

Non-Accredited Facility Site Review Tool

HealthPlan: PHC	Site ID:	Site NPI:	Last Review Date: Review Date:
Clinic Name:	Phone:	Contact Name/Title:	
	Fax:		
Clinic Address:			Contact Email:
Reviewer/title:	Reviewer/title:	Current Fire Clearance? Y/N	

Visit Purpose	Site-Specific Certification(s)	Clinic Type
<input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused <input type="checkbox"/> Ed/TA <input type="checkbox"/> Other _____ (type)	<input type="checkbox"/> AAAHC <input type="checkbox"/> JC <input type="checkbox"/> CHDP <input type="checkbox"/> NCQA <input type="checkbox"/> CPSP <input type="checkbox"/> None <input type="checkbox"/> PCMH <input type="checkbox"/> Other _____	<input type="checkbox"/> Hospital <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Home Health <input type="checkbox"/> Free-standing Surgical Center <input type="checkbox"/> Ambulatory Behavioral Health Facility <input type="checkbox"/> Free Standing Urgent Care <input type="checkbox"/> CBAS <input type="checkbox"/> Free Standing Radiology Center <input type="checkbox"/> Dialysis Centers

Site Scores						Scoring Procedure	Compliance Rate
	Total Points Poss.	Points Given	No Points	N/As	CE*	1) Add points given in each section. 2) Add total points given for all six sections. 3) Adjust score for "N/A" criteria (if needed), by subtracting N/A points from 181 total points possible. 4) Divide total points given by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate. $\frac{181 - \text{N/A Points}}{\text{Adjusted Points}} \times 100 = \text{Compliance Rate \%}$	<input type="checkbox"/> Exempted Pass: 90% or above (without deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control) <input type="checkbox"/> Conditional Pass: 80-89%, or 90% and above with deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control <input type="checkbox"/> Fail: 79% and Below <input type="checkbox"/> CAP Required <input type="checkbox"/> Other follow-up Next Site Review Due: _____
I. Access/Safety	32						
II. Personnel	31						
III. Office Management	25						
IV. Clinical Services	40						
V. Preventive Services	13						
VI. Infection Control	34						
VII. Quality Assurance Performance Improvement	6						
Totals	181						

*CE = Critical Elements. Indicate any CEs for easy reference to generate a CAP.


I. Access/Safety Criteria	Yes	No	N/A	Wt.	Site Score
<p>A. Site is accessible and useable by individuals with physical disabilities. Title 24, California Code of Regulations (CCR) (CA Building Standards Code); Title 28 Code of Federal Regulations (CFR) §35 (American Disabilities Act of 1990, Title II, Title III) All facilities designed, altered, or constructed after January 26, 1992, for the use of public entity must be readily accessible and usable by persons with disabilities.</p> <p>Sites must have the following safety accommodations for physically disabled persons:</p> <p>1) Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.</p> <p>2) Pedestrian ramps have a level landing at the top and bottom of the ramp.</p> <p>3) Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.</p> <p>4) Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.</p> <p>5) Clear floor space for wheelchair in waiting area and exam room.</p> <p>6) Wheelchair accessible restroom facilities.</p> <p>7) Wheelchair accessible handwashing facilities or reasonable alternative.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	

(7) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

I. Access/Safety Criteria, continued	Yes	No	N/A	Wt.	Site Score
<p>B. Site environment is maintained in a clean and sanitary condition. 28 CCR §1300.80; 22 CCR §75062</p> <p>1) All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.</p> <p>2) Restrooms are clean and contain appropriate sanitary supplies.</p>	<p>1) _____</p> <p>2) _____</p>	<p>1) _____</p> <p>2) _____</p>	<p>1) _____</p> <p>2) _____</p>	<p>1</p> <p>1</p>	
<p>C. Site environment is safe for all patients, visitors, and personnel. 8 CCR §3220, §2299-2989; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.37, §1910.38, §1910.157, §1910.301, §1926.34</p> <p>There is evidence staff has received safety training and/or has safety information available on the following:</p> <p>1) Fire safety and prevention.</p> <p>2) Emergency non-medical procedures (e.g. site evacuation, workplace violence).</p> <p>3) Lighting is adequate in all areas to ensure safety.</p> <p>4) <u>Exit doors and aisles are unobstructed and egress (escape) accessible.</u></p> <p>5) Exit doors are clearly marked with “Exit” signs.</p> <p>6) Clearly diagramed “Evacuation Routes” for emergencies are posted in a visible location at all elevators, stairs and exits.</p> <p>7) Electrical cords and outlets are in good working condition.</p> <p>8) Fire Fighting Equipment in accessible location</p> <p>9) An employee alarm system.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	


(12) **Comments:** (Write comments for all “No” (0 points) and “N/A” scores.)

