

Facility Site Review Survey Non-Accredited Treatment Services							
Site ID:		Phone:		Fax:		Review Date:	
Facility Name:				Contact Name/Title:			
Full Address:							
Reviewer Name/Title:							
Visit Purpose		Certifications			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 Review <input type="checkbox"/> Ed/TA <input type="checkbox"/> Other _____		<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"/> Home Health <input type="checkbox"/> Free Standing Urgent Care <input type="checkbox"/> Free Standing Radiology Center <input type="checkbox"/> Ambulatory Behavioral Health Facility		<input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Free Standing Surgical Center <input type="checkbox"/> CBAS <input type="checkbox"/> Dialysis Centers
Site Review Scores				Scoring Procedure		Compliance Rate	
	Pts. Poss.	Yes Pts. Given	No's	N/A's	CE*	1) Add points given in each section. 2) Add total points given for all seven sections 3) Adjust score for "N/A" criteria (if needed). Subtract "N/A" points from total points possible. 4) Divide total points given by "adjusted" total points. 5) Multiply by 100 to get the compliance (percent) rate. _____ / _____ = _____ X100= _____ % Pts. Total/ Decimal Comp. given Adj. Score Rate	
I. Access/Safety	33						
II. Personnel	31						
III. Office Management	29						
IV. Clinical Services	40						
V. Preventive Services	14						
VI. Infection Control	37						
VII. Quality Insurance Performance Improvement	6						
	190						
	Total Pts. Poss.	Total Yes Pts.	Total No Pts.	Total N/A Pts.			
						Exempted Pass: 90% or above (without deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control) Conditional Pass: 80-89%, or 90% and above <u>with</u> deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control Fail: 79% and Below CAP Required Other Follow-Up Next Review Due: _____	

Facility Site Review Survey Non-Accredited Treatment Services

Purpose: Site Review Guidelines provide the standards, directions, instructions, rules, regulations, parameters, or indicators for the site review survey. These Guidelines shall be used as a gauge or touchstone for measuring, evaluating, assessing, and making decisions.

Scoring: Site survey includes on-site inspection and interviews with site personnel. Reviewers are expected to use reasonable evidence available during the review process to determine if practices and systems on site meet survey criteria. Critical Elements have a weight of two (2) points each and non-Critical Elements have a weight of one (1) point on the site review tool. Compliance levels include: 1) Exempted Pass: 90% or above without deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control, 2) Conditional Pass: 80-89%, or 90% and above with deficiencies in either Critical Elements, Pharmaceutical Services, or Infection Control, and 3) Fail: 79% and below.

A corrective action plan (CAP) is required for a total score less than 90%, or for a total score of 90% or above if there are deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control. Compliance rates are based on total possible points, or on the total “adjusted” for Not Applicable (N/A) items. “N/A” applies to any scored item that does not apply to a specific site as determined by the reviewer. Survey criteria to be reviewed *only* by a R.N. or physician or LPHA are labeled “☐ ☐ **RN/NP/CNM/LM/MD/PA Review only**”.

Directions: Score full point(s) if survey item is met. Score zero (0) points if item is not met. Do not score partial points for any item. Explain all “N/A” and “No” (0 point) items in the comment section. Provide assistance/consultation as needed for corrective action plans, and establish follow-up/verification timeline.

- 1) Add the points given in each section.
- 2) Add points given for all seven (7) sections to determine total points given for the site.
- 3) Subtract all “N/A” items from total possible points to determine the “adjusted” total possible points. If there are no “N/A” items, calculation of site score will be based on the total points possible.
- 4) Divide the total points given by the total points possible or by the “adjusted” total. Multiply by 100 to calculate percentage rate.

Scoring Example:

<p>Step 1: Add the points given in each section.</p>	<p>Step 2: Add points given for all thirteen (7) sections.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(33) Access/Safety</td> <td style="width: 50%;">(14) Preventive Services</td> </tr> <tr> <td>(31) Personnel</td> <td>(37) Infection Control</td> </tr> <tr> <td>(29) Office Management</td> <td>(6) QAPI</td> </tr> <tr> <td>(40) Clinical Services</td> <td></td> </tr> </table> <p>190 Points</p>	(33) Access/Safety	(14) Preventive Services	(31) Personnel	(37) Infection Control	(29) Office Management	(6) QAPI	(40) Clinical Services				
(33) Access/Safety	(14) Preventive Services											
(31) Personnel	(37) Infection Control											
(29) Office Management	(6) QAPI											
(40) Clinical Services												
<p>Step 3: Subtract "N/A" points from 182 total points possible.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: right;">190 (Total points possible)</td> </tr> <tr> <td style="text-align: right;">- 14 (N/A points)</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">176 ("Adjusted" total points possible)</td> </tr> </table>	190 (Total points possible)	- 14 (N/A points)	176 ("Adjusted" total points possible)	<p>Step 4: Divide total points given by 190 or by the “adjusted” points, then multiply by 100 to calculate percentage rate.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center;">Points Given</td> <td style="text-align: center;">158</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center; border-top: 1px solid black;">190 or "adjusted" total</td> <td style="text-align: center; border-top: 1px solid black;">176</td> <td style="text-align: center;">or</td> <td style="text-align: center;">=0.86813 =87%</td> </tr> </table>	Points Given	158			190 or "adjusted" total	176	or	=0.86813 =87%
190 (Total points possible)												
- 14 (N/A points)												
176 ("Adjusted" total points possible)												
Points Given	158											
190 or "adjusted" total	176	or	=0.86813 =87%									

I. Access/Safety

Site Access/Safety Survey Criteria	Yes	No	N/A	wt
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.				
Sites must have the following safety accommodations for physically disabled persons:				
1. Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.				1
2. Pedestrian ramps have a level landing at the top and bottom of the ramp.				1
3. Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.				1
4. Accessible passenger elevator or reasonable alternative for multi-level flolr accomodation.				1
5. Clear floor space for wheelchair in waiting area and exam room.				1
6. Wheelchair accessible restroom facilities.				1
7. Wheelchair accessible handwashing facilities or reasonable alternative.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 7 points posible on this page.				

Comments:

I. Access/Safety

Site Access/Safety Survey Criteria (Continued)	Yes	No	N/A	wt
B. Site environment is maintained in a clean and sanitary condition.				
28 CCR §1300.80; 22 CCR §75062				
1. All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.				1
2. Restrooms are clean and contain appropriate sanitary supplies.				1
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				
There is evidence staff has received safety training and/or has safety information available on the following:				
1. Fire safety and prevention				1
2. Emergency non-medical procedures (e.g. site evacuation, workplace violence)				1
3. Lighting is adequate in all areas to ensure safety.				1
4. Exit doors and aisles are unobstructed and egress (escape) accessible.				2
5. Exit doors are clearly marked with "Exit" signs.				1
6. Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs and exits.				1
7. Electrical cords and outlets are in good working condition.				1
8. At least one type of firefighting/protection equipment is accessible at all times.				1
9. An employee alarm system				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

I. Access/Safety

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

Site Access/Safety Survey Criteria (Continued)	Yes	No	N/A	wt
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) <input type="checkbox"/> <input type="checkbox"/>				
1. Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.				1
2. Emergency equipment is stored together in easily accessible location and is ready to be used.				1
3. Emergency phone number contacts are posted, updated annually, and as changes occur.				1
Emergency medical equipment appropriate to practice/patient population is available on site:				
4. Airway management: oxygen delivery system, nasal canula or mask, bulb syringe and Ambu bag.				2
4a. Hospital emergency equipment includes: defibrillator, suction, airway management, and medications.				1
5. 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, Nitroglycerinespray/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.				2
6. Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.				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.				1
8. Replace/re-stock emergency medication, equipment and supplies immediately after use.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 11 points possible on this page.				

Comments:

I. Access/Safety

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

Site Access/Safety Survey Criteria (Continued)	Yes	No	N/A	wt
E. Medical and lab equipment used for patient care is properly maintained.				
28 CCR §1300.80; 21 CFR §800-1299; 22 CCR §75062; §53230 <input type="checkbox"/> <input type="checkbox"/>				
1. Medical equipment is clean				1
2. Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.				1
F. The facility has a waiting area of sufficient size to accommodate patients comfortably and to assure privacy during registration.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 3 points possible on this page. 33 points possible in this section.				

Comments:

II. Personnel

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

Site Specific Personnel Survey Criteria	Yes	No	N/A	wt
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				
1. All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.				1
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.				1
B. Health care personnel are properly identified.				
BPC §680				
1. Health care personnel wear identification badges/tags printed with name and title.				1
C. Site personnel are qualified and trained for assigned responsibilities.				
BPC §2069; 16 CCR §1366 - 1366.4 <input type="checkbox"/> <input type="checkbox"/>				
1. Documentation of education/training for non-licensed medical personnel is maintained on site.				1
2. Only qualified/trained personnel retrieve, prepare, or administer medications.				
3. Site has a procedure in place for confirming correct patient/medication/vaccine dosage and route prior to administration.				1
4. Only qualified/trained personnel operate medical equipment.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page.				

