

FSR Audit Preparation Checklist

Criteria	Yes	No	Need Information
Critical Elements			
<p>(NOTE: Critical Elements related to the potential for adverse effects on patient health or safety, have a scored "weight" of two points. Each Critical Element found deficient during a full scope site survey, focused survey, or monitoring visit shall be corrected by the provider within 10 business days of the survey date, and verified as corrected by the Health Plan within 30 calendar days of the survey date.)</p>			
1. Exit doors and aisles are unobstructed and egress (escape) accessible.			
2. Airway management: must have oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag.			
3. Only qualified/trained personnel retrieve, prepare, or administer medications.			
4. Physician review and follow-up of referral / consultation reports and diagnostic test results.			
5. Only lawfully authorized persons dispense drugs to patients.			
6. Personal Protective Equipment is readily available for staff use. (gloves, gown, goggles, and mask)			
7. Needlestick safety precautions are practiced on site.			
8. Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.			
9. Spore testing of autoclave/steam sterilizer with documented results (at least monthly).			

Criteria	Yes	No	Need Information
Site Review Survey			
<p>(NOTE: Nurse reviewers are evaluating and reviewing office processes, policies and procedures, documented evidence of staff training, and maintenance of physical site. Survey criteria are weighted at one point.)</p>			
Access/Safety			
1. Safety accommodations for physically disabled persons include the following: clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance, pedestrian ramp, doorway allows for passage of a person in a wheelchair, passenger elevator or reasonable alternative for multi-level floor accommodation, clear floor space for wheelchair in waiting and exam rooms, wheelchair accessible restroom facilities and hand washing facilities.			
2. All patient areas including floor/carpet, walls, and furniture are neat, clean and well maintained.			
3. Restrooms are clean and contain appropriate sanitary supplies.			
4. Evidence of staff training and/or safety information regarding Fire Safety and Prevention and Non-medical Emergency procedures (e.g. site evacuation, workplace violence).			
5. Lighting is adequate.			
6. Exit doors are clearly marked with "Exit" signs.			
7. Clearly diagramed "Evacuation Routes" are posted in a visible location.			
8. Electrical cords and outlets are in good working condition.			
9. At least one type of fire fighting/protection equipment is accessible at all times (e.g. smoke detector, fire alarm device, automatic sprinkler system, or fire extinguisher).			
10. Personnel are trained in case of a medical emergency on site.			
11. Emergency equipment is stored together in an easily accessible location and emergency phone number contacts are posted.			
12. Epinephrine 1:1000 (injectable), Benadryl 25mg (oral) or Benadryl 50mg/ml (injectable), tuberculin syringes, alcohol wipes are available on site.			
13. Medication dosage chart kept with emergency medications.			
14. Documentation in place for checking emergency equipment/supplies for expiration and operating status at least monthly.			
15. Process in place to replace/re-stock emergency equipment immediately after use.			
16. Medical equipment is clean, functioning properly, and maintained in operational condition according to equipment manufacturers guidelines .			

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Personnel			
1. All required Professional Licenses and Certifications are current and available on site (e.g. licenses, DEA certificates, training certificates, etc). Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee.			
2. Personnel wear identification badges/tags printed with name and title.			
3. Only qualified/trained personnel operate medical equipment.			
4. Documentation of education/training for non-licensed medical personnel is maintained on site.			
5. Standardized Procedures for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) are available on site (If applicable).			
6. A Delegation of Services Agreement for Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.			
7. Standardized Procedures, Delegation of Services Agreements and Supervisory Guidelines are revised, updated and signed by the supervising physician and NPMP when changes in scope of services occur.			
8. Each NPMP that prescribes controlled substances has a valid DEA Registration Number.			
9. The designated supervising physician(s): ratio to number of NPMPs does not exceed established ratios in any combination. a) 1:4 Nurse Practitioners b) 1:3 Certified Nurse Midwives c) 1:4 Physicians Assistants			
10. 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.			
11. Documentation of site personnel receiving safety training and/or information for the following: - Infection control/universal precautions - Blood Borne Pathogens Exposure Prevention - Biohazardous Waste handling - Child/Elder/Domestic Violence Abuse - Patient Confidentiality - Informed consent, including Human Sterilization - Prior Authorization requests - Grievance/Complaint Procedure - Sensitive Services/Minors' Rights - Health Plan referral process/procedures/resources			
Office Management			
1. Clinic office hours are posted or readily available upon request.			
2. Physician office hour schedules are available to staff.			
3. Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.			
4. Contact information for off-site physician(s) is available at all times during office hours.			
5. After-hours emergency care instructions/telephone information is available to patients.			
6. Appropriate personnel handle emergent, urgent, and medical advice telephone calls.			
7. Telephone answering machine, voice mail system or answering service is used whenever office staff does not directly answer phone calls and are periodically checked and updated.			
8. Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.			
9. Process in place to notify patients of scheduled routine and/or preventive screening appointments.			
10. System in place to follow-up on missed and canceled appointments.			
11. Interpreter services are available in identified threshold languages.			