E  RN/NP/CNM/LM/ MD/PA only


I. Access/Safety Criteria, continued	Yes	No	N/A	Wt.	Site Score
D. Emergency health care services are available and accessible 24 hours a day, 7 days a week. 8 CCR §3220; 22 CCR §51056, §53216, §75031; 28 CCR §1300.67, §1300.80; American Academy of Family Practice (AAFP) E 					
1) Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.	1) _____	1) _____	1) _____	1	
2) Emergency equipment is stored together in easily accessible location and is ready to be used.	2) _____	2) _____	2) _____	1	
3) Emergency phone number contacts are posted, updated annually, and as changes occur.	3) _____	3) _____	3) _____	1	
Emergency medical equipment appropriate to practice/patient population is available on site:					
4) <u>Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.</u>	4) _____	4) _____	4) _____	2	
4a) Hospital emergency equipment includes: defibrillator, suction, airway management, and medications.	4a) _____	4a) _____	4a) _____	1	
5) <u>Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes.</u>	5) _____	5) _____	5) _____	1	
6) Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.	6) _____	6) _____	6) _____	1	
There is a process in place on site to:					
7) Document checking of emergency medication, equipment and supplies for expiration and operating status at least monthly.	7) _____	7) _____	7) _____	1	
8) Replace/re-stock emergency medication, equipment and supplies immediately after use.	8) _____	8) _____	8) _____	1	

(10) **Comments:** (Write comments for all “No” (0 points) and “N/A” scores.)



E  RN/NP/CNM/LM/MD/PA only

I. Access/Safety Criteria, continued	Yes	No	N/A	Wt.	Site Score
E. Medical and lab equipment used for patient care is properly maintained. 28 CCR §1300.80; 21 CFR §800-1299; 22 CCR §75062; §53230 E  1) Medical equipment is clean. 2) Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer’s guidelines.	1)_____ 2)_____ 	1)_____ 2)_____ 	1)_____ 2)_____ 	1 1	
F. The facility has a waiting area of sufficient size to accommodate patients comfortably and to assure privacy during registration.	1)_____ 	1)_____ 	1)_____ 	1	
(3) Comments: Write comments for all “No” (0 points) and “N/A” scores.	(32) TOTALS				



E  RN/NP/CNM/LM/MD/PA only

II. Personnel Criteria	Yes	No	N/A	Wt.	Site Score
<p>A. Professional health care personnel have current California licenses and certifications. CA Business & Professional Code (BPC) §2050, §2099.5, §2506, §2725, §2746, §2835, §3500, §4110; CCR, Title 16, §1355.4, §1399.547</p> <p>1) All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.</p> <p>2) Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee.</p>	<p>1) _____</p> <p>2) _____</p>	<p>1) _____</p> <p>2) _____</p>	<p>1) _____</p> <p>2) _____</p>	<p>1</p> <p>1</p>	
<p>B. Health care personnel are properly identified. BPC §680</p> <p>1) Health care personnel wear identification badges/tags printed with name and title.</p>	<p>1) _____</p>	<p>1) _____</p>	<p>1) _____</p>	<p>1</p>	
<p>C. Site personnel are qualified and trained for assigned responsibilities. BPC §2069; 16 CCR §1366 - 1366.4 E </p> <p>1) Documentation of education/training for non-licensed medical personnel is maintained on site.</p> <p>2) <u>Only qualified/trained personnel retrieve, prepare, or administer medications.</u></p> <p>3) Site has a procedure in place for confirming correct patient/medication/vaccine dosage and route prior to administration.</p> <p>4) Only qualified/trained personnel operate medical equipment.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1</p> <p>2</p> <p>1</p> <p>1</p>	

