**Rural Health Clinic**

**Mock Inspection**

**NAME OF CLINIC**

**CITY, STATE**

502 Shadow Parkway, SUITE 214

Chattanooga, Tennessee 37421

Telephone: (423)243-6185

[marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com)

**Executive Summary**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

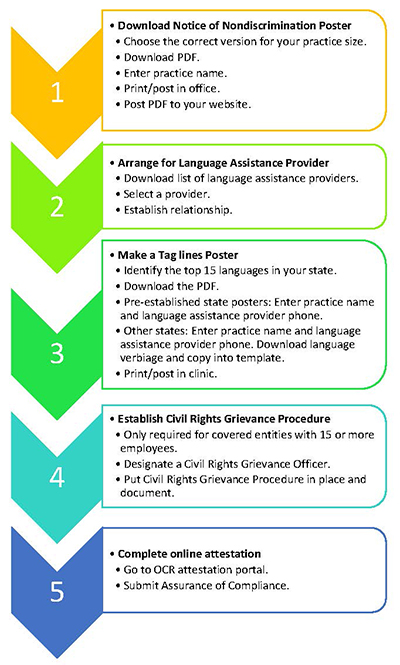
Date: **Date of Mock Inspection**

This Executive Summary is prepared to list the additional items to be completed to be prepared for the RHC Inspection. Additionally, refer to the two page report called RHC Certification – Compliance and Inspection report.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Recommendations or Items to Implement** | **Responsibility** | **Status** |
| 1 | Print SDS Sheets. See OSHA Manual we have provided and several sheets of paper in the front of the manual. |  | **Todo** |
| 2 | The RHC should have an OSHA approved eye wash station and that station should be checked weekly. |  | **Todo** |
| 3 | Clean and Dirty Workspaces should be designated in the Laboratory. |  | **Todo** |
| 4 | Section 1557 Compliance. Go to the following website <http://www.aoanow.org/?page=1557> and follow the instructions. |  | **Todo** |
| 5 | Remove paper or anything from under the sinks |  | **Todo** |
| 6 | See the AED log we have prepared and implement this monthly process. |  | **Todo** |
| 7 | Emergency Kit. Have Peter review what is needed in the emergency kit and obtain a tackle box of minimal drugs to respond to an emergency. |  | **Todo** |
| 8. | Obtain a letter from the local hospital indicating the clinic has privileges. |  | **Todo** |
| 9. | See the two page report called RHC Certification – Compliance and Inspection Report and review the documents and policies provided in this step. |  | **Todo** |
| 10. | Prepare copies of documents asked for by the Alabama RHC Inspector. Have one copy for the inspector and one copy for the clinic. See Expandable Folders provided. |  | **Todo** |

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ACA SECTION 1557 - ARE YOU IN COMPLIANCE?



**Any practice that receives government funding (ie. Medicare Parts A, C & D [NOT B], Medicaid, Meaningful Use, etc.), you are REQUIRED to post information to be in compliance with Section 1557 of the Affordable Care Act (ACA) by Sunday, Oct. 16. All practices - regardless of practice size - are required to post the non-discrimination poster and the taglines poster, at minimum. Please read below for additional specifications regarding practices with 15 or more employees.**

Section 1557 of the ACA contains an anti-discrimination provision. You may not discriminate in healthcare delivery based on a patient’s race, color, national origin, sec, age or disability. You cannot delay or deny effective language assistant services to patient with limited English proficiency (LEP). These provisions apply to all patients in the US, legally or illegally. If your practice accepts payment from any HHS program or activity or an entity that HHS funds or you accept any Marketplace plans, this applies to YOU. Medicare Parts A, C & D (not Part B!), Medicaid, Meaningful Use, etc) Patients can sue for NON-COMPLIANCE of this ruling. For complete 1557 Compliance resources go to <http://www.aoanow.org/?page=1557>

**AED Defibrillator Checklist**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_**

The AED should undergo monthly checks by a responsible person. Different models of defibrillator may require different checks, however the principles are the same.

