Facility Site Review Checklist

📝 = Resource available on SFHP.org; **Bold Red = Critical Element**

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Physical Environment			Notes
☐	📝	Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.	
☐		Pedestrian ramps have a level landing at the top and bottom of the ramp.	
☐		Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.	
☐		Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.	
☐		Clear floor space for wheelchair in waiting area and exam room.	
☐		Wheelchair accessible restroom facilities.	
☐		Wheelchair accessible handwashing facilities or reasonable alternative.	
☐		All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.	
☐		Restrooms are clean and contain appropriate sanitary supplies.	
☐		Lighting is adequate in all areas to ensure safety.	
☐		**Exit doors and aisles are unobstructed and egress (escape) accessible.**	
☐	📝	Exit doors are clearly marked with "Exit" signs.	
☐	📝	Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs and exits.	
☐		Electrical cords and outlets are in good working condition.	
☐		Fire Fighting Equipment in accessible location.	

Office Practices: Front Desk			Notes
☐	📝	Emergency phone number contacts are posted, updated annually and as changes occur.	
☐	📝	Clinic office hours are posted or readily available upon request.	
☐	📝	Provider office hour schedules are available to staff.	
☐		Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.	
☐	📝	Contact information for off-site physician(s) is available at all times during office hours.	
☐	📝	Routine, urgent, and after-hours emergency care instructions/telephone information is made available to patients.	
☐	📝	Appropriate personnel handle emergent, urgent, and medical advice telephone calls.	

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☐	📝	Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.	
☐	📝	Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.	
☐	📝	Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.	
☐	📝	Patients are notified of scheduled routine and/or preventive screening appointments.	
☐	📝	There is a process in place verifying follow-up on missed and canceled appointments.	
☐	📝	Phone number(s) for filing grievances/complaints are located on site.	
☐	📝	Complaint forms and a copy of the grievance procedure are available on site.	
☐		Medical records are readily retrievable for scheduled patient encounters.	
☐	📝	Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physcian Assistant(s) is licensed and regulated by the Physician Assistant Committee.	
Office Practices: Policy & Procedures			**Notes**
☐		Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.	
☐	📝	Interpreter services are made available in identified threshold languages specified for location of site.	
☐	📝	**Office practice procedures allow timely provision and tracking of: Processing internal and external referrals, consultant reports, and diagnostic test results.**	
☐		Office practice procedures allow timely provision and tracking of: Physician Review and follow-up of referral/consultation reports and diagnostic test results.	
☐		Medical documents are filed in a timely manner to ensure availability for patient encounters.	
☐		Medical record release procedures are compliant with State and federal guidelines.	
☐		Storage and transmittal of medical records preserves confidentiality and security.	
☐		Medical records are retained for a minimum of 10 years.	
☐	📝	Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.	
☐	📝	Site utilizes California Immunization Registry (CAIR) or the most current version.	
Staff Preparedness			**Notes**

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☐	📝	All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.	
☐	📝	Health care personnel wear identification badges/tags printed with name and title.	
☐		Only qualified/trained personnel operate medical equipment.	
☐	📝	Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).	
☐	📝	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.	
☐	📝	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.	
☐		Each NPMP that prescribes controlled substances has a valid Drug Enforcement Administration Registration Number.	
☐	📝	The designated supervising physician(s) on site: 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 d) 1:4 LMs	
☐		The designated supervising physician(s) on site: 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.	
☐		The designated supervising physician(s) on site: Evidence of NPMP supervision.	
☐		Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.	
Staff Preparedness: Training			**Notes**
☐	📝	There is evidence staff has received safety training and/or has safety information available on the following: Fire safety and prevention.	
☐	📝	There is evidence staff has received safety training and/or has safety information available on the following: Emergency non-medical procedures (e.g. site evacuation, workplace violence).	
☐	📝	Documentation of education/training for non-licensed medical personnel is maintained on site.	
☐	📝	Annual Training: Infection Control/Universal Precautions	
☐	📝	Annual Training: Blood Borne Pathogens Exposure Prevention	

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☐	📝	Annual Training: Biohazardous Waste Handling	
☐	📝	Training: Patient confidentiality	
☐	📝	Training: Informed Consent, including human sterilization	
☐	📝	Training: Prior Authorization requests	
☐	📝	Training: Grievance/Complaint Procedure	
☐	📝	Training: Child/Elder/Domestic Violence Abuse	
☐	📝	Training: Sensitive Services/Minor's Rights	
☐	📝	Training: Health Plan referral process/procedures/resources	
☐	📝	Training: Cultural and linguistics	
☐	📝	Training: Disability Rights and Provider Obligations	
Emergency Planning			**Notes**
☐	📝	An employee alarm system.	
☐	📝	Personnel are trained in procedures/action plan to be carried out in case of medical emergency site.	
☐		Emergency equipment is stored together in easily accessible location and is ready to be used.	
☐	📝	**Emergency medical equipment appropriate to practice/patient population is available on site: Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.**	
☐	📝	**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 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/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.**	
☐		Emergency medical equipment appropriate to practice/patient population is available on site: Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.	
☐	📝	Document checking of emergency equipment/supplies for expiration and operating status at least monthly.	
☐	📝	Replace/re-stock emergency medication, equipment and supplies immediately after use.	
☐	📝	Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer	

