



# RURAL HEALTH CLINIC

**NAME OF RHC**

**RHC MOCK INSPECTION REPORT**



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## INTRODUCTION

On Date of Inspection, Mark R. Lynn, CPA (inactive) conducted a mock inspection for compliance with RHC regulations and preparedness for the licensure survey from AAAASF and as an integral part of the program evaluation required by the RHC Conditions of Participation.

We conducted a mock inspection of the rural health clinic, reviewed the RHC policy and procedure manual, and discussed preventive services with the clinic care coordinator. The results of the mock inspection are color-coded in the following 20-page checklist. Please take special notice of those items in Yellow and Red. Those items are currently out of compliance with RHC regulations and require some attention to pass the RHC inspection.

<b>COLOR STATUS DESCRIPTION</b>
<b>NO COLOR – STATUS IS GOOD. ITEM HAS BEEN CORRECTED OR IS READY FOR SURVEY.</b>
<b>YELLOW – THE ITEM REQUIRES ATTENTION TO PASS THE SURVEY WITHOUT DEFICIENCIES: HOWEVER, IT WILL NOT RISE TO THE LEVEL OF A CONDITION LEVEL DEFICIENCY.</b>
<b>RED – THE ITEM REQUIRES ATTENTION TO PASS THE SURVEY WITHOUT DEFICIENCIES AND WILL RISE TO THE LEVEL OF A CONDITION LEVEL DEFICIENCY. ITEM SHOULD BE REVIEWED CLOSELY.</b>

We have formed a Facebook group to share information and ask questions regarding RHCs. This site will include links to documents and current (daily) updates regarding RHCs, Medicare, billing, and other important topics to RHC providers and personnel. **The Office Manager should join this group to keep apprised on changes to the RHC program, educational webinars, and seminars. Here is the link:**

**RHC Information Exchange Group on Facebook**  
<https://www.facebook.com/groups/1503414633296362/>  
*"A place to share and find information on RHCs."*



## Executive Summary

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
 Date: Date of Inspection

This Executive Summary is prepared to list the additional items to be completed to be prepared for the RHC Inspection. Additionally, refer to the two page report called RHC Certification – Compliance and Inspection report.

Number	Recommendations or Items to Implement	Responsibility	Status
1	Print SDS Sheets. See OSHA Manual we have provided and several sheets of paper in the front of the manual.		
2	The RHC should have an OSHA approved eye wash station and that station should be checked weekly.		
3	Call the Biomedical company (Renew) and have all medical equipment calibrated.		
4	Section 1557 Compliance. Go to the following website <a href="http://www.aonanow.org/?page=1557">http://www.aonanow.org/?page=1557</a> and follow the instructions.		
5	Emergency Kit. Have Review what is needed in the emergency kit and obtain a tackle box of minimal drugs to respond to an emergency.		
6	Prepare copies of documents asked for by the RHC Inspector. Have one copy for the inspector and one copy for the clinic. Place in Expandable Folders		
7	See Mock Inspection Report for items in Yellow. Please do the items in yellow and complete the Evidence Binder as indicated in Number 6 above.		



# Compliance with Federal, State and Local Laws

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level One**  
 Date: **Date of Inspection**

J3: Compliance with Federal, State and Local Laws. The RHC and its staff are following applicable federal, state and local laws. The clinic is license pursuant to applicable state and local laws and regulations.

GENERAL				
JTag	Compliance Item Reviewed	Pass	To Do	Comments
J3	The RHC and its staff are following applicable Federal, State, and local laws. 491.4			
	Hours or operation are posted on the outside of the clinic. 491.4 (a)			
J5	All clinical staff have current BLS certificates on file 491.4 (b)			
J5	Personnel files include employee application, resume, current license, certificates, employment forms, performance appraisal, and I-9 forms.			
J62.3	If patients are allowed into the clinic prior to a provider being on the premises, all current BLS certificates are on file for clerical staff.			



