

RURAL HEALTH CLINIC

VIRTUAL PROGRAM EVALUATION AND MOCK INSPECTION REPORT



Please Review our RHC Conversion Guide: Section 2

<https://tinyurl.com/u88v54w>

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Program Evaluation, Mock Inspection, and Supporting Documents

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Virtual Program Evaluation & Mock Inspection Instructions

Due to COVID-19 processes that normally are done with an onsite visit are being performed virtually (ie Telehealth visits) through the duration of the Public Health Emergency (PHE). RHC Consultants face the same challenge of how to relay the information you need to pass the RHC inspection without our normal onsite presence. We conducted the virtual mock inspection on April 24, 2020 and have provided the following information to help you prepare for the state, AAAASF, or TCT inspection. We will describe what we provided and what you should do with this information as you ready your clinic for the inspection. If you need to find additional information about the certification process for a rural health clinic you can find it at the following locations:

- <https://www.ruralhealthclinic.com/client-questionnaires>
- <https://www.ruralhealthclinic.com/certification-materials>
- Facebook Group: <https://www.facebook.com/groups/1503414633296362/>

Program Evaluation

Please have each of the individuals listed on the signature page 3 sign the report after reviewing the Program Evaluation. Since you are not an RHC already this report is an example of what will be performed every

Once the Program Evaluation is signed and reviewed, place in Tab 25 of the Evidence Binder for review by the inspector and make a copy of the signed report and include in a folder to give to the state inspector.

Mock Inspection

The next document is the Mock Inspection Report prepared by Healthcare Business Specialists for the RHC to conduct the Mock Inspection. We went over this process during the hour and 1/2 webinar on Mock Inspections and the recording of the webinar can be viewed here after you sign in:

<https://attendee.gotowebinar.com/recording/3824062265447128065>

Once you have reviewed the mock inspection video again, please use our mock inspection report to ensure your clinic is ready for the state survey by going through the Mock Inspection report page by page.



TCT Mock Inspection

If the clinic is being inspected by The Compliance Team, we have their mock inspection report here. It is more extensive than the HBS Mock inspection which is designed to provide only the requirements of CMS to become a rural health clinic, while the TCT

Mock Inspection report has additional requirements in addition to the requirements from CMS. If the clinic is being inspected by TCT, please use this form for your Mock Inspection Report.

RHC Conversion Guide

The RHC Conversion Guide is a Google Doc (<https://tinyurl.com/u88v54w>) that guides RHCs through the RHC Conversion Process. RHCs should look closely at Phase 2 of the document and concentrate on the 9 pages of information prepping an RHC for the state inspection. There are an number of links to documents that RHCs should review and produce for the RHC onsite inspection.

Mock Inspection Presentation

On April 24th the virtual mock inspection was conducted and the presentation was is provided here for your reference. The recording of the session can be found here: <https://attendee.gotowebinar.com/recording/3824062265447128065>

Evidence Binder

The most important aspect of passing the RHC inspection is to have an Evidence Binder to present to the inspector when the RHC inspection begins. We provided a Table of Contents and if you will accumulate the information before the inspection that will make the inspection go much, much smoother. Your Evidence Binder should be maintained in a Notebook and continually updated. In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them. This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.

- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)



RHC Certification Assignment of Duties

About two months before the RHC state inspection, you should start acting like an RHC. Many of the things that you already do while you provide excellent care to your patients will have to be documented. This step of the process is to identify who needs to do what and how it will be performed and documented. To help with this process we have prepared a document that lists what should be done by position and we have provided some sample forms to help document what is being done.

- [ToDo List by Position and Forms to document compliance](#)

Begin by assigning duties from this list to the positions listed and select forms to help document compliance.

RHC Forms to Document Compliance

HBS has provided a number of forms to help the RHC document compliance with RHC rules. We have included a number of forms to help you document compliance. Please select the forms that you need to implement and start as soon as possible.

When you are Ready for the RHC Inspection

Most states require you to write a letter indicating that you are ready for the RHC inspection. Before you write that letter (or ask us to), we want to go over what you have done to prepare for the inspection by having a follow-up webinar. It will be about 45 minutes and we basically touch base with you on the major items that need to be taken care of ensure compliance with the RHC rules. Thank you for what you are doing. We appreciate you for working on the front lines of this war against COVID-19 and apologize for having to go this virtual route until the pandemic is over.

HEALTHCARE BUSINESS SPECIALISTS

RURAL HEALTH CLINIC PROGRAM EVALUATION DATE

NAME OF CLINIC

CITY, STATE



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INTRODUCTION TO THE ANNUAL EVALUATION

GOALS AND OBJECTIVES

The goals and objectives of the annual evaluation process are to fulfill the obligation outlined in the Current Federal Register (42 CFR 491.11) and (Appendix G) Interpretative Guidelines of rural health clinic regulations related to program evaluation. The purpose of the evaluation is to determine whether:

1. the utilization of services was appropriate;
2. the established policies were followed; and
3. any changes are needed.

The regulations related to Program evaluation are outlined in Condition VIII of the Interpretative guidelines as follows:

An evaluation of a clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least annually. This evaluation may be done by the clinic, the group of professional personnel required under 42 CFR 491.9(b)(2), or through arrangement with other appropriate professionals. The surveyor clarifies for the clinic that the State survey does not constitute any part of this program evaluation.

The total evaluation does not have to be done all at once or by the same individuals. It is acceptable to do parts of it throughout the year, and it is not necessary to have all parts of the evaluation done by the same personnel. However, if the evaluation is not done all at once, no more than a year should elapse between evaluating the same parts. For example, a clinic may have its organization, administration, and personnel and fiscal policies evaluated by a health care administrator(s) at the end of each fiscal year; and its utilization of clinic services, clinic records, and health care policies evaluated 6 months later by a group of health care professionals.

If the facility has been in operation for at least a year at the time of the initial survey and has not had an evaluation of its total program, report this as a deficiency. It is incorrect to consider this requirement as not applicable (N/A) in this case.

A facility operating less than a year or in the start-up phase may not have done a program evaluation. However, the clinic should have a written plan that specifies who is to do the evaluation, when and how it is to be done, and what will be covered in the evaluation. What will be covered should be consistent with the requirements of 42 CFR 491.11. Record this information under the explanatory statements on the SRF.

Review dated reports of recent program evaluations to verify that such items are included in these evaluations. When corrective action has been recommended to the clinic, verify that such action has been taken or that there is sufficient evidence indicating the clinic has initiated corrective action.

This annual evaluation report is prepared to evaluate the services and the effectiveness of the rural health clinic program offered by Name of Clinic in City, State. In particular, the CFR cites the following regulations which this annual evaluation process fulfills:

Code J77 - The clinic carries out, or arranges for, an annual evaluation of its total program.

Code I78 - The evaluation includes review of:

1. the utilization of clinic services, including at least the number of patients served and the volume of services;
2. a representative sample of both active and closed clinical records; and
3. the clinic's health care policies.

Code J86 - The clinic staff considers the findings of the evaluation and takes corrective action if necessary.

Additionally, the interpretive guidelines stipulate that the group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies. This report and process which is prepared by personnel not employed by the clinic is the product of the annual evaluation process.

The interpretive guidelines for rural health clinics further clarify what is required in an annual evaluation. [Section VIII - PROGRAM EVALUATION (42 CFR 481.11)] An evaluation of a clinic's total operation including the overall organization, administration, and policies and procedures covering personnel, fiscal and patient care areas is to be done at least annually. This evaluation may be done by the clinic, the group of professional personnel required under section 481.9(b) (2), or through arrangements with other appropriate professionals.

The interpretive guidelines stipulate that the group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies.

In consideration of the above regulations an annual evaluation committee was formed to evaluate the total rural health clinic program. This report reflects the proposed format of the annual evaluation reports that will be due biennially in the future. As this time the clinic has only been open for a few months, so no annual evaluation is required at this time, but this report serves as a template for future annual evaluations.

The annual evaluation committee for the clinic will be composed of the following personnel:

<u>Name</u>	<u>Title</u>	<u>Date</u>	<u>Signature</u>
	Medical Director		
	Nurse Practitioner		
	Office Manager		
	Community Member		

CHANGES TO THE RHC PROGRAM - FALL, 2019

The Omnibus Burden Reduction (Conditions of Participation) Final Rule was finalized on September 30, 2019 and it relieves RHCs of some of the administrative burdens of the RHC status. We have webinars on October 2, 2019 and October 15, 2019 on the changes to the RHC program in the last year from a compliance standpoint.

- [Omnibus Regulatory Burden Reduction, Appendix G, Appendix Z, and TennCare Moratorium lifted Webinar Slides on October 3, 2019](#)
- [Omnibus Regulatory Burden Reduction Regulation issued September 30, 2019 and Effective November 29, 2019](#)
- [Biennial Program Evaluation Policy Updated on October 1, 2019](#)
- [Signage Required to be placed in the Lobby for RHCs](#)
- [Emergency Preparedness Infectious Disease Policy](#)
- [Emergency Preparedness Infection Disease Transfer Form](#)
- [Appendix G Update on September 3, 2019 regarding medications available for first response to an emergency](#)
- [Appendix Z Update on February 1, 2019 adding an Infectious Disease Policy and adding infectious disease to all hazards risk assessment](#)
- [Emergency Preparedness Policy and Procedure Manual Template Updated with Omnibus Burden Reduction Update, October, 2019](#)
- [Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019](#)
- [Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019 \(Word Format\)](#)

Source: <http://www.ruralhealthclinic.com/certification-materials>

CMS RELAXES POLICY ON EMERGENCY DRUGS

CMS is significantly altering their guidance policy regarding emergency drugs and biologicals required in Rural Health Clinics. This change is effective immediately.

Previously, RHCs were required to stock drugs and biologicals from each of the following categories: 1-Analgesics; 2-Local Anesthetics; 3-Antibiotics; 4-Anticonvulsants; and 5-Antidotes, emetics, serums & toxoids. However, as of September 3rd, 2019, RHCs will only be required to consider each category when they craft their written policies. This means that RHCs will not be required to stock snake antidote, emetics, or anticonvulsants! Here is the key line from the new policy:

While each category of drugs and biologicals must be considered, all are not required to be stored...

We will still be required to store drugs and biologicals for emergencies, but now, CMS is allowing us to determine which drugs and biologicals are most appropriate for our communities:

...when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, the RHC should consider, among other things, the community history, the medical history of its patients and accepted standards of practice. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination.

In January 2018 a revision to the State Operations Manual Appendix G was released implying that all RHCs needed to buy costly snake anti-venom and this guideline provides relief from this requirement. CMS will continue to observe patient visits on their surveys so it is important that providers be aware that they will be observed and as always practice proper hand washing technique. We have included a Policy and Procedure to address the changes in the Emergency Kit requirements and recommend discontinuing the Banyan kit agreement which is expensive and unnecessary for RHC compliance.

INFECTIOUS DISEASE POLICY FOR EMERGENCY PREPAREDNESS

The Centers for Medicare & Medicaid Services (CMS) has made two changes to its Emergency Preparedness Appendix Z. The first change is adding “emerging infectious diseases” to the current definition of all-hazards approach.

“In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters,” the document states. “This addition should be added to your Hazard Vulnerability Assessment (HVA) process.” The other change did not affect rural health clinics as it related to generators

Background

The Emergency Preparedness Final Rule (81 Fed. Reg. 63860, September 16, 2016) sets out requirements for all providers and suppliers in regards to planning, preparing and training for emergency situations. The rule includes requirements for emergency plans, policies and procedures, communications and staff training. While there are minor variations based on the specific provider type, the rule is applicable to all providers and suppliers. The emergency preparedness requirement is a Condition of Participation/Condition for Coverage which covers the requirement for facilities to have an emergency preparedness program.

Discussion

CMS is adding “emerging infectious diseases” to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters. If the infectious disease policy has not been implemented at the clinic yet (many RHCs have already implemented the policy), we have included a sample policy for the clinic to implement and it should be considered in the annual all hazards risk assessment.

UTILIZATION AND SERVICES

The primary services of the rural health clinic are physician and nurse practitioner services provided by the physician(s), physician assistant(s), and nurse practitioner(s) under the direction of the medical director. Typical services include the following:

1. Office visits of a diagnostic nature
2. Laboratory services
3. Other diagnostic testing

The volume of patients is as follows:

<u>Description</u>	<u>FTEs</u>	<u>Minimum Productivity Standard</u>
Physician(s)	1.00	4,200
Physician Assistant(s)	0.00	0
Nurse Practitioner(s)	<u>1.00</u>	<u>2,100</u>
Totals	<u>2.00</u>	<u>6,300</u>

ACTIVE & CLOSED MEDICAL CHARTS

The purpose of the review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC, it is expected that the RHC will arrange for an outside MD/DO to review the selected sample of records of RHC patients cared for by the RHC's MD/DO. The evaluation of whether the RHC's patient care policies were followed may be conducted by an MD/DO, a non-physician practitioner, an RN, or other personnel who meet the RHC's qualifications criteria. The evaluation findings must be documented in a summary report, and must include recommendations, if any, for corrective actions to address problems identified in the evaluation findings. The evaluation findings must be documented in a summary report, and must include recommendations, if any, for corrective actions to address problems identified in the evaluation.

The evaluation must also include a review of a representative sample of both active and closed clinical records of RHC patients. The sample must also include at least 5 percent of the RHC's current patients or 50 records, whichever is less.

The purpose of our evaluation of medical records was to determine if the clinic meet guidance provided by CMS on the quality assurance program in the RHC as it relates to medical records. We used guidance provided in the revised Interpretive Guidelines for RHC inspections (Appendix G) released in January 2018 to evaluate the compliance of the clinic regarding reviews of medical records.

The following questions are asked to determine compliance with Medical Records reviews by the RHC. We recommend that the clinic review the new interpretive guidelines closely to further determine actions to stay in compliance with the new guidance.

The patient health records regulations (42 CFR 491.10) and interpretative guidelines as related to the patient records system. The clinic is to maintain patient health records in accordance with its written policies and procedures. These records are the responsibility of a designated member of the clinic's professional staff and should be maintained for each person receiving health care services. All records should be kept at the clinic site so that they are available when patients may need unscheduled medical care.

The clinic must protect medical records. The clinic must ensure the confidentiality of the patient's health records and provide safeguards against loss, destruction, or unauthorized use of record information. Ascertain that information regarding the use and removal of records from the clinic and the conditions for release of record information is in the clinic's written policies and procedures. The patient's written consent is necessary before any information not authorized by law may be released. The clinic's retention of records policy reflects the necessity of retaining records at least 6 years from the last entry date or longer if required by State statute.

The medical records were in very good order. The practice uses a high-end electronic health record system.

Survey Procedures §491.10(b)

- √ Verify that only authorized persons are permitted access to clinical records.
- √ Observe the RHC's security practices for patient records. Are paper clinical records left unsecured or unattended? Are patient records unsecured or unattended in hallways, patient rooms, or on counters where an unauthorized person could gain access to patient records?
- √ Verify that precautions are taken to prevent physical or electronic altering, damaging or deletion/destruction of patient records or information in patient records.
- √ Verify that the RHC has policies and procedures governing disclosure of clinical record information, including when the patient's written consent is required.

REVIEW OF POLICIES

The patient care policies requirements require that the clinic review the policies and ascertain who developed them. Where changes in clinic personnel and/or clinic administration make it impossible or not relevant to ascertain who developed the policies, it is necessary to ascertain that the current physician member(s) and the nurse practitioner, certified nurse-midwife, and/or physician assistant member(s) of the staff have an in-depth knowledge of the policies and have had the opportunity to discuss them, adopt them as is, or make any agreed- to written changes in them. If a clinic's organizational structure includes a governing body, ascertain whether the governing body has ultimate authority in approving the patient care policies and, if so, when such approval was last given. While clinics frequently seek the participation of other health care professionals in developing patient care policies (particularly the written guidelines for the medical management of health problems) the term "a group of professional personnel" is not restricted to health care professionals. In some cases, the clinic will have involved health care professional's representatives to a hospital with which the clinic has an agreement for patient referral. In any event, one member of the group of three or more may not be a member of the clinic's staff, and professions which are not directly related to health care delivery (attorneys, community planners, etc.) are potentially useful.

The requirements concerning written policies address four areas:

Description of Services. – A description of the services the clinic furnishes directly and those furnished through agreement or arrangement. The services furnished by the clinic should be described in a manner that informs potential patients of the types of health care available at the clinic, as well as setting the parameters of the scope of what services are furnished through referral. Such statements as the following sufficiently describe services: Taking complete medical histories, performing complete physical examinations, assessments of health status, routine lab tests, diagnosis and treatment for common acute and chronic health problems and medical conditions, immunization programs, family planning, complete dental care, emergency medical care. Statements such as "complete management of common acute and chronic health problems" standing alone, do not sufficiently describe services.

Additional services, furnished through referral, are sufficiently described in such statements as: Arrangements have been made with X hospital for clinic patients to receive the following services if required: specialized diagnostic and laboratory testing, specialized therapy, inpatient hospital care, physician services, outpatient and

emergency care when clinic is not operating, referral for medical cause when clinic is operating.

Guidelines for Medical Management. – The clinic's written guidelines for the medical management of health problems include a description of the scope of medical acts which may be undertaken by the physician assistant, certified nurse-midwife, and/or nurse practitioner. They represent an agreement between the physician providing the clinic's medical direction and the clinic's physician assistant, certified nurse-midwife, and/or nurse practitioner on the privileges and limits of those acts of medical diagnosis and treatment which may be undertaken without direct, over the shoulder physician supervision. They describe the regimens to be followed and stipulate the conditions in the illness or health care management at which consultation or referral is required.

Acceptable guidelines may follow various formats. Some guidelines are collections of general protocols, arranged by presenting symptoms; some are statements of medical directives arranged by the various systems of the body (such as disorders of the gastrointestinal system); some are standing orders covering major categories such as health maintenance, chronic health problems, common acute self-limiting health problems, and medical emergencies.

The way these guidelines describe the criteria for diagnosing and treating health conditions may also vary. Some guidelines will incorporate clinical assessment systems that include branching logic. Others may be in a more narrative format with major sections covering specific medical conditions in which such topics as the following are discussed: The definition of the condition, its etiology, its clinical features, recommended laboratory studies, differential diagnosis, treatment procedures, complications, consultation/referral required, and follow-up.

Even though approaches to describing guidelines may vary, acceptable guidelines for the medical management of health problems must include the following essential elements. They:

- Are comprehensive enough to cover most health problems that patients usually see a physician about;

- Describe the medical procedures available to the nurse practitioner, certified nurse midwife, and/or physician assistant;

- Describe the medical conditions, signs, or developments that require consultation or referral; and are compatible with applicable State laws.

Several patient care guidelines have been published by members of the medical profession. Should a clinic choose to adopt such guidelines (or adopt them essentially with noted modifications), this would be acceptable if the guidelines include the essential elements described above.

Drugs and Biologicals. – Written policies cover at least the following elements:

Requirements dealing with the storage of drugs and biologicals in original manufacturer's containers to assure that they maintain their proper labeling and packaging;

Requirements dealing with outdated, deteriorated, or adulterated drugs and biologicals being stored separately so that they are not mistakenly used in patient care prior to their disposal in compliance with applicable laws;

Requirements dealing with storage in a space that provides proper humidity, temperature, and light to maintain the quality of drugs and biologicals;

Requirements for a securely constructed locked compartment for storing drugs classified under Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970;

Requirements dealing with the maintenance of adequate records of receipt and distribution of controlled drugs that account for all drugs in Schedules II, III, IV, and V; with Schedule II drugs being accounted for separately;

Requirements that containers used to dispense drugs and biologicals to patients conform to the Poison Prevention Packaging Act of 1970;

Requirements dealing with the complete and legible labeling of containers used to dispense drugs and biologicals to patients;

Requirements concerning the availability of current drug references and antidote information; and

Requirements dealing with prescribing and dispensing drugs in compliance with applicable State laws.

Review of Policies. – The group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies which is conducted as a part of this annual review and evaluation of the rural health clinic program.

DIRECT SERVICES

Rural Health Clinics are required to provide the following direct services. The purpose of the Rural Health Clinic Services Act is primarily to make available outpatient or ambulatory care of the nature typically provided in a physician's office or outpatient clinic and the like. The regulations specify the services which must be made available by the clinic, including specified types of diagnostic examination, laboratory services, and emergency treatments.

The clinic's laboratory is to be treated as a physician's office for the purpose of licensure and meeting health and safety standards. The listed laboratory services are considered essential for the immediate diagnosis and treatment of the patient. To the extent they can be provided under State and local law, the nine services listed in J61, HCFA-30, are considered the minimum the clinic should make available through use of its own resources.

If any of these laboratory services cannot be provided at the clinic under State or local law, that laboratory service is not required for certification.

Some clinics are not able to furnish the six services, even though they may be allowed to do so under State and local law, without involving an arrangement with a Medicare approved laboratory.

Those clinics unable to furnish all six services directly when allowed to by State and local law should be given deficiencies. Such deficiencies should not be considered sufficiently significant to warrant termination if the clinic has an agreement or arrangement with an approved laboratory to furnish the basic laboratory service it does not furnish directly, especially if the clinic is trying to meet this requirement.

Typical RHC Services

<p>Laboratory Services:</p> <ul style="list-style-type: none"> Blood glucose Hemocult In-house CBC Pregnancy testing Quick mono Quick strep Urinalysis Wet prep 	<p>Evaluations:</p> <ul style="list-style-type: none"> 12 lead EKG Holter monitor (24 hours) Pulse oximetry Spirometry Temperature measurement X-rays
<p>Examinations:</p> <ul style="list-style-type: none"> Cervical & uterine cancer screening DOT physicals EPSDT physicals Geriatric care Men's health (including prostate exam) Pediatric/newborn care Women's health (excluding obstetrics) Work & school physicals 	<p>Injections:</p> <ul style="list-style-type: none"> Allergy shots Flu vaccine Pneumonia vaccine Subcutaneous & intramuscular TB skin test Tetanus diphtheria toxoid
<p>Procedures:</p> <ul style="list-style-type: none"> Foreign bodies in the ear In house minor surgeries Irrigating the external auditory canal Splinting Suturing (simple lacerations) Tick removal Venipuncture Wound Care 	<p>Treatments:</p> <ul style="list-style-type: none"> Oxygen administration Nebulizer therapy

CONCLUSION

The annual evaluation committee will evaluate the services of Name of Clinic in City, State and conduct the annual evaluation with the following goals:

1. to determine if the utilization of services was appropriate;
2. if the established policies were followed; and
3. any changes are needed.

The following procedures will be evaluated to assist the evaluation committee in determining if the goals had been achieved:

- Information on utilization of services was gathered
- A review of the policies and procedures
- A walk through of the clinic to determine any compliance issues

Based upon the number of patients served and the potential market share, the rural health clinic is being productive and is benefiting the health care of patients in City, State and surrounding areas and is prepared for the Rural Health Clinic Certification Inspection when the minor items listed in the Mock Inspection Report are completed. A letter to the State should be sent to notify the state that the clinic is ready for the RHC inspection.

Mock Inspection





RURAL HEALTH CLINIC

NAME OF CLINIC

RHC MOCK INSPECTION REPORT

APRIL 24, 2020



Please Review our RHC Conversion Guide: Section 2

<https://tinyurl.com/u88v54w>

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INTRODUCTION

On April 24, 2020, Mark R. Lynn, CPA (inactive), CRHCP conducted a mock inspection for compliance with RHC regulations and preparedness for the licensure survey and as an integral part of the program evaluation required by the RHC Conditions of Participation.

We conducted a mock inspection of the rural health clinic, reviewed the RHC policy and procedure manual, and discussed preventive services with the clinic care coordinator. The results of the mock inspection are color-coded in the following 20-page checklist. Please take special notice of those items in Yellow and Red. Those items are currently out of compliance with RHC regulations and require some attention to pass the RHC inspection.

