

Partnership Health Plan of California Interim Compliance Self-Assessment



Contact:

Facility Name:

Address:

Phone/Fax

Site ID:

Site Review Date:

Interim Review Sent Date

XX/XX/20XX

Interim Review Due Date

XX/XX/20XX

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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV CS C4	Only lawfully authorized persons dispense drugs to patients.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> No
VI IC B3	Needle stick safety precautions are practiced on site.	NOT PREVIOUSLY DEFICIENT - PLEASE INDICATE CURRENT COMPLIANCE IN THE NEXT COLUMN >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 >>>	<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No
	#N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
	#N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
	#N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

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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