Here’s our recommended monthly check list for an AED:

1. Visual check of device – check for any obvious damage or missing parts
2. Battery check – different models have different methods of warning about low battery.
3. Check defibrillator pads are sealed and in-date
4. Check spare defibrillator pads are sealed and in-date
5. Check accessory equipment is present: towel, razor, CPR face shield, scissors, gloves, paperwork
6. Check integrity and security of defibrillator cabinet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Visual Check** | **Battery**  **Check** | **Pads**  **Sealed** | **Spare**  **Pads** | **Accessories** | **Security** |
| January |  |  |  |  |  |  |
| February |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |

**Compliance with Federal, State and Local Laws**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level One**

Date: **Date of Mock Inspection**

J3: Compliance with Federal, State and Local Laws. The RHC and its staff are following applicable federal, state and local laws. The clinic is license pursuant to applicable state and local laws and regulations.

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| --- | --- | --- | --- | --- |
| **GENERAL** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J3 | The RHC and its staff are following applicable Federal, State, and local laws. 491.4 |  |  |  |
|  | Hours or operation are posted on the outside of the clinic. 491.4 (a) |  |  |  |
| J5 | All clinical staff have current BLS certificates on file 491.4 (b) |  |  |  |
| J5 | Personnel files include employee application, resume, current license, certificates, employment forms, performance appraisal, and I-9 forms. |  |  |  |
| J62.3 | If patients are allowed into the clinic prior to a provider being on the premises, all current BLS certificates are on file for clerical staff. |  |  |  |

**Location of Clinic**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Two**

Date: **Date of Mock Inspection**

J8: The objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic are housed in a permanent structure. If clinic services are regularly furnished at permanent unites in more than one location, each unit will be independently considered for certification as a rural health clinic.

J9: The objects, equipment, and the supplies necessary for the provision of the services furnished directly by the clinic are housed in a mobile structure, which has a fixed scheduled location.

J10: The facility meets location eligibility in a rural health shortage area through either of the following exceptions:

1. The area in which it is located subsequently fails to meet the definition of rural, shortage area.
2. A private, nonprofit facility that meets all other conditions of this subpart except for location in a shortage area will be certified in on July 1, 1977, it was operating in a rural area that is determined by the Secretary (based on the ratio of primary care physicians to general population) to have an insufficient supply of physicians to meet the needs of the area served.

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| --- | --- | --- | --- | --- |
| **LOCATION OF CLINIC** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J13 | The facility meets rural area requirements under one of the following criteria: | | | |
| J14 | 1. Rural areas not delineated as urbanized areas in the last census conducted by the Census Bureau. |  |  |  |
| J15 | 1. Included in the rural area classification are those portions of extended cities that the Census Bureau has determined to be rural. |  |  |  |
| J16 | The facility meets the shortage area requirements under one of the following criteria. | | | |
| J17 | 1. Clinic location is in current HPSA. |  |  |  |
|  | 1. Determination of shortage of primary medical care. |  |  |  |
|  | 1. Clinic is in a MUA that has been updated with the last 4 years. |  |  |  |
|  | 1. The Governor has designated an area as eligible. |  |  |  |

**Physical, Plant, and Environment**

**Hallways**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Three**

Date: **Date of Mock Inspection**

J20: 491.6 (a) Physical Plant and Environment – Construction. The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.

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| **HALLWAYS** | | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J20.1 | Clinic is handicapped accessible. See Handicapped Codes for more info. |  |  |  |
| J20.2 | Exit doors and signage are in the appropriate places. |  |  |  |
| J20.3 | Clinic does not have any exposed building materials. (i.e., insulation, holes in walls, etc.) |  |  |  |
| J20.4 | Fire extinguishers are inspected monthly and annually by an outside fire professional company or personnel with appropriate training. |  |  | Each month charge the fire extinguishers and document. |
| J20.5 | Emergency exit routes are free of barriers. |  |  |  |
| J20.6 | Exit signs are appropriately placed. |  |  |  |
| J20.7 | Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within. |  |  |  |
| J20.8 | Secondary doors are locked at all times. |  |  |  |
| J20.9 | Shatter proof light bulbs are used for all exposed lights. |  |  |  |
| J20.10 | Overhead ceiling lights are free of bugs and debris. |  |  |  |
| J20.15 | Floor plans were posted throughout the clinic. |  |  | At least 4 floorplans posted. |
| J24.3 | Flooring is free from hazards. |  |  |  |
| J24.4 | Patient restrooms are free of staffs’ personal hygiene products. |  |  |  |
| J24.5 | The clinic is free of clutter. |  |  |  |
| J24.6 | Hallway exits are free of obstructions. |  |  |  |