COLOR STATUS DESCRIPTION
NO COLOR – STATUS IS GOOD. ITEM HAS BEEN CORRECTED OR IS READY FOR SURVEY.
YELLOW – THE ITEM REQUIRES ATTENTION TO PASS THE SURVEY WITHOUT DEFICIENCIES: HOWEVER, IT WILL NOT RISE TO THE LEVEL OF A CONDITION LEVEL DEFICENCY.
RED – THE ITEM REQUIRES ATTENTION TO PASS THE SURVEY WITHOUT DEFICIENCIES AND WILL RISE TO THE LEVEL OF A CONDITION LEVEL DEFICENCY. ITEM SHOULD BE REVIEWED CLOSELY.

We have formed a Facebook group to share information and ask questions regarding RHCs. This site will include links to documents and current (daily) updates regarding RHCs, Medicare, billing, and other important topics to RHC providers and personnel. **The Office Manager should join this group to keep apprised on changes to the RHC program, educational webinars, and seminars. Here is the link:**

RHC Information Exchange Group on Facebook
<https://www.facebook.com/groups/1503414633296362/>

"A place to share and find information on RHCs."



Changes to the RHC Program

The Omnibus Burden Reduction (Conditions of Participation) Final Rule was finalized on September 30, 2019 (effective November 29, 2019) and it relieves RHCs of some of the administrative burdens of the RHC status. In addition, there were a number of changes to the RHC program from other sources during 2019 which we have summarized in a presentation and links below. This information may be obtained from our website at (<http://www.ruralhealthclinic.com/certification-materials>).

- [Omnibus Regulatory Burden Reduction, Appendix G, Appendix Z, and TennCare Moratorium lifted Webinar Slides on October 3, 2019](#)
- [Omnibus Regulatory Burden Reduction Regulation issued September 30, 2019 and Effective November 29, 2019](#)
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- [Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019](#)
- [Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019 \(Word Format\)](#)



RuralHealthClinic.com
Experienced Knowledge

RURAL HEALTH CLINIC INFORMATION RESOURCES

We also would like to inform you of our educational resources including our Facebook Group, website, webinars, YouTube channel and seminars on RHCs. We highly recommend joining our Facebook Group as we use this to notify the 850 members about our free webinars and educational offerings by other consultants or the NARHC.

- Facebook Group (<https://www.facebook.com/groups/1503414633296362/>)
- Our website which is <http://www.ruralhealthclinic.com/>
- Youtube: https://www.youtube.com/channel/UCXW4pkwNzDXVTMFrFwMy2_A
- Certification Resources: <http://www.ruralhealthclinic.com/certification-materials>
- Emergency Preparedness for RHCs: <http://www.ruralhealthclinic.com/emergency-preparedness>
- RHC Billing: <http://www.ruralhealthclinic.com/rhc-billing/>
- [Technical Assistance Resources for RHCs from NOSORH](#)
- National Association of RHCs: <https://narhc.org/>
- AAAASF: <https://www.aaaaf.org/>
- The Compliance Team: <https://thecomplianceteam.org/>



PREPARING FOR THE RHC STATE INSPECTION WEBINAR AND MATERIALS

On December 13, 2018 Healthcare Business Specialists presented a webinar on preparing for the state/AAAASF/TCT inspections to become a rural health clinic and re-inspections conducted by the state, AAAASF, and TCT. Here is the recording of the webinar and the PDF of the presentation:

[Webinar Recording on RHC State Inspections](#)

- [Powerpoint Presentation \(PDF\)](#)
- [Powerpoint Presentation by Kate Hill on RHC Certification](#)
- [Powerpoint Presentation by Elsie Crawford on RHC Certification](#)

RHC SURVEY PREPARATION STEPS AND RESOURCES

As you prepare for the RHC inspection here are some resources to help you comply with the nine conditions of participation to become a rural health clinic. It is important to start acting as if you are a rural health clinic before the inspection. We have provided some resources for you to review and start working on before the Mock Inspection occurs. The Mock Inspection is designed to be educational and instructional and will elaborate on the processes and procedures that the State Inspectors, AAAASF, and The Compliance Team will expect to be in place by the time of the Certification inspection. Please click on the links below to view the documents:

- [Assignments for Clinic Personnel including Forms to implement](#)
- [RHC Certification, Mock Inspection, and Evidence Binder Summary Information](#)
- [Agenda for RHC Mock Inspections \(2-page PDF\)](#)
- [RHC Mock Inspection Form, Evidence Binder, and Resources for the initial inspection \(32-page PDF\)](#)
- [Estimated Timeline for the RHC conversion process \(1-page PDF\)](#)
- [RHC Survey Steps based upon Interpretative Guidelines \(21-page PDF\)](#)
- [Emergency Preparedness Required Activity Checklist \(1-page PDF\)](#)



Compliance with Federal, State and Local Laws

Clinic Name: NAME OF CLINIC
 Rural Health Clinic Survey – Mock Inspection Form
Condition Level One
 Date: April 24, 2020

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.

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: April 24, 2020

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.

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	2) 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.	√		
	2) Determination of shortage of primary medical care.	√		
	3) Clinic is in a MUA that has been updated with the last 4 years.	√		
	4) 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: April 24, 2020

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.

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.	√		
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	√		
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: **April 24, 2020**

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.

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.	√		
J20.18	Closed trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets.	√		
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, etc) and the utilization of gloves.	√		
TCT	Clinic has an OSHA Spill Kit and Eye Wash faucet.	√		



Physical, Plant, and Environment Preventative Maintenance

Clinic Name: **NAME OF CLINIC**
 Rural Health Clinic Survey – Mock Inspection Form
Condition Level Three
 Date: **April 24, 2020**

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.

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.	√		
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: April 24, 2020

J23: Drugs and biologicals are appropriately stored.

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: **April 24, 2020**

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.

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.	√		
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: **April 24, 2020**

- 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.	√		

- Please place the signage we have prepared for you in the lobby that discloses ownership, medical director, and clinic operation.**



Staffing and Staff Responsibilities

Clinic Name: **NAME OF CLINIC**
 Rural Health Clinic Survey – Mock Inspection Form
Condition Level Five
 Date: **April 24, 2020**

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: **April 24, 2020**

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.

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 15 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: **April 24, 2020**

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.

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.	√		
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: **April 24, 2020**

- 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.

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: **April 24, 2020**

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.

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.	√		Logs for lab Tests.
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.	√		



JTag	Compliance Item Reviewed	Pass	To Do	Comments
J62.1	The clinic has emergency drugs for each of the following drug classifications:	√		The clinic
	Analgesics	√		Should include
	Anesthetics (local)	√		the new Appendix
	Antibiotics	√		G language in
	Anticonvulsants	√		The Emergency
	Antidotes	√		Drug Policy
	Emetic	√		& Procedure
	Serums	√		Manual.
	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.	Make sure ALL staff has current BLS certifications.		
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: April 24, 2020

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:	√		
	(i) 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;	√		
	(ii) Reports of physical examinations, diagnostic and laboratory test results and consultative findings;	√		
	(iii) All physician's orders, reports of treatments and medications and other pertinent information necessary to monitor the patient's progress;	√		
	(iv) 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:	√		
	(i) Government entities	√		
	(ii) Law Enforcement	√		
	(iii) Friends and family	√		
	(iv) Other providers involved in treatment via facsimile	√		
	(v) 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: April 24, 2020

PROGRAM EVALUATION				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J77	A program evaluation was completed within 24 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.	√		
	(i) Identification and social data	√		
	(ii) Evidence of consent forms	√		
	(iii) Pertinent medical history	√		
	(iv) Assessment of health status and patient needs	√		
	(v) Summary of the episode, disposition, and instructions to the patient	√		
	(vi) Reports of physical examinations, diagnostic and laboratory test results, and findings	√		
	(vii) All physician's orders, reports of treatments and medications and other pertinent information necessary to monitor the patient's progress	√		
	(viii) 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.	√		

TCT Mock Inspection



Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

CORPORATE COMPLIANCE	STANDARD	YES	NO	COMMENTS
The Clinic is in good standing with the Medicare/Medicaid Programs.	COM 2.0			
The clinic that participates in Medicare/Medicaid programs has been free of sanctions for a period of at least 2 years.	COM 2.0.1			
The clinic prohibits employment/contracting with individuals or companies, which have been convicted of a criminal felony offense related to healthcare.	COM 2.0.2			
Clinic can provide evidence of verification of individuals through OIG exclusion database.	COM 2.0.2(a)			
Evidence of the process and documentation upon hire and re-verification at a minimum annually.	COM 2.0.2(b)			
Staff of the clinic are licensed, certified, or registered in accordance with applicable State and local laws. (§491.4(b))	COM 3.0			
The clinic has a process to verify personnel are licensed, certified, or registered with applicable State laws.	COM 3.0.1			
This information is documented and tracked in an organized format.	COM 3.0.2			
ADMINISTRATION	STANDARD	YES	NO	COMMENTS
The clinics hours of operation are posted outside the clinic.	ADM 3.0.4			
All clinic documents and signage (both internal and external) are consistent with the CMS-855A enrollment application.	ADM 3.0.5			
The Clinic has a governing body or individual who has legal responsibility for the conduct of the clinic.	ADM 4.0			
The clinic discloses the names and addresses of the following: (§491.7(b))	ADM 4.0.1			
<ul style="list-style-type: none"> Names of the owner(s). (§491.7(b)(1)) 	ADM 4.0.1(a)			
<ul style="list-style-type: none"> Person principally responsible for directing the clinic's operation. (§491.7(b)(2)) 	ADM 4.0.1(b)			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

<ul style="list-style-type: none"> Person responsible for medical direction. (§491.7(b)(3)) 	ADM 4.0.1(c)			
The clinic must report any change in the medical director to CMS and the Compliance Team.	ADM 4.0.2			
The clinic has an organizational chart.	ADM 4.0.3			
The clinic has a protocol for identifying who is in charge of day to day operations in the absence of key leadership.	ADM 4.0.5			
The Clinic is under the medical direction of a physician, and has a healthcare staff that meets the staff and staffing requirements at §491.8. (§491.7(a)(1))	ADM 5.0			
The Medical Director, who must be a physician, is accountable for the clinic's medical direction and quality of care. (§491.8(b))	ADM 5.0.1			
The clinic staff may also include ancillary personnel who are supervised by the professional staff. (§491.8(a)(4))	ADM 5.0.3			
The healthcare staff is sufficient to provide the services essential for the operation of the clinic. (§491.8(a)(5))	ADM 5.0.4			
A physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist is available to furnish patient care services at all times the clinic operates. (§491.8(a)(6))	ADM 5.0.5(a)			
A physician assistant, nurse practitioner or certified nurse mid-wife is available to furnish patient care services at least 50 percent of the clinic's operating hours. (§491.8(a)(6)).	ADM 5.0.6			
The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician: (§491.8(c)(2))	ADM 5.0.7			
<ul style="list-style-type: none"> Provides RHC services in accordance with the clinic's policies. (§491.8(c)(i)) 	ADM 5.0.7(a)			
<ul style="list-style-type: none"> Arranges for or refers patients to, needed services that cannot be provided at the clinic. (§491.8(c)(2)(ii)) 	ADM 5.0.7(b)			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

<ul style="list-style-type: none"> Assures that adequate patient health records are maintained and transferred as required when patients are referred. (§491.8(c)(2)(iii)) 	ADM 5.0.7(c)			
The RHC has at least one nurse practitioner (NP) or physician assistant (PA) who is an employee and may contract with others. (§491.8(a)(3))	ADM 5.0.8			
The physician provides medical orders, medical direction; medical care services, consultation, and supervision of the healthcare staff and chart review. He or she is also available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. (§491.8(b)(1))	ADM 5.0.9			
If an established RHC does not have an NP or PA fulfilling the staffing requirements at §491.8(a)(1) and §491.8(a)(6), the clinic has submitted a staffing waiver request to CMS and copy the Compliance Team.	ADM 5.0.10			
The clinic's professional staff, that includes the physician, physician assistant and/or nurse practitioner develops, executes and reviews the clinic's policies and services provided. (§491.8(b)(2)-physicians, §491.8(c)-Physician Assistant and/or Nurse Practitioner)	ADM 6.0			
The physician periodically reviews the clinic's patient health records, provides medical orders, and provides services to the patients. (§491.8(b)(3))	ADM 6.0.3			
The physician assistant and/or nurse practitioner participate with the physician in a periodic review of the patient health records. ((§491.8(c)(1)(ii))	ADM 6.0.4			
The clinic is primarily engaged in providing outpatient health services and meets all other conditions of 42 CFR 491, subpart A. (§491.9(a)(2))	ADM 6.0.5			
A designated member of the clinic's professional staff is responsible for maintaining the patient health records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized. (§491.10(a)(2))	ADM 7.0.1			
There is a healthcare record for each person receiving services. (§491.10(a)(3))	ADM 7.0.2			

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The clinic has a process in place that ensures patient health records are complete when patients are referred or transferred.	ADM 7.0.3			
The clinic ensures the Privacy Notice is posted and available to all patients.	ADM 8.0.1(a)			
The clinic ensures all Business Associate Agreements (BAA) are maintained according to applicable HIPAA regulations.	ADM 8.0.1(b)			
The clinic maintains the confidentiality of the patient health records and provides safeguards against loss and destruction and unauthorized use. (§491.10(b)(1))	ADM 8.0.2			
The patient's written consent is necessary before any information not authorized by law may be released. (§491.10(b)(3))	ADM 8.0.3			
The clinic, at a minimum, retains patient health records a period of 6 years from the last entry date or longer if required by State statute. (§491.10(c))	ADM 8.0.4			
There is evidence that the clinic staff is trained on patient confidentiality upon hire and annually.	ADM 8.0.5			
The clinic ensures patient health care records are complete. (§491.10(a)(3))	ADM 9.0			
There is evidence the clinic periodically audits its Patient Health Records for completeness and the results are documented at QI meetings. The number of records is identified in clinic policy. The leadership reviews and documents the chart review findings and takes corrective actions.	ADM 9.0.2			
Emergency Services are provided to the patient for life threatening injuries or acute illness. (§491.9(c)(3))	ADM 10.0			
The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has: (§491.9(c)(3))	ADM 10.0.1			

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<ul style="list-style-type: none"> Available treatment includes the use of drugs & biologicals commonly used in life saving procedures such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, emetics, serums and toxoids. (§491.9(c)(3)) 	ADM 10.01(a)			
<ul style="list-style-type: none"> The clinic's emergency equipment and drugs are organized in one place. 	ADM 10.01(c)			
<ul style="list-style-type: none"> One oxygen tank with Ambu bag-valve-mask ventilation supplies attached and appropriate to the type of patient population served. (Pediatric mask as applicable) 	ADM 10.01(d)			
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. (§491.6(a))	ADM 11.0			
The clinic has a preventive maintenance program to ensure that: (§491.6(b))	ADM 11.0.1			
<ul style="list-style-type: none"> All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition. (§491.6(b)(1)) <ul style="list-style-type: none"> All equipment is tested, inspected in accordance with manufacturer's guidelines, and a maintenance schedule is retained that ensures clinic equipment is in working order and assessed prior to patient use. The clinic maintains written documentation of all equipment maintenance/repairs and preventative maintenance. The clinic has a process in place for handling equipment/product hazards defects or recalls. 	ADM 11.0.1(a)			
	ADM 11.0.1(a)(i)			
	ADM 11.0.1(a)(ii)			
	ADM 11.0.01(a)(iii)			
<ul style="list-style-type: none"> The premises of the clinic are clean and orderly. (§491.6(b)(3)). 	ADM 11.0.01(b)			
Evidence that the clinic monitors housekeeping and maintenance (including repair, renovation, and construction activities) to ensure a functional, safe, and orderly environment.	ADM 11.0.2			
Drugs, Biological, and Supplies are appropriately stored (§491.6(b)(2)). *(This includes ensuring all sharp containers, sharps, chemicals and electrical hazards in patient care areas are secured.)	ADM 11.0.3			

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The clinic meets the following Fire Safety Requirements:	ADM 11.0.4			
• Fire and sanitation inspections are current as required by the State.	ADM 11.0.4(a)			
• Exit doors are clearly marked with illuminated or reflective signs	ADM 11.0.4(b)			
• Exit doors unlock from the inside without a key.	ADM 11.0.4(c)			
• Exits from the building are unobstructed and accessible for occupants having limited mobility.	ADM 11.0.4(d)			
• Fire extinguishers are mounted and have been inspected annually.	ADM 11.0.4(e)			
• Floor plans, as appropriate, identifying the nearest emergency exit route are posted throughout the clinic.	ADM 11.0.4(f)			
HUMAN RESOURCES	STANDARD	YES	NO	COMMENTS
The clinic has evidence of appropriate training and validation of competency upon hire and annually. When new services are added or when a staff member's performance warrants, additional training is given or competency validation is validated.	HR 1.0.2			
The clinic documents the job responsibilities and accountabilities for all employees.	HR 2.0			
The clinic has written job descriptions (or checklists) outlining the employee's responsibilities and accountabilities. Job descriptions are signed and dated by the employee and a copy is placed in the employee's personnel file.	HR 2.0.1			
The clinic maintains personnel files on all employees and Independent Contractors.	HR 3.0			
QUALITY IMPROVEMENT	STANDARD	YES	NO	COMMENTS
The clinic maintains continuous quality improvement processes and carries out, or arranges for, a biennial evaluation of its overall program. (§491.11(a))	QI 1.0			
The biennial program evaluation includes a review of the following: (§491.11(b))	QI 1.0.2			
• Utilization review of all services provided by clinic. (§491.11(b)(1))	QI 1.0.2(a)			

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• Number of patients served and volume of services. (§491.11(b)(1))	QI 1.0.2(b)			
• A representative sample of both active and closed patient health. (§491.11(b)(2))	QI 1.0.2(c)			
• Review of all clinic health care policies. (§491.11(b)(3))	QI 1.0.2(d)			
The program evaluation is completed by clinic professional personnel or through arrangement with other appropriate professionals	QI 1.0.3			
The program evaluation can be broken into parts and competed separately. When performed separately, sections of the biennial program evaluation (QI Plan) should directly relate to how the clinic completes the biennial evaluation of its total program and describe its continuous quality improvement for clinic services. There may not be more than 2 calendar year difference between the evaluations of each section.	QI 1.0.4			
The program evaluation results are reviewed to determine the following: (§491.11(c))	QI.1.0.5			
• The Utilization of services was appropriate. (§491.11(c)(1))	QI.1.0.5(a)			
• The established policies were followed. (§491.11(c)(2))	QI.1.0.5(b)			
• Identify changes needed (§491.11(c)(3))	QI.1.0.5(c)			
• Staff reviews the findings of the evaluation and corrective actions are taken if necessary. (§491.11(d))	QI.1.0.5(d)			
The clinic collects data for patient/client satisfaction and dissatisfaction.	QI 2.0			
The clinic ensures a sample of patients receive a patient satisfaction survey.	QI 2.0.1			
The results of the patient satisfaction surveys are collected, evaluated and presented at QI/staff meetings.	QI 2.0.2			

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The clinic has a process to develop and implement corrective action if the result of the patient satisfaction evaluation reveals possible issues.	QI 2.0.3			
The complaint process is defined in a written document (or waiting room display) that includes the statement "In the event your complaint remains unsolved with <clinic name>, you may file a complaint with our Accreditor, The Compliance Team, Inc. via their website (www.thecomplianceteam.org) or via phone 1-888-291-5353."	QI 2.0.5			
The clinic provides its patients with written information on the complaint process, and then notifies the complainant that the issue is being investigated with the timeframe identified in the clinic policy.	QI 2.0.6			
RISK	STANDARD	YES	NO	COMMENTS
The clinic has a process for receiving, reviewing and preventing patient incidents.	RSK 1.0			
The clinic has evidence that incidents are documented on a specific form.	RSK 1.0.1			
There is a designated staff member responsible for reviewing all incidents and a process in place for taking corrective action and following-up. If the incident results in hospitalization or death, it is be reported to TCT within 48 hours.	RSK 1.0.2			
There is evidence that employees are knowledgeable of the process.	RSK 1.0.3			
The clinic has a process in place for the handling of employee injuries and/or exposure.	RSK 2.0			
The clinic has evidence that employee incidents, injuries or exposures are documented on a specific form. RHCs are exempt from OSHA 300 recordkeeping but must report any workplace incident that results in an employee's fatality, inpatient hospitalization, amputation, or loss of an eye.	RSK 2.0.1			
There is a designated staff member responsible for reviewing all incidents and a process in place for taking corrective action and following-up. If the incident results in hospitalization or death, it must be reported to TCT within 48 hours at QA@thecomplianceteam.org .	RSK 2.0.2			

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There is evidence that employees are knowledgeable of the process.	RSK 2.0.3			
EQUIPMENT MANAGEMENT	STANDARD	YES	NO	COMMENTS
All oxygen tanks are properly secured (chained or in a cart) and maintained in a well-ventilated area.	EQP 1.0.2(a)			
If multiple oxygen tanks are maintained within the clinic, full tanks are stored separately from those that are empty or partially full	EQP 1.0.2(b)			
INFECTION CONTROL	STANDARD	YES	NO	COMMENTS
The clinic follows infection prevention techniques that relate to the type of patient served, services provided and the staff's risk for exposure.	INF 1.0			
The clinic practices infection prevention techniques by utilizing the following:	INF 1.0.2			
<ul style="list-style-type: none"> Hand washing or use of alcohol based gel before and after each patient contact. 	INF 1.0.2(a)			
<ul style="list-style-type: none"> Utilization of gloves while handling or cleaning dirty equipment. 	INF 1.0.2(b)			
<ul style="list-style-type: none"> Proper disposal of gloves, sharps and other waste throughout the clinic including red bag use. 	INF 1.0.2(c)			
<ul style="list-style-type: none"> Standard Precautions when at risk for exposure to blood-borne pathogens. 	INF 1.0.2(d)			
<ul style="list-style-type: none"> Prevents cross-contamination by segregating clean from dirty in utility and or storage areas. 	INF 1.0.2(e)			
All sterilization equipment and procedures follow manufacturer guidelines for use.	INF 1.0.3			
<ul style="list-style-type: none"> All instruments are cleaned according to the manufacturer's instructions for use. 	INF 1.0.3(a)			
<ul style="list-style-type: none"> All sterile packaging has an identifiable expiration due date according to manufacturer guidelines. 	INF 1.0.3(b)			

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<ul style="list-style-type: none"> For those clinics that receive sterilized instruments from the hospital, the clinic must have a process for sterilizing, transporting and receiving instruments from the hospital. 	INF 1.0.3(c)			
The clinics' personnel receive education and training on infection control annually.	INF 1.0.4			
PATIENT SERVICES AND INSTRUCTION	STANDARD	YES	NO	COMMENTS
The clinic has a process to protect patient rights and responsibilities.	PTS 1.0			
The clinic has a written patient rights and responsibilities document is posted and available to patients upon request.	PTS 1.0.1			
There is evidence the staff is trained on the patient rights and responsibilities.	PTS 1.0.2			
All patient care services are provided in accordance with Federal, State and local laws. (§491.9(a)(1))	PTS 2.0			
The clinic has an agreement or arrangement with one or more Medicare or Medicaid participating providers or suppliers to furnish the following services: (§491.9(d)(1))	PTS 2.0.2			
<ul style="list-style-type: none"> Inpatient hospital care. (§491.9(d)(1)(i)) 	PTS 2.0.2(a)			
<ul style="list-style-type: none"> Physician services. (§491.9(d)(1)(ii)) 	PTS 2.0.2(b)			
<ul style="list-style-type: none"> Additional and specialized diagnostic and laboratory services that are not available at the clinic. (§491.9(d)(1) (iii)) 	PTS 2.0.2(c)			
If the agreements with other providers or suppliers are not in writing, there is evidence that the patients referred are being accepted and treated. (491.9(d)(2))	PTS 2.0.3			
The clinic has a process for follow-up that is related to the type of service provided and the patient's condition.	PTS 4.0			
The clinic has an organized process in place for the follow-up of their patients regarding the following: <ul style="list-style-type: none"> a. Missed appointments. 	PTS 4.0.1			

