

Facility Site Review Elements 2012 to 2020 Comparison
(Critical Elements are indicated in **bold red** text.)

2012 Elements (9 Critical Elements)	2020 Elements (14 Critical Elements)
I. Access/Safety [27 elements] (29 points possible)	I. Access/Safety Criteria [28 elements] (31 points possible)
A. Site is accessible and useable by individuals with physical disabilities. Sites must have the following safety accommodations for physically disabled persons: <i>(Subject lines - no point)</i>	A. Site is accessible and useable by individuals with physical disabilities. Sites must have the following safety accommodations for physically disabled persons: <i>(Subject lines - no point)</i>
I. A. 1) Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.	I. A. 1) Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance.
I. A. 2) Pedestrian ramps have a level landing at the top and bottom of the ramp.	I. A. 2) Pedestrian ramps have a level landing at the top and bottom of the ramp.
I. A. 3) Exit doorway openings allow for clear passage of a person in a wheelchair.	I. A. 3) Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.
I. A. 4) Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.	I. A. 4) Accessible passenger elevator or reasonable alternative for multi-level floor accommodation.
I. A. 5) Clear floor space for wheelchair in waiting area and exam room.	I. A. 5) Clear floor space for wheelchair in waiting area and exam room.
I. A. 6) Wheelchair accessible restroom facilities or reasonable alternative.	I. A. 6) Wheelchair accessible restroom facilities
I. A. 7) Wheelchair accessible handwashing facilities or reasonable alternative.	I. A. 7) Wheelchair accessible handwashing facilities or reasonable alternative.
B. Site environment is maintained in a clean and sanitary condition. <i>(Subject lines - no point)</i>	B. Site environment is maintained in a clean and sanitary condition. <i>(Subject lines - no point)</i>
I. B. 1) All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.	I. B. 1) All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained.
I. B. 2) Restrooms are clean and contain appropriate sanitary supplies.	I. B. 2) Restrooms are clean and contain appropriate sanitary supplies.
C. Site environment is safe for all patients, visitors, and personnel. There is evidence staff has received safety training and/or has safety information available on the following: <i>(Subject lines - no point)</i>	C. Site environment is safe for all patients, visitors, and personnel. There is evidence staff has received safety training and/or has safety information available on the following: <i>(Subject lines - no point)</i>
I. C. 1) Fire safety and prevention.	I. C. 1) Fire safety and prevention.
I. C. 2) Emergency non-medical procedures (e.g. site evacuation, workplace violence).	I. C. 2) Emergency non-medical procedures (e.g. site evacuation, workplace violence).
I. C. 3) Lighting is adequate in all areas to ensure safety.	I. C. 3) Lighting is adequate in all areas to ensure safety.
<u>I. C. 4) Exit doors and aisles are unobstructed and egress (escape) accessible.</u>	<u>I. C. 4) Exit doors and aisles are unobstructed and egress (escape) accessible.</u>
I. C. 5) Exit doors are clearly marked with "Exit" signs.	I. C. 5) Exit doors are clearly marked with "Exit" signs.
I. C. 6) Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location.	I. C. 6) Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs and exits.
I. C. 7) Electrical cords and outlets are in good working condition.	I. C. 7) Electrical cords and outlets are in good working condition.
I. C. 8) At least one type of firefighting/protection equipment is accessible at all times.	I. C. 8) Fire Fighting Equipment in accessible location
	I. C. 9) An employee alarm system.

D. Emergency health care services are available and accessible 24 hours a day, 7 days a week. (Subject lines - no point)	D. Emergency health care services are available and accessible 24 hours a day, 7 days a week. Emergency medical equipment appropriate to practice/patient population is available on site: <i>(Subject line - no point)</i>
I. D. 1) Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.	I. D. 1) Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.
I. D. 2) Emergency equipment is stored together in easily accessible location.	I. D. 2) Emergency equipment is stored together in easily accessible location, and is ready to be used.
I. D. 3) Emergency phone number contacts are posted.	I. D. 3) Emergency phone number contacts are posted, updated annually and as changes occur.
<u>I. D. 4) Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag.</u>	<u>I. D. 4) Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.</u>
I. D. 5) Anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg. /ml. (injectable), appropriate sizes of ESIP needles/syringes and alcohol wipes.	<u>I. D. 5) Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose. Appropriate sizes of ESIP needles/syringes and alcohol wipes.</u>
I. D. 6) Medication dosage chart (or other method for determining dosage) is kept with emergency medications.	I. D. 6) Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.
I. D. 7) [There is a process in place on site to:] Document checking of emergency equipment/supplies for expiration and operating status at least monthly.	I. D. 7) [There is a process in place on site to:] Document checking of emergency equipment/supplies for expiration and operating status at least monthly.
I. D. 8) [There is a process in place on site to:] Replace/re-stock emergency equipment immediately after use.	I. D. 8) [There is a process in place on site to:] Replace/re-stock emergency medication, equipment and supplies immediately after use.
E. Medical and lab equipment used for patient care is properly maintained. (Subject lines - no point)	E. Medical and lab equipment used for patient care is properly maintained. (Subject lines - no point)
I. E. 1) Medical equipment is clean.	I. E. 1) Medical equipment is clean.
I. E. 2) Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.	I. E. 2) Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.
II. Personnel Criteria [21 elements] (22 points possible)	II. Personnel Criteria [25 elements] (26 points possible)
A. Professional health care personnel have current California licenses and certifications. (Subject lines - no point)	A. Professional health care personnel have current California licenses and certifications. (Subject lines - no point)
II. A. 1) All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current. Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee.	II. A. 1) All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.
	II. A. 2) Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee.

