

San Francisco Health Plan

Facility Site Review Survey Preparation Checklist (Organized by Focus or Area of Administration)

Use This Tool with DHCS FSR Site Review Survey Standards. 📄=There is a resource tool available on this site.

	Notes:
Critical Elements (Require Immediate Remediation if Not Compliant)	
<input type="checkbox"/> Exit doors and aisles are unobstructed and egress (escape) accessible. 📄	
<input type="checkbox"/> Personal Protective Equipment for Standard Precautions is readily available for staff use. 📄	
<input type="checkbox"/> Drugs and Vaccines are prepared and drawn only prior to administration. 📄	
<input type="checkbox"/> Only lawfully authorized persons dispense drugs to patients. 📄	
<input type="checkbox"/> Blood, potentially infectious materials, and regulated wastes in containers for collection. 📄	
<input type="checkbox"/> Spore testing of autoclave/steam sterilizer with documented results (at least monthly). 📄	
<input type="checkbox"/> Management of positive mechanical, chemical, and/or biological sterilization process indicators. 📄	
<input type="checkbox"/> Ensure sterility of equipment. 📄	
<input type="checkbox"/> Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag. 📄	
<input type="checkbox"/> Emergency medicine: asthma, chest pain, hypoglycemia and anaphylactic reaction management. 📄	
<input type="checkbox"/> Only qualified/trained personnel retrieve, prepare or administer medications. 📄	
<input type="checkbox"/> Needlestick safety precautions are practiced on site. 📄	
Medical Emergency Preparedness (Safety)	
<input type="checkbox"/> Emergency equipment is stored together in easily accessible location, and is ready to be used. 📄	
<input type="checkbox"/> Medication dosage chart for all medications included with emergency equipment. 📄	
<input type="checkbox"/> Document monthly checking of emergency equipment/supplies for expiration and status. 📄	
<input type="checkbox"/> Replace/re-stock emergency medication, equipment and supplies immediately after use. 📄	
<input type="checkbox"/> Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag. 📄	
<input type="checkbox"/> Emergency medicine list (See Guideline and SFHP Emergency Medical Tool). 📄	
Pharmacy	
<input type="checkbox"/> If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy. Provide evidence of license.	
<input type="checkbox"/> Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.	
<input type="checkbox"/> Prescription, drug samples, and OTC drugs, needles/syringes, sharps, Rx pads in lockable space.	
<input type="checkbox"/> Controlled drugs are stored in a locked space accessible only to authorized personnel.	
<input type="checkbox"/> A dose-by-dose controlled substance distribution log is maintained. 📄	
<input type="checkbox"/> Written site-specific policy/procedure for dispensing of sample drugs are available on site. 📄	
Laboratory	
<input type="checkbox"/> Medical equipment is clean and written documentation of maintenance according to manufacturer guidelines. 📄	
<input type="checkbox"/> Laboratory test procedures are performed according to current site-specific CLIA certificate. 📄	
<input type="checkbox"/> Testing personnel performing clinical lab procedures have been trained. 📄	
<input type="checkbox"/> Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs...) inaccessible to unauthorized persons.	
<input type="checkbox"/> Lab test supplies are not expired. 📄	
<input type="checkbox"/> Site has a procedure to check expiration date and a method to dispose of expired lab test supplies. 📄	
Sterile Processing	
<input type="checkbox"/> Staff adheres to manufacturer cleaning standards for reusable instruments/equipment prior to sterilization. 📄	
<input type="checkbox"/> Staff adheres to cold chemical sterilization product manufacturer's directions. Provide evidence. 📄	
<input type="checkbox"/> Staff trained in safety and what to do in event of cold chemical sterilant spill. 📄	
<input type="checkbox"/> Staff adheres to autoclave/steam sterilization product manufacturer's directions. Provide evidence. 📄	
<input type="checkbox"/> Autoclave maintenance includes problems, insp. dates, results of routine servicing, calibration, repairs, etc. 📄	
<input type="checkbox"/> Appropriate PPE used and MSDS information available. 📄	
<input type="checkbox"/> Spore testing of autoclave/steam sterilizer with documented results (at least monthly). 📄	
<input type="checkbox"/> Management of positive mechanical, chemical, and/or biological sterilization process indicators. 📄	
<input type="checkbox"/> Sterilized packages labeled to include date of sterilization, load run id, package contents.	