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<ul style="list-style-type: none"> b. New medication or treatment. c. Lab or diagnostic results. d. Referral and consultations. 				
Documentation of follow-up is found in the patient record.	PTS 4.0.2			
After a follow-up call is made, appropriate staff incorporate any necessary changes in the patients' health record.	PTS 4.0.3			
The clinic presents written information to all adult age patients upon admission to services.	PTS 5.0			
<p>The clinic has a process that information given to patients contains individual rights under State law to make decisions concerning medical care which includes:</p> <ul style="list-style-type: none"> a. Attaining written consent to treat. b. The right to accept or refuse care concerning medical or surgical treatment. c. The relationship of an authorized representative is clearly documented for all minors and adult patients not capable of giving their consent. d. Acknowledging advanced directive as required by the State. 	PTS 5.0.1			
DIAGNOSTIC SERVICES	STANDARD	YES	NO	COMMENTS
The clinic furnishes those diagnostic, therapeutic services and supplies commonly furnished in a physician's office or at the entry point into the healthcare delivery system. (§491.9(c)(1)).	DGS 1.0			
Diagnostic and therapeutic services include:	DGS 1.0.1			
<ul style="list-style-type: none"> • Medical History. (§491.9(c)(1)) 	DGS 1.0.1(a)			
<ul style="list-style-type: none"> • Physical examination. (§491.9(c)(1)) 	DGS 1.0.1(b)			
<ul style="list-style-type: none"> • Assessment of health status. (§491.9(c)(1)) 	DGS 1.0.1(c)			
<ul style="list-style-type: none"> • Treatment for a variety of medical conditions. (§491.9(c)(1)) 	DGS 1.0.1(d)			

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The clinic provides basic laboratory services essential to immediate diagnosis and treatment. (§491.9(c)(2))	DGS 2.0			
The clinic delivers laboratory services in accordance with part 42 CFR 493, which implements the provisions of section 353 of the Public Health Service Act. [CLIA Certificate of Waiver] (§491.9(a)(3), (§491.9(c)(2))	DGS 2.0.1			
The clinic's laboratory services include:	DGS 2.0.2			
<ul style="list-style-type: none"> • Chemical examination of urine by stick or tablet method (including urine ketones). (§491.9(c)(2)(i)) 	DGS 2.0.2(a)			
<ul style="list-style-type: none"> • Hemoglobin or hematocrit. (§491.9(c)(2)(ii)) 	DGS 2.0.2(b)			
<ul style="list-style-type: none"> • Blood Glucose. (§491.9(c)(2)(iii)) 	DGS 2.0.2(c)			
<ul style="list-style-type: none"> • Examination of stool specimens for occult blood. (§491.9(c)(2)(iv)) 	DGS 2.0.2(d)			
<ul style="list-style-type: none"> • Pregnancy tests. (§491.9(c)(2)(v)) 	DGS 2.0.2(e)			
<ul style="list-style-type: none"> • Primary culturing for transmittal to a certified lab. (§491.9(c)(2)(vi)) 	DGS 2.0.2(f)			
The clinic has evidence of training and competency for all staff performing lab services.	DGS 2.0.3			
REGULATORY	STANDARD	YES	NO	COMMENTS
The clinic and its staff are in compliance with applicable local, State and Federal laws and regulations. (§491.4)	REG 1.0			
The clinic is licensed in accordance with applicable State and local law. (§491.4(a))	REG 1.0.1			
The clinic displays all licenses, certificates and permits to operate.	REG 1.0.2			
The clinic is in compliance with the OSHA Blood-borne Pathogen Standard as it relates to the type of patient served, services provided and staff's risk for exposure. (29 CFR 1910.1030)	REG 2.A			

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The clinic has a written work-exposure plan that determines the job classifications of staff at risk of blood-borne pathogen exposure and the work-practice controls and personnel protective equipment that are made available to protect them. The clinic has evidence of an environmental housekeeping schedule. The plan has been reviewed and/or updated at least annually.	REG 2.A.1			
All personnel protective equipment is provided by the employer and readily accessible to staff.	REG 2.A.2			
If identified as being at risk for exposure to bloodborne pathogens, the clinic staff is offered full Hepatitis B vaccination series at the employer's expense. If declined, a signed declination form appears in personnel file.	REG 2.A.3			
There is evidence that the clinic staff has received training on OSHA Bloodborne Pathogens Standard upon hire and annually.	REG 2.A.4			
The clinic is in compliance with current OSHA and CDC guidelines for preventing the transmission of Mycobacterium Tuberculosis in Health Care Settings.	REG 2.B			
The clinic conducts an initial and on-going risk assessment for TB transmission by occupational exposure. Factors to be considered should include: risk by geographical location as determined by the State Department of Health, the type of patient population served including fluctuations of population caused by temporary workers or tourism, and the reported cases of TB in the clinic in the past year.	REG 2.B.1			
Based upon assessment of risk, the clinic follows current OSHA and CDC Guidelines to determine the types of administrative, environmental, respiratory protection controls, and medical surveillance needed.	REG 2.B.2			
There is evidence clinic conducts TB screening upon hire.	REG 2.B.3			
There is evidence that the clinic staff has received TB Transmission Prevention training upon hire and annually.	REG 2.B.4			

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The clinic is in compliance with OSHA's Right to Know standard.	REG 2.C			
Safety Data Sheets (SDS) are current and available for all hazardous material in the clinic's workplace and employees are knowledgeable of the location.	REG 2.C.1			
The clinic posts all mandatory OSHA posters for all employees to view.	REG 2.C.2			
There is evidence that the clinic provides training upon hire to all employees on OSHA's Right to Know.	REG 2.C.3			
EMERGENCY PREPAREDNESS	STANDARD	YES	NO	COMMENTS
The clinic has an emergency preparedness program that addresses an emergency on-site, off-site (natural disaster) and disruption of service. (§491.12)	EP 1.0			
The clinic complies with all applicable Federal, State and local emergency preparedness requirements. (§491.12)	EP 1.0.1			
The clinic has an emergency preparedness plan that is reviewed and updated at least every two years. This plan must contain the following elements: (§491.12(a))	EP 1.0.2			
• A documented, clinic-based and community-based risk assessment that utilizes an all hazards approach. (§491.12(a)(1))	EP 1.0.2(a)			
• Strategies for addressing emergency events identified by the risk assessment. (§491.12(a)(2))	EP 1.0.2(b)			
• Addresses patient population, including, but not limited to, the type of services the clinic has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. (§491.12(a)(3))	EP 1.0.2(c)			
• A process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness official's efforts to maintain an integrated response during a disaster or emergency situation. (§491.12(a)(4))	EP 1.0.2(d)			
The clinic develops and maintains an emergency communication plan that complies with Federal, State, and local laws. (42 CFR 491.12(c))	EP 3.0			

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The clinic's emergency preparedness communication plan is reviewed and updated at least every 2 years. (§491.12(c))	EP 3.0.1			
The clinic's communication plan must include the following elements: (§491.12(c))	EP 3.0.2			
Names and contact information for the following: (§491.12(c)(1))	EP 3.0.2(a)			
• Staff (§491.12(c)(1)(i))	EP 3.0.2(a)(i)			
• Entities providing services under arrangement. (§491.12(c)(1)(ii))	EP 3.0.1(a)(ii)			
• Patient's physicians. (§491.12(c)(1)(iii))	EP 3.0.2(a)(iii)			
• Other RHCs. (§491.12(c)(1)(iv))	EP 3.0.2(a)(iv)			
• Volunteers. (§491.12(c)(1)(v))	EP 3.0.2(a)(v)			
Contact information for the following: (§491.12(c)(2))	EP 3.0.2(b)			
• Federal, State, tribal, regional, and local emergency preparedness staff. (§491.12(c)(2)(i))	EP 3.0.2(b)(i)			
• Other sources of assistance. (§491.12(c)(2)(ii))	EP 3.0.2(b)(ii)			
Primary and alternate means for communicating with the following: (§491.12(c)(3))	EP 3.0.2(c)			
• RHC (§491.12(c)(3)(i))	EP 3.0.2(c)(i)			
• Federal, State, tribal, regional, and local emergency management agencies. (§491.12(c)(3)(ii))	EP 3.0.2(c)(ii)			
A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). (§491.12(c)(4))	EP 3.0.2(d)			
A means of providing information about the clinic's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee. (§491.12(c)(5))	EP 3.0.2(e)			
The clinic's communication plan contains an organized process for handling an on-site emergency which addresses the following: a. How employees will be notified of emergency. b. Staff responsible for calling the Fire Department. c. Location of where employees should meet outside the building. d. Staff person responsible to do head count upon evacuation of the building.	EP 3.0.3			

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The clinic' communication plan has an organized process for handling an off-site emergency (e.g. Snowstorm, flood, hurricane, etc.) a. How employees will be notified of emergency. b. Staff responsible for notification and triaging of patient services. c. Contingency plan that includes alternative provider in the event the clinic cannot service its own customers.	EP 3.0.4			
Training Program: The clinic develops and maintains an emergency preparedness training and testing program that is based on the emergency preparedness plan, risk assessment, policies and procedures, and the communication plan. (42 CFR 491.12(d)(1))	EP 4.0			
. The training and testing program is reviewed and updated, at a minimum at least every 2 years. (§491.12(d))	EP 4.0.1			
. The training program must include all of the following: (§491.12(d)(1))	EP 4.0.2			
• Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (§491.12(d)(1)(i))	EP 4.0.2(a)			
• Provide emergency preparedness training, at a minimum at least every 2 years. (§491.12(d)(1)(ii))	EP 4.0.2(b)			
• Emergency preparedness training of staff, individual providing services under arrangement, and volunteers is documented. This documentation demonstrates knowledge of emergency procedures. (§491.12(d)(1)(iii), §491.12(d)(1)(iv))	EP 4.0.2(c)			
• If the emergency preparedness policies and procedures are significantly updated, the RHC must conduct training on the updated policies and procedures. (§491.12(d)(1)(v))	EP 4.0.2(d)			
Testing Program: The clinic conducts exercises to test the emergency plan, at a minimum, at least annually. (42 CFR 491.12(d)(2))	EP 5.0			
The clinic must do the following: (§491.12(d)(2))	EP 5.0.1			
• Participate in a full-scale exercise that is community-based or when a community-based exercise is not assessable, an individual, facility based functional exercise every 2 years. (§491.12(d)(2)(i))	EP 5.0.1(a)			

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<ul style="list-style-type: none"> ○ When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or. (§491.12(d)(2)(i)(A)) 	EP 5.0.1(a)(i)			
<ul style="list-style-type: none"> ○ If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event. (§491.12(d)(2)(i)(B)) 	EP 5.0.1(a)(ii)			
<ul style="list-style-type: none"> • Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise in paragraph EP 5.0.2(a) of this section is conducted, that may include, but is not limited to the following: (§491.12(d)(2)(ii)) 	EP 5.0.1(b)			
<ul style="list-style-type: none"> ○ A second full-scale exercise that is community-based or individual, facility-based functional exercise; or. (§491.12(d)(2)(ii)(A)) 	EP 5.0.1(b)(i)			
<ul style="list-style-type: none"> ○ A mock disaster drill; or. (§491.12(d)(2)(ii)(B)) 	EP 5.0.1(b)(ii)			
<ul style="list-style-type: none"> ○ A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (§491.12(d)(2)(ii)(C)) 	EP 5.0.1(b)(iii)			
<ul style="list-style-type: none"> • Analyze the clinic's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the clinic's emergency plan, as needed. (§491.12(d)(2)(iii)) 	EP 5.0.1(c)			
If a clinic that is part of a healthcare system consisting of multiple separately certified healthcare facilities elects to have a unified and integrated emergency preparedness program, the clinic may choose to participate in the healthcare system's coordinated emergency preparedness program. (§ 491.12(e))	EP 6.0			
If the clinic elects to participate in the healthcare system's emergency preparedness plan, the unified and integrated emergency preparedness program must do all of the following: (§491.12(e))	EP 6.0.1			
<ul style="list-style-type: none"> • Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (§491.12(e)(1)) 	EP 6.0.1(a)			
<ul style="list-style-type: none"> • Be developed and maintained in a manner that takes into account each 	EP 6.0.1(b)			

Facility Name/Clinic:	Surveyor Number(s):	
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separately certified facility's unique circumstances, patient populations, and services offered. (§491.12(e)(2))				
• Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program. (§491.12(e)(3))	EP 6.0.1(c)			
• Include a unified and integrated emergency plan that meets the requirements of 42 CFR 491.12(a)(2), (3), and (4). The unified and integrated emergency plan must also include the all of the following elements: (§491.12(e)(4))	EP 6.0.1(d)			
• A documented community-based risk assessment, utilizing an all hazards approach. (§491.12(e)(4)(i))	EP 6.0.1(d)(i)			
• A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (§491.12(e)(4)(ii))	EP 6.0.1(d)(ii)			
• Include integrated policies and procedures that meet the requirements at 42 CFR 491.12(b), a coordinated communication plan, and training and testing programs that meet the requirements of 42 CFR 491.12(c) and 491.12(d)	EP 6.0.1(e)			

RHC POLICY REVIEW

CORPORATE COMPLIANCE	STANDARD	YES	NO	COMMENTS
The Clinic has a written Corporate Compliance Plan.	COM 1.0			
The Corporate Compliance Plan contains the following required elements:	COM 1.0.1			
• Written policies and procedures.	COM 1.0.1(a)			
• Standards of Conduct.	COM 1.0.1(b)			
• A designated compliance officer.	COM 1.0.1(c)			
• Evidence of Internal communication system and methods for reporting non-compliance.	COM 1.0.1(d)			

Facility Name/Clinic:	Surveyor Number(s):	
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<ul style="list-style-type: none"> Evidence of Quality Improvement techniques: Monitoring and auditing, problem identification, investigation and corrective action. 	COM 1.0.1(e)			
<ul style="list-style-type: none"> Evidence of Clinic Risk Assessment addresses areas in which the clinic is vulnerable. 	COM 1.0.1(f)			
<ul style="list-style-type: none"> Disciplinary and Corrective actions when non-compliance is identified. 	COM 1.0.1(g)			
ADMINISTRATION	STANDARD	YES	NO	COMMENTS
The clinic policies and its line of authorities and responsibilities are clearly set forth in writing. (§491.7(a)(2))	ADM 4.0.4			
The clinic has written policies and procedures for identifying categories of practitioners that includes, at a minimum, the following: (§491.8(a))	ADM 5.0.2			
<ul style="list-style-type: none"> One or more physicians. (§491.8(a)(1)) 	ADM 5.0.2(a)			
<ul style="list-style-type: none"> One or more physician assistants, nurse practitioners, or nurse mid-wife. (§491.8(a)(2)). 	ADM 5.0.2(b)			
<ul style="list-style-type: none"> The physician member of the staff may be the owner of the clinic. (§491.8(a)(3)) 	ADM 5.0.2(c)			
<ul style="list-style-type: none"> The physician assistant, nurse practitioner, nurse mid-wife, clinical social worker or clinical psychologist member of the staff may be the owner or an employee of the clinic, or may furnish services under contract to the clinic. (§491.8(a)(3)) 	ADM 5.02(d)			
The clinic has written policies and a mechanism in place for review and approval of policies.	ADM 6.0.1			
The physician, in conjunction with the physician assistant and or nurse practitioner participates in developing, executing and periodically reviewing the clinic's written policies and services provided. (§491.8(b)(2))	ADM 6.0.2			
The clinic has written policies & procedures for maintaining patient health records. (§491.10(a)(1))	ADM 7.0			
The clinic has policies and procedures addressing the protection of record information. (§491.10(b))	ADM 8.0			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
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The clinic has written policies and procedures that govern the use and removal of patient health records from the clinic and the conditions for the release of information. (§491.10(b)(2))	ADM 8.0.1			
The Medical Director and other providers will determine the contents of the emergency box. The contents are listed on the exterior of the emergency box and in a written policy.	ADM 10.01(b)			
The clinic has written policies for a clean and orderly environment that address the following:	ADM 11.0.1(c)			
<ul style="list-style-type: none"> Techniques for cleaning and disinfecting environment surfaces, carpeting, and furniture. 	ADM 11.0.1(c)(i)			
<ul style="list-style-type: none"> Disposal of regulated waste. 	ADM 11.0.1(c)(ii)			
HUMAN RESOURCES	STANDARD	YES	NO	COMMENTS
The clinic has policies and procedures in place for hiring, orienting and training of all employees.	HR 1.0			
The clinic has written human resources policies and procedures specifying personnel qualifications, training, experience, and continuing education requirements consistent with the services it provides to beneficiaries.	HR 1.0.1			
QUALITY IMPROVEMENT	STANDARD	YES	NO	COMMENTS
The clinic has a written annual evaluation policy determining who is to do the evaluation, how it is to be done and what is reviewed. The plan is developed and implemented by key leaders representing management and clinic personnel. (This requirement is for initial surveys only)	QI 1.0.1			
The clinic has a written policy and procedure for defining, handling, reviewing and resolving complaints.	QI 2.0.4			
When a complaint is received, the clinic provides notice to the complainant that the issue is being investigated within the timeframe identified in the clinic policy.	QI 2.0.6			
EQUIPMENT MANAGEMENT	STANDARD	YES	NO	COMMENTS
The clinic has written policy and procedures for equipment management.	EQP 1.0			

Facility Name/Clinic:	Surveyor Number(s):	
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The clinic's equipment management policy and procedures clearly state the process for cleaning, maintaining and storing all equipment. Policies should include the following:	EQP 1.0.1			
<ul style="list-style-type: none"> All equipment is cleaned with a healthcare disinfectant according to manufacturer's directions and kept sanitary prior to each patient's use. 	EQP 1.0.1(a)			
<ul style="list-style-type: none"> Environmental surfaces are cleaned with a healthcare disinfectant according to the manufacturer's directions, using products, which will at a minimum kill Hepatitis B and HIV and are registered with the U.S Environmental Protection Agency (EPA) and/or OSHA. 	EQP 1.0.1(b)			
<ul style="list-style-type: none"> Equipment used in the clinic or loaned to patients (e.g. crutches, wheelchairs or walkers) is be cleaned between patients and appropriately stored. 	EQP 1.0.1(c)			
<ul style="list-style-type: none"> Clean equipment is segregated from dirty equipment. 	EQP 1.0.1(d)			
<ul style="list-style-type: none"> Equipment/supplies stored on shelves, in cabinets and off the floor. 	EQP 1.0.1(e)			
<ul style="list-style-type: none"> Defective and obsolete equipment is appropriately labeled. 	EQP 1.0.1(f)			
INFECTION CONTROL	STANDARD	YES	NO	COMMENTS
The clinic has a written infection control policy and procedure reviewed annually.	INF 1.0.1			
PATIENT SERVICES AND INSTRUCTION	STANDARD	YES	NO	COMMENTS
The clinic has list of patient care services provided directly to patients and a list of patient care services provided through agreement, arrangement or through referral. (§491.9(d)) (e.g. Scope of service policy)	PTS 2.0.1			
Written healthcare policies for all patient care services. (§491.9(b))	PTS 3.0			
Healthcare services are provided in accordance with written policies, which are consistent with applicable State law. (§491.9(b)(1))	PTS 3.0.1			
The patient care policies are initially developed and reviewed biennially by an advisory group that includes, at a minimum, a physician, physician's assistant or nurse practitioner and one person who is not a member of the clinic staff. (Please cite §491.9(b)(2) if the patient care policies are not developed and cite §491.9(b)(4) if the patient care policies are not reviewed at least biennially).	PTS 3.0.2			

Facility Name/Clinic:	Surveyor Number(s):	
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The clinic has a written policy for referring patients to needed services that cannot be provided at the clinic.	PTS 3.0.3			
The patient care policies include: (§491.9(b)(3))	PTS 3.0.4			
<ul style="list-style-type: none"> A description of patient care services furnished directly and those furnished through agreement, arrangement or referral. (§491.9(b)(3)(i)) 	PTS 3.0.4(a)			
<ul style="list-style-type: none"> Guidelines for the medical management of health problems which includes the conditions requiring medical consultation and/or patient referral, maintenance of patient health records, and procedures for the periodic review and evaluation of the services provided by the clinic. (§491.9(b)(3)(ii)) 	PTS 3.0.4(b)			
<ul style="list-style-type: none"> The clinic will specify in the policy, which reference sources the Medical Director and the non- physician provider have agreed on. The reference may be textbooks, written polices or electronic software. 	PTS 3.0.4(c)			
There is evidence that staff is trained on the policies.	PTS 3.0.5			
PHARMACEUTICAL SERVICES	STANDARD	YES	NO	COMMENTS
The clinic has written policies for the storage, handling and dispensing of drugs, biologicals, and supplies. (§491.9(b)(3)(iii))	DRG 1.0			
The clinic's written policies include:	DRG 1.0.1			
<ul style="list-style-type: none"> Requirements that drugs are stored in original manufacturer's containers to maintain proper labeling. 	DRG 1.0.1(a)			
<ul style="list-style-type: none"> Requirements that multiple dose vials and single dose vials are stored according to manufacturer guidelines. 	DRG 1.0.1(b)			
<ul style="list-style-type: none"> Requirements that drugs and biologicals dispensed to patients have complete and legible labeling of containers; 	DRG 1.0.1(c)			
<ul style="list-style-type: none"> Requirements for a process to regularly monitor the inventory of clinic drugs, biologicals, and supplies for expiration by the manufacturer's date, beyond-use-dating, or evidence of recall, to prevent harmful or ineffective treatment to patients. 	DRG 1.0.1(d)			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
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<ul style="list-style-type: none"> Requirements for a process to handle outdated, deteriorated, or adulterated drugs, biological, and supplies. Outdated, deteriorated or adulterated drugs, biologicals and supplies are stored separately and the disposal is in compliance with applicable State laws. 	DRG 1.0.1(e)			
<ul style="list-style-type: none"> Requirements for storage in a space that provides proper humidity, temperature and light to maintain quality of drugs and biological that includes the following: <ul style="list-style-type: none"> Refrigerated or frozen medication or vaccines are monitored for storage temperature at least twice daily. Temperatures are recorded in a log and staff reports variances in normal findings to clinic leadership. No drugs or biological are stored in the door of the refrigerator or freezer. Water bottles are placed in the door of the medication refrigerator to promote temperature stability. 	DRG 1.0.1(f)			
<ul style="list-style-type: none"> Requirements that current drugs references, antidote information and manufacturer guidelines are available on the premises. 	DRG 1.0.1(g)			
<ul style="list-style-type: none"> All Controlled Substances are handled, as directed by the Drug Enforcement Agency (DEA) Practitioner's Manual, in a manner that guards against theft and diversion. <ul style="list-style-type: none"> Schedule II drugs are stored in a securely constructed locked compartment, separate from other drugs. Schedule III, IV, and V drugs are secured in a substantially constructed cabinet. The clinic maintains adequate record keeping of the receipt of controlled drugs and a reconcilable log of the distribution. Should Schedule II drugs be administered in the clinic, these drugs are 	DRG 1.0.1(h)			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

accounted for separately. Any thefts or significant losses have been reported to the DEA.				
<ul style="list-style-type: none"> Requirements that containers used to dispense drugs and biologicals to patients conform to the Poison Prevention Packaging Act of 1970. 	DRG 1.0.1(i)			
<ul style="list-style-type: none"> Requirements that all prescribing and dispensing of drugs shall be in compliance with applicable State laws. 	DRG 1.0.1(j)			
EMERGENCY PREPAREDNESS	STANDARD	YES	NO	COMMENTS March 1, 2020
The clinic has developed and implemented emergency preparedness policies and procedures that are based on its emergency preparedness plan, risk assessment and communication plan. (42 CFR 491.12(b))	EP 2.0			
The policies and procedures are reviewed and updated, at a minimum, at least every 2 years. (§491.12(b))	EP 2.0.1			
The policies and procedures must include the following elements: (§491.12(b))	EP 2.0.2			
<ul style="list-style-type: none"> Safe evacuation from the clinic, which includes appropriate placement of exit signs, staff responsibilities and needs of patients. (§491.12(b)(1)) 	EP 2.0.2(a)			
<ul style="list-style-type: none"> A means to shelter in place for patients, staff, and volunteers who remain in the clinic. (§491.12(b)(2)) 	EP 2.0.2(b)			
<ul style="list-style-type: none"> A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of patient health records. (§491.12(b)(3)) 	EP 2.0.2(c)			
<ul style="list-style-type: none"> The use of volunteers in an emergency or other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. (§491.12(b)(4)) 	EP 2.0.2(d)			
<ul style="list-style-type: none"> How refrigerated/frozen medications such as vaccines, etc. are handled in a power outage 	EP 2.0.2(e)			

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

Licensed Staff Member	State of Origin License # (or Certificate #)	License Expiration Date	DEA Certificate # (as applicable)	DEA Expiration Date	BLS Expiration Date For Licensed and Certified Patient Care Personnel (HR 3.0.1(k))	Verification & copies of professional license, registration and/or certification is maintained if applicable.