Comments:

II. Personnel

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

Site Specific Personnel Survey Criteria (Continued)	Yes	No	N/A	wt
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 <input type="checkbox"/> <input type="checkbox"/>				
1. Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).				1
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.				1
3. Standardized Procedures, Practice Agreements and Supervisory Guidelines are revised, updated and signed by the supervising physician and NPMP when changes in scope of services occur.				1
4. Each NPMP tha prescribes controlled substances has a valid Drug Enforcement Administration Registration Number.				1
E. NPMPs are supervised according to established standards.				
BPC §3516(b); Welfare and Institutions Code (WIC) 14132.966; 16 CCR §1379; §1399.545 <input type="checkbox"/> <input type="checkbox"/>				
The designated supervising physician(s) on site:				
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				1
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.				1
3. Evidence of NPMP supervision.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 7 points possible on this page.				

Comments:

II. Personnel

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

Site Specific Personnel Survey Criteria (Continued)	Yes	No	N/A	wt
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 <input type="checkbox"/> <input type="checkbox"/>				
There is evidence that the site staff has received annual training on the following:				
1. Infection Control/Universal Precautions				1
2. Blood Borne Pathogens Exposure Prevention				1
3. Biohazardous Waste Handling				1
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 <input type="checkbox"/> <input type="checkbox"/>				
There is evidence that the site staff has received training on the following:				
1. Patient confidentiality				1
2. Informed Consent, including human sterilization				1
3. Prior Authorization requests				1
4. Grievance/Complaint Procedure				1
5. Child/Elder/Domestic Violence Abuse				1
6. Sensitive Services/Minors' Rights				1
7. Health Plan referral process/procedures/resources				1
8. Cultural and linguistics				1
9. Disability Rights and Provider Obligations				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 12 points possible on this page.				

Comments:

II. Personnel

Site Specific Personnel Survey Criteria (Continued)	Yes	No	N/A	wt
H. There is an established organizational structure with defined functions and responsibilities. (May be an organization chart or other document)				1
I. Contract and Temporary Staff are identified and monitored appropriately.				
1. Facility clearly identifies contracted services are temporary staff				1
2. Contracted an temporary staff are appropriately reviewed annually				1
J. Staff with Advance Life Support (ALS) and/or Basic Life Support (BLS) are identified and their certification is current.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 4 points possible on this page. 31 points possible in this section.				

Comments:

III. Office Management

Site Office Management Survey Criteria	Yes	No	N/A	wt
A. Physician coverage is available 24 hours a day, 7 days a week.				
22 CCR §56500, §53855				
The following are maintained current on site:				
1. Clinic office hours are posted or readily available upon request.				1
2. Provider office hour schedules are available to staff.				1
3. Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.				1
4. Contact information for off site physician(s) is available at all times during office hours.				1
5. Routine, urgent and after-hours emergency care instructions/telephone information is made available to patients.				1
B. There are sufficient health care personnel to provide timely, appropriate health care services.				
22 CCR §53855; 28 CCR §1300.67.1, §1300.80 <input type="checkbox"/> <input type="checkbox"/>				
1. Appropriate personnel handle emergent, urgent, and medical advice telephone calls.				1
2. Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.				1
3. Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 8 points possible on this page.				

Comments:

III. Office Management

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

Site Office Management Survey Criteria (Continued)	Yes	No	N/A	wt
C. Health care services are readily available.				
22 CCR §56000(2); 28 CCR §1300.67.2.2 <input type="checkbox"/> <input type="checkbox"/>				
1. Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for Plan members.				1
2. Patients are notified of scheduled routine and/or preventive screening appointments.				1
3. There is a process in place verifying follow-up on missed and canceled appointments.				1
D. There is a 24-hour access to interpreter services for non- or limited- English proficient (LEP) members.				
22 CCR §53851; 28 CCR 1300.67.04				
1. Interpreter services are made available in identified threshold languages specified for location of site.				1
2. Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.				1
E. Procedures for timely referral/consultative services are established on site.				
22 CCR §53851; 28 CCR §1300.67, §1300.80 <input type="checkbox"/> <input type="checkbox"/>				
Office practice procedures allow timely provision and tracking of				
1. Processing internal and external referrals, consultant reports, and diagnostic test results.				1
2. Physician Review and follow-up of referral/consultation reports and diagnostic test results.				2
F. Member Grievance/Complaint processes are established on site.				
22 CCR §53858, §56260				
1. Phone number(s) for filing grievances/complaints are located on site.				1
2. Complaint forms and a copy of the grievance procedure are available on site.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 10 points possible on this page.				