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Office Management (Cont.)			
12. Persons providing language interpreter services on site are trained in medical interpretation.			
13. Process in place for internal and external referrals, consultant reports, and diagnostic test results.			
14. Phone numbers for filing grievances/complaints are available on site.			
15. Complaint forms and a grievance policy and procedure are available on site.			
16. Medical records are readily retrievable for scheduled patient encounters.			
17. Medical documents are filed in a timely manner.			
18. Exam rooms and dressing areas safeguard patients' right to privacy.			
19. Procedures are in place to maintain the confidentiality of personal patient information.			
20. Medical record release procedures are compliant with State and Federal guidelines.			
21. Storage and transmittal of medical records preserves confidentiality and security.			
22. Medical records are retained for a minimum of 7 years, or according to current State DHS standard.			

Criteria	Yes	No	Need Information
Clinical Services – Pharmaceutical Services			
1. Medication is stored in specifically designated cupboards, cabinets, closets, or drawers.			
2. Prescription, sample and over-the-counter drugs, hypodermic needles/syringes, prescription pads are securely stored in a lockable space within the office/clinic.			
3. Controlled drugs are stored in a locked space accessible only to authorized personnel (If applicable).			
4. A dose-by-dose controlled substance distribution log is maintained (If applicable).			
5. Drugs are prepared in a clean area, or "designated clean" area if prepared in a multipurpose room.			
6. Drugs for external use are stored separately from drugs for internal use.			
7. Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.			
8. Refrigerator thermometer temperature is 35°-46°Fahrenheit or 2°-8° Centigrade.			
9. Freezer thermometer temperature is 5° Fahrenheit or -15° Centigrade, or lower.			
10. Daily temperature readings for the refrigerator and freezer are documented.			
11. Drugs are stored separately from test reagents, germicides, disinfectants and other household substances.			
12. Hazardous substances are appropriately labeled.			
13. Process in place for drug and hazardous substance disposal.			
14. There are no expired drugs on site.			
15. Process in place to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.			
16. All stored and dispensed prescription drugs are appropriately labeled.			
17. Vaccine Information Sheets (VIS) is available on site.			
18. License by the California State Board of Pharmacy is available on site if there is a pharmacy on site (If applicable).			
Clinical Services – Laboratory Services			
1. Laboratory test procedures are performed according to current site-specific CLIA certificate.			
2. Testing personnel performing clinical lab procedures have been trained.			
3. Lab supplies are inaccessible to unauthorized persons.			
4. Lab test supplies are not expired.			
5. Process in place to check expiration date and a method to dispose of expired lab test supplies.			

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Clinical Services – Radiology Services (If applicable)			
1. Current California Radiologic Health Branch Inspection Report.			
2. Current copy of Title 17 is available on site with a posted notice about availability of Title 17 and its location.			
3. “Radiation Safety Operating Procedures” is posted in a highly visible location.			
4. “Notice to Employees Poster” is posted in a highly visible location.			
5. “Caution, X-ray” sign is posted on or next to the door of each room that has X-ray equipment.			
6. Physician Supervisor/Operator certificate is posted and within current expiration date.			
7. Technologist certificate is posted and within current expiration date.			
8. Lead apron and/or lead shield are available on site.			
9. Gonadal shield (0.5 mm or greater lead equivalent) is available on site.			
Preventive Services			
1. Exam tables and lights are in good repair.			
2. Stethoscope and Blood Pressure Cuffs with various size cuffs are available on site (must include child, adult, and obese/thigh BP Cuffs).			
3. Thermometers must be available on site and must include oral and/or tympanic and rectal.			
4. Scales: standing balance beach and infant scales are available on site.			
5. Measuring devices for height/length and head circumference measurement are available on site.			
6. Basic exam equipment: percussion hammer, tongue blades, patient gowns are available on site.			
7. Eye charts both literate and illiterate and eye occluder for vision testing are available on site.			
8. Ophthalmoscope is available on site.			
9. Otoscope with adult and pediatric ear speculums is available on site.			
10. Audiometer in quiet location for testing.			
Preventive Services – Health Education			
1. Health education materials and Plan-specific resource information are readily accessible on site or are made available upon request.			
2. Health education materials are applicable to the practice and population served on site.			
3. Health education materials are available in threshold languages identified for county and/or area of site location.			
Infection Control			
1. Antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.			
2. A waste disposal container is available in exam rooms, procedure/ treatment room(s) and restrooms.			
3. Process in place for effectively isolating infectious patients with potential communicable conditions.			
4. Process in place to document sharp injury incidents (e.g. copy of form and log).			
5. Biohazardous (non-sharp) wastes are contained separate from other trash/ waste.			
6. Contaminated laundry is laundered at the workplace or at a commercial laundromat.			
7. Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.			
8. Transportation of regulated medical wastes is only by a registered hazardous waste hauler or by a person with an approved limited-quantity exemption.			
9. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.			
10. Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.			