Comments:

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

NOTE: DEFICIENCIES IDENTIFIED DURING THE HUMAN RESOURCES FILE REVIEW ARE CITED UNDER HR 3.0

Personnel File Audit Tool												
Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable.												
Staff Member	Application Resume or CV	I-9 and W-4 For Employees (HR 3.0.1(a))	Signed Job Description (HR 3.0.1(c))	Orientation/Training/Competency Assessment checklists (HR 3.0.1(d))	Signed Standard of Conduct (HR 3.0.1(e))	Current License or Certification (HR 3.0.1(f))	OIG Exclusion (HR 3.0.1(g))	Performance Evaluation (HR 3.0.1(h))	Background Check (HR 3.0.1(i)January 24.	Hepatitis B (HR 3.0.1(j))	TB (HR 3.0.1(i))	Comments

Notes: Give extent of missing element. (Example 1 of 10)

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

NOTE: DEFICIENCIES IDENTIFIED DURING THE PATIENT HEALTH CARE RECORD REVIEW ARE CITED UNDER ADM 9.0 (§491.10(a)(3))

***Review of Patient Health Records of Minor Patient- Please include (M) after the patient identifier.**

Medical Record Audit Tool Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable. Insert an "M" next the patient number if the patient is a minor child.									
Patient	Patient ID & Social Data	Written Consent to Treat	Medical History	Health Status & Patient Health Needs	Summary & Patient Instructions	Labs Diagnostics & Consult Info	Physicians' Orders & Treatments & Medications (includes allergies)	Signature of Provider & Date	Comments

Notes: (Give extent of missing element(s) For example 1 of 10 files missing.....)

Facility Name/Clinic:	Surveyor Number(s):	
	Survey Start Date:	Survey End Date:
Total Number of Exam Rooms:	Time In: Time Out:	Hours Onsite:

PATIENT INTERVIEWS

RHC Patient Questions	Patient Interview (1)	Patient Interview (2)
Able to get an appointment?		
Wait time?		
Understand Diagnosis?		
Understand Treatment?		
Follow-up Instructions?		
Enough time spent to answer all?		
Any problems or adverse reaction to treatment?		
Grade for the Clinic?		
Comments		

DAILY CLEANING CHECKLIST: LOBBY/CONCIERGE/CHECK-OUT AREA

DATE: _____

TEAM MEMBER: _____

SCHEDULED CLEANER EXPECTATIONS:

Scheduled cleaner will complete the below listed daily tasks, complete the task checklist and send to Pam each day at the end of scheduled shift. Cleaner will wear a mask and gloves while performing daily tasks. Staff will clean surfaces once patient has left the area requiring cleaning (i.e., clean chair/door handles etc. once patient has been taken to room)

___ SCHEDULED CLEANER TO MONITOR FLOW IN LOBBY/CONCIERGE/CHECK-OUT AREAS AND CLEAN SURFACES AFTER PATIENT CONTACT.

___ WIPE DOWN COUNTERS AFTER PATIENT CONTACT.

___ CHECK-IN STAFF TO PLACE PEN/CLIPBOARD USED BY PATIENT IN "USED" BIN. SCHEDULED CLEANER CLEAN WITH APPROVED WIPES/CLEANING SOLUTION PROVIDED. CHECK BINS FREQUENTLY.

___ SCHEDULED CLEANER TO CHECK "USED" BIN AT CHECK-OUT FOR CLIPBOARDS/PENS RETURNED AT CHECK-OUT REQUIRING CLEANING.

___ WIPE DOWN LOBBY CHAIR/TABLE AFTER EACH PATIENT CONTACT.

___ WIPE DOWN DOOR HANDLES AFTER EACH PATIENT/NURSE CONTACT.

___ REGARDLESS OF PATIENT CONTACT, WIPE DOWN TABLES, HOSPITALITY BAR COUNTER TOPS ONCE PER HOUR.

___ DISPOSE OF ANY TRASH LEFT BEHIND IN LOBBY.

___ ASSIST PATIENTS IN LOBBY AS NEEDED.

___ CHECK-OUT STAFF TO WIPE DOWN COUNTERS AFTER EACH PATIENT CONTACT.

___ WIPE DOWN ALL DOOR HANDLES TO CLINICAL AREAS ONCE PER HOUR.

RHC Conversion Guide





RuralHealthClinic.com

Experienced Knowledge

RURAL HEALTH CLINIC

RHC CONVERSION GUIDE

APRIL 24, 2020

To view this document online go to <https://tinyurl.com/u88v54w>



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Specializing in RHC reimbursement

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Phase 1 | Introduction & 855A Preparation

Thank you for working with Healthcare Business Specialists HBS to help you start your rural health clinic. Here are the steps to become a rural health clinic.

The **first step** is to return the HBS proposal for services and the retainer. **We will not start work on the project until the retainer is received.** We have prepared three documents which as follows: 1) Introduces HBS 2) Estimates the timeline for RHC conversion, and 3) lists resources that HBS provides to help you with your RHC conversion:

[Introduction and First Steps \(3-Page PDF\)](#)

[Estimated Timeline for the RHC conversion](#)

[Letter to RHC Startup Clinics with information and resources regarding RHCs \(PDF\)](#)

The **second step** is we will schedule a 30-minute webinar with the clinic between the owner, office manager, and any other billing personnel that may be interested. The purpose of the webinar is to talk about NPI numbers, contact information, Progress reporting, PECOS Log Ins, and potential billing issues related to becoming a rural health clinic. We have included a template of the presentation we will cover in the webinar.

- [Kickoff RHC Presentation \(PDF\)](#)

The third step is for the clinic to complete the 855A Questionnaire and provide the supporting documents so Dani Gilbert, CPA, CRHCP can complete the 855A and submit the \$569 Medicare Part Processing fee to the Medicare Contractor. Here is the questionnaire that should be completed.

- [855A Questionnaire: Email to Dani Gilbert, CPA](#)

Once the 855A is submitted, Dani Gilbert, CPA CRHCP will follow up with Medicare to ensure the process is completed timely and respond to requests by the MAC. The process should be completed within 2 months of the application being submitted. **We can go ahead and start preparing for the state inspection before the 855A is approved.**



Rural Health Clinic Conversion Introduction and First Steps

Thank you for meeting Healthcare Business Specialists to help you convert your practice into a Rural Health Clinic under the provisions of Public Law 95-210 and qualify for additional reimbursement from Medicare and Medicaid. Mark R. Lynn, CPA and Dani Gilbert, CPA will be the primary contacts you have with Healthcare Business Specialists, so feel free to contact us at any time. You can find our contact information at the end of this report. We do need to know how to contact you as well and what you would like to be involved in the RHC conversion, so we would like you to complete the following form and we assure that to complete our database of contact information and terms of use.

[HBS Client Intake Form with Contact Information from the Clinic \(PDF\)](#)

We do have a lot of resources and information to help you learn more about becoming a rural health clinic including resource pages on our website by topic, a Facebook group to ask questions, and a YouTube channel with recordings of webinars. Here is a link to a letter with the resources listed and links to find the information.

[Letter to RHC Startup Clinics with information and resources regarding RHCs \(PDF\)](#)

One thing we like to do is have a Kickoff Webinar which is about 30 to 45 minutes and gives you a chance to ask questions about the process and an opportunity for us to introduce ourselves. Please email us to set up a date and time for the Kickoff Webinar.

812 Shady Parkway, Suite 218, Chattanooga, Tennessee 37421
Telephone: (423) 752-9442, Fax: (423) 246-5155, Email: info@ruralhealthclinic.com
www.ruralhealthclinic.com



Phase 2 | Preparing for the State Inspection

After the 855A is completed and while we wait for the approval (45 to 60 days) we can start preparing the RHC for the inspection by the State, AAAASF, or The Compliance Team depending on the accrediting agency that we are using to become a rural health clinic.

RHC & EP Policy & Procedure Manuals

The first step is to complete the RHC Policy and Procedure Manual and the Emergency Preparedness questionnaires we will email you or you can find a link to them below. Once we receive the questionnaires we will draft up the Manuals for you to edit and approve. The manuals will have to be approved by your Medical Director (a physician), a Nurse Practitioner/Physician Assistant, and a Community Representative who is not employed by the clinic. The following are links to the RHC and EP Questionnaires:

- [RHC Policy and Procedure Manual Questionnaire](#)
- [Emergency Preparedness Policy and Procedure Manual Questionnaire](#)

HBS has OSHA, HIPAA, and Laboratory manuals that are not specific to rural health clinics but are helpful if you do not already have those manuals. Please let us know and will email them to you.

Evidence Binder

The most important aspect of passing the RHC inspection is to have an Evidence Binder to present to the inspector when the RHC inspection begins. We will provide a Table of Contents and if you will accumulate the information before the inspection that will make the inspection go much, much smoother. Your Evidence Binder should be maintained in a Notebook and continually updated. In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them. This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.

- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)

Documenting Compliance

About two months before the RHC state inspection, you should start acting like an RHC. Many of the things that you already do while you provide excellent care to your patients will have to be documented. This step of the process is to identify who needs to do what



and how it will be performed and documented. To help with this process we have prepared a document that lists what should be done by position and we have provided some sample forms to help document what is being done.

- [ToDo List by Position and Forms to document compliance](#)

Begin by assigning duties from this list to the positions listed and select forms to help document compliance. Additionally, the RHC should post the hours of operation outside the clinic and in the lobby identify the ownership, medical direction, and principal direction of the clinic. Use the following link to prepare the document and display it in the lobby of the clinic:

[Signage Required to be placed in the Lobby for RHCs](#)

Preparing for the RHC Inspection - Webinars and Presentations

HBS presented a webinar on preparing for the State/AAAASF/TCT inspections to become a rural health clinic and re-inspections. Watching the recording of the webinar and reviewing the presentations will help you prepare for the RHC inspection.

1. [Webinar Recording on RHC State Inspections](#)
2. [Powerpoint Presentation \(PDF\)](#)
3. [Powerpoint Presentation by Kate Hill on RHC Certification](#)
4. [Powerpoint Presentation by Elsie Crawford on RHC Certification](#)

Emergency Preparedness

In September 2016, the Centers for Medicare & Medicaid Services (CMS) released a new emergency preparedness rule for 17 sectors of the U.S. healthcare system. The new rule asks the affected provider types to demonstrate that they are doing risk assessments; writing appropriate plans, policies, and procedures; and training and testing their plans with staff and partners in the community. RHCs were affected by these regulations and must comply. HBS will schedule a Tabletop Exercise with you in which we will guide you through an Emergency Preparedness Tabletop Exercise and prepare the After Action Plan. We will work to schedule a time where the majority of your clinic employees can participate in this

RHC CERTIFICATION TO DO LIST PLEASE INDICATE WHEN COMPLETED WITH A CHECKMARK

MEDICAL DIRECTOR DUTIES

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Review 15 NP/PA charts quarterly including at least 1 closed chart per quarter. Use the attached form or something similar to document and include the signature of both the medical director and the nurse practitioner
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit



NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills
<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit



NURSING AND MEDICAL ASSISTANTS

<input type="checkbox"/>	See Nursing Checklist for Monthly dates
<input type="checkbox"/>	Clean up area. Remove clutter. Remove anything with an expired expiration date
<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogen, Emergency Preparedness
<input type="checkbox"/>	Perform six required lab tests and document controls
<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet



OFFICE MANAGER AND ADMINISTRATION

<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HEPAA, and EP P & P Manuals
<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.



ANNUAL PROJECTS AND REQUIREMENTS

<input type="checkbox"/>	Conduct the Program Evaluation Biennially
<input type="checkbox"/>	Review, update and approve Emergency Preparedness (See One Page Checklist)
<input type="checkbox"/>	Arrange for preparation of Medicare Cost Report (HBS)
<input type="checkbox"/>	Biennially Review, Update, and Approve changes to the RHC P & P Manual
<input type="checkbox"/>	Conduct Preventive maintenance on all equipment





webinar which will be recorded. Here is the link to our website that has a number of resources for emergency preparedness:

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

Mock Inspection

HBS will schedule one of our consultants to conduct an onsite Mock Inspection. This inspection will last 2 ½ to 3 hours and we will typically need the time of the office manager. We will go through a checklist of items that must be done and conduct a walkthrough of the clinic. If required we will prepare the Program Evaluation (if the clinic has been open for more than one year) as well and we will submit these reports to the clinic for review after the inspection. The clinic should go over the Mock Inspection report closely with employees of the RHC to ensure they understand what is expected and what needs correcting before the RHC inspection.

- [Agenda for RHC Mock Inspections](#)
- [RHC Mock Inspection Form](#)



Products that RHCs may need to purchase to comply with RHC rules

RHCs are required to be able to furnish certain services to comply with RHC regulations. For example, RHCs must furnish onsite all of the following six laboratory tests:

- Chemical examination of urine by stick or tablet method or both;
- Hemoglobin or hematocrit;
- Blood sugar;
- Examination of stool specimens for occult blood;
- Pregnancy tests; and
- Primary culturing for transmittal to a certified laboratory.

Many clinics do not furnish hemoglobin or hematocrits onsite and many of RHCs purchase a pulse ox machine from Masimo. The Pronto is simple to use, relatively inexpensive and serves several diagnostic functions. The cost is just over \$600 and here is the link to learn more.

<https://www.masimo.com/products/monitors/spot-check/pronto/>



Masimo SET® Measure-through Motion and Low Perfusion™ Pulse Oximetry

- > Helps clinicians monitor more than 120 million patients a year
- > Used by each of the top 10 hospitals listed in the 2017-18 U.S. News and World Report Best Hospitals Honor Roll





We found a cheaper alternative. At just under \$300 the Mission Plus Hemoglobin system works great and can perform a CLIA waived Hemoglobin as required by the RHC regulations.

[To Order the Mission Plus Hemoglobin System](#)

SIGN IN MY REORDERS BLOG ABOUT US HELP CONTACT US TOLL FREE: 888-433-2300 MY CART (\$0.00)

MEDEXSUPPLY Search Specials Brands Categories

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[Home](#) > [Diagnostic Tests](#) > [Blood & Fecal Occult Tests](#) >

Print This Page



[Enlarge Image](#)

Please read description carefully.
Do not base your order on the picture presented.

Clia Waived Mission Plus Hemoglobin (Hb) Testing System
 CLIA Waived Model: C112-3051-PROMO
 Medex SKU: CLW-C112-3051-PROMO

- Packing Info: 1/Each
- Usually ships in 5 - 7 Business Days.

ALSO AVAILABLE IN...

Like 0 Share Tweet

Retail Price: \$338.49
Your Price: \$291.95
 You Save: \$46.54 (14%)
US Shipping: \$0.00

Quantity: 1 Add To Cart

or Call Toll Free 888-433-2300

- Add To Wishlist
- Bulk Quotes
- Freight Quotes
- International Quotes

Additionally, some clinics do not have the ability to perform occult blood tests. Here is an inexpensive source for those:

[To Purchase Occult Stool Specimen Kit](#)



Pro Advantage Fecal Occult Blood Devices - 100/bx P080028 at Tiger Medical

\$22.88 TigerMedical.com **94% positive** (3,981) [Compare prices from 5+ stores](#)

Rapid, convenient, and qualitative methods for asymptomatic occult bleeding, our Fecal Occult Blood Tests by Pro Advantage are ...




RuralHealthClinic.com
Experienced Knowledge


Other items that are needed are eyewash kits and spill kits. Here are some resources.

[To Order Eyewash Kits](#)

Medi-First 19825 First Aid Eye Wash Wall Station with Two 16 oz. Bottles
Item # 5271825K 19825 19825



Specials & Discounts

Buy 3 or more
\$27.68/Each
 Ship free with 


Buy 1 - 2 **\$29.99/Each**

1 **Add to Cart**

Wish List | Buy Review

- Mounts conveniently to the wall for easy access
- Highly visible bright green color can be easily located
- Clear directions printed right on front of unit
- Includes (2) 16 oz. bottles of eye wash solution
- Perfect for construction sites, commercial kitchens, offices, or schools

UPC Code: 34760218251

 **Quick Shipping**
 Usually ships in 3 business days

[To Order an OSHA Spill Kit](#)

Medique SS17102 10 Piece Universal Precaution Kit / Bodily Fluid Spill Kit with Hard Case
Item # 5271825K 19825 19825

See more products like this!
 Discover our full selection

 **\$112.99/Each**
 **\$189.99/Each**
 **\$127.99/Each**
 **\$70.00/Each**
 **\$16.45/Each**



Specials & Discounts

Buy 1 or more
\$15.99
 Ship free with 

Add to Cart

Wish List | Buy Review

- Compact and lightweight with 10 key items stored included
- Works for some germs including bodily fluids
- Protects the health of your employees
- Acts as a chemical spill kit
- Meets OSHA compliance for safety

UPC Code: 14762267020

 **Quick Shipping**
 Usually ships in 3 business days



RuralHealthClinic.com
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Files or Links that will help RHCs Document Compliance

We have provided these files to help Rural Health Clinics document compliance with the nine conditions of participation.

1. RHCs must have a Medical Director. This template helps you prepare the agreement with your Medical Director if you do not already have an agreement in place.

[Medical Director Agreement Template \(Patient Care Included\)](#)

2. The Medical Director must perform certain duties. This policy indicated the duties that must be performed.

[Medical Director Duties and Physician Job Description](#)

3. The Medical Director is required to review 15 active and/or closed charts each quarter and share that review with the NP/PA. Here are a couple of forms that will help you document the review. This must be done before the inspection:

[Chart Audit Forms](#)

4. An RHC must have protocols for Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives. The following is a policy that refers to NP/PA Protocols.

[Nurse Practitioner Protocols Policy with reference to UpToDate App or NP Protocol Book](#)

5. An RHC must have a collaborative agreement with Nurse Practitioners and Physician Assistants. Here is a template if the clinic does not already have one.

[Collaborative Agreement for the NP/PA](#)

6. An RHC must document a number of drills before the RHC inspection. This form will help you document your fire drill.

[Fire Drill Documentation](#)



7. In an RHC declination of hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine.

https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html?fbclid=IwAR2_DmNfmL-MNn2nh5ha1tmJLbppm_IFVmJkatl8ddIybwj7Ai6mw7prFSg

UNITED STATES DEPARTMENT OF LABOR

OSHA

Occupational Safety & Health Administration We Can Help

Home Workers Regulations Enforcement Data & Statistics Training Publications Newsroom Small Business Anti-Retaliation

Health Care Professionals Hepatitis B Declination Statement

Hepatitis B Declination Statement*

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

*Taken from: *Bloodborne Pathogens and Acute Care Facilities*. OSHA Publication 3128, (1992).

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U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210
Telephone: 800-321-OSHA (6742) | TTY
www.OSHA.gov

8. TB Testing. Here is the information on TB testing for Healthcare Workers in RHCs.

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

9. HIPAA. This link has a lot of resources on HIPAA for RHCs.

<https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers?fbclid=IwAR1Da5B2qsY3NM0gAghhEJ0cIACL8mBuAQSHRf0x2H4Td8wC6bRTSAxBSUy>



10. OIG Exclusions Database - The OIG states that the excluded party database must be checked prior to employing anyone and then again monthly. Here is the website:

<https://exclusions.oig.hhs.gov/>

The screenshot shows the website header with a 'REPORT FRAUD' button and navigation links: Home, FAQ, FOIA, Contact, HEAT, Download Reader. The main header includes the OIG seal and the text 'Office of Inspector General U.S. Department of Health & Human Services'. A search bar is present with the placeholder text 'Report #, Topic, Keyword...'. Below the header is a navigation menu with links: About OIG, Reports & Publications, Fraud, Compliance, Exclusions, Newsroom, and Careers.

The main content area has a breadcrumb trail 'Home > Exclusions' and a tip: 'Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov'. Below this is a search bar with the text 'Search the Exclusions Database'.

A red-bordered box contains the instruction: 'Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below.'

The search section is titled 'Search For An Individual' and includes three radio button options: 'Search For Multiple Individuals', 'Search For A Single Entity', and 'Search For Multiple Entities'. There are input fields for 'Last Name' and '(and/or) First Name'. Below the input fields are 'Search' and 'Clear' buttons.

On the right side, there is a 'Related Content' sidebar with a list of links: 'LEIE Downloadable Databases', 'Monthly Supplement Archive', 'Waivers', 'Quick Tips', 'Background Information', 'Applying for Reinstatement', 'Contact the Exclusions Program', 'Frequently Asked Questions', and 'Special Advisory Bulletin and Other Guidance'.



Phase 3 | Submitting the State Application

2.	State Application and Deeming Authority (1 month)
A.	Complete State Application and submit to the state.
B.	Determine if the clinic will use a deeming authority or not.
C.	If using a deeming authority, complete the application.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0174

VERIFICATION OF CLINIC DATA – RURAL HEALTH CLINIC PROGRAM

Medicare program must complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the Center for Medicare & Medicaid Services (CMS) regional office at <http://www.cms.gov/RegionalOffices>. This form is also to be completed when the State agency surveys a participating RHC.

CMS CERTIFICATION NO.

STATE/COUNTY

STATE REGION

I IDENTIFYING INFORMATION
(TO BE COMPLETED FOR EACH CLINIC SITE)

NAME OF CLINIC: **Local Hospital RHC** STREET ADDRESS: **200 Rural Health Drive**
CITY, COUNTY AND STATE: **Smithville, Hamilton, AL** ZIP CODE: **37000** TELEPHONE NO. (Including Area Code): **(256) 747-1000**

II NAME AND ADDRESS OF CLINIC CHIEF(S)
Local Hospital Regional Medical Center
5 Hospital Drive
Smithville, AL 37000

III MEDICAL DIRECTION
Dr. Marcus Vestly
100 Main Street
Smithville, AL 37000

IV CLINIC PERSONNEL (AND TIME EQUIVALENTS)

IA. PHYSICIAN	IB. NURSE PRACTITIONER	IC. PHYSICIAN ASSISTANT	ID. OTHER
1.00	1.00	1.25	9.0

V TYPE OF CONTROL (SEE INSTRUCTIONS)

1. PROFIT	A. INDIVIDUAL	B. CORPORATION	C. PARTNERSHIP	D. GOVERNMENT		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FEDERAL	LOCAL	STATE
2. NON-PROFIT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is the RHC a provider-based entity to a hospital or critical access hospital (CAH)? Yes No

If yes, please indicate the CMS Certification Number of the hospital/CAH: **04-8900**

I certify that this information is true, correct, and complete. I agree, if approval is granted, that all services rendered by the clinic shall be in conformity with Federal, State, and local laws. I further understand that a violation of such laws will constitute grounds for withdrawal of approval under the regulations. If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

SIGNATURE OF AUTHORIZED OFFICIAL: TITLE: **President** DATE: **08/13/2018**

Form CMS-2517(11-15)



Phase 4 | After the RHC Inspection

Once the clinic has passed the RHC inspection, we will go in the process of billing as a rural health clinic. This is one of the most frustrating stages of the process as we are waiting for billing numbers and rates to be set by Medicare and Medicaid. Once we pass the RHC inspection we will have a webinar and go over the documents below depending on which state you are in. We will discuss resources for each state and how we can speed the process to start billing as a rural health clinic.