(8) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)


II. Personnel Criteria, continued	Yes	No	N/A	Wt.	Site Score
<p>D. Scope of practice for non-physician medical practitioners (NPMP) is clearly defined. 16 CCR §1379, §1399.540, §1399.545, §1474; BPC §2725, §2746.5, §2746.51, §2836.1 E </p> <p>1) Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).</p> <p>2) A Practice Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.</p> <p>3) Standardized Procedures, Practice Agreements and Supervisory Guidelines are revised, updated <u>and</u> signed by the supervising physician and NPMP when changes in scope of services occur.</p> <p>4) Each NPMP that prescribes controlled substances has a valid Drug Enforcement Administration Registration Number.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>E. NPMPs are supervised according to established standards. BPC §3516(b); Welfare and Institutions Code (WIC) 14132.966; 16 CCR §1379; §1399.545 E </p> <p>The designated supervising physician(s) on site:</p> <p>1) Ratio to number of NPMPs does not exceed established ratios in any combination. a) 1:4 NPs b) 1:4 CNMs c) 1:4 PAs</p> <p>2) The designated supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients.</p> <p>3) Evidence of NPMP supervision.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1</p> <p>1</p> <p>1</p>	

(7) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

II. Personnel Criteria, continued	Yes	No	N/A	Wt.	Site Score
<p>F. Site personnel receive safety training annually 8 CCR §5193; CA Health and Safety Code (HSC) §117600; CA Penal Code §11164, §11168; 29 CFR §1910.1030, 8 CCR §3342 E </p> <p>There is evidence that site staff has received annual training on the following:</p> <p>1) Infection Control/Universal Precautions (annually)</p> <p>2) Blood Borne Pathogens Exposure Prevention (annually)</p> <p>3) Biohazardous Waste Handling (annually)</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1</p> <p>1</p> <p>1</p>	
<p>G. Site personnel receive training on member rights. 22 CCR §51009, §51305.1, §53452, §53858; 28 CCR §1300.68; 42 CFR §438.206 (6); 42 CFR §438.224; 42 CFR §438.10 (g); HSC 124260, 1374.16; CA Penal Code §11164, §1166.5, §11168, Family Code 6920, 6924, 6930; National Youth law E </p> <p>There is evidence that site staff has received training on the following:</p> <p>1) Patient confidentiality</p> <p>2) Informed Consent, including human sterilization</p> <p>3) Prior Authorization requests</p> <p>4) Grievance/Complaint Procedure</p> <p>5) Child/Elder/Domestic Violence Abuse</p> <p>6) Sensitive Services/Minors' Rights</p> <p>7) Health Plan referral process/procedures/resources</p> <p>8) Cultural and linguistics</p> <p>9) Disability Rights and Provider Obligations</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p> <p>9) _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	



(12) **Comments:** (Write comments for all "No" (0 points) and "N/A" scores.)

II. Personnel Criteria, continued	Yes	No	N/A	Wt.	Site Score
H. There is an established organizational structure with defined functions and responsibilities. (May be an organization chart or other document)	1)_____	1)_____	1)_____	1	
I. Contract and Temporary Staff are identified and monitored appropriately. 1. Facility clearly identifies contracted services and temporary staff 2. Contracted and temporary staff are appropriately reviewed annually.	1)_____	1)_____	1)_____	1	
J. Staff with Advance Life Support (ALS) and/or Basic Life Support (BLS) are identified and their certification is current.	1)_____	1)_____	1)_____	1	
(4) Comments: Write comments for all "No" (0 points) and "N/A" scores.	(31) TOTALS				

III. Office Management Criteria	Yes	No	N/A	Wt.	Site Score
<p>A. Physician coverage is available 24 hours a day, 7 days a week. 22 CCR §56500, §53855</p> <p>The following are maintained current on site:</p> <p>1) Clinic office hours are posted or readily available upon request.</p> <p>2) Provider office hour schedules are available to staff.</p> <p>3) Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.</p> <p>4) Contact information for off-site physician(s) is available at all times during office hours.</p> <p>5) Routine, urgent and after-hours emergency care instructions/telephone information is made available to patients.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>B. There are sufficient health care personnel to provide timely, appropriate health care services. 22 CCR §53855; 28 CCR §1300.67.1, §1300.80 E </p> <p>1) Appropriate personnel handle emergent, urgent, and medical advice telephone calls.</p> <p>2) Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.</p> <p>3) Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>1</p> <p>1</p> <p>1</p>	

