing.			
66	PS	A8	Ophthalmoscope.			
67	PS	A9	Otoscope with multi-size ear speculums appropriate to the population served.			
68	PS	A10	A pure tone, air conduction audiometer is located in a quiet location for testing.			
69	PS	B1	Readily accessible on site or are made available upon request.			
70	PS	B2	Applicable to the practice and population served on site.			
71	PS	B3	Available in threshold languages identified for county and/or area of site location.			
72	IC	A1	Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.			
73	IC	A2	A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.			
74	IC	B1	<u>Personal Protective Equipment for Standard Precautions is readily available for staff use.</u>			
75	IC	B2	<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>			
76	IC	B3	<u>Needlestick safety precautions are practiced on site.</u>			
77	IC	B5	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.			
78	IC	B6	Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.			
79	IC	B7	Contaminated laundry is laundered at the workplace or by a commercial laundry service.			
80	IC	C1	Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.			
81	IC		Disinfectant solutions used on site are:			
82	IC	C3	Approved by the Environmental Protection Agency (EPA).			
83	IC	C4	Effective in killing HIV/HBV/TB.			
84	IC	C5	used according to product label for desired effect			
85	IC	C5	<u>Follow manufacturer instructions</u>			
86	IC		Reusable medical instruments are properly sterilized after each use.			
87	IC	D1	Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff.			
88	IC	D2	Cleaning reusable instruments/equipment prior to sterilization.			
89	IC		Cold chemical sterilization/high level disinfection:			
90	IC	D3a	<u>Staff demonstrate /verbalize necessary steps/process to ensure sterility and/or high level disinfection to ensure sterility/disinfection of equipment.</u>			
91	IC	D3b	<u>Confirmation from manufacturer item(s) is/are heat sensitive</u>			
92	IC	D3c	<u>Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill.</u>			

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93	IC		Autoclave/steam sterilization.				
94	IC	D4a	Staff demonstrate/verbalize necessary steps/process to ensure sterility.				
95	IC	D4b	Autoclave maintenance per manufacturer’s guidelines				
96	IC	D4c	Spore testing of autoclave/steam sterilizer with documented results (at least monthly).				
97	IC	D4d	Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.				
98	IC	D4e	Sterilized packages are labeled with sterilization date and load identification information.				
99	IC	D4f	Storage of sterilized packages. (including process of routine evaluation of sterilized packages).				