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Infection Control (Cont.)			
11. Disinfectant solution(s) used on site are approved by the Environmental Protection Agency (EPA).			
12. Disinfectant solution(s) used on site are effective in killing HIV/HBV/TB.			
13. Disinfectant solution(s) used on site are used according to product label for desired effect.			
14. Written site-specific policy/procedures or Manufacturer's Instructions for instrument/equipment sterilization are available to staff.			
15. Staff adheres to site-specific policy and/or manufacturer/product label directions for cleaning reusable instruments/equipment prior to sterilization.			
16. Staff adheres to site-specific policy and/or manufacturer/product label directions for cold chemical sterilization.			
17. Staff adheres to site-specific policy and/or manufacturer/product label directions for autoclave/steam sterilization.			
18. Staff adheres to site-specific policy and/or manufacturer/product label directions for autoclave maintenance.			
19. Staff adheres to site-specific policy and/or manufacturer/product label directions for sterilized packages are labeled with sterilization date, general contents, and load run identification information.			

Criteria	Yes	No	Need Information
Medical Record Review Survey			
(NOTE: Nurse reviewers are evaluating and reviewing documentation and documentation processes of the criteria included in the medical record review survey. Survey criteria are weighted at one point per medical record reviewed.)			
Format Criteria			
1. An individual medical record is established for each member.			
2. Member identification is on each page.			
3. Individual personal biographical information is documented.			
4. Emergency "contact" is identified.			
5. Medical records on site are consistently organized.			
6. Chart contents are securely fastened.			
7. Member's assigned primary care physician (PCP) is identified.			
8. Primary language and linguistic service needs of non- or limited-English proficient (LEP) or hearing-impaired persons are prominently noted.			
Documentation Criteria			
1. Allergies are prominently noted.			
2. Chronic problems and/or significant conditions are listed.			
3. Current continuous medications are listed.			
4. Signed Informed Consents are present, when any invasive procedure is performed.			
5. Advance Health Care Directive Information is offered (adults 18 years of age or older; emancipated minors).			
6. All entries are signed, dated and legible			
7. Errors are corrected according to legal medical documentation standards.			
Coordination/Continuity of Care Criteria			
1. History of present illness is documented.			
2. Working diagnoses are consistent with findings.			
3. Treatment plans are consistent with diagnoses.			
4. Instruction for follow-up care is documented.			
5. Unresolved/continuing problems are addressed in subsequent visit(s).			
6. There is evidence of practitioner review of consult/referral reports and diagnostic test results.			
7. There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate.			
8. Missed primary care appointments and outreach efforts/follow-up contacts are documented.			
Pediatric Preventive Criteria			
1. History and physical (H&P).			
2. Individual Health Education Behavioral Assessment (IHEBA) or Staying Healthy Assessment (SHA) Tool completed within 120 days from enrollment.			

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Pediatric Preventive Criteria (Cont.)			
3. Subsequent Periodic IHEBA/SHA			
4. Well-child exam completed at age appropriate frequency.			
5. Anthropometric measurements.			
6. BMI percentile, plotted.			
7. Developmental screening.			
8. Anticipatory guidance.			
9. STI screening on all sexually active adolescents, including Chlamydia for females.			
10. Pap smear on sexually active females.			
11. Vision screening.			
12. Hearing screening.			
13. Nutrition assessment.			
14. Dental assessment.			
15. Blood lead screening test.			
16. Tuberculosis screening.			
17. Childhood Immunizations given according to ACIP guidelines.			
18. Vaccine administration documentation.			
19. Vaccine Information Statement (VIS) documentation.			
Adult Preventive Criteria			
1. History and physical (H&P).			
2. Individual Health Education Behavioral Assessment (IHEBA) or Staying Healthy Assessment (SHA) Tool completed within 120 days from enrollment.			
3. Subsequent Periodic IHEBA.			
4. Periodic Health Evaluation according to most recent USPSTF guidelines.			
5. High blood pressure screening.			
6. Obesity screening, BMI.			
7. Lipid disorders screening.			
8. Tuberculosis screening.			
9. Breast cancer screening.			
10. Cervical cancer screening.			
11. Chlamydia infection screening.			
12. Colorectal cancer screening.			
13. Adult Immunizations given according to ACIP guidelines.			
14. Vaccine administration documentation			
15. Vaccine information statement (VIS) documentation			
Perinatal Preventive Criteria			
1. Initial Comprehensive Prenatal Assessment (ICA) completed within 4 weeks of entry to prenatal care.			
2. Obstetrical and medical history			
3. Physical exam			
4. Lab tests			
5. Nutrition			
6. Psychosocial			
7. Health education			
8. Screening for Hepatitis B virus			
9. Screening for Chlamydia infection			
10. Second trimester comprehensive re-assessment			
11. Third trimester Comprehensive re-assessment			
12. Screening for Strep B			
13. Prenatal care visit periodicity according to most recent ACOG standards			
14. Individualized Care Plan (ICP)			
15. Referral to WIC and assessment of Infant Feeding status			
16. HIV-related services offered			
17. AFP/Genetic screening offered			
18. Domestic Violence/Abuse screening			
19. Family Planning evaluation			
20. Postpartum comprehensive assessments			