Here are the presentations on how to start billing as a rural health clinic for each state.

- [Alabama After the RHC Inspection Report Medicare & Medicaid Enrollment](#)
- [Kentucky After the RHC Inspection Report Medicare & Medicaid Enrollment](#)
- [Ohio After the RHC Inspection Report Medicare & Medicaid Enrollment](#)
- [Mississippi After the RHC Inspection Report Medicare & Medicaid Enrollment](#)
- [West Virginia After the RHC Inspection Report Medicare & Medicaid Enrollment](#)

You will want to go to our website on RHC Billing and review the recorded webinars we have on RHC billing and other resources for billing RHC services correctly. The location of the website is: <http://www.ruralhealthclinic.com/rhc-billing>



HOME ABOUT SERVICES RESOURCES WEBINARS STORE CALENDAR BLOG CONTACT



RHC MEDICARE BILLING RESOURCES

Healthcare Business Specialists, LLC is pleased to provide you with these billing resources to help your rural health clinic bill Medicare for your services. Billing RHC services requires the ability to create a UB-04 in an electronic format (RPT). Many clinics that are new to RHC billing rely on outside help to bill for services. We work closely with Azalea Health (<https://www.azaleahealth.com/>) based in Georgia. Azalea Health is a leader in Electronic Health Records, Revenue Cycle Management, Telehealth, and professional services to rural medical providers including CAs and rural health clinics. Many RHCs need access to Direct Data Entry (DDE) to verify coverage or adjust claims and Ability is a service that many of our RHC clients recommend.

RHC Beginning Billing Series in December, 2018. Three Sessions were recorded in December. We will have one more in January, 2019. Here are the links to the recordings of the webinars.

- [RHC Billing Recording of Webinar Session 1 on 12/4/2018](#)
- [RHC Billing Recording of Webinar Session 2 on 12/5/2018](#)
- [RHC Billing Recording of Webinar Session 3 on 12/6/2018](#)

Here are the PDFs we used at each of the webinars if you want to follow along on paper or take notes.

- [RHC Billing Webinar Session 1 Presentation \(PDF\)](#)
- [RHC Billing Webinar Session 2 Presentation \(PDF\)](#)
- [RHC Billing Webinar Session 3 Presentation \(PDF\)](#)



Phase 5 | Cost Reporting

Healthcare Business Specialists prepared approximately 150 RHC cost reports annually for Independent RHCs. Mark R. Lynn, CPA has over 35 years of experience working with RHCs and Dani Gilbert, CPA is a Certified Rural Health Professional as accredited by the NARHC. Our goal is to prepare your Medicare cost reports as accurately and timely as possible within the constraints of tight independent RHC budgets.

When it gets time to prepare the Medicare and Medicaid Cost Reports we will reach out to you via email in plenty of time to sign a proposal for professional services and gather the information to file a timely and accurate Medicare and Medicaid Cost Report.

RHCs are required to file Medicare and Medicaid cost reports annually in order to determine their payment rate and reconcile interim payments, including adjustments for GME payments, bad debt, and influenza and pneumococcal vaccines and their administration. Healthcare Business Specialists can prepare these cost reports for you, eliminating guesswork and inaccuracy while ensuring accurate reimbursement for your clinic.

Every year, Healthcare Business Specialists will send out a cost report checklist that helps our clients in pulling together the required information needed for the cost report preparation.

Healthcare Business Specialists will also work with your Medicare Administrative Contractor (MAC) to resolve any differences concerning your cost report at no additional cost to the clinic. Additionally, we are available to answer any questions that management may have concerning Medicare and Medicaid reimbursement during the year. You will find below links to a presentation Mark Lynn did for the NARHC and HRSA on July 30, 2019.

Rural Health Clinic Cost Reporting

Tuesday, July 30, 2019

- [Presentation slides](#)
- [Webinar recording](#)
- [Audio recording \(MP3\)](#)
- [Webinar transcript](#)



| Contact Information

Thank you for working with us on the startup of your Rural Health Clinic. Here is our contact information:



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RuralHealthClinic.com
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Facebook Group

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>

Rural Health Clinics Information Exchange
Public group

Save the Date!

FREE RHC UPDATE SEMINARS

LOCATIONS & REGISTRATION

Joined • Notifications • Share • More

Write Post • Add Photo/Video • Live Video • More

Write something

Photo/Video • Watch Party • Ask for Recs...

Olivia Rivera Morris
3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

Like • Comment • Share

InQuiseek Consulting
Mark has a great page here and brings all of us together. You can also like and follow our page for more info. You.

<https://www.facebook.com/InQuiseek/>

InQuiseek Consulting
Like • Reply • Commented on by Mark (you) • Not

Healthcare Business Specialists Patty Goff Marger Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

InQuiseek Consulting healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late--late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like • Reply • Commented on by Mark (you) • Not

UPCOMING GROUP EVENTS

Free RHC Update Seminar - Nashville
Wednesday, October 30, 2019 at 8 AM
5201 Virginia Way, Brentwood, TN 37027
Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky
Wednesday, November 5, 2019 at 8 AM
2292 US-27 #300, Somerset, KY 42501
Hosted by Mark Lynn

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Virtual Mock Inspection PowerPoint Presentation





HBS
Healthcare Business Specialists

Virtual Mock Inspection and Program Evaluation
Healthcare Business Specialists
April 24, 2020

1



HBS
Healthcare Business Specialists

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www.ruralhealthclinic.com

[RHC Information Exchange Group on Facebook](#)
• "A place to share and find information on RHCs."

3



2020 Dates

Nashville 11/5
Somerset, KY 11/12
Alabama, 11/18


4



HBS
Healthcare Business Specialists

- What does Healthcare Business Specialists do?
- Listing of Services
<https://tinyurl.com/w63xbp8>
- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

5



RHC Information Exchange Group on Facebook


Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>

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When do RHCs get inspected?

1. Upon initial entrance into the RHC Program
2. Upon recertification by the State, AAAASF, or TCT
3. Alabama and Kentucky are not doing initials. Tennessee is.



7



Objective of the RHC Certification Inspection

To determine if the RHC is in substantial compliance with the 9 conditions of participation for RHC participation or the standards of the deeming authority.


RHCs may receive Standard or Condition Level Deficiencies.

8


There are Nine Conditions of Participation

<https://www.law.cornell.edu/cfr/text/42/part-491/subpart-A>

- 491.4 Comply with Fed, State, & Local Laws
- 491.5 Must meet location requirements
- 491.6 Physical Plant and Environment
- 491.7 Organizational Structure
- 491.8 Staffing and Staff Responsibilities
- 491.9 Provision of Services
- 491.10 Patient Health Records
- 491.11 Program Evaluation
- 491.12 Emergency Preparedness



9



RURAL HEALTH CLINIC

Phase 1: Introduction & BSA Pre-...
 Evidence Binder
 Preparing for the RHC Inspection...
 Emergency Preparedness
 Mock Inspection
 Healthcare Business Specialists

10

PREPARING FOR THE RHC STATE INSPECTION WEBINAR AND MATERIALS

On February 5, 2020 Healthcare Business Specialists presented a webinar on preparing for the state/AAAASF/TCT inspections to become a rural health clinic and re-inspections conducted by the state, AAAASF, and TCT. Here is the recording of the webinar and the PDF of the presentation:

- Webinar Recording on RHC State Inspections
- Powerpoint Presentation (PDF)
- RHC Conversion Guide from HBS
- Pretest - 8 Questions (PDF)
- Mock Inspection Form used by Healthcare Business Specialists
- Program Evaluation Template (Word)
- Powerpoint Presentation by Kate Lill on RHC Certification
- Powerpoint Presentation by Elsie Crawford on RHC Certification
- State Operations Manual updated January 17, 2020
- State Operations Manual Updated January 17, 2020 (Nine Pages related to RHCs)
- TCT Mock Inspection Form in Word Format
- TCT Mock Inspection Form in PDF Format

<http://www.ruralhealthclinic.com/certification-materials>

11

RHC SURVEY PREPARATION STEPS AND RESOURCES

As you prepare for the RHC inspection here are some resources to help you comply with the nine conditions of participation to become a rural health clinic. It is important to start acting as if you are a rural health clinic before the inspection. We have provided some resources for you to review and start working on before the Mock Inspection occurs. The Mock Inspection is designed to be educational and instructional and will elaborate on the processes and procedures that the State Inspectors, AAAASF, and the Compliance Team will expect to be in place by the time of the Certification Inspection. Please click on the links below to view the documents:

- Assignments for Clinic Personnel including Forms to implement
- RHC Certification, Mock Inspection, and Evidence Binder Summary Information
- Agenda for RHC Mock Inspections (2-page PDF)
- RHC Mock Inspection Form, Evidence Binder, and Resources for the initial inspection (32-page PDF)
- Estimated Timeline for the RHC conversion process (1-page PDF)
- RHC Survey Steps based upon Interpretative Guidelines (21-page PDF)
- Emergency Preparedness Required Activity Checklist (1-page PDF)
- Infection Control Checklist for ASCs used by RHC Inspectors (17-page PDF)
- Evidence Binder Instructions
- Evidence Binder Table of Contents
- Medical Director Agreement Template (Patient Care Included)
- Medical Director Duties and Physician Job Description
- Collaborative Agreement for the NP/PA
- Nurse Practitioner Protocols Policy with reference to UpToDate App or NP Protocol Book
- Fire Drill Documentation
- Chart Audit Forms

<http://www.ruralhealthclinic.com/certification-materials>

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Progress Report for RHC Conversion

Mock Inspection Clinic


Regulation	Compliance Status	Due Date
100% 555A	Compliant	1 Mar 20
100% RHC P & P	Compliant	1 Apr 20
0% Evidence Binder	Not Compliant	
0% EP & P Manual	Not Compliant	23 Apr 20
0% EP Training	Not Compliant	25 Apr 20
0% Mock Inspections	Not Compliant	26 Apr 20
0% RHC Signatures	Not Compliant	
0% State Dept. Licenses	Not Compliant	
0% Civil Licenses	Not Compliant	
0% Basic Settings	Not Compliant	
0% Billing as RHC	Not Compliant	

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RURAL HEALTH CLINIC PROGRAM EVALUATION

APRIL 24, 2020

NAME OF CLINIC



Required if in operation for more than one year.

101 SHADDE PARKWAY, SUITE 214
CHATTANOOGA, TENNESSEE 37421
TELEPHONE 423-243-6155
MAIL@RHC.COM

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EXECUTIVE SUMMARY

RHCs must meet nine (9) conditions of participation to be eligible for the RHC program. As an integral part of the program evaluation we evaluated whether the clinic was in substantial compliance or not with the conditions required to be eligible for the RHC program. We have provided a summary of the regulations and the clinic's status on each.

#	Regulation	Description	Status
1	42 CFR 491.4	Compliance with Federal, State and Local Law	Y
2	42 CFR 491.5	Location of Clinic	Y
3	42 CFR 491.6	Physical Plant and Environmental	Y
4	42 CFR 491.7	Organizational Structure	Y
5	42 CFR 491.8	Staffing and Staff Responsibilities	Y
6	42 CFR 491.9	Personnel of Services	Y
7	42 CFR 491.10	Patient Health Records	Y
8	42 CFR 491.11	Program Evaluation	Y
9	42 CFR 491.12	Emergency Preparedness	N

On January 12th and 13th, Mark R. Lynn, CPA (inspector) conducted a mock inspection for compliance with RHC regulations and preparedness for the licensure survey from the state and as an integral part of the program evaluation required by the RHC Conditions of Participation.

We conducted a mock inspection of the rural health clinic, reviewed the RHC policy and procedure manual, and reviewed medical records. The initial results of the mock inspection are provided in the Mock Inspection Report that is included in the attached Program Evaluation Report. There is a listing of To-do items as well that must be completed to bring full compliance with RHC regulations.

The clinic was in substantial compliance with eight of the nine conditions of participation for rural health clinics; however, Emergency Preparedness could potentially lead to condition-level deficiencies at each of the clinics and will be addressed on the next page.

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Preparing for the RHC Inspection Steps

1. Prepare an RHC Policy and Procedure Manual
2. Prepare an Emergency Preparedness Policy and Procedure Manual
3. Train your employees about RHC status
4. Start Acting like you are an RHC
5. Conduct an Emergency preparedness drill, risk assessment, and EP training
6. Conduct a Program Evaluation
7. Conduct a Mock Inspection
8. Prepare an Evidence Binder


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Preparing for the RHC Inspection

Step	Description	Due Date
3.	Prepare for State Inspection and Inspection (2 to 3 months)	
A.	Complete the RHC Policy and Procedure Manual Questionnaire.	
B.	HBS will prepare the RHC P & P Manual and Fed Ex to clinic.	
C.	HBS will prepare Emergency Preparedness P & P manual.	
D.	HBS will conduct EP Tabletop Webinar Drills.	
E.	HBS will conduct Mock Inspection and if required an annual evaluation of the RHC.	
F.	Clinic will prepare Evidence Binder for the Inspectors.	
G.	HBS will notify the state or deeming authority the clinic is ready for the inspection.	
H.	The state or deeming authority will conduct the RHC inspection.	

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RHC & EP Policy & Procedure Manuals

The first step is to complete the RHC Policy and Procedure Manual and the Emergency Preparedness questionnaires we will email you or you can find a link to them below. Once we receive the questionnaires, we will draft up the Manuals for you to edit and approve. The manuals will have to be approved by your Medical Director (a physician), a Nurse Practitioner/Physician Assistant, and a Community Representative who is not employed by the clinic. The following are links to the RHC and EP Questionnaires:

- [RHC Policy and Procedure Manual Questionnaire](#)
- [Emergency Preparedness Policy and Procedure Manual Questionnaire](#)
- <http://www.ruralhealthclinic.com/emergency-preparedness>

HBS has OSHA, HIPAA, and Laboratory manuals that are not specific to rural health clinics but are helpful if you do not already have those manuals. Please let us know and will email them to you.

18



The most important step to passing the RHC inspection is to prepare and maintain a comprehensive Evidence Binder to present to the Inspector.

A. Yes
B. NO


19

The clinic will have an Evidence Binder and give that to the surveyor.

Tennessee RHC Survey Evidence Binder

Item	Location	Notes
1. Table of Contents		
2. Table of Contents		
3. Table of Contents		
4. Table of Contents		
5. Table of Contents		
6. Table of Contents		
7. Table of Contents		
8. Table of Contents		
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46. Table of Contents		
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48. Table of Contents		
49. Table of Contents		
50. Table of Contents		

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Evidence Binder

The most important aspect of passing the RHC inspection is to have an Evidence Binder to present to the inspector when the RHC inspection begins. We will provide a Table of Contents and if you will accumulate the information before the inspection that will make the inspection go much, much smoother. Your Evidence Binder should be maintained in a Notebook and continually updated. **In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them.** This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.

- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)

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Have an Evidence Binder that is up to date at all times. (a file with copies for the inspector)

The Inspector will hand you a list of what they want to see in most cases. The list will typically have the same things listed:

- A. Physician/NP/PA/CNM/Nurses licenses
- B. Schedules for NPs/PA/CNMs (50%)
- C. Preventive maintenance logs and plans
- D. ALS or CPR updated certificates
- E. Chart Reviews by the Medical Director
- F. Emergency, Fire, and Medical Drills
- G. Fire Department inspection, Invoices for PM.....

22

Listing of Licensed Staff Members

Staff Member Name	License Number	Expiration Date	Notes
John Doe	123456789	12/31/2020	
Jane Smith	987654321	06/30/2021	
Bob Johnson	567890123	03/31/2021	
Alice Brown	345678901	09/30/2020	
Charlie White	234567890	11/30/2020	
Diana Green	123456789	08/31/2021	
Frank Black	012345678	05/31/2021	
Grace King	901234567	02/28/2021	
Henry Lee	890123456	07/31/2020	
Ivy Scott	789012345	04/30/2021	
Jack Adams	678901234	10/31/2020	
Karen Baker	567890123	01/31/2021	
Leo Clark	456789012	09/30/2020	
Mia Evans	345678901	06/30/2021	
Noah Foster	234567890	03/31/2021	
Olivia Gibson	123456789	11/30/2020	
Peter Hall	012345678	08/31/2021	
Quinn Hill	901234567	05/31/2021	
Rachel King	890123456	02/28/2021	
Samuel Lee	789012345	10/31/2020	
Tina Miller	678901234	07/31/2020	
Victor Moore	567890123	04/30/2021	
Wendy Parker	456789012	01/31/2021	
Xavier Quinn	345678901	09/30/2020	
Yara Reed	234567890	06/30/2021	
Zoe Stone	123456789	03/31/2021	

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Rural Health Clinic Evidence Binder



1. How to complete the Evidence Binder
2. CMS-855
3. New to Clinic - CPEs
4. History of the Clinic - CPEs
5. Health Services Area Description
6. List of Entities - CPEs
7. Health Services
8. TNA License
9. CPE Certificate
10. Annual Self-Inspection
11. Health Services
12. Call Record Agreement
13. Volunteer Services Agreement
14. Quality Check Book
15. Organization Chart
16. Clinic Guidelines
17. Listing of Licensed Staff Members
18. Fire Department Inspection & Plan
19. Fire Department Inspection & Plan
20. Fire Department, Tennessee, Inc. (DDE)
21. Annual TNA, CPEs, & Plan
22. Fire Plan with Evacuation Route
23. Housekeeping Log
24. Preventive Maintenance Log
25. Agency for the Inspection
26. Annual Report & Inspection Report

<https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/R/5dd043513f9513116962399f/1573929809795/2019+Evidence+Binder+25+Tab+Index.pdf>

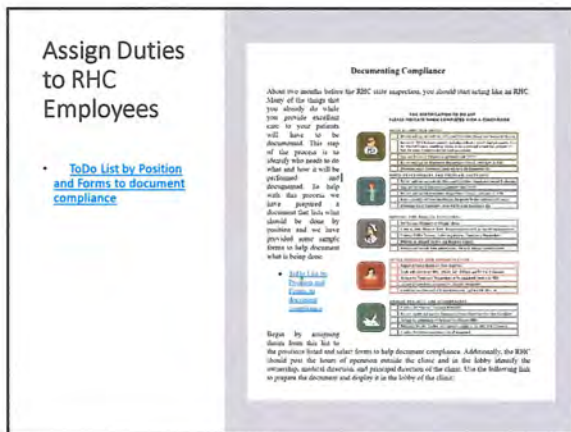
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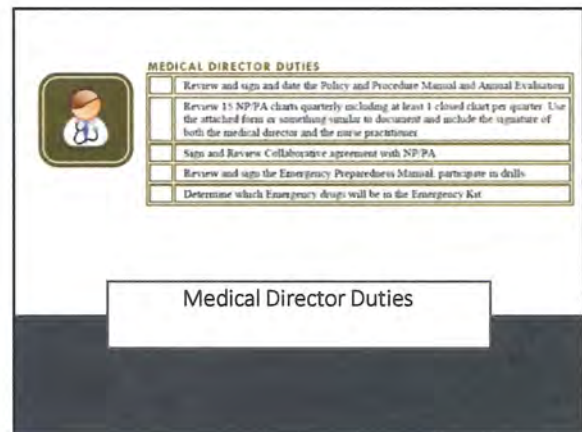
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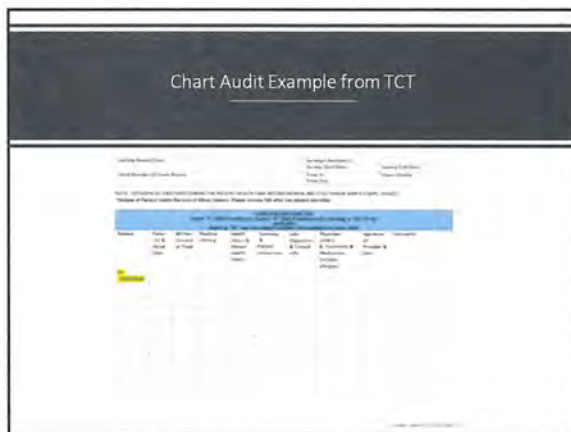
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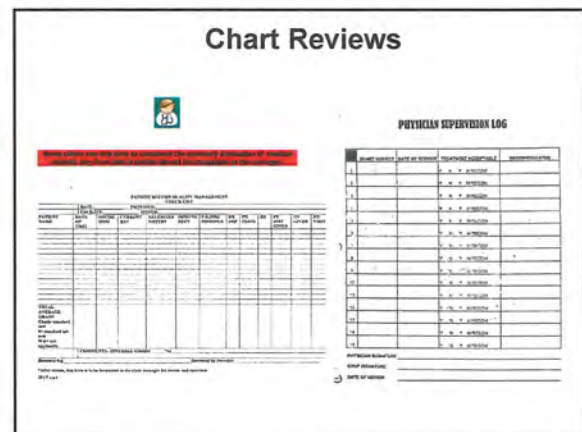
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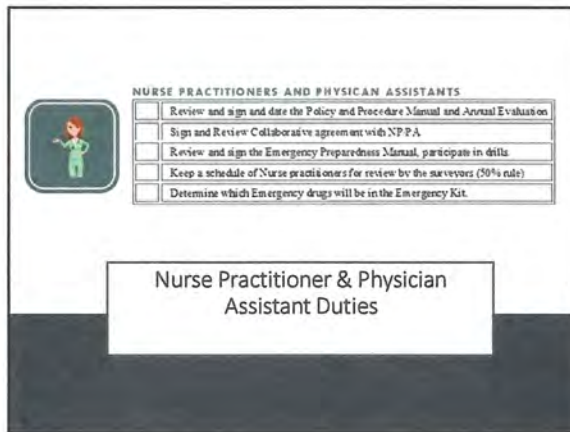
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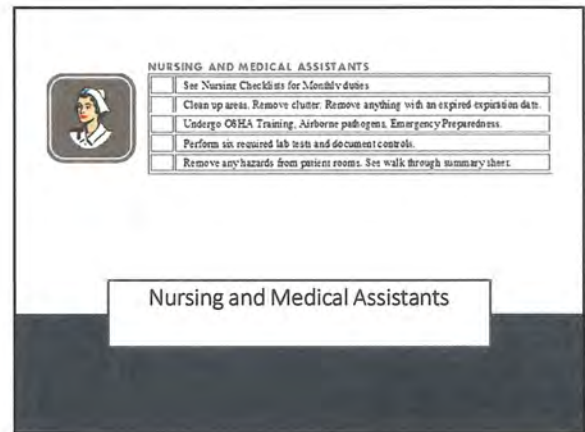


NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

- Review and sign and date the Policy and Procedure Manual and Annual Evaluation
- Sign and Review Collaborative agreement with NP/PA
- Review and sign the Emergency Preparedness Manual, participate in drills
- Keep a schedule of Nurse practitioners for review by the supervisors (50% rule)
- Determine which Emergency drugs will be in the Emergency Kit.

Nurse Practitioner & Physician Assistant Duties

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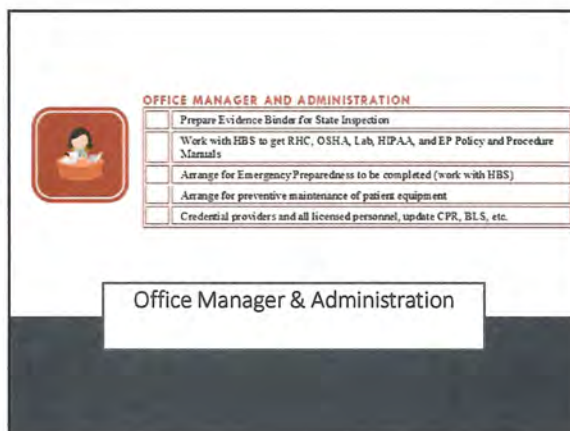


NURSING AND MEDICAL ASSISTANTS

- See Nursing Checklists for Monthly duties
- Clean up areas. Remove clutter. Remove anything with an expired expiration date.
- Undergo OSHA Training, Airborne pathogen, Emergency Preparedness.
- Perform six required lab tests and document controls.
- Remove any hazards from patient rooms. See walk through summary sheet.