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Physical Evidence of Compliance - Obtained through interview phase of site review		Notes:
AS = Access/Safety CS = Clinical Services IC = Infection Control OM = Office Management P = Personnel PS = Preventive Services		
Be able to show hard evidence of the following, e.g. printed or electronic via policy, procedure, form, memo, information statement, etc.		
<input type="checkbox"/> Show policy or procedure with evidence of an employee alarm system to alert employees to workplace emergencies. 📄	AS	
<input type="checkbox"/> Show policy or procedure for personnel plan to be carried out in case of medical emergency on site. 📄	AS	
<input type="checkbox"/> Show written documentation for the maintenance of all medical equipment according to equipment manufacturer's guidelines. 📄	AS	
<input type="checkbox"/> Show document/log for checking of emergency equipment/supplies for expiration and operating status. (monthly log) 📄	AS	
<input type="checkbox"/> Show policy or procedure with written plan for vaccine protection in case of power outage or malfunction of equipment. 📄	CS	
<input type="checkbox"/> Show policy or procedure with site method(s) for drug and hazardous substance disposal. 📄	CS	
<input type="checkbox"/> Show procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas. 📄	CS	
<input type="checkbox"/> Show procedure for confirming correct patient/medication vaccine/dosage prior to administration. 📄	CS	
<input type="checkbox"/> Show policy and procedure for the preparation of drugs vaccines prior to administration. 📄	CS	
<input type="checkbox"/> Show policy or procedure for site's written process for dispensing of sample drugs. 📄	CS	
<input type="checkbox"/> Demonstrate process for distribution of current Vaccine Information Sheets (VIS) to patients. 📄	CS	
<input type="checkbox"/> Demonstrate how site utilizes the California Immunization Registry (CAIR) and process for documenting for each patient. 📄	CS	
<input type="checkbox"/> Demonstrate how health education materials and Plan-specific resource info. are available and/or accessible to patients. 📄	CS	
<input type="checkbox"/> Demonstrate how health education materials and resource information are unique to the practice and population served. 📄	CS	
<input type="checkbox"/> Demonstrate how health education materials and resource information are available in populations threshold languages. 📄	CS	
<input type="checkbox"/> Show policy or procedure for site's process for effectively isolating infectious patients with potential communicable conditions. 📄	IC	
<input type="checkbox"/> Show policy and procedure for staff use of Personal Protective Equipment for Standard Precautions. 📄	IC	
<input type="checkbox"/> Show evidence that staff have access to instrument/equipment sterilization manufacturer's guidelines or policy/procedure. 📄	IC	
<input type="checkbox"/> Show policy or procedure for cleaning reusable instruments/equipment prior to sterilization. 📄	IC	
<input type="checkbox"/> Show policy or procedure for clean up in the event of a cold chemical sterilant spill. 📄	IC	
<input type="checkbox"/> Show policy or procedure for management of positive mechanical, chemical, biological indicators of the sterilization process. 📄	IC	
<input type="checkbox"/> Show policy or procedure for how sterility of equipment is ensured. 📄	IC	
<input type="checkbox"/> Demonstrate how sharp injury incidents are documented. If none, evidence of a documentation log or other means. 📄	IC	
<input type="checkbox"/> Show evidence of a written schedule for routine cleaning and decontamination of equipment/work surfaces. 📄	IC	
<input type="checkbox"/> Show policy or procedure with process for needlestick safety precautions and staff practice guidelines. 📄	IC	
<input type="checkbox"/> Show evidence of protocol for telephone answering machine, voice mail system, or answering service when staff not available. 📄	OM	
<input type="checkbox"/> Show evidence that system for reaching clinic is periodically checked and updated. 📄	OM	
<input type="checkbox"/> Show evidence appointments are scheduled according to patient's clinical needs and SFHP timeliness standards. 📄	OM	
<input type="checkbox"/> Show policy or procedure with process for physician review/follow-up of referral/consultation reports and diagnostic test results. 📄	OM	
<input type="checkbox"/> Show policy or procedure with process for medical record availability for scheduled patient encounters. 📄	OM	
<input type="checkbox"/> Show policy or procedure for timely access to medical records for scheduled patient encounters. 📄	OM	
<input type="checkbox"/> Show policy or procedure process for storage and transmittal of medical records per confidentiality and security standards. 📄	OM	
<input type="checkbox"/> Show policy or procedure with evidence that medical records are retained for a minimum of 10 years. 📄	OM	
<input type="checkbox"/> Show policy or procedure for how patients are notified of scheduled routine and/or preventive screening appointments. 📄	OM	
<input type="checkbox"/> Show policy or procedure with process for personnel's management of emergent, urgent, and medical advice telephone calls. 📄	OM	
<input type="checkbox"/> Show policy or procedure with process for verifying follow-up on missed and canceled appointments. 📄	OM	
<input type="checkbox"/> Show evidence that all personnel wear identification badges/tags printed with name and title. 📄	P	
<input type="checkbox"/> Evidence that notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board. 📄	P	
<input type="checkbox"/> Evidence that notification is provided to each member that the PA is licensed and regulated by the Physician Assistant Committee. 📄	P	
<input type="checkbox"/> Show current professional licenses and certifications (for MAs, what skills included in their certification, e.g. phlebotomy) 📄	P	
<input type="checkbox"/> Show policy or procedure with evidence that only qualified/trained personnel operate medical equipment. 📄	P	
<input type="checkbox"/> Documentation of education/training for non-licensed medical personnel is maintained on site. 📄	P	
<input type="checkbox"/> Show Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) Standardized Procedures Agreement (SPA) documents. 📄	P	
<input type="checkbox"/> Physician Assistants' (PA) Delegation of Services Agreement (DSA) defines the scope of services and Supervisory Guidelines (SG). 📄	P	
<input type="checkbox"/> Ensure any revisions in SPA, DSA, and SG documents are updated and signed by the supervising physician and NPMP. 📄	P	
<input type="checkbox"/> Show evidence that each NPMP that prescribes controlled substances has a valid DEA Registration Number. 📄	P	
<input type="checkbox"/> Show policy or procedure with ratio of NPMPs, PAs, and CNMs to physicians. (See Guidelines). 📄	P	
<input type="checkbox"/> Show policy or procedure that supervising physician of non-physician providers is available at all times via a defined process. 📄	P	
<input type="checkbox"/> Show policy or procedure with process for how qualified/trained personnel retrieve, prepare or administer medications. 📄	P	

