

**Health Facility Licensing and Certification**

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**MEDICARE CERTIFIED RURALHEALTH CLINIC**

**Survey Tool**

**ENTRANCE CONFERENCE**

**RHC:**  **Surveyor:** **Date:**

**Introduction of Surveyor**

**Entrance conference sign in sheet**

**Purpose and scope of survey:**

To evaluate compliance with the Medicare Rural Health Clinic Regulations, 42 CFR 491.The CMS Recertification survey is typically completed within one day.

**Have the facility complete**:

* + **Form CMS-29**: “Request for Eligibility to Participate in the Health Insurance for the Aged and Disabled Program to provide Rural Health Clinic Services”
  + **Fiscal year end date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The onsite survey includes:**

1. **Tour of the facility to include:**

* Exam rooms, procedure room, medication storage areas, emergency drugs and equipment, lab area, sterile processing and patient care equipment.

1. **Review of documentation to include:**

* Policy and procedure manual(s)—please include how the policies and procedures are developed and reviewed;
* Organization Chart, including name of the current clinic administrator and clinic manager;
* Agreements for hospitalization, referrals, and specialized tests;
* A copy of the preventative maintenance policy and documentation of PM for all clinic equipment;
* If clinic has onsite any diagnostic imaging equipment, please provide:
* A copy of any recent inspections by Radiation Protection Services
* Licenses for diagnostic imaging equipment and personnel;
* A list of lab tests performed by the clinic and a copy of CLIA Certificate or CLIA waiver;
* A copy of the annual program evaluation and quality assurance data for the last 3 years;
* Documentation of fire drills; and
* Documentation of the Emergency Preparedness Plan, including:
* policies and procedures
* staff training
* participation in emergency exercises.

1. **Personnel review:**

* Names of physicians, nurse practitioners and/or physician assistants;

– Work schedules

– Verify state license

– Verify current DEA license

– Verify current CPR/BLS.

* Names of licensed clinic personal to include: RNs, LPNs, CNAs, CMAs and MAs;

– Verify state license

– Verify current CPR/BLS.

1. **Medical Records Review**

* System in place to maintain confidentiality of medical records;
* Up to 20 medical records will be selected randomly for review;
* Documentation of chart review by the physician and nurse practitioners and/or physician assistants.

1. **Observation of patient encounter**

* Patient permission required;
* Consent form will be provided.

1. **Exit Conference**

* Review of survey findings and discuss the process for a Plan of Correction if necessary.