Comments:

III. Office Management

Site Office Management Survey Criteria (Continued)	Yes	No	N/A	wt
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.				1
2. Medical Documents are filed in a timely manner to ensure availability for patient encounters.				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.				1
2. Procedures are followed to maintain the confidentiality of personal patient information.				1
3. Medical record release procedures are compliant with State and federal guidelines.				1
4. Storage and transmittal of medical records preserves confidentiality and security.				1
5. Medical records are retained for a minimum of 10 years.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 7 points possible on this page.				

Comments:

III. Office Management

Site Office Management Survey Criteria (Continued)	Yes	No	N/A	wt
I. Admission documentation is complete with:				
22 CCR §75055; 28 CCR §1300.80				
1. Informed consents and history and physical				1
2. Notes are signed and dated				1
J. Advanced Directives and Surrogate Healthcare Decision makers are noted in the record.				1
K. All known allergies are noted in the record.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 4 points possible on this page. 29 points possible in this section.				

Comments:

IV. Clinical Services: Pharmaceutical Services Criteria

Site Clinical Services Survey Criteria	Yes	No	N/A	wt
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				
1. Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.				1
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.				1
3. Controlled drugs are stored in a locked space accessible only to authorize personnel.				1
4. A dose-by dose controlled substance distribution log is maintained.				1
5. Written site-specific policy/procedure for dispensing of sample drugs are available on site.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 5 points possible on this page.				

Comments:

IV. Clinical Services: Pharmaceutical Services Criteria

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

Site Clinical Services Survey Criteria (Continued)	Yes	No	N/A	wt
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 <input type="checkbox"/> <input type="checkbox"/>				
1. Drugs are prepared in a clean area or "designated clean" area if prepared in a multi-purpose room.				1
2. Drugs for external use are stored separately from drugs for internal use.				1
3. Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.				1
4. Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).				1
5. Freezer thermometer temperature is 5° Fahrenheit or -15° Centigrade, or lower (at time of site visit).				1
6. Site utilizes drugs/vaccine storage units that are able to maintain required temperature.				1
7. Daily temperature readings of drugs/vaccines refrigerator and freezer are documented.				1
8. Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer.				1
9. Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.				1
10. Hazardous substances are appropriately labeled.				1
11. Site has method(s) in place for drug and hazardous substance disposal.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 11 points possible on this page.				

Comments:

IV. Clinical Services: Pharmaceutical Services Criteria

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

Site Clinical Services Survey Criteria (Continued)	Yes	No	N/A	wt
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) <input type="checkbox"/> <input type="checkbox"/>				
1. There are no expired drugs on site.				1
2. Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.				1
3. All stored and dispensed prescription drugs are appropriately labeled.				1
4. Only lawfully authorized persons dispense drugs to patients.				2
5. Drugs and Vaccines are prepared and drawn only prior to administration.				2
6. Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.				1
7. If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.				1
8. Site utilizes California Immunization Registry (CAIR) or the most current version.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 10 points possible on this page.				

Comments:

IV. Clinical Services: Laboratory Services Criteria

Site Clinical Services Survey Criteria (Continued)	Yes	No	N/A	wt
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
2. Testing personnel performing clinical lab procedures have been trained.				1
3. Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.				1
4. Lab test supplies are not expired.				1
5. Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 5 points possible on this page.				

Comments:

IV. Clinical Services: Radiology Services Criteria

Site Clinical Services Survey Criteria (Continued)	Yes	No	N/A	wt
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				
1. Site has current CA Radiologic Health Branch Inspection Report and Proof of Registration if there is radiological equipment on site.				1
The following documents are posted on site:				
2. Current copy of Title 17 with a posted notice about availability of Title 17 and its location.				1
3. "Radiation Safety Operating Procedures" posted in highly visible location.				1
4. "Notice to Employees Poster" posted in highly visible location.				1
5. "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.				1
6. Physician Supervisor/Operator certificate posted and within current expiration date.				1
7. Technologist certificate posted and within current expiration date.				1
The following radiological protective equipment is present on site:				
8. Operator protection devices: radiological equipment operator must use lead apron or lead shield.				1
9. Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 9 points possible on this page. 40 points possible in this section.				