**Physical, Plant, and Environment**

**Patient Rooms**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Three**

Date: **Date of Mock Inspection**

J20: 491.6 (a) Physical Plant and Environment – Construction. The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services. SDS Regs: <https://www.osha.gov/Publications/OSHA3514.html>

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| **PATIENT ROOMS** | | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J20.12 | Plug protectors were present in outlets. |  |  |  |
| J20.13 | Sharps are secured throughout clinic – should be attached to the wall and high enough so children cannot reach. |  |  |  |
| J20.16 | Treatment trays are free of dust and debris. |  |  |  |
| J20.17 | Nothing under the exam room sinks. |  |  | Remove anything from under sinks. |
| J20.18 | Closed trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets. |  |  |  |
| J20 | SDS Sheets should be maintained at the clinic including Chemical Name, Brand Name and Manufacturer. |  |  | Todo |
| TCT | Clinic has written cleaning policies and procedures for patient rooms. |  |  |  |
| TCT | Equipment is cleaned and disinfected prior to each patient’s use. |  |  |  |
| TCT | No equipment is located/stored on the floor. |  |  |  |
| TCT | Clinic has documented universal precautions and training on hand washing (sinks, alcohol-based gels, signs) and the utilization of gloves. |  |  |  |
| TCT | Clinic has an OSHA Spill Kit |  |  |  |
| TCT | Clinic has a Eye Wash faucet. |  |  |  |
| TCT | Clinic tests Eye Wash faucet each week. The station must be operational with one hand movement and provide continuous flow of clean water for at least 15 minutes. |  |  | Check the OSHA Eye Station weekly and document. |

**Physical, Plant, and Environment**

**Preventative Maintenance**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Three**

Date: **Date of Mock Inspection**

J21/J22: Physical Plant and Environment – Maintenance. The clinic has a preventative maintenance program to ensure that: All essential mechanical, electrical, and patient care equipment is maintained in safe operating conditions.

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| **PREVENTATIVE MAINTENANCE** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J22.1 | Written equipment management policy includes a listing of equipment, how the equipment is organized, labeled, and tested. No equipment is on the floor. |  |  |  |
| J22.2 | Adult and pediatric scales are balanced at least annually. |  |  | **Make sure to calibrate equipment and document before inspection.** |
| J22.3 | Patient care equipment is appropriately calibrated per manufacturer’s guidelines. |  |  |
| J22.4 | AED is maintained and tested in accordance with manufacturer recommendations. |  |  |
| J22.5 | Equipment testing log or checklist is current and available to the surveyor. |  |  |  |
| TCT | Clinic has written cleaning policies and procedures for equipment. |  |  |  |
| TCT | Clinic has a list of all equipment by manufacturer, model, and serial number. |  |  |  |
| TCT | Clinic has a process for tracking preventive maintenance due dates. |  |  |  |

**Physical, Plant, and Environment**

**Drugs and Biologicals**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Three**

Date: **Date of Mock Inspection**

J23: Drugs and biologicals are appropriately stored.

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| **DRUGS AND BIOLOGICALS** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J23.1 | All medications are stored in locked cabinets, cupboards, and/or drawers. No patient access. |  |  |  |
| J23.2 | Medications are locked up at the end of each day. |  |  |  |
| J23.3 | Medications, biological, and sterile supplies are inventoried monthly for expiration date. |  |  |  |
| J23.4 | Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy. |  |  |  |
| J23.5 | Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy. |  |  |  |
| J23.6 | Refrigerator and freezer temperatures are recorded daily; and twice daily if storing vaccines. (VFC) |  |  |  |
| J23.7 | The clinic does not store medications in the door of the refrigerator or freezer. |  |  |  |
| J23.8 | Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #. |  |  |  |
| J23.9 | Controlled substances are inventoried on a weekly basis and stored dispensed in accordance with State Pharmacy regulations. |  |  |  |

**Physical, Plant, and Environment**

**Emergency Procedures – Drills**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Three**

Date: **Date of Mock Inspection**

J25: Physical Plant and Environment – Emergency Procedures. The clinic assures the safety of patients in case of non-medical emergencies by:

J26 Training staff in handling emergencies.

J28: Taking other appropriate measures that are consistent with the conditions of the area in which the clinic is located.