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		Notes:
Information likely found at Front Desk Area (or per site -specific protocol)		
<input type="checkbox"/>	Emergency phone number contacts are posted, updated annually and as changes occur. 🗑️	
<input type="checkbox"/>	Clinic office hours are posted or readily available. 🗑️	
<input type="checkbox"/>	Provider office hour schedules are available to staff. 🗑️	
<input type="checkbox"/>	Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available.	
<input type="checkbox"/>	Contact information for off-site physician(s) is available at all times during office hours.	
<input type="checkbox"/>	After-hours emergency care instructions/telephone information is made available to patients.	
<input type="checkbox"/>	Phone number(s) for filing grievances/complaints are located on site.	
<input type="checkbox"/>	Complaint forms and a copy of the grievance procedure are available on site. 🗑️	
<input type="checkbox"/>	Medical record release procedures are compliant with State and federal guidelines.	
Exam Room and/or near vicinity		
<input type="checkbox"/>	Exam rooms and dressing areas safeguard patients' right to privacy.	
<input type="checkbox"/>	Procedures are followed to maintain the confidentiality of personal patient information.	
<input type="checkbox"/>	Exam tables and lights are in good repair.	
<input type="checkbox"/>	Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).	
<input type="checkbox"/>	Thermometer with a numeric reading.	
<input type="checkbox"/>	Scales: standing balance beam and infant scales. 🗑️	
<input type="checkbox"/>	Measuring devices for stature (height/length) measurement and head circumference measurement. 🗑️	
<input type="checkbox"/>	Basic exam equipment: percussion hammer, tongue blades, patient gowns.	
<input type="checkbox"/>	Eye charts (literate and illiterate) and occluder for vision testing. 🗑️	
<input type="checkbox"/>	Ophthalmoscope.	
<input type="checkbox"/>	Otoscope with adult and pediatric ear speculums.	
<input type="checkbox"/>	A pure tone, air conduction audiometer is located in a quiet location for testing. 🗑️	
<input type="checkbox"/>	Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.	
<input type="checkbox"/>	A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.	
<input type="checkbox"/>	Equipment & work surfaces are appropriately cleaned and decontaminated after contact with blood/infectious material. 🗑️	
<input type="checkbox"/>	Infactant solutions used on site are approved by the Environmental Protection Agency (EPA). 🗑️	
<input type="checkbox"/>	Infactant solutions used on site are effective in killing HIV/HBV/TB.Effective in killing HIV/HBV/TB. 🗑️	
Designated "Clean Area" in Clinic (with Signage)		
<input type="checkbox"/>	Drugs are prepared in a clean area or "designated clean" area if prepared in a multi-purpose room. 🗑️	
<input type="checkbox"/>	Drugs for external use are stored separately from drugs for internal use.	
<input type="checkbox"/>	Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.	
<input type="checkbox"/>	Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit). 🗑️	
<input type="checkbox"/>	Freezer thermometer temperature is 5° Fahrenheit or -15° Centigrade, or lower (at time of site visit). 🗑️	
<input type="checkbox"/>	Site utilizes vaccine storage units that are able to maintain required temperature. 🗑️	
<input type="checkbox"/>	Daily temperature readings of medication refrigerator and freezer are documented. 🗑️	
<input type="checkbox"/>	Drugs are stored separately from test reagents, germicides, disinfectants, and other household substances.	
<input type="checkbox"/>	Hazardous substances are appropriately labeled.	
<input type="checkbox"/>	There are no expired drugs on site. 🗑️	
<input type="checkbox"/>	All stored and dispensed prescription drugs are appropriately labeled. 🗑️	
<input type="checkbox"/>	Only lawfully authorized persons dispense drugs to patients.	
Designated "Dirty Area" in Clinic (with Signage)		
<input type="checkbox"/>	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.	
<input type="checkbox"/>	Contaminated laundry is laundered at the workplace or by a commercial laundry service.	
<input type="checkbox"/>	Regulated medical wastes are maintained secure and inaccessible to unauthorized persons.	
<input type="checkbox"/>	Only registered hazardous waste haulers are utilized (or central location, such as by Sutter, UCSF)	
<input type="checkbox"/>	Medical waste is in leak proof, labeled containers for any disposal method.	