## Location of Clinic

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Two**  
 Date: **Date of Inspection**

J8: The objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic are housed in a permanent structure. If clinic services are regularly furnished at permanent unites in more than one location, each unit will be independently considered for certification as a rural health clinic.

J9: The objects, equipment, and the supplies necessary for the provision of the services furnished directly by the clinic are housed in a mobile structure, which has a fixed scheduled location.

J10: The facility meets location eligibility in a rural health shortage area through either of the following exceptions:

- 1) The area in which it is located subsequently fails to meet the definition of rural, shortage area.
- 2) A private, nonprofit facility that meets all other conditions of this subpart except for location in a shortage area will be certified in on July 1, 1977, it was operating in a rural area that is determined by the Secretary (based on the ratio of primary care physicians to general population) to have an insufficient supply of physicians to meet the needs of the area served.

<b>LOCATION OF CLINIC</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J13	The facility meets rural area requirements under one of the following criteria:			
J14	1) Rural areas not delineated as urbanized areas in the last census conducted by the Census Bureau.			
J15	2) Included in the rural area classification are those portions of extended cities that the Census Bureau has determined to be rural.			
J16	The facility meets the shortage area requirements under one of the following criteria.			
J17	1) Clinic location is in current HPSA.			
	2) Determination of shortage of primary medical care.			
	3) Clinic is in a MUA that has been updated with the last 4 years.			
	4) The Governor has designated an area as eligible.			





# Physical, Plant, and Environment Hallways

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Three**  
 Date: **Date of Inspection**

J20: 491.6 (a) Physical Plant and Environment – Construction. The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.

<b>HALLWAYS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J20.1	Clinic is handicapped accessible. See Handicapped Codes for more info.			
J20.2	Exit doors and signage are in the appropriate places.			
J20.3	Clinic does not have any exposed building materials. (i.e., insulation, holes in walls, etc.)			
J20.4	Fire extinguishers are inspected monthly and annually by an outside fire professional company or personnel with appropriate training.			
J20.5	Emergency exit routes are free of barriers.			
J20.6	Exit signs are appropriately placed.			
J20.7	Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.			
J20.8	Secondary doors are locked at all times.			
J20.9	Shatter proof light bulbs are used for all exposed lights.			
J20.10	Overhead ceiling lights are free of bugs and debris.			
J20.15	Floor plans were posted throughout the clinic.			
J24.3	Flooring is free from hazards.			
J24.4	Patient restrooms are free of staffs' personal hygiene products.			
J24.5	The clinic is free of clutter.			
J24.6	Hallway exits are free of obstructions.			



# Physical, Plant, and Environment Patient Rooms

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Three**  
 Date: **Date of Inspection**

J20: 491.6 (a) Physical Plant and Environment – Construction. The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.

<b>PATIENT ROOMS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J20.12	Plug protectors were present in outlets.			
J20.13	Sharps are secured throughout clinic – should be attached to the wall and high enough so children cannot reach.			
J20.16	Treatment trays are free of dust and debris.			
J20.17	Nothing under the exam room sinks.			
J20.18	Closed trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets.			
TCT	Clinic has written cleaning policies and procedures for patient rooms.			
TCT	Equipment is cleaned and disinfected prior to each patient’s use.			
TCT	No equipment is located/stored on the floor.			
TCT	Clinic has documented universal precautions and training on hand washing (sinks, alcohol-based gels, signs, etc) and the utilization of gloves.			
TCT	Clinic has an OSHA Spill Kit and Eye Wash faucet.			



## Physical, Plant, and Environment Preventative Maintenance

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Three**  
 Date: **Date of Inspection**

J21/J22: Physical Plant and Environment – Maintenance. The clinic has a preventative maintenance program to ensure that: All essential mechanical, electrical, and patient care equipment is maintained in safe operating conditions.

<b>PREVENTATIVE MAINTENANCE</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J22.1	Written equipment management policy includes a listing of equipment, how the equipment is organized, labeled, and tested. No equipment is on the floor.			
J22.2	Adult and pediatric scales are balanced at least annually.			
J22.3	Patient care equipment is appropriately calibrated per manufacturer’s guidelines.			
J22.4	AED is maintained and tested in accordance with manufacturer recommendations.			
J22.5	Equipment testing log or checklist is current and available to the surveyor.			
TCT	Clinic has written cleaning policies and procedures for equipment.			
TCT	Clinic has a list of all equipment by manufacturer, model, and serial number.			
TCT	Clinic has a process for tracking preventive maintenance due dates.			





## Physical, Plant, and Environment Drugs and Biologicals

Clinic Name: **NAME OF RHC**  
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**Condition Level Three**  
Date: **Date of Inspection**

J23: Drugs and biologicals are appropriately stored.

<b>DRUGS AND BIOLOGICALS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J23.1	All medications are stored in locked cabinets, cupboards, and/or drawers. No patient access.			
J23.2	Medications are locked up at the end of each day.			
J23.3	Medications, biological, and sterile supplies are inventoried monthly for expiration date.			
J23.4	Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy.			
J23.5	Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy.			
J23.6	Refrigerator and freezer temperatures are recorded daily; and twice daily if storing vaccines. (VFC)			
J23.7	The clinic does not store medications in the door of the refrigerator or freezer.			
J23.8	Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #.			
J23.9	Controlled substances are inventoried on a weekly basis and stored dispensed in accordance with State Pharmacy regulations.			



## Physical, Plant, and Environment Emergency Procedures – Drills

Clinic Name: **NAME OF RHC**  
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**Condition Level Three**  
 Date: **Date of Inspection**

J25: Physical Plant and Environment – Emergency Procedures. The clinic assures the safety of patients in case of non-medical emergencies by:

J26 Training staff in handling emergencies.

J28: Taking other appropriate measures that are consistent with the conditions of the area in which the clinic is located.

<b>DRILLS &amp; EDUCATION</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J26.1	All staff have participated in emergency training, i.e. fire, evacuation, tornado, acts of terrorism.			
J26.2	Training is documented.			
J26.3	Staff clearly understands their role in the event of an emergency.			
J28.1	Clinic has a tornado evacuation plan.			
TCT	Clinic has personal protective equipment available.			
TCT	Clinic has documented universal precautions and training.			
TCT	Clinic has procedures in place for handling and disposing of infectious waste and how to prevent cross-contamination.			
TCT	Clinic has an organized process for handling on-site and off-site emergencies.			



## Organizational Structure

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Four**  
 Date: **Date of Inspection**

J31: The clinic is under the medical direction of a physician, and has a health care staff that meets the requirements of 491.8.

J32: The organization’s policies and its lines of authority and responsibilities are clearly set forth in writing.

J33: The clinic discloses the names and addresses of:

J34: Its owners in accordance with Section of the Social Security Act.

J35: The person principally responsible for directing the operation of the clinic

J36: The person responsible for medical direction

<b>ORGANIZATIONAL STRUCTURE</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J31.1	The medical director is identified.			
J31.2	Staff can identify the clinic’s medical director.			
J32	The clinic organizational chart is current.			
J34	The clinic discloses the names and addresses of its owners in accordance with Section of the Social Security Act.			
J35.1	The practice administrator is clearly identified.			
J35.2	All staff can identify the practice administrator by name.			



## Staffing and Staff Responsibilities

Clinic Name: **NAME OF RHC**  
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**Condition Level Five**  
 Date: **Date of Inspection**

J5: Licensure, certification or registration personnel. Staff of the clinic are licensed, certified or registered in accordance with applicable State and local laws.

J39: The clinic has a health care staff that includes one or more physicians and one or more physician’s assistants or nurse practitioners. The staff meets the following requirements.

<b>STAFFING AND STAFF RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J39.1	Clinic physicians are identified.			
J39.2	Clinic physician assistant/nurse practitioners are identified.			
J40.1	Nurse practitioner holds a current state license as a nurse practitioner, if applicable.			
J40.2	Physician assistant holds a current state license as a physician assistant, if applicable.			
J40.3	All physician assistants/nurse practitioners have either a supervisory or collaboration agreement with the supervising/collaborating physician.			
J41.1	A physician, physician’s assistant or nurse practitioner is scheduled at all times during patient care hours.			
J41.2	The physician assistant/nurse practitioner is scheduled to see clinic patients at least 50% of the patient care hours.			
J42.1	The clinic’s schedule reflects appropriate staffing levels.			



# Staffing and Staff Responsibilities

## Medical Director Responsibilities

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Five**  
 Date: **Date of Inspection**

J45: Physician responsibilities:

J46: The physician provides medical direction for the clinic’s health care activities and consultation for, and medical supervision of the health care staff.

J47: The physician participates in developing, executing, and periodically reviewing the clinic’s written policies and the services provided to Federal program patients.

J48: The physician periodically reviews the clinic’s patient records, provides medical orders, and provides medical care services to the patients of the clinic.

J49: A physician is present for sufficient periods of time at least once every 2-week period (except in extraordinary circumstances), to provide medical direction, medical care services, consultation, and supervision, and is available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are documented in the records of the clinic.

<b>MEDICAL DIRECTOR RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J47.1	A physician participated in the development and review of the clinic’s policies.			
J47.2	The physician’s participation is documented.			
J48.1	The physician has reviewed 15 DOS of each nurse practitioner at least quarterly.			
J48.2	The review is documented and shared with the nurse practitioner.			
J48.3	The documentation is kept separate from the medical record with the clinic’s QAPI records.			
J49.1	Physician meets state requirements for time spent on site.			
J49.2	The physician is scheduled to see patients while at the clinic.			
J49.3	The physician reviews the documented care of the Mid-level practitioner.			





# Staffing and Staff Responsibilities Physician’s Assistant and Nurse Practitioner Responsibilities

Clinic Name: **NAME OF RHC**  
Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Five**  
Date: **Date of Inspection**

J51: The physician’s assistant and the nurse practitioner members of the clinic’s staff: (i) participated in the development execution and periodic review of the written policies governing the services the clinic furnishes; (ii) provide services in accordance with those policies; (iii) arrange for, or refer patients to needed services that cannot be provided at the clinic; (iv) assure that adequate patient health records are maintained and transferred as required when patients are referred ; and (v) participates with a physician in a periodic review of patient’s health records.

<b>PHYSICIAN’S ASSISTANT AND NURSE PRACTITIONER RESPONSIBILITIES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J51.1	A physician’s assistant or nurse practitioner participated in the development and review of the clinic’s policies.			
J51.2	The physician assistant/nurse practitioner’s participation is documented.			
J51.3	The physician assistant/nurse practitioner participated with the physician in the medical record review. If the review didn’t happen jointly, the physician’s findings were shared with the physician assistant/nurse practitioner.			



## Provision of Services

Clinic Name: **NAME OF RHC**  
 Rural Health Clinic Survey – Mock Inspection Form  
**Condition Level Six**  
 Date: **Date of Inspection**

- J53: Basic requirements. The clinic is primarily engaged in providing outpatient health services.
- J55: The clinic’s health care services are furnished in accordance with appropriate written policies
- J56: The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician’s assistants or nurse practitioners. At least one member of the group is not a member of the clinic’s staff.
- J57: The policies include (i) a description of the services the clinic furnishes directly and those furnished through agreement or arrangement (ii) guidelines for the medical management of the health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic; and (iii) rules for the storage, handling and administration of drugs and biologicals.
- J58: These policies are reviewed at least annually by the group of professional personnel.
- J60: The clinic staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician’s office or at the entry point into the healthcare delivery system. These include medical history physical examination, assessment of health status, and treatment for a variety of medical conditions.

<b>PROVISION OF SERVICES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J55.1	Written policies are consistent with clinic operations.			
J56.1	The Advisory Group has met within the past 12 months to review the clinic’s policies.			
J56.2	The Group includes a community representative.			
J57	The policies include medical guidelines and program evaluation/QAPI.			
J60	Clinic policy identifies all the services that are performed onsite through the clinic by clinic providers and personnel either as employees or as contract services.			



## Provision of Services

### Laboratory and Emergency Services

Clinic Name: **NAME OF RHC**  
Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Six**

Date: **Date of Inspection**

J61: Laboratory: The clinic provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including (i) chemical examinations of urine by stick or tablet methods or both (including urine ketones); (ii) hemoglobin or hematocrit; (iii) blood sugar; (iv) examination of stool specimens for occult blood; (v) pregnancy test; and (vi) primary culturing for transmittal to a certified laboratory.

J62: Emergency. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness, and has available the drugs and biological commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, and emetics, serums and toxoids.

<b>LABORATORY AND EMERGENCY SERVICES</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J61.1	External controls are performed on all CLIA waived tests, if applicable.			
J61.2	External control results are logged.			
J61.3	The clinic has the equipment and supplies to perform hemoglobin or hematocrits.			
J61.4	Lab supplies and reagents are inventoried monthly. Expired supplies are disposed of via the bio-hazard receptacle.			
J61.5	The clinic has the ability to perform:			
	Urinalysis			
	Blood Glucose			
	Hemoglobin or Hematocrit			
	Occult Stool			
	Pregnancy			
	Primary Culturing			
J61.6	Lab work surface is clearly marked as “Non-Sterile” or “Sterile”.			
J61.7	The clinic has a process for tracking labs that are referred out.			



JTag	Compliance Item Reviewed	Pass	To Do	Comments
J62.1	The clinic has emergency drugs for each of the following drug classifications:			
	Analgesics			Make sure
	Anesthetics (local)			To have an
	Antibiotics			Emergency Kit
	Anticonvulsants			With medicines
	Antidotes			For a first response
	Emetic			To a medical emergency.
	Serums			
	Toxoids			
J62.2	All clinical staff have current BLS certifications on file.			Make sure ALL staff has current BLS certifications.
J62.3	If patients are allowed into the clinic prior to a provider being on the premises, clerical staff have current BLS certification on file.			
J62.4	Clinic has a spill kit – all staff is aware of its location.			



## Patient Health Records

Clinic Name: **NAME OF RHC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Seven**

Date: **Date of Inspection**

<b>PATIENT HEALTH RECORDS</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J69	The medical policies clearly state who is ultimately accountable for the medical records.	√		
J70	For each patient receiving health care services the clinic maintains a record that includes, as applicable:	√		
	(i) Identification of social data, evidence of consent forms, pertinent medical history, assessment of health status and health care needs of the patient, and a summary of the episode, disposition, and instructions to the patient;	√		REMEMBER: Consent to Treat and HIPAA must be updated annually.
	(ii) Reports of physical examinations, diagnostic and laboratory test results and consultative findings;	√		
	(iii) All physician's orders, reports of treatments and medications and other pertinent information necessary to monitor the patient's progress;	√		
	(iv) Signatures of the physician or other health care professional.	√		
J71	The clinic has a confidentiality policy and policies that governs the storage and handling of PHI.	√		
J72.1	The clinic has a patient authorization for release policy.	√		
J73.2	The clinic has all appropriate HIPAA policies related to release of information to:			
	(i) Government entities	√		
	(ii) Law Enforcement	√		
	(iii) Friends and family	√		
	(iv) Other providers involved in treatment via facsimile	√		
	(v) When transporting records from one facility to another	√		
J74	The clinic has a patient authorization for release policy.	√		
J75	The clinic's policy is consistent with state law as pertains to the retention of records.	√		





## Program Evaluation

Clinic Name: **NAME OF RHC**

Rural Health Clinic Survey – Mock Inspection Form

**Condition Level Eight**

Date: **Date of Inspection**

<b>PROGRAM EVALUATION</b>				
<b>JTag</b>	<b>Compliance Item Reviewed</b>	<b>Pass</b>	<b>To Do</b>	<b>Comments</b>
J77	A program evaluation was completed within 12 months.			
J79	A review of the clinic’s utilization of services has been performed in the past 12 months that includes:			
J80.1	The clinic’s documentation meets the compliance requirements as outlined in J70.			
	(i) Identification and social data			
	(ii) Evidence of consent forms			
	(iii) Pertinent medical history			
	(iv) Assessment of health status and patient needs			
	(v) Summary of the episode, disposition, and instructions to the patient			
	(vi) Reports of physical examinations, diagnostic and laboratory test results, and findings			
	(vii) All physician’s orders, reports of treatments and medications and other pertinent information necessary to monitor the patient’s progress			
	(viii) Signatures of the physician or others			
J80.2	A summary of the findings has been presented to the Advisory Group within the past 12 months with recommendations for consideration and approval.			
J81.1	The clinic’s policies have been reviewed by the clinic’s staff and changes have been made as appropriate.			
J81.2	The policies and recommended changes have been presented to the Advisory Group within the past 12 months for consideration and approval.			
J83	The Advisory Group has reviewed this and found utilization to be appropriate.			
J84	The Advisory Group has reviewed this and found that policies were followed.			
J85	Based on the review of utilization of services and clinic policies, changes were made, if applicable.			
J86	Corrective action was taken, if applicable.			



**RuralHealthClinic.com**  
*Experienced Knowledge*

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## Name of RHC

### RHC Survey Evidence Binder

Please provide the following information to the RHC Surveyor at the beginning of the RHC survey. Please make a copy of everything provided to the Surveyor for your records.

Number	Surveyor Requested Item	Reference	Status
1	Form CMS-29	A	
2	Copy of approval from CMS-RO for Visiting Nurse Services	N/A	No Visiting Nurses
3	Hours of operation	B	
4.	Name and address of owner	C	
5.	Copy of organizational chart	D	
6.	List of all patients scheduled for today, office visits for the past 6 months and any emergency transfers in past year	E	
7.	List of all staff with title and date of hire	F	
8.	Staffing for 2 weeks of operation (include all disciplines)	G	
9.	Program Evaluation	H	
10.	Copy of confidentiality policy	I	
11.	Copy of polices for maintaining medical records	J	
12.	Copy of policies for emergency procedures	K	
13.	Copy of patient care policies	L	
14.	Copy of Physician(s),PA(s), and/or NP(s) license(s)	M	
15.	Protocols for PA and/or NP to follow per physician	N	
16.	Procedures that PA and/or NP are allowed to perform	O	
17.	Copy of CLIA Certificate	P	
18.	Copy of preventive maintenance records for medical equipment	Q	
19.	List of all services provided through agreement or arrangement	R	
20.	Copy of facility floor plan	S	



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## **Items to look for in Rural Health Clinics (Alabama Inspector)**

1. Policies and Procedures – Make sure they are signed by the governing body and Medical Director and are reviewed annually.
2. QAPI Program Evaluation – Make sure that this is done annually and has been documented.
3. Fire Drills and Emergency Preparedness – Make sure that there are procedures in place for fires and other emergencies. Annual drills should be conducted with all employees.
4. Personnel Records – Make sure to include the credentialing of the physician(s) and review the collaborating agreement with the Physician Assistant(s) and/or Nurse Practitioner(s).
5. Make sure the Medical Director is reviewing a minimum of 10 charts per provider, annually (more if problems are evident).
6. Laboratory – Refer to form CMS-30 (J61) for specific lab tests required to be performed in the clinic. **Basic services:** Chemical examination of urine by sick or tablet method or both (including urine ketones); hemoglobin or hematocrit; blood glucose; examination of stool specimens for occult blood; pregnancy tests and primary culturing for transmittal to certified laboratory.
7. Laboratory – CLIA certificate should be on file and renewed appropriately.
8. Clinic Medical Records – Make sure that the following information is included in all patient charts: identification and social data, consent forms, medical history, assessment of health status and health care needs, a brief summary of the episode, disposition and instructions to the patient, reports of physical exam, diagnostic and lab tests result, and signature of physician or other health care professional.



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9. Clinic Walkthrough Tour – The inspector will observe the following:
- a. Clinic is handicapped accessible.
  - b. Exit doors and signage are located in the appropriate places.
  - c. Fire extinguishers are inspected on a monthly basis.
  - d. Floor plans are posted throughout the clinic.
  - e. Sharps are secured throughout the clinic.
  - f. Nothing is stored under exam room sinks.
  - g. Closed trash containers are utilized in patient care areas.
  - h. Clinic has an OSHA Spill Kit and Eye Wash faucet.
  - i. Adult and pediatric scaled are balanced/calibrated annually.
  - j. Patient care equipment is calibrated per manufacturer's guidelines.
  - k. Clinic has a process for tracking preventive maintenance due dates.
  - l. All medications are stored in locked cabinets/drawers.
  - m. Medications, biological, and sterile supplies are inventoried monthly for expiration date.
  - n. Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with clinic policy.
  - o. Expired medications, biologicals, and sterile supplies are discarded in accordance with clinic policy.
  - p. Refrigerator and freezer temperatures are recorded daily.
  - q. Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amount Dispensed, and NDC #
  - r. Controlled substances are inventoried on a weekly basis

Revised August 2013 by Alabama RHC Inspectors





## **Exhibit B**

### **Hours of Operation**

The hours of operation for the RHC are from     to     Monday through Friday.



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## **Exhibit C**

# **Ownership**

Name of RHC is 100% owed by



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# RURAL HEALTH CLINIC

## NAME OF RHC

## RESOURCES FOR RHC INSPECTION



502 SHADOW PARKWAY, SUITE 214  
CHATTANOOGA, TENNESSEE 37421  
TELEPHONE: (423)243-6185  
[MARKLYNNRHC@GMAIL.COM](mailto:MARKLYNNRHC@GMAIL.COM)



## Please Go to the Website and Complete

### ACA SECTION 1557 - ARE YOU IN COMPLIANCE?

Any practice that receives government funding (ie. Medicare Parts A, C & D [NOT B], Medicaid, Meaningful Use, etc.), you are **REQUIRED** to post information to be in compliance with Section 1557 of the Affordable Care Act (ACA) by Sunday, Oct. 16. All practices - regardless of practice size - are required to post the non-discrimination poster and the taglines poster, at minimum. Please read below for additional specifications regarding practices with 15 or more employees.

Section 1557 of the ACA contains an anti-discrimination provision. You may not discriminate in healthcare delivery based on a patient's race, color, national origin, sex, age or disability. You cannot delay or deny effective language assistant services to patient with limited English proficiency (LEP). These provisions apply to all patients in the US, legally or illegally. If your practice accepts payment from any HHS program or activity or an entity that HHS funds or you accept any Marketplace plans, this applies to YOU. Medicare Parts A, C & D (not Part B!), Medicaid, Meaningful Use, etc) Patients can sue for NON-COMPLIANCE of this ruling. For complete 1557 Compliance resources go to <http://www.aoanow.org/?page=1557>





**Make sure you have this for all Employees**

Consent to Treat verbiage and **Hepatitis B Declination Statement**

**Health Care Professionals Hepatitis B Declination Statement**

**Hepatitis B Declination Statement\***

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

**nation Statement**

Understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Taken from: *Bloodborne Pathogens and Acute Care Facilities*. OSHA Publication 3128, (1992).