(8) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

E  RN/NP/CNM/LM/MD/PA only


III. Office Management Criteria, continued	Yes	No	N/A	Wt.	Site Score
<p>C. Health care services are readily available. 22 CCR §56000(2); 28 CCR §1300.67.2.2 E </p> <p>1) Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for Plan members.</p> <p>2) Patients are notified of scheduled routine and/or preventive screening appointments.</p> <p>3) There is a process in place verifying follow-up on missed and canceled appointments.</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1</p> <p>1</p> <p>1</p>	
<p>D. There is 24-hour access to interpreter services for non- or limited-English proficient (LEP) members. 22 CCR §53851; 28 CCR 1300.67.04</p> <p>1) Interpreter services are made available in identified threshold languages specified for location of site.</p> <p>2) Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.</p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1</p> <p>1</p>	
<p>E. Procedures for timely referral/consultative services are established on site. 22 CCR §53851; 28 CCR §1300.67, §1300.80 E </p> <p>Office practice procedures allow timely provision and tracking of:</p> <p>1) Processing internal and external referrals, consultant reports, and diagnostic test results.</p> <p>2) <u>Physician Review and follow-up of referral/consultation reports and diagnostic test results.</u></p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1</p> <p>2</p>	
<p>F. Member Grievance/Complaint processes are established on site. 22 CCR §53858, §56260</p> <p>1) Phone number(s) for filing grievances/complaints are located on site.</p> <p>2) Complaint forms and a copy of the grievance procedure are available on site.</p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1)_____</p> <p>2)_____</p>	<p>1</p> <p>1</p>	

(10) **Comments:** (Write comments for all “No” (0 points) and “N/A” scores.)


III. Office Management Criteria, continued	Yes	No	N/A	Wt.	Site Score
G. Medical records are available for the practitioner at each scheduled patient encounter. 22 CCR §75055; 28 CCR §1300.80 1) Medical records are readily retrievable for scheduled patient encounters. 2) Medical documents are filed in a timely manner to ensure availability for patient encounters.	1)____ 2)____	1)____ 2)____	1)____ 2)____	1 1	
H. Confidentiality of personal medical information is protected according to State and federal guidelines. 1) Exam rooms and dressing areas safeguard patients' right to privacy. 2) Procedures are followed to maintain the confidentiality of personal patient information. 3) Medical record release procedures are compliant with State and federal guidelines. 4) Storage and transmittal of medical records preserves confidentiality and security. 5) Medical records are retained for a minimum of 10 years.	1)____ 2)____ 3)____ 4)____ 5)____	1)____ 2)____ 3)____ 4)____ 5)____	1)____ 2)____ 3)____ 4)____ 5)____	1 1 1 1 1	
(7) Comments: Write comments for all "No" (0 points) and "N/A" scores.	(25) TOTALS				

<p align="center">IV. Clinical Services: Pharmaceutical Services Criteria</p>	Yes	No	N/A	Wt.	Site Score
<p>A. Drugs and medication supplies are maintained secure to prevent unauthorized access. BPC §4172; 22 CCR §75032, §75033, §75037(a-g), §75039; 21 CFR §1301.72, §1301.75, §1301.76, §1302; 16 CCR §1356.3; HSC §11053-11058</p>					
<p>1) Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.</p>	1)_____	1)_____	1)_____	1	
<p>2) Prescription drug samples, and over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments, hazardous substances, and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.</p>	2)_____	2)_____	2)_____	1	
<p>3) Controlled drugs are stored in a locked space accessible only to authorized personnel.</p>	3)_____	3)_____	3)_____	1	
<p>4) A dose-by-dose controlled substance distribution log is maintained.</p>	4)_____	4)_____	4)_____	1	
<p>5) Written site-specific policy/procedure for dispensing of sample drugs are available on site.</p>	5)_____	5)_____	5)_____	1	