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| **DRILLS & EDUCATION** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J26.1 | All staff have participated in emergency training, i.e. fire, evacuation, tornado, acts of terrorism. |  |  |  |
| J26.2 | Training is documented. |  |  |  |
| J26.3 | Staff clearly understands their role in the event of an emergency. |  |  | Make Sure all Emergency Drills are completed and documented before the RHC Inspection. |
| J28.1 | Clinic has a tornado evacuation plan. |  |  |
| TCT | Clinic has personal protective equipment available. |  |  |
| TCT | Clinic has documented universal precautions and training. |  |  |
| TCT | Clinic has procedures in place for handling and disposing of infectious waste and how to prevent cross-contamination. |  |  |
| TCT | Clinic has an organized process for handling on-site and off-site emergencies. |  |  |

**Organizational Structure**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Four**

Date: **Date of Mock Inspection**

J31: The clinic is under the medical direction of a physician, and has a health care staff that meets the requirements of 491.8.

J32: The organization’s policies and its lines of authority and responsibilities are clearly set forth in writing.

J33: The clinic discloses the names and addresses of:

J34: Its owners in accordance with Section of the Social Security Act.

J35: The person principally responsible for directing the operation of the clinic

J36: The person responsible for medical direction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ORGANIZATIONAL STRUCTURE** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J31.1 | The medical director is identified. |  |  |  |
| J31.2 | Staff can identify the clinic’s medical director. |  |  |  |
| J32 | The clinic organizational chart is current. |  |  |  |
| J34 | The clinic discloses the names and addresses of its owners in accordance with Section of the Social Security Act. |  |  |  |
| J35.1 | The practice administrator is clearly identified. |  |  |  |
| J35.2 | All staff can identify the practice administrator by name. |  |  |  |

**Staffing and Staff Responsibilities**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Five**

Date: **Date of Mock Inspection**

J5: Licensure, certification or registration personnel. Staff of the clinic are licensed, certified or registered in accordance with applicable State and local laws.

J39: The clinic has a health care staff that includes one or more physicians and one or more physician’s assistants or nurse practitioners. The staff meets the following requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAFFING AND STAFF RESPONSIBILITIES** | | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J39.1 | Clinic physicians are identified. |  |  |  |
| J39.2 | Clinic physician assistant/nurse practitioners are identified. |  |  |  |
| J40.1 | Nurse practitioner holds a current state license as a nurse practitioner, if applicable. |  |  |  |
| J40.2 | Physician assistant holds a current state license as a physician assistant, if applicable. |  |  |  |
| J40.3 | All physician assistants/nurse practitioners have either a supervisory or collaboration agreement with the supervising/collaborating physician. |  |  |  |
| J41.1 | A physician, physician’s assistant or nurse practitioner is scheduled at all times during patient care hours. |  |  |  |
| J41.2 | The physician assistant/nurse practitioner is scheduled to see clinic patients at least 50% of the patient care hours. |  |  |  |
| J42.1 | The clinic’s schedule reflects appropriate staffing levels. |  |  |  |

**Staffing and Staff Responsibilities**

**Medical Director Responsibilities**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Five**

Date: **Date of Mock Inspection**

J45: Physician responsibilities:

J46: The physician provides medical direction for the clinic’s health care activities and consultation for, and medical supervision of the health care staff.

J47: The physician participates in developing, executing, and periodically reviewing the clinic’s written policies and the services provided to Federal program patients.

J48: The physician periodically reviews the clinic’s patient records, provides medical orders, and provides medical care services to the patients of the clinic.

J49: A physician is present for sufficient periods of time at least once every 2-week period (except in extraordinary circumstances), to provide medical direction, medical care services, consultation, and supervision, and is available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are documented in the records of the clinic.