Nursing and Medical Assistants

32

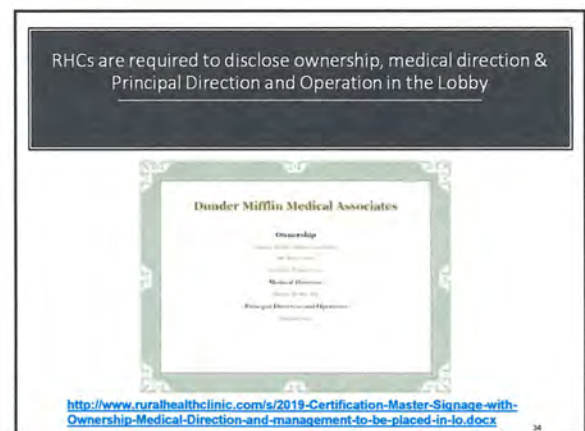


OFFICE MANAGER AND ADMINISTRATION

- Prepare Evidence Binder for State Inspection
- Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP Policy and Procedure Manuals
- Arrange for Emergency Preparedness to be completed (work with HBS)
- Arrange for preventive maintenance of patient equipment
- Credential providers and all licensed personnel, update CPR, BLS, etc.

Office Manager & Administration

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RHCs are required to disclose ownership, medical direction & Principal Direction and Operation in the Lobby

Dunder Mifflin Medical Associates

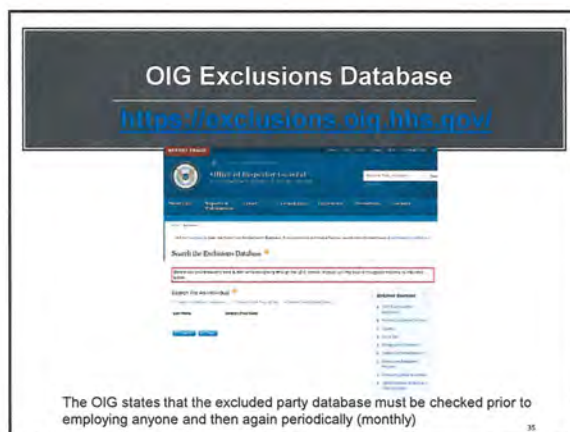
Ownership

Medical Director

Principal Direction and Operation

<http://www.ruralhealthclinic.com/s/2019-Certification-Master-Signage-with-Ownership-Medical-Direction-and-management-to-be-placed-in-to.docx>

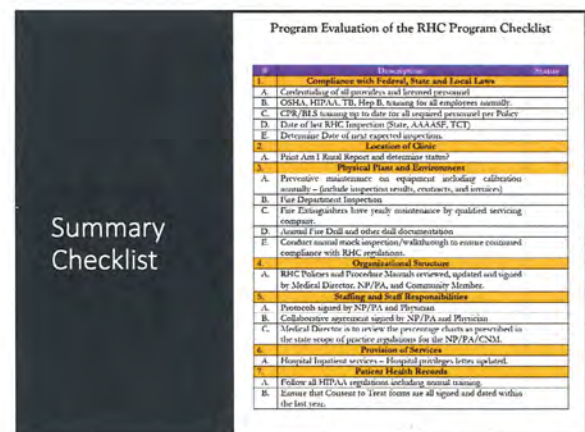
34



OIG Exclusions Database
<https://exclusions.oig.hhs.gov/>

The OIG states that the excluded party database must be checked prior to employing anyone and then again periodically (monthly)

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Summary Checklist

Program Evaluation of the RHC Program Checklist

Item	Description	Status
1	Compliance with Federal, State and Local Laws	
A	Control of all personnel and licensed personnel	
B	OSHA, HIPAA, TB, Hep B, training for all employees annually	
C	CPR/BLS training up to date on all required personnel per Policy	
D	Date of last RHC Inspection (State, AAAASF, TJC)	
E	Expiry Date of next expected inspection	
2	Location of Clinic	
A	First Aid Kit Report and expiration status?	
B	Hygiene Basin and Restroom	
A	Preventive maintenance on equipment including calibrations annually - (include inspection results, contracts, and services)	
B	Fire Department Inspections	
C	Fire Extinguishers have yearly maintenance by qualified servicing company	
D	Annual Fire Drill and other drill documentation	
E	Conduct annual mock inspection/sufficiently to ensure continued compliance with RHC regulations	
3	Organizational Structure	
A	RHC Policies and Procedure Manuals reviewed, updated and signed by Medical Director, NP/PA, and Community Member.	
B	Collaborative agreement signed by NP/PA and Physician	
C	Medical Director as to verify the prescriptive authority as provided in the state scope of practice regulations for the NP/PA/CNM.	
4	Patient Health Records	
A	Hospital Inpatient services - Hospital privileges letters updated.	
B	Follow all HIPAA regulations including annual training	
C	Consent to Treat forms are all signed and dated within the last year.	

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Summary Checklist (2)

Category	Item	Notes
Program Evaluation		
A.	Program Evaluation completed, dated in 7 & 7 annual, and signed by all members including the executive director.	
B.	The Medical Director has reviewed at least 10 charts including those closed in quarter charts and the results of the review are reported to the Board of Directors/Personnel Evaluation Report and Minutes.	
Emergency Preparedness		
A.	One of the most recent exercise scenarios, if applicable of the Emergency Policies and Procedures.	
B.	Date of the most recent "all hazards" assessment was performed as required.	
C.	One of the most recent exercise scenarios, if applicable of the emergency plan.	
D.	One of the most recent exercise scenarios, if applicable of the Communication Plan.	
E.	Date of the most recent training or drill on Emergency Preparedness.	
F.	Date of the most recent contact with local EOC Director.	
G.	Date of the last test of the Emergency Preparedness Plan and Documentation as per required.	
H.	Date of annual test of the Emergency Preparedness Test and documentation as per required.	

Note: This checklist is not designed to replace everything a rural health clinic is required to stay in compliance with RHC regulations but is provided to give RHC's a general overview of the areas or checklist level steps that need to be completed annually to keep the RHC in compliance with RHC regulations. We encourage that RHC's maintain an Evidence Based or other regular documents to provide the inspection upon request.

For more information, please go to our website on RHC compliance at <http://www.ruralhealthclinic.com/compliancematerials> and join our Facebook Group at <https://www.facebook.com/groups/157614615296362>, which will provide information on webinars and webinars from Healthcare Business Specialists.

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Paperwork Preventive Maintenance

Written equipment management policy includes a listing of equipment, how the equipment is organized, labeled, and tested. No equipment is on the floor.

Adult and pediatric scales are balanced at least annually.

Patient care equipment is appropriately calibrated per manufacturer's guidelines.

AED is maintained and tested in accordance with manufacturer recommendations.

Equipment testing log or checklist is current and available to the survivor.

Clinic has written cleaning policies and procedures for equipment.

Clinic has a list of all equipment by manufacturer, model, and serial number.

Clinic has a process for tracking preventive maintenance due dates.

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Facility Tour

Equipment Maintenance Best Practices

- All equipment resides on an Inventory List
- Policy determines need for Inspection vs Preventive Maintenance
- PM based on Manufacturer's IFUs
- Process in place for tracking due dates for PM
- Evidence of initial inspection BEFORE use in patient care
- Annual Bio-Med inspection is evident with stickers or report
- Equipment not in use is labeled as such and stored away



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Paperwork Drills, Training, Shots (TB, Hep B, etc)

Send Tests to Clinic to document review of Policies

Compliance Item Reviewed

All staff have participated in emergency training, i.e. fire, evacuation, tornado, acts of terrorism. Training is documented.

Staff clearly understands their role in the event of an emergency.

Clinic has a tornado evacuation plan.

Clinic has personal protective equipment available.

Clinic has documented universal precautions and training.

Clinic has procedures in place for handling and disposing of infectious waste and how to prevent cross-contamination.

Clinic has an organized process for handling on-site and off-site emergencies.

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The RHC Inspection


INSPECTION

PASSED

FAIL



41



What is your Mindset

Think about child proofing your home when you have small children.

Think about the safety of patients and Employees.

Think about privacy and HIPAA.



42



Who Conducts RHC Certification Inspections

1. The State
2. AAAASF
3. The Compliance Team (See Presentation)

https://www.healthy.arkansas.gov/images/uploads/pdf/AR_RHC_Survey_4.13.2018_.pdf

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When the RHC Inspector arrives you should?

- A. Send them away if you are not entirely ready.
- B. Try to keep them in the waiting room as long as possible.
- C. Find them a private place to work as soon as possible.

QUESTIONS

44



The Surveyor is the key to the inspection.



The Receptionist will often determine Which Surveyor you get. Train Them!

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Have a plan for when the Inspector comes to your clinic

1. Provide the receptionist with instructions
2. Do not keep them waiting in the lobby
3. Give them a desk to work at that is quiet and away from activity.
4. Give them the P and P manual and RHC Evidence Binder.
5. Inform the staff that the inspection is underway.
6. Call your Consultant.



Call Your Consultant

46



The Surveyor will give you a document something like this.



47



The Surveyor will give you a document something like this.




48

Day of Survey Agenda

- On-site Meeting with Key Leadership
- Review of RHC policies
- Tour the entire Facility
- Observe Medication Storage
- Observe Infection Prevention Practices
- Interview Staff and Providers
- Patient Health Record review
- Personnel Files
- Exit interview

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When the surveyor asks a question you do not know the answer to?

- A. Pretend you don't hear them
- B. Make something up
- C. Say "Let me refer to the Policy and Procedure manual and get right back with you"
- D. Say "I don't know and I don't care"

QUESTIONS

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Mock Inspection



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Mock Inspection – Tour of Clinic

Facility Tour




Clean and Maintained

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GENERAL			
Tag	Compliance Item Reviewed	Pass	To Do
J3	The RHC and its staff are following applicable Federal, State, and local laws, 491.4 Hours or operations are posted on the outside of the clinic, 491.4 (g)		
J5	All clinical staff have current BLS certificates on file, 491.4 (g)		
J5	Personnel files include employee applications, resumes, 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 clinical staff.		

Facility Tour



- Local Licenses or Certificates
- State Postings
- Federal Postings
- Dangerous Drug Certificates
- Provider Licenses

State and Federal Posters are required to be in Visible Places

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Mock Inspection Hours of Operation



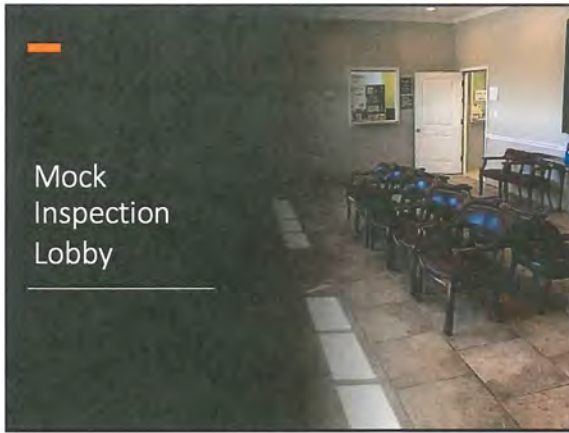
Bowling Family Medical Clinic
256-333-4118

HOURS
MON-THURS. 8:00am-6:00pm
FRI. 8:00am-12:00noon
SAT. & SUN. Closed

Se habla español
Christ Bowling, CRNP
Kevin Bowling, CRNP
Josiah Daily, MD
Collaborating Physician

OPEN

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55



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Compliance Item Reviewed
Clinic is handicapped accessible. See Handicapped Codes for more info.
Exit doors and signage are in the appropriate places.
Clinic does not have any exposed building materials. (i.e., insulation, holes in walls, etc.)
Fire extinguishers are inspected monthly and annually by an outside fire professional company or personnel with appropriate training.
Emergency exit routes are free of barriers.
Exit signs are appropriately placed.
Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.
Secondary doors are locked at all times.
Shatter proof light bulbs are used for all exposed lights.
Overhead ceiling lights are free of bugs and debris.
Floor plans were posted throughout the clinic.
Flooding is free from hazards.
Patient restrooms are free of staffs' personal hygiene products.
The clinic is free of clutter.
Hallway exits are free of obstructions.

A photograph of a long, narrow hallway with a tiled floor and several doors on the right side. The hallway is well-lit and appears to be a central corridor in a clinic.

57

Mock Inspection

Facility Tour

Fire Safety Process per State Regulations
(note accreditation standards that may exceed CFR)

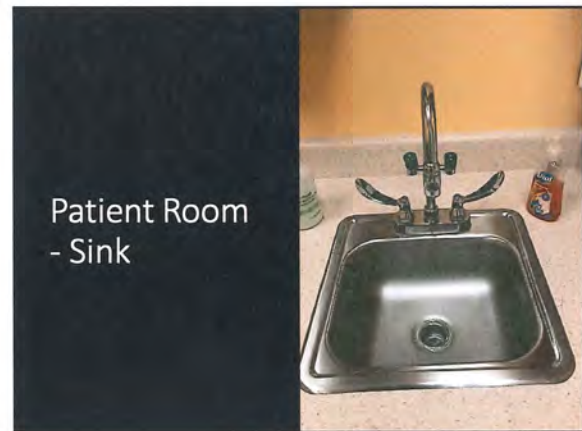
The image shows a collection of fire safety items: a red fire extinguisher, a framed 'EXIT' sign, and a framed floor plan.

58

Compliance Item Reviewed
Clinic is handicapped accessible. See Handicapped Codes for more info.
Exit doors and signage are in the appropriate places.
Clinic does not have any exposed building materials. (i.e., insulation, holes in walls, etc.)
Fire extinguishers are inspected monthly and annually by an outside fire professional company or personnel with appropriate training.
Emergency exit routes are free of barriers.
Exit signs are appropriately placed.
Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.
Secondary doors are locked at all times.
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Hallway exits are free of obstructions.

A photograph of a long, narrow hallway with a tiled floor and several doors on the right side. The hallway is well-lit and appears to be a central corridor in a clinic.

59



60



Will the RHC inspector observe a patient visit?

A. Yes, under recent Interpretative Guidelines the inspector should do this.

B. No, HIPAA Privacy Regulations will not allow this.

QUESTIONS

61




Handwashing Video



<https://www.youtube.com/watch?v=SyRtMI4a1FE>

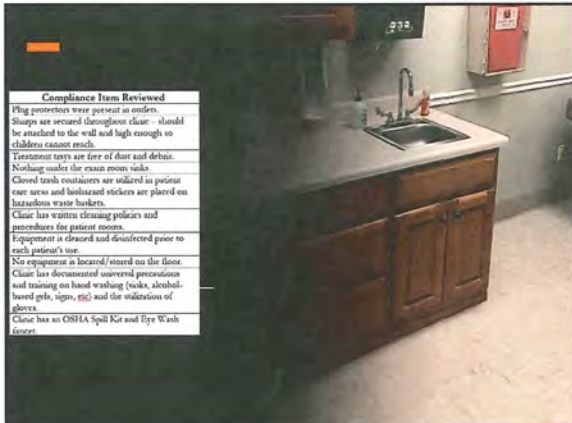
62



Three Clinics RHC Recent Deficiencies

Deficiency	I-Tag	X	X	X
EP – Risk Assessment & Update EP F & P Manual	E 004	X	X	X
Maintenance – Failure to maintain Automated External Defibrillator (AED) Inspection log	J 042	X	X	X
Provision of Services – Charting of Injection Sites in Medical Records	J 325		X	X
Provision of Services – Patient Health Records Consent to Treat	J 351		X	X
Staffing and Staff Responsibilities – Hand Washing	J 023			X
Provision of services – Expired Drugs	J 0125			X

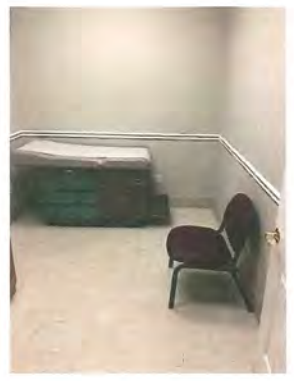
63



Compliance Item Reviewed

- Flap protectors were present in outlets.
- Slings are secured throughout clinic – should be attached to the wall and high enough so children cannot reach.
- Treatment trays are free of dust and debris.
- Nothing under the exam room sinks.
- Closed tank containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste buckets.
- Clinic has written cleaning policies and procedures for patient rooms.
- Equipment is cleaned and disinfected prior to each patient's use.
- No equipment is stored/stored on the floor.
- Clinic has documented universal precautions and training on hand washing (soaps, alcohol-based gels, signs, etc) and the utilization of gloves.
- Clinic has an OSHA Spill Kit and Eye Wash fitter.


64



Compliance Item Reviewed

- Flap protectors were present in outlets.
- Slings are secured throughout clinic – should be attached to the wall and high enough so children cannot reach.
- Treatment trays are free of dust and debris.
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Laboratory

66

RuralHealthClinic.com
Experienced Knowledge

Place Hints Throughout The Clinic

****LIDOCAINE AND KYLOCAINE are single use vials and should be discarded after each use.****

STANDARD PRECAUTIONS

REMEMBER!
Multi-dose vials
KEEP BY LABELING WITH A 28 DAY
EXPIRATION DATE AND DISCARD
UNTIL THE LABEL DOES NOT fit your needs.

67

Laboratory Control Logs

68

Refrigerator - Specimens

69

Refrigerator - Medications

70

Drugs and Biologicals

All medications are stored in locked cabinets, cupboards, and/or drawers. No patient access. Medications are locked up at the end of each day.

Medications, biological, and sterile supplies are inventoried monthly for expiration date.

Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy.

Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy.

Refrigerator and freezer temperatures are recorded daily, and twice daily if storing vaccines. (VFC)

The clinic does not store medications in the door of the refrigerator or freezer.

Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #.

Controlled substances are inventoried on a weekly basis and stored dispensed in accordance with State Pharmacy regulations.

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Sample Medications Locked

72



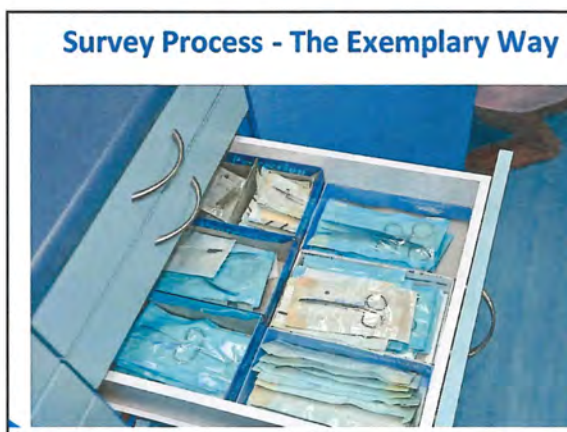
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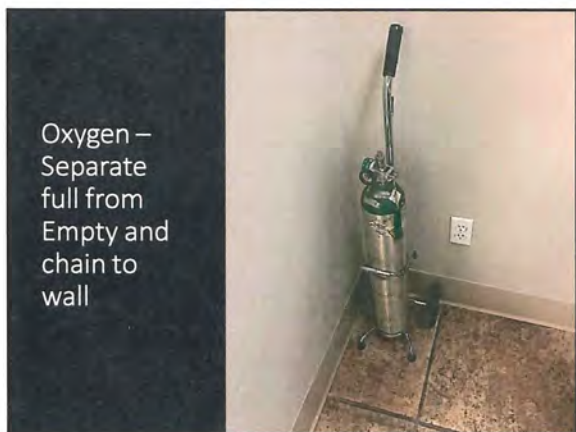
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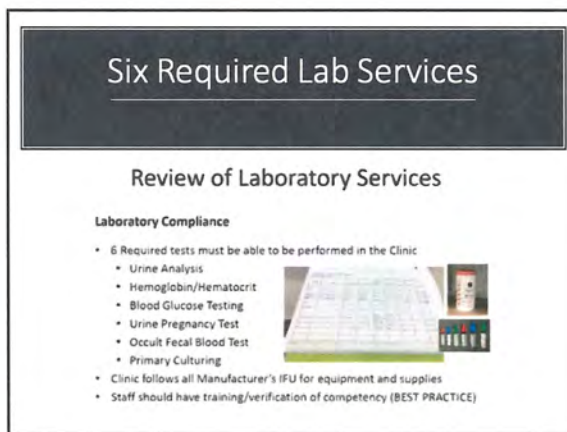
75




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RHCs are required to maintain snake antidote?

A. Yes
B. No

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CMS Relaxes Policy on Emergency Drugs and Biologicals for RHCs

NARHC is happy to report that CMS is significantly altering their guidance policy regarding emergency drugs and biologicals required in Rural Health Clinics. This change is effective immediately.


Previously, RHCs were required to stock drugs and biologicals from each of the following categories: 1-Analgesics; 2-Local Anesthetics; 3-Antibiotics; 4-Anticonvulsants; and 5-Antidotes, emetics, serums & toxoids. However, as of September 3rd, 2019, RHCs will only be required to consider each category when they craft their written policies. This means that RHCs will not be required to stock snake antidote, emetics, or anticonvulsants!



<https://www.web.narhc.org/News/28058/CMS-Relaxes-Policy-on-Emergency-Drugs-and-Biologicals-for-RHCs>

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Appendix G – Revision Dated September 3, 2019



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-18-RHC.pdf>

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INTERPRETATIVE GUIDELINES RELEASED

CMS released a long update to SOM Appendix G Interpretative Guidelines for RHCs (Appendix G was updated in January, 2018) Here is the link to this 93 page PDF.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-09.pdf>

While not legally binding, it can be used by surveyors to justify non-compliance


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NEW INTERPRETATIVE GUIDELINES NOT LEGALLY BINDING



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RHCs should consider which of the following when stocking the Emergency kit?

A. The community history
B. The medical history of its patients
C. Accepted Standards of Practice
D. All of the above

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**Appendix G -
Emergency
Drugs and
Biologicals for
RHCs**

- "While each category of drugs and biologicals must be considered, all are not required to be stored..."
- We will still be required to store drugs and biologicals for emergencies, but now, CMS is allowing us to determine which drugs and biologicals are most appropriate for our communities:
- "...when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, the RHC should consider, among other things, the community history, the medical history of its patients and accepted standards of practice. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination."

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Appendix Z Revised on 2/1/2019

- Appendix Z updated as of 2/1/2019. The red italics show the changes made with this revision (see downloads section). For the full Appendix Z, please see https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

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Revisions and Updates to Appendix Z

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

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Include Infectious Diseases in All Hazards Risk Assessment & Develop a Policy

- CMS is adding "emerging infectious diseases" to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.
- <http://www.ruralhealthclinic.com/s/2019-Master-Infectious-Disease-Policy-ESU-to-add-to-the-Emergency-Preparedness-Policy-and-Procedure.docx>
- <http://www.ruralhealthclinic.com/s/2019-Emergency-Preparedness-Forms-Infectious-Disease-Forms.pdf>

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Resources for RHCs

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Description	Web Address
RHC Regulations from the CFR	http://narhc.org/resources/rhc-rules-and-guidelines/
Appendix G Guidance to Surveyors: Rural Health Clinics	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf
CMS-30 Survey For Rural Health Clinics (This is a modified version that is useful)	http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/survey-report-tool.pdf

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CMS 30 Survey Form – Last updated March 1, 1978

Changes over the last 40 years
NP/PA is now 50% not 60% - OBRA 89
Lab tests are now 6 instead of 9 – mid-90s
Medical Director not on site every two weeks – 7/1/2014
Guidance from the deeming organizations on emergency meds.
RHCs can now pay using 1099 for some NPs/Pas – 7/11/2014
Updated Version. Not official: http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/survey-report-tool.pdf

Problem: Surveyors still cite this report.