(5) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

IV. Clinical Services: Pharmaceutical Services Criteria, continued	Yes	No	N/A	Wt.	Site Score
B. Drugs are handled safely and stored appropriately. 22 CCR §75037(a-g), §75039; 21 CFR §211.137; 21 USC §351; HSC §117600-118360; 40 CFR, part 261; Current CDC Recommendations E 					
1) Drugs are prepared in a clean area or “designated clean” area if prepared in a multi-purpose room.	1)_____	1)_____	1)_____	1	
2) Drugs for external use are stored separately from drugs for internal use.	2)_____	2)_____	2)_____	1	
3) Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.	3)_____	3)_____	3)_____	1	
4) Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).	4)_____	4)_____	4)_____	1	
5) Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit).	5)_____	5)_____	5)_____	1	
6) Site utilizes drugs/vaccine storage units that are able to maintain required temperature.	6)_____	6)_____	6)_____	1	
7) Daily temperature readings of drugs/vaccines refrigerator and freezer are documented.	7)_____	7)_____	7)_____	1	
8) Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer.	8)_____	8)_____	8)_____	1	
9) Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.	9)_____	9)_____	9)_____	1	
10) Hazardous substances are appropriately labeled.	10)_____	10)_____	10)_____	1	
11) Site has method(s) in place for drug and hazardous substance disposal.	11)_____	11)_____	11)_____	1	

(11) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

IV. Clinical Services: Pharmaceutical Services Criteria, continued	Yes	No	N/A	Wt.	Site Score
C. Drugs are dispensed according to State and federal drug distribution laws and regulations. BPC §4024, §4076, §4170, §4171, §4173, §4174; 22 CCR §75032, §75033, §75036, §75037(a-g), §75038, §75039; 16 CCR §1718.1; 21 CFR §211.137; 42 USC 6A §300AA-26; CDC Recommendations; DHCS Contract; All Plan Letter 18-004; BPC §4000 et seq (Pharmacy Law); §4170; HSC §11000-11651 (Uniform Controlled Substances Act) E 					
1) There are no expired drugs on site.	1)_____	1)_____	1)_____	1	
2) Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.	2)_____	2)_____	2)_____	1	
3) All stored and dispensed prescription drugs are appropriately labeled.	3)_____	3)_____	3)_____	1	
4) <u>Only lawfully authorized persons dispense drugs to patients.</u>	4)_____	4)_____	4)_____	2	
5) <u>Drugs and Vaccines are prepared and drawn only prior to administration.</u>	5)_____	5)_____	5)_____	2	
6) Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.	6)_____	6)_____	6)_____	1	
7) If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.	7)_____	7)_____	7)_____	1	
8) Site utilizes California Immunization Registry (CAIR) or the most current version.	8)_____	8)_____	8)_____	1	

(10) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

IV. Clinical Services: Laboratory Services Criteria	Yes	No	N/A	Wt.	Site Score
D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations. 22 CCR §51211.2, §51137.2; BPC §1200-1214, §1229, §1220; 42 USC 263a; Public Law 100-578; www.cms.gov; www.fda.gov					
1) Laboratory test procedures are performed according to current site-specific CLIA certificate.	1)_____	1)_____	1)_____	1	
2) Testing personnel performing clinical lab procedures have been trained.	2)_____	2)_____	2)_____	1	
3) Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.	3)_____	3)_____	3)_____	1	
4) Lab test supplies are not expired.	4)_____	4)_____	4)_____	1	
5) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	5)_____	5)_____	5)_____	1	



(5) Comments: (Write comments for all "No" (0 points) and "N/A" scores.)

