

RURAL HEALTH CLINIC

MOCK INSPECTION



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Executive Summary

Clinic Name: _____
Rural Health Clinic Survey – Mock Inspection Form
Date: _____

This Executive Summary is prepared to list the additional items to be completed to be prepared for the RHC Inspection.

Number	Recommendations or Items to Implement	Responsibility	Status

Compliance with Federal, State and Local Laws

Clinic Name: _____

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J-0011: 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
J-0011	The RHC and its staff are following applicable Federal, State, and local laws. 491.4			
	All clinical staff have current BLS certificates on file 491.4 (b) as per clinic policy			
J-0013	All staff that are licensed, certified or registered are done so in accordance with applicable State and local laws. 491.4(b)			
	Personnel files include employee application, resume, job description, current license, certificates, employment forms, performance appraisal, and I-9 forms.			
	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.			
J-0020	Hours or operation are posted on the outside of the clinic. 491.5			

Location of Clinic

Clinic Name: _____

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J-0022: 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.

J-0022: 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.

J-0021: 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
J-0021	The facility meets rural area requirements under one of the following criteria:			
	1) Rural areas not delineated as urbanized areas in the last census conducted by the Census Bureau. 491.5(c)			
	2) Included in the rural area classification are those portions of extended cities that the Census Bureau has determined to be rural. 491.5(c)			
	The facility meets the shortage area requirements under one of the following criteria.			
	1) Clinic location is in current HPSA.			
	2) Determination of shortage of primary medical care. 491.5(d)			
	3) Clinic is in a MUA that has been updated with the last 4 years.			
	4) The Governor has designated an area as eligible.			
	5) CMS-29 has same location as location where services are actually being provided 491.5			

Organizational Structure

Clinic Name: _____

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J-0061: The clinic is under the medical direction of a physician, and has a health care staff that meets the requirements of 491.8.

J-0062: The organization’s policies and its lines of authority and responsibilities are clearly set forth in writing.

J-0062: The clinic discloses the names and addresses of:

- 1): Its owners in accordance with Section of the Social Security Act.
- 2): The person principally responsible for directing the operation of the clinic
- 3): The person responsible for medical direction J-0061

ORGANIZATIONAL STRUCTURE				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0061	The medical director is identified. 497.1(a)			
	Staff can identify the clinic’s medical director.			
J-0062	The clinic organizational chart is current.			
	The clinic discloses the names and addresses of its owners in accordance with Section of the Social Security Act (42 U.S.C.132 A-3)			
	The practice administrator is clearly identified.			
	All staff can identify the practice administrator by name.			
	Verify clinic name matches what is listed in CMS’s data base QCOR: https://qcor.cms.gov/index_new.jsp			

Staffing and Staff Responsibilities

Clinic Name: _____
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J-0080: Licensure, certification or registration personnel. Staff of the clinic are licensed, certified or registered in accordance with applicable State and local laws.

J-0081: 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
J-0081	Clinic physicians are identified.			
J-0082	Clinic physician assistant/nurse practitioners are identified.			
J-0082	Clinic has at least one NP and/or PA as an employee of the clinic 491.8(a) [with a W-2]			
	Nurse practitioner holds a current state license as a nurse practitioner, if applicable.			
	Physician assistant holds a current state license as a physician assistant, if applicable.			
J-0083	All physician assistants/nurse practitioners have either a supervisory or collaboration agreement with the supervising/collaborating physician.			
J-0085	A physician, physician’s assistant or nurse practitioner is scheduled at all times during patient care hours.			
J-0086	The physician assistant/nurse practitioner is scheduled to see clinic patients at least 50% of the patient care hours.			
J-0085	The clinic’s schedule reflects appropriate staffing levels.			
J-0101	The PA or NP participates with a physician in a periodic review of the patients’ health records 491.8(b)(3)&(c)			

Staffing and Staff Responsibilities

Medical Director Responsibilities

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0100: Physician responsibilities:

J-0123: The physician provides medical direction for the clinic’s health care activities and consultation for, and medical supervision of the health care staff.

J-0123: The physician participates in developing, executing, and periodically reviewing the clinic’s written policies and the services provided to Federal program patients.

