


Partnership Health Plan of California

Interim Compliance Self-Assessment

MPQP1022 - ATTACHMENT J

	Contact: Facility Name: Address: Phone/Fax: Site ID:	Interim Review Sent Date XX/XX/20XX Interim Review Due Date XX/XX/20XX
Site Review Date:		

Site Review Survey **Critical Element** CAP (Standard)

Criteria	Standard	CAP Response	Is your site currently compliant with this standard?
I AS C4	Exit doors and aisles are not obstructed and egress (escape) is accessible.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
I AS D4	Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
I AS D5	Emergency medical equipment appropriate to practice/patient population is available on site: Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose. Appropriate sizes of ESIP needles/syringes and alcohol wipes.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	
II P C2	Only qualified/trained personnel retrieve, prepare or administer medications.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
III OM E2	Evidence of physician review and follow-up of referral/consultation reports and diagnostic test results is	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
IV CS C4	Only lawfully authorized persons dispense drugs to patients.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
IV CS C5	Drugs and Vaccines are prepared and drawn only prior to administration.		
VI IC B1	Personal Protective Equipment for Standard Precautions is readily available for staff use.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
VI IC B2	Blood, other potentially infectious material and regulated wastes are placed in appropriate leak proof, labeled containers for	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
VI IC B3	Needle stick safety precautions are practiced on site.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No

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Site Review Survey **Critical Element CAP (Standard)**

VI IC D3a	Staff demonstrate /verbalize necessary steps/process to ensure sterility and/or high level disinfection to ensure sterility/disinfection of equipment.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	___ Yes ___ No
VI IC D3c	Cold chemical sterilization/high level disinfection: Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	
VI IC D4c	Autoclave/steam sterilization: Spore testing of autoclave/steam sterilizer with documented results (at least monthly)	NOT PREVIOUSLY DEFICIENT. PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>> *If your site does not autoclave - please tell us what you do instead to sterilize your equipment and mark yes if you are following that process.	
VI IC D4d	Autoclave/steam sterilization: Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	

Site Review CAP Criteria

Criteria	Standard	CAP Response	Is your site currently compliant with this standard?
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No

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Interim Compliance Self-Assessment

Medical Record Review CAP Criteria			
Criteria	Standard	CAP Response	Is your site currently compliant with this standard?
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
	#N/A		___ Yes ___ No
PHC Addendum CAP Criteria			
Criteria	Standard	CAP Response	Is your site currently compliant with this standard?
	#N/A		___ Yes ___ No

* Please attach documentation explaining reason(s) for non-compliance

"I attest that the above statements of compliance are accurate"

PCP or designee signature and title: _____

Date: _____

HEALTH PLAN USE ONLY BELOW THIS LINE

Approved by: _____

Date: _____

Follow up Required: Yes / No