IV. Clinical Services: Radiology Services Criteria	Yes	No	N/A	Wt.	Site Score
<p>E. Site meets CDPH Radiological inspection and safety regulations. 17 CCR §30110, §30111, §30255, §30305, §30404, §30405; https://www.cdph.ca.gov/rhb or (916) 327-5106</p> <p>1) Site has current CA Radiologic Health Branch Inspection Report and Proof of Registration if there is radiological equipment on site.</p> <p>The following documents are <u>posted</u> on site:</p> <p>2) Current copy of Title 17 with a posted notice about availability of Title 17 and its location.</p> <p>3) "Radiation Safety Operating Procedures" posted in highly visible location.</p> <p>4) "Notice to Employees Poster" posted in highly visible location.</p> <p>5) "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.</p> <p>6) Physician Supervisor/Operator certificate posted <i>and</i> within current expiration date.</p> <p>7) Technologist certificate posted <i>and</i> within current expiration date.</p> <p>The following radiological protective equipment is present on site:</p> <p>8) Operator protection devices: radiological equipment operator must use lead apron or lead shield.</p> <p>9) Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p> <p>9)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p> <p>9)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p> <p>9)_____</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>(9) Comments: Write comments for all "No" (0 points) and "N/A" scores.</p>	(40) TOTALS				


V. Preventive Services	Yes	No	N/A	Wt.	Site Score
A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. 22 CCR §53851; 28 CCR §1300.67					
Examination equipment, appropriate for primary care services, is available on site:					
1) Exam tables and lights are in good repair.	1)_____	1)_____	1)_____	1	
2) Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).	2)_____	2)_____	2)_____	1	
3) Thermometer with a numeric reading.	3)_____	3)_____	3)_____	1	
4) Basic exam equipment: percussion hammer, tongue blades, patient gowns.	4)_____	4)_____	4)_____	1	
5) Scales: standing balance beam and infant scales.	5)_____	5)_____	5)_____	1	
6) Measuring devices for stature (height/length) measurement and head circumference measurement.	6)_____	6)_____	6)_____	1	
7) Eye charts (literate and illiterate) and occluder for vision testing.	7)_____	7)_____	7)_____	1	
8) Ophthalmoscope.	8)_____	8)_____	8)_____	1	
9) Otoscope with multi-size ear speculums appropriate to the population served.	9)_____	9)_____	9)_____	1	
10) A pure tone, air conduction audiometer is located in a quiet location for testing.	10)_____	10)_____	10)_____	1	

(10) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)


V. Preventive Services: Health Education Criteria	Yes	No	N/A	Wt.	Site Score
B. Health education services are available to Plan members. 22 CCR §53851; 28 CCR 1300.67 Health education materials and Plan-specific resource information are: 1) Readily accessible on site or are made available upon request. 2) Applicable to the practice and population served on site. 3) Available in threshold languages identified for county and/or area of site location.	1)____ 2)____ 3)____	1)____ 2)____ 3)____	1)____ 2)____ 3)____	1 1 1	
(3) Comments: Write comments for all “No” (0 points) and “N/A” scores.	(13) TOTALS				

VI. Infection Control Criteria	Yes	No	N/A	Wt.	Site Score
<p>A. Infection control procedures for Standard/Universal precautions are followed. 8 CCR §5193; 22 CCR §53230; 29 CFR §1910.1030; Federal Register 1989, §54:23042 E </p> <p>1) Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.</p> <p>2) A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.</p> <p>3) Site has procedure for effectively isolating infectious patients with potential communicable conditions.</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p>	<p>1</p> <p>1</p> <p>1</p>	
<p>B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act. 8 CCR §5193 (Cal OSHA Health Care Worker Needlestick Prevention Act, 1999); HSC, §117600-118360 (CA Medical Waste Management Act, 1997, updated January 2017); 29 CFR §1910.1030; 49 CCR §173.6; 49 CFR, Section 173.6; CDC Core Infection Prevention and Control Practices -Centers for Disease Control and Prevention (CDC) The Healthcare Infection Control Advisory Committee (HICPAC), 2016; 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare settings. E </p> <p>1) <u>Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use.</u></p> <p>2) <u>Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.</u></p> <p>3) <u>Needlestick safety precautions are practiced on site.</u></p> <p>4) All sharp injury incidents are documented.</p> <p>5) Biohazardous (non-sharp) wastes are contained separate from other trash/waste.</p> <p>6) Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.</p> <p>7) Contaminated laundry is laundered at the workplace or by a commercial laundry service.</p> <p>8) Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds).</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p>	<p>1)_____</p> <p>2)_____</p> <p>3)_____</p> <p>4)_____</p> <p>5)_____</p> <p>6)_____</p> <p>7)_____</p> <p>8)_____</p>	<p>2</p> <p>2</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	

(14) Comments: (Write comments for all “No” (0 points) and “N/A” scores.)