J-0101: The physician periodically reviews the clinic’s patient records, provides medical orders, and provides medical care services to the patients of the clinic. 491.8(b)(3)

MEDICAL DIRECTOR RESPONSIBILITIES				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0124	A physician participated in the development and review of the clinic’s policies. 491.9(b)			
J-0100	The physician’s participation is documented.			
J-0161	The physician has reviewed 15 DOS of each nurse practitioner at least quarterly. (Or per policy to complete 50 annually)			
J-101	The review is documented and shared with the nurse practitioner. 491.8			
J48.3	The documentation is kept separate from the medical record with the clinic’s QAPI records.			
J-0100	Physician meets state requirements for time spent on site.			
J-0101	The physician reviews the documented care of the Mid-level practitioner.			

Staffing and Staff Responsibilities

Physician’s Assistant and Nurse Practitioner Responsibilities

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0102/J-0123: 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
J-0101 J-0123	A physician’s assistant or nurse practitioner participated in the development and review of the clinic’s policies.			
J-0123	The physician assistant/nurse practitioner’s participation is documented.			
J-0123	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.			

Physical, Plant, and Environment Hallways

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0040: 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
J-0041	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 always locked.			
	Shatter proof light bulbs are used for all exposed lights.			
	Overhead ceiling lights are free of bugs and debris.			
	Floor plans are posted throughout the clinic.			
	Flooring is free from hazards.			
	Patient restrooms are free of staffs' personal hygiene products.			
	The clinic is free of clutter. 491.6(b)(3)			
	Hallway exits are free of obstructions.			

Physical, Plant, and Environment Patient Rooms

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0041: 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
	Plug protectors were present in outlets.			
	Sharps 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 trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets.			
	SDS Sheets should be maintained at the clinic including Chemical Name, Brand Name and Manufacturer.			
	Clinic has written cleaning policies and procedures for patient rooms. (Can staff speak to ‘wet time’ of products used?)			
	Equipment is cleaned and disinfected prior to each patient’s use.			
	No equipment is located/stored on the floor.			
	Clinic has documented universal precautions and training on hand washing (sinks, alcohol-based gels, signs) and the utilization of gloves.			
	Clinic has an OSHA Spill Kit			
	Clinic has an Eye Wash station.			
	Oxygen tanks are properly secured and in well ventilated area. Separate location for full, partially full, and empty tanks are clearly marked			

Physical, Plant, and Environment Preventative Maintenance

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0042: Physical Plant and Environment – Maintenance 491.6(b) The clinic has a preventative maintenance program to ensure that: All essential mechanical, electrical, and patient care equipment is maintained in safe operating conditions.

Note: 491.6(b)(1) The clinic must document their preventive maintenance activities. This documentation must be incorporated into the RHC’s program evaluation plan.

PREVENTATIVE MAINTENANCE				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
	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 surveyor.			
	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.			

Physical, Plant, and Environment Preventative Maintenance

Clinic Name: _____

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J-0044: Physical Plant and Environment – Premises are clean and orderly 491.6(b)(3). All areas of the clinic must be clean. These areas include, but are not limited to, the waiting area(s), exam room(s), staff lunch room(s), rest room(s), and office space. The clinic must appropriately monitor housekeeping, maintenance (including repair, renovation, and construction activities), and other activities to ensure a functional and clean environment.

PREVENTATIVE MAINTENANCE: Clean and Orderly				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
The clinic has policies and procedures for an orderly and clean environment that address the following:				
	Maintaining clean and orderly environment during internal or external construction/renovation			
	Measures to prevent the spread of infection disease that include: <ul style="list-style-type: none"> • Hand hygiene • Safe injection practices • Single-use devices; and when applicable high-level disinfection and sterilization • Safe use of point-of-care testing • Routine cleaning of environmental surfaces, carpeting, and furniture 			
	Disposal of waste, including medical waste			
	Food sanitation, if employee food and storage and eating areas are provided			
	Pest control			

Physical, Plant, and Environment Drugs and Biologicals

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0043: Drugs and biologicals are appropriately stored.

DRUGS AND BIOLOGICALS				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
	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 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.			

Physical, Plant, and Environment Emergency Procedures – Drills

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

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
	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.			
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.			

Provision of Services

Clinic Name: _____

J-0122: Basic requirements. The clinic is primarily engaged in providing outpatient health services. 491.9(a)

J-0124: The clinic’s health care services are furnished in accordance with appropriate written policies 491.9(b)

J-0123: 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. 491.9(b)(2)

J-0124: The policies include (i) a description of the services the clinic furnishes directly and those furnished through agreement or arrangement

J-0124: (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

J-0125: (iii) rules for the storage, handling and administration of drugs and biologicals.

J-0123: These policies are reviewed at least biennially by the group of professional personnel. 491.8(b)(4)

J-0122: 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. 491.9(a)(2)&(c)(1)

PROVISION OF SERVICES				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0123	Written policies are consistent with clinic operations.			
J-0123	The Advisory Group has met within the past 24 months to review the clinic’s policies.			
J-0123	The Group includes a community representative.			
J-0124	The policies include medical guidelines and program evaluation/QAPI.			
J-0124	Clinic policy identifies all the services that are performed onsite by clinic providers and personnel either as employees or as contract services.			

Provision of Services

Laboratory and Emergency Services

Clinic Name: _____
 Rural Health Clinic Survey – Mock Inspection Form

J-0135: 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. 491.9(a)(3) & (c)(2)

J-0136: 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. 491.9(c)(3)

LABORATORY AND EMERGENCY SERVICES				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0134	External controls are performed on all CLIA waived tests, if applicable.			
	External control results are logged.			
	The clinic has the equipment and supplies to perform hemoglobin or hematocrits.			
	Lab supplies and reagents are inventoried monthly. Expired supplies are disposed of via the bio-hazard receptacle.			
	The clinic has the ability to perform:			
	Urinalysis			
	Blood Glucose			
	Hemoglobin or Hematocrit			
	Occult Stool			
	Pregnancy			
	Primary Culturing			
	Lab work surface is clearly marked as “Clean” or “Dirty”.			
	The clinic has a process for tracking labs that are referred out.			
J-0136	Emergency			

J-0136	The clinic has emergency drugs determined medically necessary by Medical Director and Nurse Practitioner and documented in policy			
J-0136	<p>Clinic is able to provide complete list of drugs/biologicals and in what quantities. 491.9(c)(3): Drugs commonly used include:</p> <ul style="list-style-type: none"> • Analgesics • Local Anesthetics • Antibiotics • Anticonvulsants; and • Antidotes, emetics, serums & toxoids 			
	All clinical staff have current BLS certifications on file.			
	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 Services

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0140: Services provided through agreements or arrangements

PATIENT HEALTH RECORDS				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0140	491.9(d)(1): The clinic has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including the following:			
	(i) Inpatient hospital care			
	(ii) Physician services			
	(iii) Additional and specialized diagnostic and laboratory services			
	(iv) Clinical lab, for services not furnished in RHC			
	491.9(d)(2): If not in writing, there is evidence that patients referred ... are being accepted and treated			

Patient Health Records

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

PATIENT HEALTH RECORDS				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0150	The medical policies clearly state who is ultimately accountable for the medical records. 491.10(a)(2)			
J-0152	For each patient receiving health care services the clinic maintains a record that includes, as applicable: 491.10(a)			
	(v) 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;			
	(vi) Reports of physical examinations, diagnostic and laboratory test results and consultative 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 other health care professional.			
	The RHC has policy that addresses the circumstances when the informed consent is required 491.10(a)(3)			
J-0153	The clinic has a confidentiality policy and policies that governs the storage and handling of PHI.			
J-0153	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			
J-0153	The clinic has a patient authorization for release policy. 491.10(b)(3)			

J-0153	The clinic's policy is consistent with state law as pertains to the retention of records. 491.10(b)			
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Program Evaluation

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

J-0161-J0162 (491.11) The clinic carries out, arranges for, a biennial evaluation of its total program and takes corrective action if necessary

PROGRAM EVALUATION				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0161	A program evaluation was completed within 24 months.			
J-0161	A review of the clinic’s utilization of services will be done within 24 months			
J-0161	The clinic’s documentation meets the compliance requirements as outlined in J-0152; 491.10(a)(3)(i-v).			
J-0161	(i) Identification and social data			
J-0161	(ii) Evidence of consent forms			
J-0161	(iii) Pertinent medical history			
J-0161	(iv) Assessment of health status and patient needs			
J-0161	(v) Summary of the episode, disposition, and instructions to the patient			
J-0161	(vi) Reports of physical examinations, diagnostic and laboratory test results, and findings			
J-0161	(vii) All physician’s orders, reports of treatments and medications and other pertinent information necessary to monitor the patient’s progress			
J-0161	(viii) Signatures of the physician or others			
J-0161	The evaluation includes a review of: 491.11(a) 1. Utilization of clinic services, incl. at least the number of patients served and the volume of services 2. A representative sample of both active and closed clinical records (5% or 50 records) 3. The clinic’s health care policies			
J-0161	The purpose of the review determines whether: 491.11(a) 1. The utilization of services was appropriate			

