

## **FACILITY SITE REVIEW SELF-ASSESSMENT CHECKLIST**

### **California Department of Health Care Services (DHCS) Standards**

This serves as a guide to assist in preparing for the DHCS Facility Site Review that will be conducted by a UnitedHealthcare (UHC) DHCS Certified Site Registered Nurse Reviewer.

**For a full comprehensive list of all of the DHCS Facility Site Review requirements please refer to DHCS Policy Letter 14-004.**

<b>Facility Site Review Sections</b>	
Access & Safety	Personnel
Office Management	Clinical Services
Preventive Services	Infection Control
<b>Critical Elements</b>	
<p>The DHCS Facility site review contains (9) Critical Elements, which are considered “must pass” items. Should any of the (9) Critical Elements be considered deficient the site will be issued a Corrective Action Plan (CAP) that must be submitted to the UnitedHealthcare Community Plan Quality Department within <u>10 business days</u> of site review without exception.</p>	
<b>Access &amp; Safety</b>	

**Critical Elements:**

- ❑ **Exit doors and aisles are unobstructed and egress (escape) accessible.**
  - Accessible pedestrian paths of travel provide a clear circulation path including exit door at all times.
- ❑ **Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu Bag.**
  - Must have a wall oxygen delivery system or portable tank that is maintained at least ¾ full with flow meter, oropharyngeal airways, nasal cannula or mask, and Ambu Bag (appropriate sizes).

**Additional Elements:**

- ❑ **Anaphylactic Reaction Management:** Minimum equipment includes Epinephrine 1:1000 (injectable) and Benadryl 25 mg (oral) or 50 mg/ml (injectable) appropriate sizes of Engineered Sharps Injury and Protection (ESIP) needles/syringes and alcohol wipes- Emergency Supplies Inventory Checklist and Emergency Drugs Inventory Log are documented monthly.\*\*
- ❑ **Current medication administration reference (e.g. med dosage chart) available for identifying the correct dosages (e.g. adult, pediatric, infant, etc.)** Package inserts are NOT acceptable.
- ❑ **Firefighting/protection equipment (fire extinguisher or sprinkler system) is in an accessible location on site at all times.** Site has Policy and Procedures for Non-Medical Emergencies (fire, natural disaster (earthquakes), and workplace violence).
- ❑ **Site Environment is maintained in a clean and in sanitary conditions.** Written Office Cleaning Schedule must be maintained with frequency of clean tasks, personnel responsible and solutions used.\*\*

<b>Personnel</b>
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**Critical Elements:**

- ❑ **Only qualified/trained personnel retrieve, prepare, or administer medication.**
  - There must be a licensed practitioner (MD, NP, PA, CNM) physically present in the treatment facility during the performance of authorized procedures by the Medical Assistant (MA).

- There must be a process in place and *verbalized* by the MA(s), at the time of survey, that the pre-labeled medication container and prepared dose are shown to the licensed person prior to administration. The supervising physician must specifically authorize all medications administered by an MA.

**Additional Elements:**

- ❑ Personnel wear ID badges printed with first name and title.
- ❑ Office maintains a list of all medical professionals practicing at facility site. Copies of all medical professional licenses and certifications are present upon request.\*\*
- ❑ Diploma and/or certificate or evidence of site-specific training documentation for Medical Assistants are present upon request.\*\*
- ❑ **TRAINING/DOCUMENTATION AVAILABLE ON SITE:** Staff education checklists are update with all current staff members. \*\*

Bloodborne Pathogens Program Handbook/Test & Site Policy/Procedure <b><u>(ANNUAL)</u></b>	Infection Control/ Universal Precaution <b><u>(ANNUAL)</u></b>	Biohazardous Waste Handling <b><u>(ANNUAL)</u></b>	Non-Medical Emergencies: Fire Plan, Earthquake Plan, Site Evacuation Plan
Medical Emergencies Policy and Procedures	Abuse Reporting Policy/Procedure: Domestic, Child, Elder	Healthy Information Privacy Rights/ Statement Of Confidentiality	The Rights of Minors, Confidentiality of Minor’s Medical Records.
Informed Consent/ Informed Consent for Human Sterilization	UHC Referral Guidelines	UHC Authorization Requirements	UHC Complaint and Grievance Guidelines