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	Drugs & Medical Supplies		Notes
☐		**Only qualified/trained personnel retrieve, prepare or administer medications.**	
☐		Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.	
☐		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.	
☐		Controlled drugs are stored in a locked space accessible only to authorized personnel.	
☐	📝	A dose-by-dose controlled substance distribution log is maintained.	
☐	📝	Written site-specific policy/procedure for dispensing of sample drugs are available on site.	
☐		Drugs are prepared in a clean area or "designated clean" area if prepared in a multi-purpose room.	
☐		Drugs for external use are stored separately from drugs for internal use.	
☐		Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.	
☐	📝	Refrigerator thermometer temperature is 36º-46º Fahrenheit or 2º-8º Centigrade (at time of site visit).	
☐	📝	Freezer thermometer temperature is 5º Fahrenheit or –15º Centigrade, or lower (at time of site visit).	
☐		Site utilizes drugs/vaccine storage units that are able to maintain required temperature	
☐	📝	Daily temperature readings of drugs/vaccines refrigerator and freezer are documented.	
☐		Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.	
☐		There are no expired drugs on site.	
☐	📝	Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.	
☐		All stored and dispensed prescription drugs are appropriately labeled.	
☐		**Only lawfully authorized persons dispense drugs to patients.**	
☐		**Drugs and Vaccines are prepared and drawn only prior to administration.**	
	Exam Room		Notes
☐		Exam rooms and dressing areas safeguard patients' right to privacy.	
☐		Procedures are followed to maintain the confidentiality of personal patient information.	
☐	📝	Hazardous substances are appropriately labeled.	
☐		Exam tables and lights are in good repair.	

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☐		Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).	
☐		Thermometer with a numeric reading.	
☐		Basic exam equipment: percussion hammer, tongue blades, patient gowns.	
☐		Scales: standing balance beam and infant scales.	
☐		Measuring devices for stature (height/length) measurement and head circumference measurement.	
☐		Eye charts (literate and illiterate) and occluder for vision testing.	
☐		Ophthalmoscope.	
☐		Otoscope with multi-size ear speculums appropriate to the population served.	
☐		A pure tone, air conduction audiometer is located in a quiet location for testing.	
☐		Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.	
☐	📝	A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.	
☐	📝	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.	
☐	📝	Disinfectant solutions used on site are: Approved by the Environmental Protection Agency (EPA).	
☐	📝	Disinfectant solutions used on site are: Effective in killing HIV/HBV/TB.	
☐		Disinfectant solutions used on site are: Follow manufacturer instructions.	
Laboratory			**Notes**
☐		Medical equipment is clean.	
☐		Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.	
☐		Laboratory test procedures are performed according to current site-specific CLIA certificate.	
☐		Testing personnel performing clinical lab procedures have been trained.	
☐		Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.	
☐		Lab test supplies are not expired.	
☐		Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	
☐		Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff.	

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☐		Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures: Cleaning reusable instruments/equipment prior to sterilization.	
Pharmacy			**Notes**
☐		If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.	
Radiology			**Notes**
☐	📝	Site has current CA Radiologic Health Branch Inspection Report or Proof of Registration if there is radiological equipment on site.	
☐		Current copy of Title 17 with a posted notice about availability of Title 17 and its location.	
☐		"Radiation Safety Operating Procedures" posted in highly visible location.	
☐		"Notice to Employees Poster" posted in highly visible location.	
☐		"Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.	
☐		Physician Supervisor/Operator certificate posted and within current expiration date.	
☐		Technologist certificate posted and within current expiration date.	
☐		Operator protection devices: radiological equipment operator must use lead apron or lead shield.	
☐		Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.	
Infection Control			**Notes**
☐		**Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport, or shipping.**	
☐	📝	**Needlestick safety precautions are practiced on site.**	
☐	📝	All sharp injury incidents are documented.	
☐		Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.	
☐		Contaminated laundry is laundered at the workplace or by a commercial laundry service.	
☐		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).	
☐	📝	Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.	

☐	📝	Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.	
☐	📝	**Cold chemical sterilization/high level disinfection: Staff demonstrate /verbalize necessary steps/process to ensure sterility and/or high-level disinfection to ensure sterility/disinfection of equipment.**	
☐		Cold chemical sterilization/high level disinfection: Confirmation from manufacturer item(s) is/are heat sensitive.	
☐		**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.**	
☐		Staff demonstrate/verbalize necessary steps/process to ensure sterility.	
☐		Autoclave maintenance per manufacturer's guidelines.	
☐		**Spore testing of autoclave/steam sterilizer with documented results (at least monthly).**	
☐		**Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.**	
☐		Sterilized packages are labeled with sterilization date and load identification information.	
☐		Storage of sterilized packages.	
☐		Site has method(s) in place for drug and hazardous substance disposal.	
☐		Site has procedure for effectively isolating infectious patients with potential communicable conditions.	
☐		**Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use.**	
Health Education			**Notes**
☐	📝	Health education materials and Plan-specific resource information are: Readily accessible on site or are made available upon request.	
☐	📝	Health education materials and Plan-specific resource information are: Applicable to the practice and population served on site.	
☐	📝	Health education materials and Plan-specific resource information are: Available in threshold languages identified for county and/or area of site location.	