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# RURAL HEALTH CLINIC

## NAME OF CLINIC

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SEPTEMBER 12, 2019

## RHC MOCK INSPECTION REPORT

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## INTRODUCTION

On September 12, 2019, Mark R. Lynn, CPA (inactive) conducted a mock inspection for compliance with RHC regulations and preparedness for the licensure survey from AAAASF 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.

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

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."*



## Executive Summary

Clinic Name: Name of Clinic  
Rural Health Clinic Survey – Mock Inspection Form  
Date: September 12, 2019

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

Number	Recommendations or Items to Implement	Status
1	Section 1557 Compliance. Go to the following website <a href="http://www.aonow.org/?page=1557">http://www.aonow.org/?page=1557</a> and follow the instructions.	
2	Prepare copies of documents asked for by the RHC Inspector. Have one copy for the inspector and one copy for the clinic. HBS will provide a Table of Contents and a Notebook for you to maintain an Evidence Binder at all times. When getting ready for the initial survey please make an extra copy of the contents to provide the surveyor.	
3	See Mock Inspection Report for items in Yellow. Please do the items in yellow and complete the Evidence Binder as indicated in Number 6 above.	
4	Please place the signage we have prepared for you in the lobby that discloses ownership, medical director, and clinic operation.	
5	All staff have participated in emergency training, i.e. fire, evacuation, tornado, etc. Document the training.	
6	Ensure that the Medical Director and Nurse Practitioner sign off on the RHC and EP Policy and Procedure Manuals and the annual evaluation report.	
7	The Medical Director needs to review 15 charts of each nurse practitioner at least quarterly. The review is documented and shared with the nurse practitioner. The documentation is kept separate from the medical record in the RHC Policy and Procedure Manual	



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## 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](#)
- [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 \(Word Format\)](#)



## **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](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.aaaasf.org/>
- The Compliance Team: <https://thecomplianceteam.org/>



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## **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 \(1-page PDF\)](#)



## Program Evaluation of the RHC Program Checklist

#	Description	Status
<b>1.</b>	<b>Compliance with Federal, State and Local Laws</b>	
A.	Credentialing of all providers and licensed personnel	
B.	OSHA, HIPAA, TB, Hep B, training for all employees annually.	
C.	CPR/BLS training up to date for all required personnel per Policy	
D.	Date of last RHC Inspection (State, AAAASF, TCT)	
E.	Determine Date of next expected inspection.	
<b>2.</b>	<b>Location of Clinic</b>	
A.	Print Am I Rural Report and determine status?	
<b>3.</b>	<b>Physical Plant and Environment</b>	
A.	Preventive maintenance on equipment including calibration annually – (include inspection results, contracts, and invoices)	
B.	Fire Department Inspection	
C.	Fire Extinguishers have yearly maintenance by qualified servicing company.	
D.	Annual Fire Drill and other drill documentation	
E.	Conduct annual mock inspection/walkthrough to ensure continued compliance with RHC regulations.	
<b>4.</b>	<b>Organizational Structure</b>	
A.	RHC Policies and Procedure Manuals reviewed, updated and signed by Medical Director, NP/PA, and Community Member.	
<b>5.</b>	<b>Staffing and Staff Responsibilities</b>	
A.	Protocols signed by NP/PA and Physician	
B.	Collaborative agreement signed by NP/PA and Physician	
C.	Medical Director is to review the percentage charts as prescribed in the state scope of practice regulations for the NP/PA/CNM.	
<b>6.</b>	<b>Provision of Services</b>	
A.	Hospital Inpatient services – Hospital privileges letter updated.	
<b>7.</b>	<b>Patient Health Records</b>	
A.	Follow all HIPAA regulations including annual training.	
B.	Ensure that Consent to Treat forms are all signed and dated within the last year.	