	2. The established policies were followed; and 3. Any changes are needed			
J-0162	A summary of the findings will be presented to the Advisory Group within the next 24 months with recommendations for consideration and approval. 491.11(d)			
J-0162	The clinic's policies will be reviewed by the clinic's staff and changes will be made as appropriate.			
J-0162	The policies and recommended changes will be presented to the Advisory Group for consideration and approval. 491.11(d)			
J-0162	The Advisory Group will review utilization to be appropriate with documentation of their review			
J-0162	The Advisory Group will review policies and determine if they were followed. 491.11(d)			
J-0162	Based on the review of utilization of services and clinic policies, changes will be made, if applicable. 491.11(d)			
J-0162	Corrective action will be taken, if applicable. 491.11(d)			

Emergency Preparedness

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

Appendix Z/42 CFR 491.12: The clinic must have an emergency preparedness program that addresses an emergency on-site, off-site (natural disaster) and disruption of service. This program must comply with all applicable Federal, State and local emergency preparedness requirements.

PROGRAM EVALUATION				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
	The clinic must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years 491.12(a) and include the following:			
	1. A documented, clinic-based and community-based risk assessment that utilizes an all-hazards approach			
	2. Strategies for addressing emergency events identified by the risk assessment			
	3. Addresses patient population, including, but not limited to, the type of services the clinic could provide in an emergency; and continuity of operations, including delegations of authority and succession plans			
	4. 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, including documentation of the clinic's efforts to contact such officials and when, applicable, of its participation in collaborative and cooperative planning efforts.			
	5. Is initially formally adopted by key leadership and then updated, at a minimum, biennially.			

	491.12(b) Policies and procedures: The clinic must develop and implement emergency preparedness policies and procedures that are based on its emergency preparedness plan, risk assessment, and communication plan. These policies and procedures must address the following:			
	1. Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.			
	2. A means to shelter in place for patients, staff, and volunteers who remain in the facility.			
	3. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.			
	4. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.			
	The clinic has a policy and procedure on how refrigerated/frozen medications such as vaccines, etc. are handled in a power outage			
	491.12(c) Communication plan: The clinic develops and maintains an emergency communication plan that complies with Federal, State and Local laws. The following must be included in the communication plan:			
	1. Names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement (iii) Patients' physicians (iv) Other RHCs (v) Volunteers			
	2. Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff (ii) Other sources of assistance			

	<p>3. Primary and alternate means for communicating with the following:</p> <ul style="list-style-type: none"> (i) RHC staff (ii) Federal, State, tribal, regional, and local emergency management agencies 			
	<p>4. A means of providing information about the general condition and location of patients under the facility's care as permitted</p>			
	<p>5. 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.</p>			
?TCT	<p>The clinic has an organized process for handling an on-site emergency which addresses the following:</p> <ul style="list-style-type: none"> a. How employees will be notified of emergency b. Staff responsible for call the Fire Department c. Location of where employees should meet outside the building 			
	<p>The clinic has organized process for handling an off-site emergency (e.g., snowstorm, flood, hurricane, etc.)</p> <ul style="list-style-type: none"> 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 services its own patients. (This plan may include shutting down the clinic if services cannot be provided short or long-term). 			
<p>EP Training and Testing 491.12(d)(1)&(2)</p>				
<p>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.</p>				
	<p>The training and testing program is initially formally adopted and updated, at a minimum biennially. 491.12(d)</p>			

	1. The training program includes all the following 491.12(d)(1):			
	(i) 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.			
	(ii) Provide emergency preparedness training, at a minimum, biennially.			
	(iii) Maintain documentation of the training			
	(iv) Demonstrate staff knowledge of emergency procedures (competency)			
	(v) If EP policies and procedures are significantly updated, the RHC must conduct training on the updated P&Ps			
	2. Testing must be conducted at least annually and do the following 491.12(d)(2)			
	(i) Participate in a full-scale exercise that is community-based every 2 years			
	(A) When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years. Consider a table-top exercise that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario and set of problem statements, or prepared questions designed to challenge an emergency plan. A table-top exercise may occur every other year.			
	(B) If clinic experiences an actual natural (or man-made) emergency that requires activation of the EP, 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			