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| --- | --- | --- | --- | --- |
| **MEDICAL DIRECTOR RESPONSIBILITIES** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J47.1 | A physician participated in the development and review of the clinic’s policies. |  |  |  |
| J47.2 | The physician’s participation is documented. |  |  |  |
| J48.1 | The physician has reviewed 10 DOS of each nurse practitioner at least quarterly. |  |  |  |
| J48.2 | The review is documented and shared with the nurse practitioner. |  |  |  |
| J48.3 | The documentation is kept separate from the medical record with the clinic’s QAPI records. |  |  |  |
| J49.1 | Physician meets state requirements for time spent on site. |  |  |  |
| J49.2 | The physician is scheduled to see patients while at the clinic. |  |  |  |
| J49.3 | The physician reviews the documented care of the Mid-level practitioner. |  |  |  |

**Staffing and Staff Responsibilities**

**Physician’s Assistant and Nurse Practitioner Responsibilities**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Five**

Date: **Date of Mock Inspection**

J51: The physician’s assistant and the nurse practitioner members of the clinic’s staff: (i) participated in the development execution and periodic review of the written policies governing the services the clinic furnishes; (ii) provide services in accordance with those policies; (iii)arrange for, or refer patients to needed services that cannot be provided at the clinic; (iv) assure that adequate patient health records are maintained and transferred as required when patients are referred ; and (v) participates with a physician in a periodic review of patient’s health records.

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| --- | --- | --- | --- | --- |
| **PHYSICIAN’S ASSISTANT AND NURSE PRACTITIONER RESPONSIBILITIES** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J51.1 | A physician’s assistant or nurse practitioner participated in the development and review of the clinic’s policies. |  |  | Please sign off on each of these. |
| J51.2 | The physician assistant/nurse practitioner’s participation is documented. |  |  |
| J51.3 | The physician assistant/nurse practitioner participated with the physician in the medical record review. If the review didn’t happen jointly, the physician’s findings were shared with the physician assistant/nurse practitioner. |  |  |  |

**Provision of Services**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Six**

Date: **Date of Mock Inspection**

J53: Basic requirements. The clinic is primarily engaged in providing outpatient health services.

J55: The clinic’s health care services are furnished in accordance with appropriate written policies

J56: The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician’s assistants or nurse practitioners. At least one member of the group is not a member of the clinic’s staff.

J57: The policies include (i) a description of the services the clinic furnishes directly and those furnished through agreement or arrangement (ii) guidelines for the medical management of the health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic; and (iii) rules for the storage, handling and administration of drugs and biologicals.

J58: These policies are reviewed at least annually by the group of professional personnel.

J60: The clinic staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician’s office or at the entry point into the healthcare delivery system. These include medical history physical examination, assessment of health status, and treatment for a variety of medical conditions.

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| **PROVISION OF SERVICES** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J55.1 | Written policies are consistent with clinic operations. |  |  |  |
| J56.1 | The Advisory Group has met within the past 12 months to review the clinic’s policies. |  |  |  |
| J56.2 | The Group includes a community representative. |  |  |  |
| J57 | The policies include medical guidelines and program evaluation/QAPI. |  |  |  |
| J60 | Clinic policy identifies all the services that are performed onsite through the clinic by clinic providers and personnel either as employees or as contract services. |  |  |  |

**Provision of Services**

**Laboratory and Emergency Services**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Six**

Date: **Date of Mock Inspection**

J61: Laboratory: The clinic provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including (i) chemical examinations of urine by stick or tablet methods or both (including urine ketones); (ii) hemoglobin or hematocrit; (iii) blood sugar; (iv) examination of stool specimens for occult blood; (v) pregnancy test; and (vi) primary culturing for transmittal to a certified laboratory.

J62: Emergency. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness, and has available the drugs and biological commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, and emetics, serums and toxoids.

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| **LABORATORY AND EMERGENCY SERVICES** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J61.1 | External controls are performed on all CLIA waived tests, if applicable. |  |  |  |
| J61.2 | External control results are logged. |  |  |  |
| J61. 3 | The clinic has the equipment and supplies to perform hemoglobin or hematocrits. |  |  |  |
| J61.4 | Lab supplies and reagents are inventoried monthly. Expired supplies are disposed of via the bio-hazard receptacle. |  |  |  |
| J61.5 | The clinic has the ability to perform: |  |  |  |
|  | Urinalysis |  |  |  |
|  | Blood Glucose |  |  |  |
|  | Hemoglobin or Hematocrit |  |  |  |
|  | Occult Stool |  |  |  |
|  | Pregnancy |  |  |  |
|  | Primary Culturing |  |  |  |
| J61.6 | Lab work surface is clearly marked as “Non-Sterile” or “Sterile”. |  |  |  |
| J61.7 | The clinic has a process for tracking labs that are referred out. |  |  |  |
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|  |  |  |  |  |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J62.1 | The clinic has emergency drugs for each of the following drug classifications: |  |  |  |
|  | Analgesics |  |  |  |
|  | Anesthetics (local) |  |  |  |
|  | Antibiotics |  |  |  |
|  | Anticonvulsants |  |  |  |
|  | Antidotes |  |  |  |
|  | Emetic |  |  |  |
|  | Serums |  |  |  |
|  | Toxoids |  |  |  |
| J62.2 | All clinical staff have current BLS certifications on file. |  |  |  |
| J62.3 | If patients are allowed into the clinic prior to a provider being on the premises, clerical staff have current BLS certification on file. |  |  |  |
| J62.4 | Clinic has a spill kit – all staff is aware of its location. |  |  |  |