#	Description	Status
<b>8.</b>	<b>Program Evaluation</b>	
A.	Program Evaluation completed, filed in P & P manual, and signed by all members including the community member.	
B.	The Medical Director has reviewed at least 50 charts including some closed or inactive charts and the results of the review are reported in the Annual Evaluation/Program Evaluation Report and Meeting.	
<b>9.</b>	<b>Emergency Preparedness</b>	
A.	Date of the most recent review (revision, if applicable) of the Emergency Policies and Procedures.	
B.	Date the most recent “all hazards” assessment was performed or updated.	
C.	Date the most recent review (revision, if applicable) of the emergency plan.	
D.	Date the most recent review (revision, if applicable) of the Communication Plan	
E.	Date of the most recent training of staff on Emergency Preparedness	
F.	Date of the most recent contact with local EMA Director.	
G.	Date of first test of the Emergency Preparedness Test and documentation in EP manual.	
H.	Date of second test of the Emergency Preparedness Test and documentation in EP manual.	

**Note:** This checklist is not designed to capture everything a rural health clinic is required to stay in compliance with RHC regulations but is provided to give RHCs a general reminder of the major or condition level steps that must be completed annually to keep the RHC in compliance with RHC regulations. We recommend that RHCs maintain an Evidence Binder with copies of documents to provider the inspectors upon arrival.

For more information, please go to our website on RHC certification at <http://www.ruralhealthclinic.com/certification-materials> and join our Facebook Group at <https://www.facebook.com/groups/1503414633296362/> which will provide information on webinars and seminars from Healthcare Business Specialists.





# Compliance with Federal, State and Local Laws

Clinic Name: **NAME OF CLINIC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level One**  
 Date: **September 12, 2019**

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: **September 12, 2019**

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.

<b>LOCATION OF CLINIC</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>HALLWAYS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>PATIENT ROOMS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>PREVENTATIVE MAINTENANCE</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

J23: Drugs and biologicals are appropriately stored.

<b>DRUGS AND BIOLOGICALS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>DRILLS &amp; EDUCATION</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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.			

### Notes

1. **Include Emergency Preparedness employee contact information in Tab 6 and copy to Tab 5 Communication Plan. Update this information each year or when there are changes or new hires.**



## Organizational Structure

Clinic Name: **NAME OF CLINIC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Four**  
 Date: **September 12, 2019**

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

<b>ORGANIZATIONAL STRUCTURE</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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.			See Signage Provided
J35.1	The practice administrator is clearly identified.			See Signage Provided
J35.2	All staff can identify the practice administrator by name.			

1. **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: **September 12, 2019**

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.

<b>STAFFING AND STAFF RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>MEDICAL DIRECTOR RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>PHYSICIAN’S ASSISTANT AND NURSE PRACTITIONER RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>PROVISION OF SERVICES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

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.

<b>LABORATORY AND EMERGENCY SERVICES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J61.1	External controls are performed on all CLIA waived tests, if applicable.			
J61.2	External control results are logged.			
J61.3	The clinic has the equipment and supplies to perform hemoglobin or hematocrits.			
J61.4	Lab supplies and reagents are inventoried monthly. Expired supplies are disposed of via the bio-hazard receptacle.			
J61.5	The clinic has the ability to perform:			
	Urinalysis			
	Blood Glucose			
	Hemoglobin or Hematocrit			
	Occult Stool			
	Pregnancy			
	Primary Culturing			
J61.6	Lab work surface is clearly marked as “Non-Sterile” or “Sterile”.			
J61.7	The clinic has a process for tracking labs that are referred out.			



<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J62.1	The clinic has emergency drugs for each of the following drug classifications:			
	Analgesics			Make sure
	Anesthetics (local)			To have an
	Antibiotics			Emergency Kit
	Anticonvulsants			With medicines
	Antidotes			For a first response
	Emetic			To a medical emergency.
	Serums			
	Toxoids			
J62.2	All clinical staff have current BLS certifications on file.			Make sure ALL staff has current BLS certifications.
J62.3	If patients are allowed into the clinic prior to a provider being on the premises, clerical staff have current BLS certification on file.			
J62.4	Clinic has a spill kit – all staff is aware of its location.			



## Patient Health Records

Clinic Name: **NAME OF CLINIC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Seven**  
 Date: **September 12, 2019**

<b>PATIENT HEALTH RECORDS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
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: **September 12, 2019**

<b>PROGRAM EVALUATION</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J77	A program evaluation was completed within 12 months.			
J79	A review of the clinic’s utilization of services has been performed in the past 12 months that includes:			
J80.1	The clinic’s documentation meets the compliance requirements as outlined in J70.			
	(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.			