VI. Infection Control Criteria, continued	Yes	No	N/A	Wt.	Site Score
C. Contaminated surfaces are decontaminated according to Cal-OSHA Standards.					
8 CCR §5193; HSC §118275 E 					
1) Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.	1)_____	1)_____	1)_____	1	
2) Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.	2)_____	2)_____	2)_____	1	
Disinfectant solutions used on site are:					
3) Approved by the Environmental Protection Agency (EPA).	3)_____	3)_____	3)_____	1	
4) Effective in killing HIV/HBV/TB.	4)_____	4)_____	4)_____	1	
5) Follow manufacturer instructions.	5)_____	5)_____	5)_____	1	

(5) **Comments:** (Write comments for all “No” (0 points) and “N/A” scores.)

VI. Infection Control Criteria, continued	Yes	No	N/A	Wt.	Site Score
<p>D.Reusable medical instruments are properly sterilized after each use. 22 CCR §53230, §53856; CDC guideline for disinfection and sterilization; Food and Drug Administration: Reprocessing medical equipment in health care setting. E </p>					
<p>1) Written site-specific policy/procedures or manufacturer’s instructions for instrument/equipment sterilization are available to staff.</p>	1)_____	1)_____	1)_____	1	
<p>Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures: 2) Cleaning reusable instruments/equipment prior to sterilization.</p>	2)_____	2)_____	2)_____	1	
<p>3) Cold chemical sterilization/high level disinfection: <u>a) Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.</u></p>	3a)_____	3a)_____	3a)_____	2	
<p>b) Confirmation from manufacturer item(s) is/are heat sensitive.</p>	3b)_____	3b)_____	3b)_____	1	
<p><u>c) Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill.</u></p>	3c)_____	3c)_____	3c)_____	2	
<p>4) Autoclave/steam sterilization.</p>					
<p>a) Staff demonstrate/verbalize necessary steps/process to ensure sterility.</p>	4a)_____	4a)_____	4a)_____	1	
<p>b) Autoclave maintenance per manufacturer’s guidelines.</p>	4b)_____	4b)_____	4b)_____	1	
<p><u>c) Spore testing of autoclave/steam sterilizer with documented results (at least monthly).</u></p>	4c)_____	4c)_____	4c)_____	2	
<p><u>d) Management of positive mechanical, chemical, and biological indicators of the sterilization process.</u></p>	4d)_____	4d)_____	4d)_____	2	
<p>e) Sterilized packages are labeled with sterilization date and load identification information.</p>	4e)_____	4e)_____	4e)_____	1	
<p>f) Storage of sterilized packages.</p>	4f)_____	4f)_____	4f)_____	1	
<p>(15) Comments: Write comments for all “No” (0 points) and “N/A” scores.</p>	(34) TOTALS				

VII. Quality Assurance Performance Improvement

E  RN/MD Review only

Quality Assurance Performance Improvement Survey Criteria	Yes	No	N/A	Wt.	Site Score		
1) Is there a QAPI committee which meets regularly and keeps minutes?	1)_____	1)_____	1)_____	1			
2) The QAPI committee reviewed performance standards for medical records, infection control, environment, personnel and other areas of concern.	2)_____	2)_____	2)_____	1			
3) The QAPI identified concerns, initiated corrective actions plans, monitored the results of the plans, and made appropriate changes based on an analysis of the data.	3)_____	3)_____	3)_____	1			
4) The QAPI committee is aware of serious events (sentinel events, abuse allegations, privacy breaches, complaints and grievances) and takes appropriate actions.	4)_____	4)_____	4)_____	1			
5) The QAPI committee has reviewed surveys, inspections, and reports submitted by outside agencies. Corrective action plans are available.	5)_____	5)_____	5)_____	1			
6) Is there a designated QA & PI Coordinator?	6)_____	6)_____	6)_____	1			
(6) Comments: Write comments for all “No” (0 points) and “N/A” scores.	(6) Totals						