	(ii) Conduct an additional exercise every 2 years, opposite the full-scale or functional exercise above that may include, but not limited to the following: 491.12(d)(2)(A-C)			
	(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency			
	(iii) Analyze the clinics response to and maintain documentation of all drills, tabletop exercised, and emergency events, and revise the EP as needed.			
491.12(e) Integrated healthcare Systems				
	If a clinic that is part of a healthcare system consisting of multiple separately certified healthcare facilities (having their own CCN numbers) 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			
	If the clinic elects to participate in the healthcare system's emergency preparedness plan, the unified and integrated emergency preparedness program must do all the following: 491.12(e)(1-5)			
	(1) Demonstrate that each separately certified facility within			

	<p>the system actively participated in the development of the unified and integrated emergency preparedness program. <u><i>IMPORTANT – If even one facility does not fully participate, then the entire system is out of compliance.</i></u></p>			
	<p>(2) Be developed and maintained in a manner that considers each separately certified facility’s unique circumstances, patient populations, and services offered.</p>			
	<p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and follows the program.</p>			
	<p>(4) 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 all the following elements:</p> <ul style="list-style-type: none"> (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach 			
	<p>(5) 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 at 42 CFR 491.12(c) and 42 CFR 491.12(d).</p>			

Resource: <https://www.law.cornell.edu/cfr/text/42/491.12>

Vaccination Requirements (As of 02.2022)

Clinic Name: _____

Rural Health Clinic Survey – Mock Inspection Form

Please review your State policy to meet the requirements

This is a supplement to and should be used in conjunction with QSO 22-07-ALL memorandum: Guidance for the Interim Final Rule – Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination.

The regulations and guidance described in this attachment do not apply to the following states at this time: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming. Surveyors in these states should not undertake any efforts to implement or enforce the regulation.

PATIENT HEALTH RECORDS				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J-0110	Staffing and staff responsibilities			
	491.8(d) The clinic must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19; and			
	Staff are considered fully vaccinated if it has been 2 weeks or more since they completed primary vaccination series for COVID-19. The completion of the vaccination is the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine			
	(1) The policies and procedures apply to the following clinic staff who provide any care, treatment, or other services for the clinic and/or its patients:			
	(i) RHC employees			
	(ii) Licensed practitioners			
	(iii) Students, trainees, and volunteers; and			
	(iv) Individuals who provide care, treatment, or other services for the clinic and/or its patients, under contract or by other arrangement			
	(2) The policies and procedures of this section do not apply to the following clinic staff:			

	(i) Staff who exclusively provide telehealth or telemedicine services outside of the clinic setting and who do not have any direct contact with patients and other staff specified in paragraph (d)(1) of this section; and			
	(ii) Staff who provide support services for the clinic that are performed exclusively outside of the clinic setting and who do not have any direct contact with patients and other staff specified in paragraph (d)(1) of this section.			
	(3) The policies and procedures must include, at a minimum, the following:			
	(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the clinic and/or its patients;			
	(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;			
	(iii) A process for ensuring that the clinic follows nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID-19, and which must include the implementation of additional precautions for all staff who are not fully vaccinated for COVID-19;			

	(iv) A process for tracking and securely documenting the COVID-19 vaccination status for all staff specified in paragraph (d)(1) of this section;			
	(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;			
	(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;			
	(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;			
	(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains			
	(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and			
	(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the clinic's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;			
	(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals			

	who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and			
	(ix) Contingency plans for staff who are not fully vaccinated for COVID-19			

EMPLOYEE RECORD REVIEW

Employee Name								
Application								
Job Description								
I-9 & W-4								
BLS if req. w/expiration								
License/Certificate Exp Date								
OIG Exclusion								
Background Check								
Orientation								
Competency								
Performance Eval List Type: 30-60-90/Annual								
Emergency Training Fire, Tornado, etc.								
Emergency Plan Participation								
Other / Notes								

Questions to ask:

- Policy for BLS
- Organization Chart
- Can staff speak to education, emergency training and org chart?

EMPLOYEE VACCINATIONS

Employee Name						
TB or declination						
Hep B or declination						
COVID vaccine						
Waiver exemption Religious/Medical						
Booster						
Other						

- Verify clinic policies to required vaccinations/immunization requirements

CHART REVIEW

De-identified Chart #						
Social Data						
Consent to treat						
Medical History						
Medication Reconciliation						
Reason for visit						
Review/Assessment						
Plan of care/Summary						
Education to patient						
Labs/Tests and follow-up						
Consultative reports						
Provider orders						
Signature of provider						
Notes						

De-identified Chart #						
Social Data						
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Medical History						
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Education to patient						
Labs/Tests and follow-up						
Consultative reports						
Provider orders						
Signature of provider						
Notes						

Check policy for consent to treat and HIPAA form updates – Review Active and Closed Charts