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Survey Resources for New RHCs

Type	Cap
State Surveyors	CMS State Survey Agency Directory
Quad A RHC Accreditation	https://www.aaaaf.org/programs/medicare-programs/medicare-rural-health-clinics-program
The Compliance Team RHC Accreditation	http://www.thecomplianceteam.org/rural_health_clinic.aspx

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The Quality, Safety & Education Portal (QSEP)
<https://qsep.cms.gov/welcome.aspx>



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RHC TRAINING MODULES

On August 22, 2017 CMS published RHC and FQHC Basic Training Online Course (RFBTOC) which is a series of training modules for RHC inspectors or new RHCs. The course will take approximately 25 hours to complete. Rural Health Clinics (RHC) are required to comply with the Federal requirements set forth in the Medicare Conditions for Certification/Conditions for Coverage in order to receive Medicare and/or Medicaid payment. The goal of an RHC survey complaint survey is to determine whether the RHC complies with its applicable Conditions of Participation at 42 CFR 491, Subpart A. The link to find the RHC survey training course is as follows:

https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=OCMSRHCFQHC_ONL


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EMERGENCY PREPAREDNESS TRAINING MODULES

- Emergency Preparedness Basic Surveyor Training Course - Course Menu
- The Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group (SCG) developed the Emergency Preparedness Basic Surveyor Training Course to help health and safety and Life Safety Code (LSC) surveyors and reviewers gain proficiency in surveying all affected participating providers and certified suppliers for compliance with their individual emergency preparedness requirements.
- Because the individual regulations for each provider and supplier type share a majority of standard provisions, this training provides consistent guidance and survey procedures for all provider and supplier types in a single course.
- The estimated course completion time for this training is 16 hours.
- https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=OCMSEmPrep_ONL

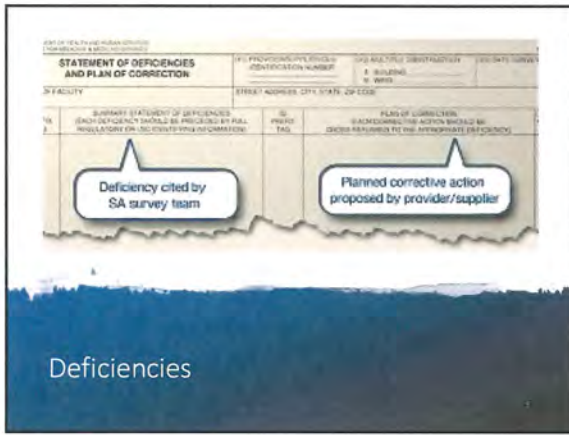
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RHC Forms to use from Idaho

Bureau of Rural Health & Primary Care (See 2012 Presentations)	http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/RuralHealthClinic(RHC)Certification/408/Default.aspx
Medical Record Review Form	http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/PatientRecordQualityChecklist.pdf
CDC Temperature Logs	http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/CDCTempLog.pdf
Equipment Maintenance Logs	http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Equipment%20Name.pdf
Sample Medication Log	http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/SampleMedicationLog.pdf

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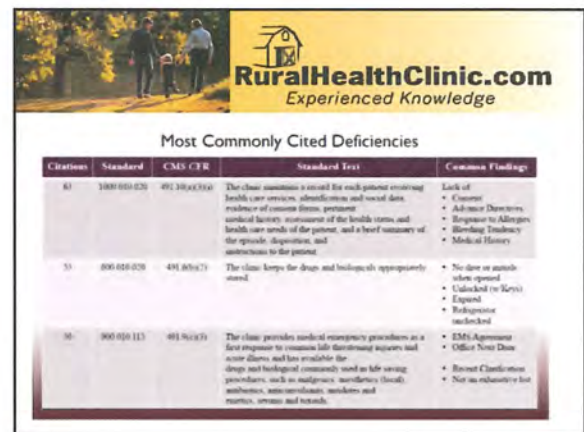
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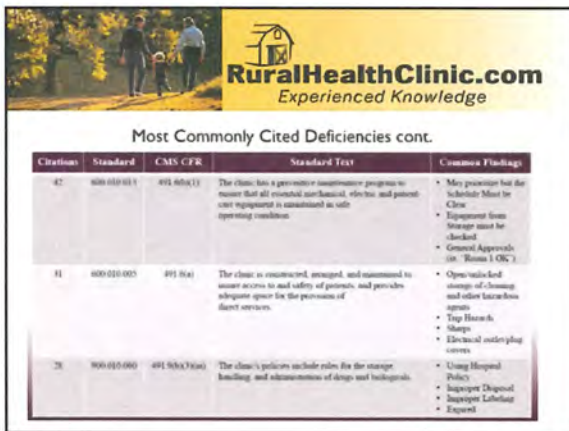
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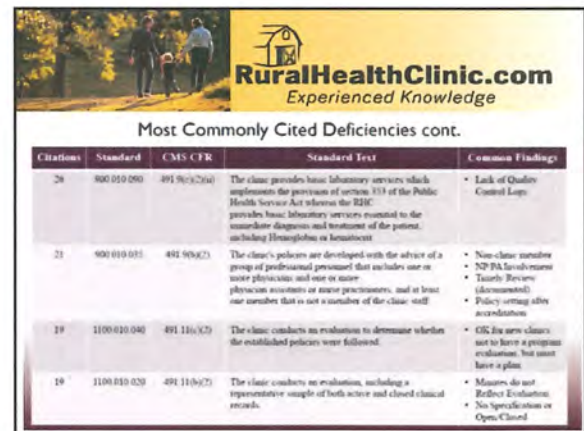
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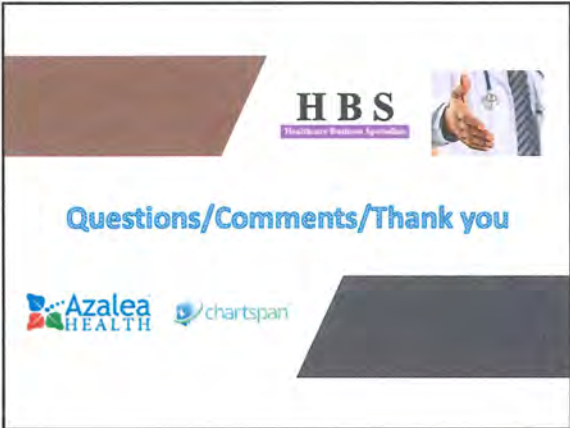
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101

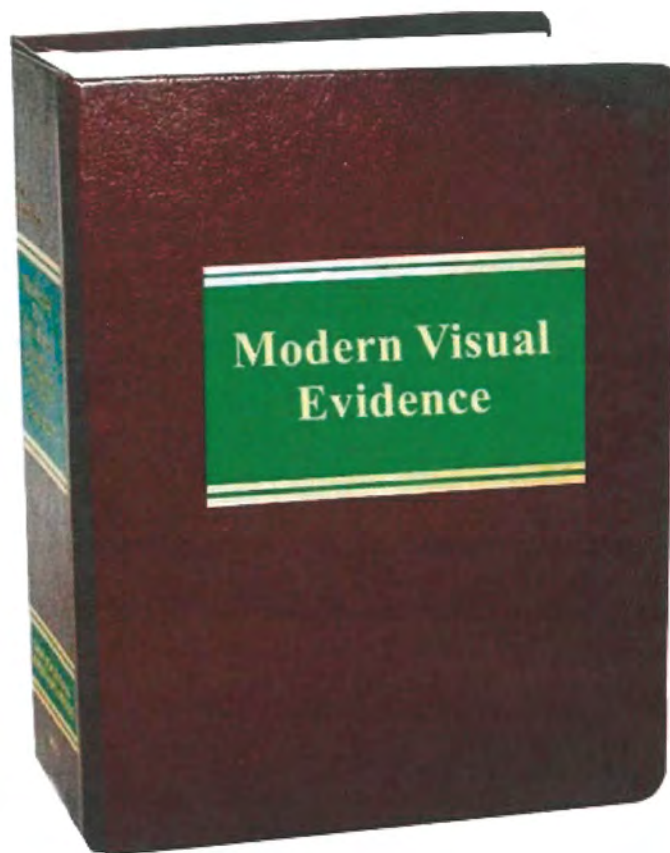


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Evidence Binder



Rural Health Clinic Evidence Binder



Mark R. Lynn, CPA (Inactive)
Healthcare Business Specialists, LLC
502 Shadow Parkway
Chattanooga, TN 37421
Call: 423.243.6185
Email: marklynnrhc@gmail.com

1. How to complete the Evidence Binder
2. CMS-29
3. Tax ID Letter – CP-575
4. Medicare Tie-In Letter -CCN Number
5. Health Shortage Area Documentation
6. List of Employees- Credentialing Info
7. Medical Licenses
8. DEA Licenses
9. CPR Certificates
10. Annual OIG Exclusion
<https://exclusions.oig.hhs.gov/>
11. NP/PA Protocols
12. Collaborative Agreements
13. Inpatient Services Agreement/proof
14. Quarterly Chart Audits
15. Organization Chart
16. CLIA Certificate
17. Listing of Equipment & Preventive M.
18. Prev. Maintenance Agreement & Invoices
19. Fire, Evacuation, Tornado, etc. Drills
20. Annual HIPAA, OSHA, EP training
21. Floor Plan with Evacuation routes
22. Housekeeping logs
23. Preventive Maintenance logs
24. Monthly log for expiration dates
25. Annual Program Evaluation Report



Evidence Binder

To ensure compliance with Rural Health Clinics (RHC) regulations, we recommend that RHCs maintain an up to date Evidence Binder which includes information and documents that the RHC Surveyor will typically ask for during the RHC Survey Process. Healthcare Business Specialists has provided this Evidence Binder Notebook and Table of Contents to direct you to the most common documents asked for in surveys. Please include a copy of each document in the Evidence Binder and if you are preparing for your initial survey, we recommend that you make an extra copy of the Evidence Binder documents and place them in a folder to give to the RHC Surveyor. This will cut down on time copying documents during the survey and make the initial survey go much faster.





RHC EVIDENCE BINDER

RHC Evidence Binder

- The practice should maintain current documents to prove evidence of compliance at all times. As part of the initial and any follow-up survey, the surveyor will request various documents as evidence of compliance for all regulations. It is recommended that all documents be housed in one central location or binder. For the purpose of this course, this will be referenced as the “RHC Evidence Binder”. Having this binder will make the survey process go smoothly while also helping to avoid delays or possible citations if information cannot be located. It is also recommended that this manual be reviewed quarterly to update any new or outdated information.
- This should be a separate binder that is not part of your policy and procedure manual.

Tips To Help You Be Successful

- Organize the binder in the way that works best for you.
- Schedule calendar reminders to review the data quarterly for updates.
- Identify key staff and educate them on what is in the binder and where it is located. A surveyor could come at any time unannounced. The survey will take place regardless if the manager is there or not. Staff should be educated and feel confident that they can assist the surveyor with the requested documentation.
- Keep only the most current documents in the binder and archive old documents to separate files if needed.



RHC Evidence Binder

- **The evidence binder should include:**
 - ✓ Copy of current HPSA
 - ✓ Copy of CMS initial/final tie-in notice
 - ✓ Copy of last survey document (if available)
 - ✓ ANNUAL preventive maintenance log/documentation, calibration, etc.
 - ✓ Roster of all current staff, (including providers) That includes hire date, job titles, FTE status and any hospital privileges
 - ✓ Evidence of yearly staff training (ex. hazardous waste, infection control, etc.)
 - ✓ All providers and clinical staff BLS certification
 - ✓ For Providers and licensed staff (when applicable) – copies of all licenses, DEA's, CV's, resumes and applications
 - ✓ Cleaning/Disinfecting logs/Contract
 - ✓ Spore check reports/Radiation reports if applicable

- Below is additional documentation and or evidence of compliance that the surveyor will request. This can also be placed in your evidence binder but it is recommended that you create a separate binder for easy reference.
 - Sample Medication logs – recommended placing in or near the sample medication storage area.
 - SDS (Safety Data Sheets) book – recommended placing near the eye wash station.
 - Lab manual – this should house all your lab policies and control logs and placed in the lab area.



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Evidence Binder List - RHC

HPSA Data
Copies of Providers: CV, State License, DEA and BLS
Copies of all staff job descriptions (including Medical Director)
Copy of Floor Plan
Yearly Electrical inspection by Bio-Medical Dept. report
Fire and Tornado evacuation etc. copy of site specific policy training log
Copy of Current ORG Chart hospital and practice
Roster of All Current Staff , providers, clinical and clerical with job titles, FTE, hospital privileges
Quarterly Chart Reviews
Housekeeping logs
Current Advisory meeting presentation/agenda/minutes
All Providers and Clinical Staff BLS certifications on file
Evidence of yearly staff training. (ex. Hazardous waste, inf. Control..)
Current Copy of DEQ
Current Copy of CLIA in binder as well as lab area

Separate Binders/Logs Needed
Sample Medication Logs
Medications biological and sterile supplies checked monthly for expiration dates
Lab supplies and reagents monthly inventory
Current MSDS list available for review
Patient's rooms checked monthly Log
Copies of the quarterly provider-app chart reviews, signed by both Physician and APP



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Items to look for in Rural Health Clinics (AAAASF)

AAAASF/RHC Medicare Inspection Checklist

1. Organization Tour with Supporting Policies:
 - a. Safety of General Environment: There will be familiarization walkthrough tour of the organization
 - b. Document Review: Personnel records and Qualifications
 - c. Document Review and Postings : Compliance with Federal, State, and Local laws and Administrative Management
 - d. Plan of Care and Physician Involvement
 - e. Provision of Services
 - f. Document Review: Contracted Services
 - g. Document Review: Patient Health Records
 - h. Physical Environment
 - i. Staffing and Staff Responsibilities
 - j. Disaster Preparedness
 - k. Program Evaluation
 - l. Survey Findings: The surveyor will document the survey findings and complete the survey forms.
 - m. Exit Interview: The surveyor will review the survey process in an exit interview with the organization administrator and key staff with discussion of areas of deficiency and suggestions for improvement.
2. Patient Care Policy and Procedures
 - a. Governing Authority/Ownership
 - b. Advisory Committee Minutes
 - i. Annual review of all policies and procedures (updated as necessary)



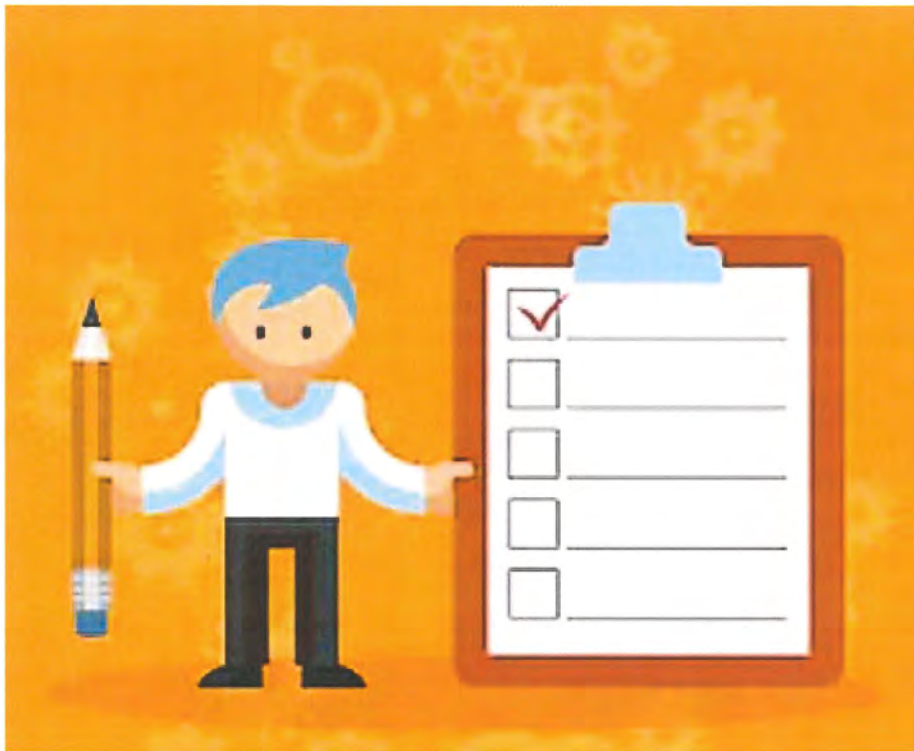
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- c. Governing Authority Minutes
 - i. Medical Director appointment
 - d. Policies and Procedures
 - e. Administration Management: contingency plan
 - f. Environment
 - i. Inspection and maintenance of equipment
3. Clinical Staff
- a. Licensed
 - b. Reappraisals review and evidence that these are occurring regularly (not more than two years).
4. Medications
- a. Check expiration date
 - b. Policy on how medication are stored & handled.
5. Personnel Record Review
(Use attached personnel record review form)
6. Clinical Records Review
(Use attached record review form)



1. Clinic Walkthrough Tour – The inspector will observe the following:
 - a. Clinic is handicapped accessible.
 - b. Exit doors and signage are located in the appropriate places.
 - c. Fire extinguishers are inspected on a monthly basis.
 - d. Floor plans are posted throughout the clinic.
 - e. Sharps are secured throughout the clinic.
 - f. Nothing is stored under exam room sinks.
 - g. Closed trash containers are utilized in patient care areas.
 - h. Clinic has an OSHA Spill Kit and Eye Wash faucet.
 - i. Adult and pediatric scaled are balanced/calibrated annually.
 - j. Patient care equipment is calibrated per manufacturer's guidelines.
 - k. Clinic has a process for tracking preventive maintenance due dates.
 - l. All medications are stored in locked cabinets/drawers.
 - m. Medications, biological, and sterile supplies are inventoried monthly for expiration date.
 - n. Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with clinic policy.
 - o. Expired medications, biologicals, and sterile supplies are discarded in accordance with clinic policy.
 - p. Refrigerator and freezer temperatures are recorded daily.
 - q. Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amount Dispensed, and NDC #
 - r. Controlled substances are inventoried on a weekly ba

Assignment of Duties



RURAL HEALTH CLINIC RHC CERTIFICATION SPRING, 2019



Thank you for engaging Healthcare Business Specialists to help you convert your clinic into a rural health clinic. We have prepared this document as a listing of steps required to be completed before the survey. We will help you with the RHC Emergency Preparedness Policy and Procedure Manuals by drafting up these manuals for your review. There are a number of processes that need to be started before the survey in order to pass the inspection with as few deficiencies as possible. Please review the following report and assign the duties to the staff of the RHC as indicated by the image on each page of the forms.

Healthcare Business Specialists

Specializing in RHC reimbursement

502 Shadow Parkway Suite 214 Chattanooga, TN 37421

Email: marklynnrhc@gmail.com

Website: www.ruralhealthclinic.com

Telephone: (423) 243-6185

RHC CERTIFICATION TO DO LIST

PLEASE INDICATE WHEN COMPLETED WITH A CHECKMARK



MEDICAL DIRECTOR DUTIES

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Review 15 charts for each NP/PA using a special form or at least list 10 charts you reviewed and sign and date the form along with the NP/PA.
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.



NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.



NURSING AND MEDICAL ASSISTANTS

<input type="checkbox"/>	See Nursing Checklists for Monthly duties
<input type="checkbox"/>	Clean up areas. Remove clutter. Remove anything with an expired expiration date.
<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogens, Emergency Preparedness.
<input type="checkbox"/>	Perform six required lab tests and document controls.
<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet.



OFFICE MANAGER AND ADMINISTRATION

<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP Policy and Procedure Manuals
<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.



ANNUAL PROJECTS AND REQUIREMENTS

<input type="checkbox"/>	Conduct the Annual Evaluation/Program Evaluation (HBS)
<input type="checkbox"/>	Review, update and approve Emergency Preparedness (See One Page Checklist)
<input type="checkbox"/>	Arrange for preparation of Medicare Cost Report (HBS)
<input type="checkbox"/>	Review, Update, and Approve changes to the RHC Policy and Procedure Manual.
<input type="checkbox"/>	Conduct Preventive maintenance on all equipment.

Source: <https://www.ohsu.edu/xd/outreach/oregon-rural-health/clinics/rhc-ta-resources/upload/CMS-30.pdf>



Evaluation of Clinic Medical Records

Each quarter the Medical Director should review at least 15 charts which should include active and closed charts. A report should be submitted with the annual evaluation process that indicates that at least 50 charts per annum were reviewed. Here is some of the criteria to use during the evaluation of the clinic medical records.

Criteria Used in Evaluation of Clinic Records

1. Vital Signs measured and recorded
2. Problem list is completed
3. Allergies or lack thereof clearly noted
4. Chief complaint
5. History of illness completed
6. P.E. correlates with complaint
7. Results of diagnostic testing documented
8. Results of procedures documented
9. Medication list is complete
10. Treatment plan is documented
11. All entries signed and dated
12. Informed consent signed
13. Physician signature present
14. Patient education Provided



The Medical Director should review 50 charts per year and present the findings to the Annual Evaluation/Program Evaluation Committee. We recommend the Medical Director review 15 charts (14 active, 1 closed) each quarter and document using the following form or something similar.

PHYSICIAN SUPERVISION LOG

	CHART NUMBER	DATE OF SERVICE	TREATMENT ACCEPTABLE	RECOMMENDATION
1			Y N Y W/RECOM	
2			Y N Y W/RECOM	
3			Y N Y W/RECOM	
4			Y N Y W/RECOM	
5			Y N Y W/RECOM	
6			Y N Y W/RECOM	
7			Y N Y W/RECOM	
8			Y N Y W/RECOM	
9			Y N Y W/RECOM	
10			Y N Y W/RECOM	
11			Y N Y W/RECOM	
12			Y N Y W/RECOM	
13			Y N Y W/RECOM	
14			Y N Y W/RECOM	
15			Y N Y W/RECOM	

PHYSICIAN SIGNATURE _____

CRNP SIGNATURE _____



DATE OF REVIEW _____



Emergency Procedure and Emergency Kit Policy for Rural Health Clinic

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

In the event of an emergency, 911 will be called immediately and Basic Life Support will be administered until the Ambulance arrives. All clinical staff will be BLS certified. An AED will be available in the clinic if needed.

The Medical Director of the RHC reviewed the required medication categories as suggested in the RHC regulations to respond to medical emergencies and based upon the clinic's proximity to emergency services, clinical competency of the providers and staff, and local conditions and expected emergency situations the clinic does have in an emergency kit with the following medications available to treat minor emergencies:

1. analgesics,
2. anesthetics (local),
3. antibiotics,
4. anticonvulsants,
5. antidotes
6. emetics,
7. serums
8. toxoids.

This policy has been reviewed by the Medical Director and signed effective with the signature date:

Signature

Date



Provider Schedules. Keep a schedule for Nurse Practitioners/Pas for two months before the expected inspection date. The clinic must have a nurse practitioner or Physician Assistant for 50% of the time the clinic is open and the clinic must be providing at least 51% of the visits in primary care

Each date must include:

- Clinic start time
- Clinic close time

Number of Clinic Personnel: _____

Current Monthly Case Load for Covered Services: _____

Date of Last Medicare Patient: _____

Facility ID: _____ Month: _____ Hours of Availability

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Clinic Director/Administrator must be present on all available dates listed above. If your availability changes, be sure to contact our office immediately. A cancellation fee may be incurred if surveyors have made travel arrangements and failure to notify AAAASF of such changes is not done prior to the cost assessed.



Patient Safety Compliance Checklist
To be completed by – Medical Assistant
Year: _____

Month	Expired Drug Samples	Sample Doors Locked	Emergency Drugs	Patient Exam Rooms	Locked Vaccine Room	Multiuse Vials Dated
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Instructions

1. The Medical Assistants will review all drug samples, injectibles, medical supplies and biologicals on the last day of the month. By the last day of the month the Medical Assistant will inspect all samples, vaccines, emergency drugs, patient exam room supplies and dispose of any outdated supplies or medications that expire during the upcoming month. (ie. All drugs with a February expiration date will be discarded by January 31)
2. All doors of the Sample Room and VFC Room will remain locked at all times.
3. All opened multiuse vials will be dated and initialed and discarded within 28 days of opening.
4. Please clean the supply cabinets, and remove all clutter from the clinic. The clinic should be completely dust free as well at the end of the month.
Please initial in each of the boxes that you completed the task for the appropriate month.
5. The Nurse Practitioner will oversee this process on a quarterly basis to ensure it has been completed:

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter



Use the following form to conduct random walk throughs of the clinic to determine if the RHC is staying in compliance with RHC conditions of participation.