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		Notes:
Physical Environment Requirements of Clinic		
E = Exterior of Building I = Interior of Building L = Lobby of Clinic R = Restroom for Clinic		
Be able to show hard evidence of the following, e.g. printed or electronic via policy, procedure, form, memo, information statement, etc.		
<input type="checkbox"/> Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance. 🗑️	E	
<input type="checkbox"/> Pedestrian ramps have a level landing at the top and bottom of the ramp.	E	
<input type="checkbox"/> Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.	L	
<input type="checkbox"/> Clear floor space for wheelchair in waiting area and exam room.	L	
<input type="checkbox"/> Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.	I	
<input type="checkbox"/> All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.	I	
<input type="checkbox"/> Lighting is adequate in all areas to ensure safety.	I	
<input type="checkbox"/> Exit doors are clearly marked with "Exit" signs. 🗑️	I	
<input type="checkbox"/> Clearly diagrammed "Evacuation Routes" for emergencies are posted in a visible location. 🗑️	I	
<input type="checkbox"/> Electrical cords and outlets are in good working condition.	I	
<input type="checkbox"/> Fire Fighting Equipment.	I	
<input type="checkbox"/> Exit doors and aisles are unobstructed and egress (escape) accessible.	I	
<input type="checkbox"/> Wheelchair accessible restroom facilities.	R	
<input type="checkbox"/> There are handwashing facilities or a reasonable alternative.	R	
<input type="checkbox"/> Restrooms are clean and contain appropriate sanitary supplies.	R	

Based on APL 20-004.