**Patient Health Records**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Seven**

Date: **Date of Mock Inspection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PATIENT HEALTH RECORDS** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J69 | The medical policies clearly state who is ultimately accountable for the medical records. |  |  |  |
| J70 | For each patient receiving health care services the clinic maintains a record that includes, as applicable: |  |  |  |
|  | 1. Identification of social data, evidence of consent forms, pertinent medical history, assessment of health status and health care needs of the patient, and a summary of the episode, disposition, and instructions to the patient; |  |  | REMEMBER: Consent to Treat and HIPAA must be updated annually. |
|  | 1. Reports of physical examinations, diagnostic and laboratory test results and consultative findings; |  |  |  |
|  | 1. All physician’s orders, reports of treatments and medications and other pertinent information necessary to monitor the patient’s progress; |  |  |  |
|  | 1. Signatures of the physician or other health care professional. |  |  |  |
| J71 | The clinic has a confidentiality policy and policies that governs the storage and handling of PHI. |  |  |  |
| J72.1 | The clinic has a patient authorization for release policy. |  |  |  |
| J73.2 | The clinic has all appropriate HIPAA policies related to release of information to: |  |  |  |
|  | 1. Government entities |  |  |  |
|  | 1. Law Enforcement |  |  |  |
|  | 1. Friends and family |  |  |  |
|  | 1. Other providers involved in treatment via facsimile |  |  |  |
|  | 1. When transporting records from one facility to another |  |  |  |
| J74 | The clinic has a patient authorization for release policy. |  |  |  |
| J75 | The clinic’s policy is consistent with state law as pertains to the retention of records. |  |  |  |

**Program Evaluation**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Eight**

Date: **Date of Mock Inspection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROGRAM EVALUATION** | | | | |
| **JTag** | **Compliance Item Reviewed** | **Pass** | **To Do** | **Comments** |
| J77 | A program evaluation was completed within 12 months. |  |  |  |
| J79 | A review of the clinic’s utilization of services has been performed in the past 12 months that includes: |  |  |  |
| J80.1 | The clinic’s documentation meets the compliance requirements as outlined in J70. |  |  |  |
|  | 1. Identification and social data |  |  |  |
|  | 1. Evidence of consent forms |  |  |  |
|  | 1. Pertinent medical history |  |  |  |
|  | 1. Assessment of health status and patient needs |  |  |  |
|  | 1. Summary of the episode, disposition, and instructions to the patient |  |  |  |
|  | 1. Reports of physical examinations, diagnostic and laboratory test results, and findings |  |  |  |
|  | 1. All physician’s orders, reports of treatments and medications and other pertinent information necessary to monitor the patient’s progress |  |  |  |
|  | 1. Signatures of the physician or others |  |  |  |
| J80.2 | A summary of the findings has been presented to the Advisory Group within the past 12 months with recommendations for consideration and approval. |  |  |  |
| J81.1 | The clinic’s policies have been reviewed by the clinic’s staff and changes have been made as appropriate. |  |  |  |
| J81.2 | The policies and recommended changes have been presented to the Advisory Group within the past 12 months for consideration and approval. |  |  |  |
| J83 | The Advisory Group has reviewed this and found utilization to be appropriate. |  |  |  |
| J84 | The Advisory Group has reviewed this and found that policies were followed. |  |  |  |
| J85 | Based on the review of utilization of services and clinic policies, changes were made, if applicable. |  |  |  |
| J86 | Corrective action was taken, if applicable. |  |  |  |

**Emergency Preparedness**

Clinic Name: **NAME OF CLINIC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Nine**

Date: **Date of Mock Inspection**

**Emergency Preparedness**

This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. Despite some variations, our regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

<https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

In 87% of organizations with an Emergency Preparedness Plan have activated it one or more times in the last five years. Active Shooter is not a Black Swan. Healthcare facilities should plan and train for an active shooter event.