Comments:

V. Preventive Services

Site Preventive Services Survey Criteria	Yes	No	N/A	wt
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
2. Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).				1
3. Thermometer with a numeric reading.				1
4. Basic exam equipment: percussion hammer, tongue blades, patient gowns.				1
5. Scales: standing balance beam and infant scales.				1
6. Measuring devices for stature (height/length) measurement and head circumference measurement.				1
7. Eye charts (literate and illiterate) and occluder for vision testing.				1
8. Ophthalmoscope.				1
9. Otoscope with multi-size ear speculums appropriate to the population served.				1
10. A pure tone, air conduction audiometer is located in a quiet location for testing.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 10 points possible on this page.				

Comments:

V. Preventive Services: Health Education Criteria

Site Preventive Services Survey Criteria (Continued)	Yes	No	N/A	wt
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.				1
2. Applicable to the practice and population served on site.				1
3. Available in threshold languages identified for county and/or area of site location.				1
C. Vaccinations are encouraged and monitored.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 4 points possible on this page. 14 points possible in this section.				

Comments:

VI. Infection Control Criteria

Site Infection Control Survey Criteria	Yes	No	N/A	wt
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 <input type="checkbox"/> <input type="checkbox"/>				
1. Site has a policy or procedure for ensuring Standard/Universal precautions for infection control is followed.				1
2. Facility has a designated or qualified Infection control professional on staff.				1
3. Antiseptic hand cleaner and running water is available in, or in reasonable proximity, to treatment areas for hand washing.				1
3a. Staff has been trained on effective hand washing procedures.				1
4. Waste disposal containers are available in the exam, treatment, and restrooms.				1
5. Site has procedure for effectively isolating infectious patients with potential communicable conditions.				1
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. <input type="checkbox"/> <input type="checkbox"/>				
1. Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use.				2
2. Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing storage, transport or shipping.				2
3. Needlestick safety precautions are practiced on site.				2
4. All sharp injury incidents are documented.				1
5. Biohazardous (non-sharp) wastes are contained separate from other trash/waste.				1
6. Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.				1
7. Contaminated laundry is laundered at the workplace or by a commercial laundry service.				1
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)				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 17 points possible on this page.				

Comments:

VI. Infection Control Criteria

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

Site Infection Control Survey Criteria (Continued)	Yes	No	N/A	wt
C. Contaminated surfaces are decontaminated according to Cal-Osha Standards.				
8 CCR §5193; HSC §118275 <input type="checkbox"/> <input type="checkbox"/>				
1. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.				1
2. Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.				1
Disinfectant solutions used on site are:				
3. Approved by the Environmental Protection Agency (EPA).				1
4. Effective in killing HIV/HBV/TB.				1
5. Follow manufacturer instructions.				1
Note: Write comments for all "No" (0 points) and "N/A" scores. 5 points possible on this page.				

Comments:

VI. Infection Control Criteria

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

Site Infection Control Survey Criteria (Continued)	Yes	No	N/A	wt
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. <input type="checkbox"/> <input type="checkbox"/>				
1. Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff.				1
Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:				
2. Cleaning reusable instruments/equipment prior to sterilization.				1
3. Cold chemical sterilization/high level disinfection:				
a) Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.				2
b) Confirmation from manufacturer item(s) is/are heat sensitive.				1
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.				2
4. Autoclave/steam sterilization.				
a) Staff demonstrate/verbalize necessary steps/process to ensure sterility.				1
b) Autoclave maintenance per manufacturer's guidelines.				1
c) Spore testing of autoclave/steam sterilizer with documented results (at least monthly).				2
d) Management of positive mechanical, chemical, and biological indicators of the sterilization process.				2
e) Sterilized packages are labeled with sterilization date and load identification information.				1
f) Storage of sterilized packages.				1
Totals				
Note: Write comments for all "No" (0 points) and "N/A" scores. 15 points possible on this page. 37 points possible in this section.				

Comments:

VII. Quality Assurance Performance Improvement

RN/MD only

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

Comments:

If more than one Reviewer, both must sign here:

Reviewer Signature: _____

Reviewer Signature: _____

Reviewer Name: _____

Reviewer Name: _____

Reviewer Title: _____

Reviewer Title: _____

Reviewer Comments:

