



# **RHC TA Call**

# **February 18, 2015**

**Kate Hill, RN**  
**Director of Clinical Services**

## RHC Survey and Certification:

# Common Deficiencies and How to Correct Them.

## **Deficiency: Clean and Dirty equipment on the counter in the workroom with no distinction.**

### **42 CFR §491.6 Physical plant and environment**

(a) *Construction.* The clinic or center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.

It's important in the clinic's workroom to have a clear designation for clean and dirty equipment. This is accomplished very simply by signs above the counter space designating clean and dirty areas. The lack of this designation increases the risk of using a piece of equipment that hasn't been properly disinfected.

## Deficiency: Lack of documentation of equipment maintenance

### 42 CFR §491.6 Physical plant and environment

(b)(1) *Maintenance*. All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;

Equipment management: cleaning, annual check & calibration. All equipment must be checked and calibrated annually. The documentation for this can be a log or stickers on the individual pieces of equipment

Note: The baby scale is sometimes missed, remember to include it per manufacturer guidelines or clinic policy

# Deficiency: Expired medications and supplies

## 42 CFR §491.9 Provision of Services

### (b) Patient Care Policies

(3)(iii) Rules for storage, handling, and administration of drugs and biologicals.

Expired medications are seen frequently, as well as expired needles, electrodes for EKGS etc. Establish a system for checking medications once a month. A colored sticker system works very well. As the drugs come into the clinic sticker them with a colored sticker and then make a log for the med closet. It's very easy to see that all orange stickers for example expire at the end of March.

## Deficiency: Lack of clinic policies for provider based clinics

### 42 CFR §491.9 Provision of services.

(b) *Patient care policies.* (1) The clinic's or center's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.

3. The policies include.....

The clinic must have clinic specific policies where applicable. Provider based clinics can use the hospitals HR policy for instance but there must be a reference to it in the clinic binder. Policies must reflect clinic day to day practices. If a provider based clinic references it's hospital policy, it must be have been reviewed within the year.

## Deficiency: Improper or incomplete storage of Oxygen

### 42 CFR §491.9 Provision of services.

- (3) The policies include: ...The clinic or center provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.
- (iii) Rules for the storage, handling, and administration of drugs and biologicals.

Oxygen must be properly stored in a well ventilated area and secured either on a cart or by a chain. One Oxygen tank is “Patient Ready” That means in a minute the staff should be able to produce a tank with cannula and tubing.

Recommendation: keep one tank ready with a cannula and tubing in a bag attached.

## Deficiency: No documentation of patient chart review

### 42 CFR §491.8 Staffing and staff responsibilities

- (a) *Staffing.* (1) The clinic or center has a health care staff that includes one or more physicians. Rural health clinic staffs must also include one or more physician's assistants or nurse practitioners.
- (b) *Physician responsibilities.* The physician performs the following:...
- (3) Periodically reviews the clinic's or center's patient records, provides medical orders, and provides medical care services to the patients of the clinic or center.

No documentation of patient record review by over-sight physician. What does your policy say about how many charts you will have reviewed and how often? What does your State say? Where is it documented?

## Deficiency: Lack of Policy review by Nurse Practitioner or Physician Assistant

### 42 CFR §491.8 Staffing and staff responsibilities

(c) *Physician assistant and nurse practitioner responsibilities.* (1) The physician assistant and the nurse practitioner members of the clinic's or center's staff:

(i) Participate in the development, execution and periodic review of the written policies governing the services the clinic or center furnishes;

The NP or PA must participate in the review of policies in the RHC. This review must be documented by a signature page on the document or within the binder.

## Deficiency: Lack of documentation of patient referrals.

### 42 CFR §491.8 Staffing and staff responsibilities

(2) The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician:

- (ii) Arranges for, or refers patients to, needed services that cannot be provided at the clinic or center; and
- (iii) Assures that adequate patient health records are maintained and transferred as required when patients are referred.

Patients who are referred out of the clinic must have documentation in their chart that this was arranged. What is your system for doing that? Is it a referral book? Is it an open document on your EMR?

## Deficiency: Lack of Properly executed Consent forms

### 42 CFR §491.10 Patient health records.

**(3)** For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:

**(i)** Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;

Some consents are printing out of the EMR without a date. It is important that a printed copy of the consent have a date on it. The lack of a date may put the clinic at risk should that consent ever be challenged. The consent for a minor must identify the relationship of the person signing the consent form.

# Deficiency: Undated open multiuse vials

## 42 CFR §491.9 Provision of Services

(b) Patient Care Policies

(3)(iii) Rules for storage, handling, and administration of drugs and biologicals.

Multidose vials of medication must be dated once opened for 28 or 30 days depending on clinic policy. Also note that other items once opened such as peroxide which degrades quickly once open, must be dated.