Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (MMCD) Policy Letter 14-004 - Site Review Survey

"Critical Element" Checklist

There have been nine (9) critical elements identified in the Site Review Survey portion of the Facility Site Review Process. Each critical element is worth "2" points. A corrective action plan is required to be submitted to the Health Plan within 10 business days from the survey date to verify correction of the critical element identified as a deficiency during the site survey.

1	Section of Site Review Survey Tool	Critical Element Description	Things To Do
1	Access/Safety	Exit doors and aisles are unobstructed and egress (escape) accessible	 ☐ Accessible pedestrian paths of travel provide a clear circulation path. ☐ Escape routes are maintained free of obstructions or impediments to full instant use of the path of travel in case of fire or other emergency. ☐ Building escape routes provide an accessible, unobstructed path of travel for pedestrians and/or wheelchair users at all times when the site is occupied. ☐ Cords or other items are not placed on or across walkway areas.
2	Access/Safety	Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag	 Must have a wall oxygen delivery system or portable oxygen tank that is maintained at least ¾ full. Portable oxygen tank must have a flow meter attached. There is a method/system in place for oxygen tank replacement. There are various sizes of oral airways (oropharyngeal airways) devices appropriate to patient population available on site. There is a nasal cannula or mask available on site appropriate to patient population. There are various sizes of ambu bags appropriate to patient population available on site.
3	Personnel	Only qualified/trained personnel retrieve, prepare, or administer medications	 ☐ There must be a licensed physician 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.
4	Office Management	Physician review and follow- up of referral/consultation reports and diagnostic test results	☐ Site staff can demonstrate the office referral process from beginning to end. ☐ Referral process must include physician review. ☐ A process for follow-up of referral/consultation reports and diagnostic test results is in place.
5	Pharmaceutical Services	Only lawfully authorized persons dispense drugs to patients	 □ Drug dispensing is in compliance with all applicable State and Federal laws and regulations. □ Drugs are dispensed only by a physician, pharmacist or other persons lawfully authorized to dispense medications upon the order of a licensed physician or surgeon.
6	Infection Control	Personal Protective Equipment (PPE) is readily available for staff use	PPE is available for staff use on site, and includes water repelling gloves, water-resistant gowns, face/eye protection (e.g. goggles, face shield), and respiratory infection protection (e.g. mask).
7	Infection Control	Needlestick safety precautions are practiced on site	 □ Contaminated sharps are discarded immediately. □ Sharps containers are located close to the immediate area where sharps are used and are inaccessible to unauthorized persons. □ Sharps containers are secured (locked) in patient care areas at all times. □ Sharps containers are not overfilled past manufacturer's designated fill line, or more than ¾ full.
8	Infection Control	Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate lead proof, labeled containers for collection, handling, processing, storage, transport or shipping	 □ Containers for blood and other potentially infectious materials (OPIM) are closable, leak proof, and labeled and/or color-coded. □ Double bagging is required only if leakage is possible.
9	Infection Control	Spore testing of autoclave/steam sterilizer with documented results (at least monthly)	 ☐ Autoclave spore testing is performed at least monthly. ☐ Written procedures for performing routine spore testing and for handling positive spore test results are available on site to staff. ☐ For positive spore tests, the autoclave is removed from service immediately until inspection is completed and a negative retest occurs. ☐ Procedures include: report problem, repair autoclave, retrieve all instruments sterilized since last negative spore test, re-test autoclave and re-sterilize retrieved instruments.