The Kaiser Risk Assessment Tool has been updated. There is a 2014 version and a 2017 version that accounts for actions and training to mitigate the vulnerability to the risk. RHCs in most cases should use the 2014 version.

Healthcare Business Specialists has a web page devoted to Emergency Preparedness and RHCs. Here is the link and some sample information:

<http://www.ruralhealthclinic.com/emergency-preparedness>

**Self Assessment:** Where do you stand on being ready for Emergency Preparedness? Take this self-assessment form to determine your readiness for compliance.

[Self Test for Emergency Preparedness.](http://www.aapcho.org/wp/wp-content/uploads/2017/10/Connect-Consulting-Services-CMS-Readiness-Self-Assessment-FQHC.pdf)

**CFR and Regulatory Citations:** Emergency Preparedness and related regulations

[CFR publication of the Emergency Preparation Regulations (September 16, 2016, 186 page PDF)](https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf)

[The Stafford Act requiring Mitigation Plans for States and local governments (181 page PDF)](https://www.fema.gov/media-library-data/1490360363533-a531e65a3e1e63b8b2cfb7d3da7a785c/Stafford_ActselectHSA2016.pdf)

**Definitions, Resources, Interpretative Guidelines:**The language of Emergency Preparedness is very specific. CMS has provided definitions of the terms used when discussing Emergency Planning for healthcare providers. We provide the link to the definitions below:

[CMS Definitions of terms used in Emergency Preparedness](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/FAQ-Round-Four-Definitions.pdf)

[CMS Resources at your Fingertips by ASPR Tracie (16 page PDF with a list of resources)](https://asprtracie.s3.amazonaws.com/documents/cms-ep-rule-resources-at-your-fingertips.pdf)

[CMS Interpretative Guidelines - Appendix Z released June 8, 2017](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf)

[CMS Surveyor's Citations for RHCs only (ETags) Excel](http://www.ruralhealthclinic.com/s/2017-Emergency-Preparedness-Surveyor-Tool-EP-Tags-Just-RHCs-PDFpdf.xlsx)

HBS has provided some sample Emergency Preparedness policies and procedures for RHCs:

[Emergency Preparedness Sample Policies and Procedures for RHCs](https://www.dropbox.com/s/vztqev924iob4a6/2017%2BEmergency%2BPreparedness%2BPolicy%2Band%2BProcedure%2B%28Word%29%20V2.0.docx?dl=0)

**Interpretative Guidelines E Tags**

“These Conditions of Participation (CoP), Conditions for Coverage (CfC), Conditions for Certification and Requirements follow the standard survey protocols currently in place for each facility type and **will be assessed during initial, revalidation, recertification and complaint surveys as appropriate.** Compliance with the Emergency Preparedness requirements will be determined in conjunction with **the existing survey process** for health and safety compliance surveys or Life Safety Code (LSC) surveys for each provider and supplier type.”

CMS has identified 44 E tags related to Emergency Preparedness. There are 20 E Tags related to Rural Health Clinics and are as follows:

1. 0001 Establishment of Emergency Preparedness
2. 0004 Develop and Maintain EP Program
3. 0006 Maintain and Annual EP Updates
4. 0007 EP Program Patient Population
5. 0009 Process for EP Collaboration
6. 0013 Development of EP Policies and Procedures
7. 0020 Policies and Procedures including Evacuation
8. 0022 Policies and Procedures for Sheltering
9. 0023 Policies and Procedures for Medical Docs.
10. 0024 Policies and Procedures for Volunteers
11. 0029 Development of Communication Plan
12. 0030 Names and Contact Information
13. 0031 Emergency Officials Contact Information
14. 0032 Primary/Alternate Means for Communication
15. 0033 Methods for Sharing Information
16. 0034 Sharing Information on Occupancy/Needs
17. 0036 Emergency Prep Training and Testing
18. 0037 Emergency Prep Training Program
19. 0039 Emergency Prep Testing Requirements
20. 0042 Integrated Health Systems