**Office Management**

**Critical Elements:**

- ❑ **Timely review and follow-up on referral/consultation reports and diagnostic test results.**
  - The site personnel can demonstrate the office referral process from beginning to end. Evidence of referral tracking log and documentation of physician review is present upon request for site review.\*\*

**Additional Elements:**

- ❑ 24/7 Interpreter Services are offered to members. If office doesn’t contract with interpreter services, please request a copy of the UHC’s interpreter services available to UHC members or refer to UHC’s Provider Manual. (All personnel providing interpreter services have been assessed for their medical interpretation skills).
- ❑ Medi-Cal Managed Care Health Plans require the following timeliness standards for access to appointments:
  - Urgent Care: 48 hours
  - Access to the first Prenatal Visit: 10 business days
  - Non-urgent (Routine) Care: 10 business days

**Clinical Services**

**Critical Elements:**

- ❑ **Only lawfully authorized personnel dispense medications to patients.**
  - Medications are dispensed only by a physician, pharmacist or other persons (NP, CNM, RN, PA) lawfully authorized to dispense medications upon the order of a licensed physician or surgeon.

**Additional Elements:**

- ❑ All medications are handled safely, stored appropriately (locked), dispensed per State and Federal laws, and checked monthly for expiration dates. Medication logs are maintained.\*\*

- ❑ Controlled Substance medication log maintained and reflect in office supply (if applicable)\*\*
- ❑ Refrigerator and Freezer Temperature Logs are recorded daily.\*\*
- ❑ Current Vaccine Information Sheets (VIS) available.
- ❑ Site has Clinical Laboratory Improvement Amendment (CLIA) certificate or waiver.\*\*
- ❑ Current CA Radiologic Health Branch Inspection Report and copy of Title 17 (if applicable).\*\*

## Preventive Services

### Critical Elements:

- ❑ No critical elements for Preventive Services. Criteria for preventive services are examined more specifically in the Medical Record Review. Refer to DHCS Policy Letter 14-004 for Medical Record Review Guidelines.

### Additional Elements:

- ❑ Health Education Materials are readily accessible on site or made available upon request and available in threshold languages identified for county and/or area of site location. Health Education Materials are applicable to practice and population.
- ❑ Examination (anthropometric) equipment is appropriate for primary care services and in good condition. (e.g. Exam table and lights, Stethoscope, Thermometer, Scales, patient gowns). Pertinent medical equipment maintained per manufacturer guidelines and serviced/calibrated yearly by qualified technician.
- ❑ Examination (Anthropometric) equipment is appropriate for member population. (e.g. Infant Scale, Sphygmomanometer in various sizes (Child, Adult, Obese)).
- ❑ Eye Charts (literate and illiterate) and occluder for vision testing present.

## Infection Control

### Critical Elements:

- ❑ **Personal Protective Equipment is readily available for staff use (Respiratory Infection protection mask, face mask, Face mask with shield, water repelling gown, gloves, eye protection).**
- ❑ **Needlestick safety precautions are practiced on site.**
  - Needles, sharps and sharps containers are properly stored (locked).
  - Contaminated sharps are immediately discarded in sharps container. Sharps containers are not overfilled past fill line (3/4 container).
- ❑ **Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.**
  - Containers for blood and other potentially infectious materials are closeable, leak proof, and labeled and/or color-coded.
- ❑ **Spore testing of autoclave/steam sterilizer with monthly documented results.\*\***
  - Written Policy and Procedure for performing routine spore testing and for handling positive spore test results are available on site.

### Additional Elements:

- ❑ Transportation of regulated medical waste is only by a registered hazardous waste hauler or person with an approved limited-quantity exemption. Biohazardous Waste contract and waste tracking document for minimum of past 3 years should be available.\*\*

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Please contact your assigned Certified Nurse Reviewer if you have any questions prior to your scheduled Facility Site Review.

**Thank you for your participation!**

\*\*Please have the documents noted prepared and available for the Certified Nurse Reviewer the day of Facility Site Review.