Date of review:

Reviewed by:

Exam Rooms and Procedure Rooms	Medication/nurse area
1. room logs being utilized?	31. signage on fridge - do not unplug, meds only..etc.
2. expired meds/supplies?	32. power outage procedure on door of imms
3. plug protectors?	33. anything stored in doors of fridges?
4. closed trash containers?	34. schedule II drugs are double locked and logged separately?
5. holes or spots in walls that need repair?	35. allergy meds monitored separately for expiration?
6. locks on cabinets as necessary?	36. oxygen tanks secured
7. anything under sinks?	37. oxygen tanks labeled in use and empty? Cannula ready?
8. vials ointments and solutions dated appropriately?	38. emergency drug box easily accessible?
9. any single use items opened and not discarded?	39. sample meds logged?
10. cleaning products secured?	40. eye wash station checked and logged?
11. drawers and cabinets neatly organized?	41. spill kit?
12. sharps containers mounted and dated appropriately?	42. any safety concerns?
13. splash guards present?	43. any autoclave process concerns?
	waiting room and hallways
	44. holes or spots in walls that need repair?
	45. plug protectors?
	46. clean?
	47. Any safety concerns?
	48. lock on cleaning supply closet
	49. exit signs can be clearly seen and lights functioning?
	50. Secondary doors are locked?
	51. fire extinguishers are being checked monthly?
	52. hallways are clean and unobstructed?
	Check in area
	53. HIPAA review/PHI
	54. area neat and organized?
	Signage and parking lot
	55. hours of operation posted are correct?
	signage review
	any safety concerns?
	Miscellaneous
	APP hours meeting the 50% rule



Here are the regulations and steps to comply with OSHA requirements for healthcare:

https://www.osha.gov/dcsp/compliance_assistance/quickstarts/health_care/index.html#step1

Healthstream is the source that a lot of healthcare providers use for OSHA annual training.

<https://www.healthstream.com/solution/learning-compliance/compliance-learning>

You may want the University of Alabama to come out. They have a free program that you can use.

https://alabamasafestate.ua.edu/safety-consultation/consultation_visit.php



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						



RHC Policy and Procedure Expired Drugs Disposal

Year: _____

Once a month drug sample rooms will be examined for expired drugs and any expired drugs will be disposed of in accordance with State law for that drug.

Month	Expired Samples Disposed	Performed by:	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			



RHC Policy and Procedure
Emergency Drugs Expired Drugs Disposal
Year: _____

Once a month the crash cart will be examined for expired drugs and any expired drugs will be disposed of in accordance with State law for that drug.

Month	Expired Crash Cart Drugs Disposed	Performed by:	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			



Clinical Manager – Controlled Substances should be inventoried and reconciled daily. Use a forms similar to the following.

Controlled Substance Usage Log

Inspector: _____ License No _____ Exp. Date _____
Company: _____ Address _____

Date	Drug	Form/Strength	Amount (Units)			Balance (Units)	Location
			Received	Used	Transferred		

www.FreePrintableMedicalForms.com



Daily – Record the Temperatures of Refrigerators (twice daily if VFC)

Temperature Log for Refrigerator and Freezer — Fahrenheit

Month/Year: _____ Days 1–15

Completing this temperature log: Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years, unless state or local jurisdictions require a longer time period.

temperature range. Follow these steps:

1. Store the vaccine under proper conditions as quickly as possible.
2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
3. Call the immunization program at your state or local health department and/or the vaccine manufacturer to determine whether the vaccine is still usable: () _____.
4. Document the action taken on the reverse side of this log.

If the recorded temperature is in the shaded zone: This represents an unacceptable

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15					
Staff Initials																																		
Room Temp.																																		
Exact Time																																		
°F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Too warm	Take immediate corrective action if temperature is in shaded zone*																																	
Refrigerator temperature																																		
Too cold	Take immediate corrective action if temperature is in shaded zone*																																	
Freezer temp	Take immediate corrective action if temperature is in shaded zone*																																	

*Some frozen vaccines must not be stored colder than -58°F. Check the Prescribing Information on the vaccine manufacturer's website for specific storage temperature instructions.

Adapted by the Immunization Action Coalition, courtesy of the Michigan Department of Community Health and the California Department of Health Services.

Final draft version reviewed by the Center for Disease Control and Prevention, August 2011.

www.immunize.org/catg.d/p3037f.pdf • Iam #F3039F (8/11)

Distributed by the Immunization Action Coalition • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org • admin@immunize.org

Source for forms: <http://www.immunize.org/catg.d/p3037f.pdf>



Monthly ensure that maintenance on the building is in good order and document.

MONTHLY MAINTENANCE

Year _____

MONTH	SMOKE ALARMS	MEDICAL & LAB EQUIP	AIR HANDLING	PEST EXTERMIN	LIGHTING	SIGNAGE	REVIEWED BY
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

INSTRUCTIONS: The individual performing the maintenance should place his/her initial in the appropriate area.
The office manager is to initial the last column to indicate he/she has reviewed the maintenance activity.



Daily and between each patient ensure the cleanliness and engage in infection control activities and log compliance.

CUSTODIAL SERVICES

Month: _____ Location: _____

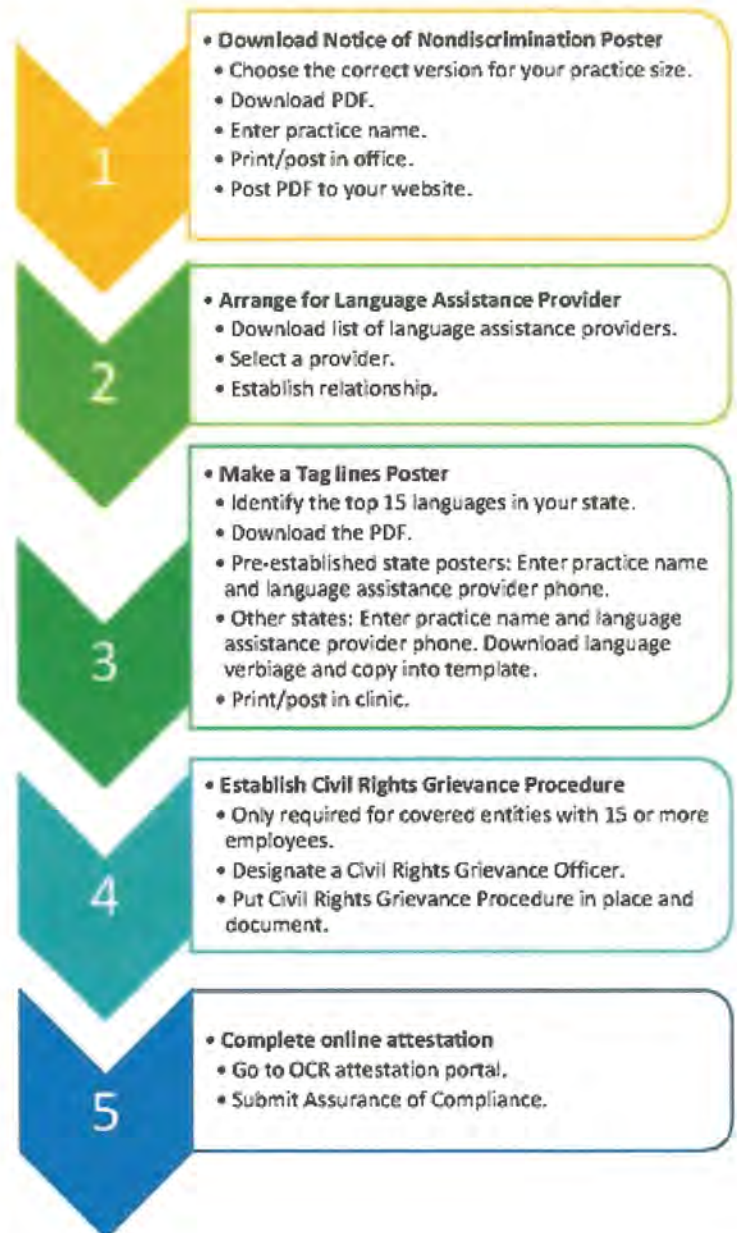
Day	Disinfect Bathroom	Mop All Bathrooms	Mop Lab	Vacuum	Empty Trash	Dust	Clean Glass
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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17							
18							
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29							
30							
31							



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, sex, 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>





Make sure you have this for all Employees

Health Care Professionals Hepatitis B Declination Statement

Hepatitis B Declination Statement*

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

on Statement

and that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of a hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge. I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk for hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge.

Signature: _____ Date: _____

*Taken from: *Bloodborne Pathogens and Acute Care Facilities*. OSHA Publication 3128, (1992).



Makes sure Consent to Treat Forms are all signed within one year. The Inspectors will review 20 charts to ensure compliance.

Name of RHC

General Consent for Care and Treatment Consent

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient



Emergency Preparedness

The Centers for Medicare & Medicaid Services (CMS) requires Rural Health Clinics to be in compliance with all components of the Emergency Preparedness final rule: 42 CFR Part 491.12. These components include but are not limited to the following:

Risk assessment and emergency planning: An “all-hazards” risk assessment was performed, and essential components of this assessment have been integrated into the emergency preparedness plan and planning.

1. _____ Date the most recent “all hazards” assessment was performed or updated.
2. _____ Date the most recent review (revision, if applicable) of the emergency plan.

Policies and Procedures: The facility has developed Policies and Procedures to promote and support the successful outcome of the emergency plan.

3. _____ Date the most recent review (revision, if applicable) of the Emergency Policies and Procedures.

Communication Plan: The facility has developed and maintains a comprehensive emergency preparedness communication plan. The communication plan is fully coordinated within the facility, with state and local emergency management agencies, and with other healthcare providers as necessary.

4. _____ Date the most recent review (revision, if applicable) of the Communication Plan.

Training and Testing: The facility developed and maintains a training and testing program for emergency preparedness. The program includes initial training of staff and involves personnel as well as refresher courses, drills and exercises. The program includes methods to identify areas of the plan that need improvement and the processes and procedures to enact those improvements. *Dates within this section may only be used once and must be within the previous 12 calendar months. To be considered compliant, providers must submit two test dates or one test date along with a date the facility emergency plan was activated.*

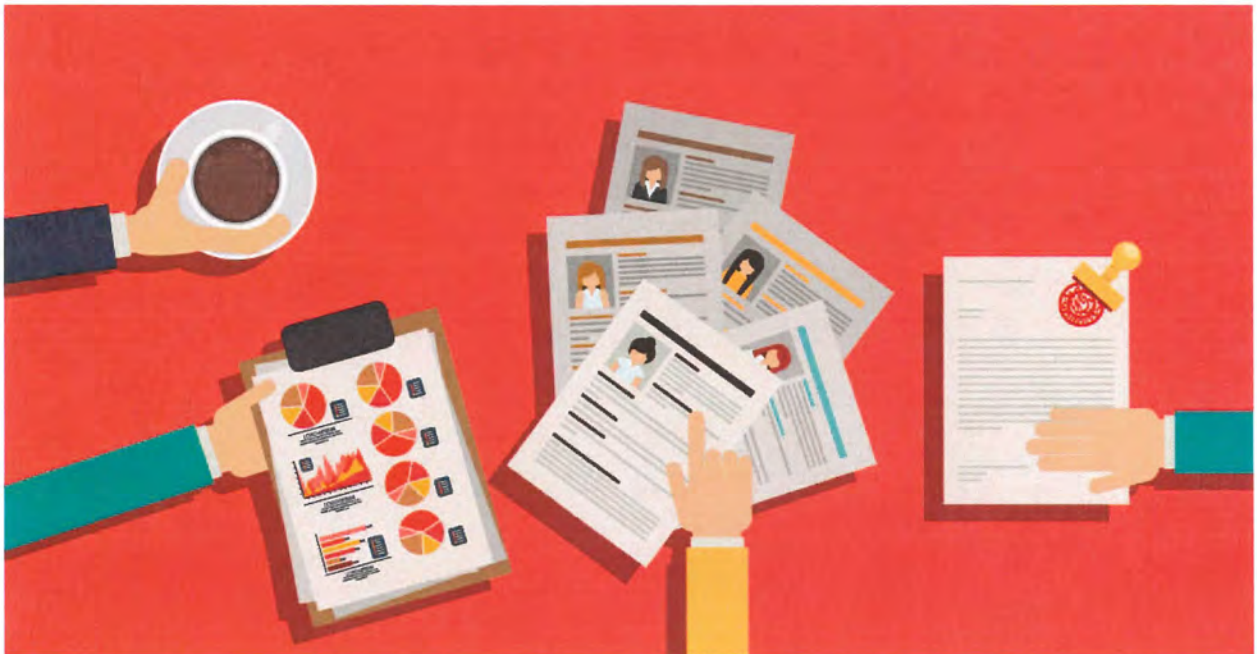
5. _____ and _____ Dates of the most recent tests.
6. _____ Date of the most recent training of staff on Emergency Preparedness

Contact with Local EMA Official regarding of Emergency Preparedness: The facility is knowledgeable of how to contact the local EMA Director and has consulted with them regarding the content of their emergency preparedness plans.

7. _____ Date of the most recent contact with local EMA Director.

For Resources to complete the Emergency Preparedness Process contact Mark Lynn at marklynnrhc@gmail.com or go to <http://www.ruralhealthclinic.com/emergency-preparedness>.

Forms to Document Compliance



Rapid Strep OSOM Patient Test Result/Quality Control Log

Start a new log when opening a new box of 50 Test Sticks. Both the positive and negative external controls must be analyzed when opening a new box. Document the following three Internal Controls with every test (indicate with a check mark if controls are acceptable):

QC1: Combining reagents 1&2 changes color from pink to yellow. **QC2:** Red line appears on stick in 5 minutes. **QC3:** Background in control line area is clear.

Kit Lot #:		Expiration Date:		Internal Controls:				
Date/Time Collected	Patient Name <i>(Attach EPIC label)</i>	Sample Result Pos or Neg	Pink to yellow?	Red line?	Background clear?	Operator	Lab Result	Transcription Review Done
1.	Positive Control - Abnormal							
2.	Negative Control - Normal							
3.								
4.								
5.								
6.								
7.								
8.								

Genzyme OSOM Kit Lot #:		Expiration date:		Internal Controls:			Operator	Lab Result	Transcription Review Done
Date/Time Collected	Patient Name <i>(Attach EPIC label)</i>	Sample Result Pos or Neg	Pink to yellow?	Red line?	Background clear?				
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

Genzyme OSOM Kit Lot #:		Expiration Date:		Internal Controls:			Operator	Lab Result	Transcription Review Done
Date/Time Collected	Patient Name (Attach EPIC label)	Sample Result Pos or Neg	Pink to yellow?	Red line?	Background clear?				
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									



Temperature Log for Refrigerator – Fahrenheit

DAYS 1-15

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. If using temperature monitoring device (TMD; digital data logger recommended) that records min/max temps, document min/max *once* each workday, preferably in the morning. If using TMD that does not record min/max temps, document current temps *twice*, at beginning and end of each workday.
3. Put an "X" in the row that corresponds to the refrigerator's temperature.
4. If any out-of-range temp, see instructions to the right.
5. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Min/Max Temp in Unit (since previous reading)																													

Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

TEMPERATURES	46° F																													
	45° F																													
	44° F																													
	43° F																													
	42° F																													
	Aim for 41°	41° F																												
ACCEPTABLE	40° F																													
	39° F																													
	38° F																													
	37° F																													
	36° F																													

Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

ACTION	Write any out-of-range temps (above 46°F or below 36°F) here:																													
	Room Temperature																													

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Adapted with appreciation from California Department of Public Health



Temperature Log for Refrigerator – Fahrenheit

DAYS 16–31

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. If using temperature monitoring device (TMD; digital data logger recommended) that records min/max temps, document min/max *once* each workday, preferably in the morning. If using TMD that does not record min/max temps, document current temps *twice*, at beginning and end of each workday.
3. Put an "X" in the row that corresponds to the refrigerator's temperature.
4. If any out-of-range temp, see instructions to the right.
5. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp in Unit (since previous reading)																
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
TEMPERATURES	46°F															
	45°F															
	44°F															
	43°F															
	42°F															
ACCEPTABLE	Aim for 41° 41°F															
	40°F															
	39°F															
	38°F															
	37°F															
	36°F															
Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
ACTION	Write any out-of-range temps (above 46°F or below 36°F) here:															
	Room Temperature															

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Adapted with appreciation from California Department of Public Health

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event <small>If multiple, related events occurred, see Description of Event below.</small>	Storage Unit Temperature <small>at the time the problem was discovered</small>		Room Temperature <small>at the time the problem was discovered</small>	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:
Description of Event <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i> <ul style="list-style-type: none"> • General description (i.e., what happened?) • Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer) • Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.) • At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? • Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? • Include any other information you feel might be relevant to understanding the event. 					
Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i> <ul style="list-style-type: none"> • When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].) • Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.) • IMPORTANT: What did you do to prevent a similar problem from occurring in the future? 					
Results <ul style="list-style-type: none"> • What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) 					

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

A fillable troubleshooting record (i.e., editable pdf) can also be found at www.immunize.org/clinic/storage-handling.asp

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered	Room Temperature at the time the problem was discovered	Person Completing Report	
Date: <i>(see below)</i>	Temp when discovered: 45°F	Temp when discovered: 77°F	Name: <i>Nancy Nurse</i>	
Time: <i>(see below)</i>	Minimum temp: 38°F	Maximum temp: 53°F	Comment (optional): <i>temp is approx</i>	Title: <i>VFC Coordinator</i> Date: <i>6/26/18</i>
Description of Event <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i> <ul style="list-style-type: none"> • General description (i.e., what happened?) • Estimated length of time between event & last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer) • Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record) • At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? • Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? • Include any other information you feel might be relevant to understanding the event. 				
<p><i>At 8 am on Tuesday (6/26/18) morning when clinic opened, identified 4 temperature excursions over the weekend in refrigerator with readings as high as 54°, 50°, 49° & 53°F in primary vaccine storage unit #1. Recordings taken every 15 min on calibrated digital data logger overnight. Data logger probe in glycol located in middle of refrigerator with vaccines.</i></p> <p><i>Total time out of range: approximately 3 hrs — maximum temp 53°F (see attached document of continuous temp readings)</i></p> <p><i>Inventory of vaccines: see attached</i></p> <p><i>Water bottles in refrigerator door. No vaccine stored in freezer. No problems with storage unit prior to Saturday night. Thunderstorms in area over weekend may have affected power.</i></p>				
Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i> <ul style="list-style-type: none"> • When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].) • Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.) • IMPORTANT: What did you do to prevent a similar problem from occurring in the future? 				
<p><i>Vaccines currently stored appropriately at 41°F. Refrigerator and vaccines labeled "Do Not Use."</i></p> <p><i>My State Immunization Program contacted at 8:30 am. Spoke with Victor Vaccine. Provided Victor with details of event and list of vaccines. Vaccine to remain quarantined until we hear back from Victor.</i></p> <p><i>Called electric company and confirmed 2 short power outages during weekend.</i></p> <p><i>Checked refrigerator seals — called refrigerator maintenance company to replace seals.</i></p> <p><i>Checked plug on unit — placed tape over plug to prevent inadvertent dislodging. Plan to purchase plug guard.</i></p> <p><i>Plan to follow up with Immunization Program on data loggers with alarms that could be sent to coordinator and back-up phones.</i></p>				
Results <ul style="list-style-type: none"> • What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) 				
<p><i>Late on Monday, I talked with Victor regarding continued use of vaccine. Victor had checked with manufacturers which confirmed that vaccine is acceptable for use. He told me that vaccine could therefore be removed from quarantine. I discussed the entire situation with Susie Supervisor and Dr. Director (clinic medical director) who agreed that we could put vaccine back in use.</i></p>				

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

A fillable troubleshooting record (i.e., editable pdf) can also be found at www.immunize.org/clinic/storage-handling.asp

Date & Time of Event <small>If multiple, related events occurred, see Description of Event below.</small>	Storage Unit Temperature <small>at the time the problem was discovered</small>		Room Temperature <small>at the time the problem was discovered</small>	Person Completing Report	
Date: 7/16/2018	Temp when discovered: 28°F		Temp when discovered: 77°F	Name: Nancy Nurse	
Time: 8:00 am	Minimum temp: 28°F	Maximum temp: 42°F	Comment (optional): temp is approx	Title: VFC Coordinator	Date: 7/17/18
Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.) <ul style="list-style-type: none"> • General description (i.e., what happened?) • Estimated length of time between event & last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer) • Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record) • At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? • Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? • Include any other information you feel might be relevant to understanding the event. 					
<p>When checked main clinic fridge (in lab) at 8:00 am on Tuesday, 7/17/2018, digital readout on data logger read 28°F. Data logger located in center of fridge with probe in glycol. Review of computer readings (taken every 15 minutes) showed steady drop in temps from 42°F at 8:15 pm (7/16/2018) to 28°F reading discovered when arrived at clinic on Tuesday morning (7/17/2018). Readings hit 34°F at 11 pm (7/16) and 32°F at 2 am (7/17). Total time out of recommended storage temps = 9 hours, with 6 hours at freezing or below (see attached document of continuous temp readings). Inventory of vaccines attached.</p> <p>Water bottles in refrigerator door and crisper area. No vaccines stored in freezer. No recent adjustments to temp controls and no previous temp excursions noted with this refrigerator before 7/17.</p>					
Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable!) <ul style="list-style-type: none"> • When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].) • Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.) • IMPORTANT: What did you do to prevent a similar problem from occurring in the future? 					
<p>Upon discovery, vaccines marked "Do Not Use" and stored in 2nd clinic fridge (in exam room #3 at 41°F). Also placed "Do Not Use" note on main fridge in lab. Notified Susie Supervisor about the issue. Contacted Victor Vaccine at My State Immunization Program at 8:30 am. Provided Victor with details of event and list of vaccines in fridge. Victor said to maintain vaccines in 2nd fridge and that he would check with manufacturers to determine next steps.</p> <p>Called Jim's Appliance Repair to examine fridge. Repairman found and replaced faulty thermostat in unit.</p> <p>Reset data logger on center shelf in fridge with probe in glycol.</p>					
Results <ul style="list-style-type: none"> • What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) 					
<p>After fridge thermostat repaired, monitored temps in empty fridge for 1 week, per state requirements. Fridge maintained 39°-41°F temps for entire week. Submitted repair documentation and data logger readings to Victor Vaccine for approval and ordered replacement vaccines. Victor had checked with manufacturers who confirmed that all vaccines in fridge EXCEPT MMR were no longer viable and should be returned per state policy guidelines. MMR may be used because pkg insert allows storage down to -58°F. Discussed entire situation with Susie Supervisor and clinic director, Dr. Director, who agreed on continued use of MMR. Will continue to monitor fridge closely to watch for pattern of temp fluctuations indicating potential problem with thermostat. If problems, contact Victor Vaccine for advice on purchasing new fridge meeting criteria for appropriate vaccine storage.</p>					

Each day must include:

- Staff start time
- Staff close time
- Staff clinic (or) office time

Medical Staff Name: _____

Typical Monthly Work Schedule: _____

30 Day Schedule

Sun	Mon	Tues	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Medical Staff Signature _____

800.010.035

There is a physician, nurse practitioner, physician assistant, nurse-midwife, clinical social worker, or clinical psychologist available to furnish patient care services at all times the clinic operates, and a nurse practitioner or a physician assistant is available to furnish patient care services at least 50 percent of the time the clinic operates.

FIRE DRILL DOCUMENTATION

DATE OF FIRE DRILL: _____

STAFF MEMBERS PARTICIPATING:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OUTCOME:

MEDICAL DIRECTOR

DATE

TORNADO DRILL DOCUMENTATION

DATE OF TORNADO DRILL: _____

STAFF MEMBERS PARTICIPATING:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OUTCOME:

MEDICAL DIRECTOR

DATE