Makes sure Consent to Treat Forms are all signed within one year. The Inspectors will review 20 charts to ensure compliance.

**Name of RHC**

**General Consent for Care and Treatment Consent**

*TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).*

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Patient or Personal Representative**

\_\_\_\_\_  
**Relationship to Patient**



The Medical Director should review 50 charts per year and present the findings to the Annual Evaluation/Program Evaluation Committee. We recommend the Medical Director review 15 charts (14 active, 1 closed) each quarter and document using the following form or something similar.

### PHYSICIAN SUPERVISION LOG

	CHART NUMBER	DATE OF SERVICE	TREATMENT ACCEPTABLE	RECOMMENDATON
1			Y N Y W/RECOM	
2			Y N Y W/RECOM	
3			Y N Y W/RECOM	
4			Y N Y W/RECOM	
5			Y N Y W/RECOM	
6			Y N Y W/RECOM	
7			Y N Y W/RECOM	
8			Y N Y W/RECOM	
9			Y N Y W/RECOM	
10			Y N Y W/RECOM	
11			Y N Y W/RECOM	
12			Y N Y W/RECOM	
13			Y N Y W/RECOM	
14			Y N Y W/RECOM	
15			Y N Y W/RECOM	

PHYSICIAN SIGNATURE \_\_\_\_\_

CRNP SIGNATURE \_\_\_\_\_



DATE OF REVIEW \_\_\_\_\_



Use the following form to conduct random walk throughs of the clinic to determine if the RHC is staying in compliance with RHC conditions of participation.

Date of review:  
Reviewed by :

Exam Rooms and Procedure Rooms	
1. room logs being utilized?	
2. expired meds/supplies?	
3. plug protectors?	
4. closed trash containers?	
5. holes or spots in walls that need repair?	
6. locks on cabinets as necessary?	
7. anything under sinks?	
8. vials ointments and solutions dated appropriately?	
9. any single use items opened and not discarded?	
10. cleaning products secured?	
11. drawers and cabinets neatly organized?	
12. sharps containers mounted and dated appropriately?	
13. splash guards present?	
Patient Bathrooms	
14. emergency notice in bathroom? System tested?	
16. any chemicals or air freshener cans in bathrooms?	
17. restroom labeled correctly?	
18. holes or spots in walls that need repair?	
19. plug protectors?	
lab area	
20. controls being done and logged as appropriate?	
21. Is equipment clean?	
22. splash guards present?	
23. clean and dirty clearly defined?	
24. nothing dirty in the clean area	
25. holes or spots in walls that need repair?	
26. UA testing capability?	
27. Pregnancy testing capability?	
28. Hemocult testing capability?	
29. Hemoglobin OR hematocrit capability?	
30. Primary culturing capability? (flu swab, strep screen)	

Medication/nurse area	
31. signage on fridge - do not unplug, meds only..etc.	
32. power outage procedure on door of imms	
33. anything stored in doors of fridges?	
34. schedule II drugs are double locked and logged separately?	
35. allergy meds monitored separately for expiration?	
36. oxygen tanks secured	
37. oxygen tanks labeled in use and empty? Cannula ready?	
38. emergency drug box easily accessible?	
39. sample meds logged?	
40. eye wash station checked and logged?	
41. spill kit?	
42. any safety concerns?	
43. any autoclave process concerns?	
waiting room and hallways	
44. holes or spots in walls that need repair?	
45. plug protectors?	
46. clean?	
47. Any safety concerns?	
48. lock on cleaning supply closet	
49. exit signs can be clearly seen and lights functioning?	
50. Secondary doors are locked?	
51. fire extinguishers are being checked monthly?	
52. hallways are clean and unobstructed?	
Check in area	
53. HIPAA review/PHI	
54. area neat and organized?	
Signage and parking lot	
55. hours of operation posted are correct?	
signage review	
any safety concerns?	
Miscellaneous	
APP hours meeting the 50% rule	