B. Health care personnel are properly identified. (Subject lines - no point)	B. Health care personnel are properly identified. (Subject lines - no point)
II. B. 1) Health care personnel wear identification badges/tags printed with name and title.	II. B. 1) Health care personnel wear identification badges/tags printed with name and title.
C. Site personnel are qualified and trained for assigned responsibilities. (Subject lines - no point)	C. Site personnel are qualified and trained for assigned responsibilities. (Subject lines - no point)
<u>II. C. 1) Only qualified/trained personnel retrieve, prepare or administer medications.</u>	<u>II. C. 1) Only qualified/trained personnel retrieve, prepare or administer medications.</u>
II. C. 2) Only qualified/trained personnel operate medical equipment.	II. C. 2) Only qualified/trained personnel operate medical equipment.
II. C. 3) Documentation of education/training for non-licensed medical personnel is maintained on site.	II. C. 3) Documentation of education/training for non-licensed medical personnel is maintained on site.
	II. C. 4) Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.
D. Scope of practice for non-physician medical practitioners (NPMP) is clearly defined. (Subject lines - no point)	D. Scope of practice for non-physician medical practitioners (NPMP) is clearly defined. (Subject lines - no point)
II. D. 1) Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).	II. D. 1) Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).
II. D. 2) A Delegation of Services Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.	II. D. 2) A Practice Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.
II. D. 3) Standardized Procedures, Delegation of Services Agreements and Supervisory Guidelines are revised, updated <u>and</u> signed by the supervising physician and NPMP when changes in scope of services occur.	II. D. 3) Standardized Procedures, Practice Agreements and Supervisory Guidelines are revised, updated <u>and</u> signed by the supervising physician and NPMP when changes in scope of services occur.
II. D. 4) Each NPMP that prescribes controlled substances has a valid DEA Registration Number.	II. D. 4) Each NPMP that prescribes controlled substances has a valid DEA Registration Number.
E. Non-physician medical practitioners (NPMP) are supervised according to established standards. (Subject lines - no point)	E. Non-physician medical practitioners (NPMP) are supervised according to established standards. (Subject lines - no point)
II. E. 1) [The designated supervising physician(s) on site:] 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	II. E. 1) [The designated supervising physician(s) on site:] Ratio to number of NPMPs does not exceed established ratios in any combination. a) 1:4 Nurse Practitioners b) 1:4 Certified Nurse Midwives c) 1:4 Physicians Assistants
II. E. 2) 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.	II. E. 2) 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.
	II. E. 3) Evidence of Non-Physician Medical Practitioner (NPMP) supervision.
F. Site personnel receive safety training/information. (Subject lines - no point)	F. Site personnel receive safety training/information. (Subject lines - no point)
II. F. 1) [There is evidence that site staff has received training and/or information on the following:] Infection Control/universal precautions (annually)	II. F. 1) [There is evidence that site staff has received training and/or information on the following:] Infection Control/Universal Precautions (annually)
II. F. 2) [There is evidence that site staff has received training and/or information on the following:] Blood Borne Pathogens Exposure Prevention (annually)	II. F. 2) [There is evidence that site staff has received training and/or information on the following:] Blood Borne Pathogens Exposure Prevention (annually)

II. F. 3) [There is evidence that site staff has received training and/or information on the following:] Biohazardous Waste handling (annually)	II. F. 3) [There is evidence that site staff has received training and/or information on the following:] Biohazardous Waste Handling (annually)
II. F. 4) [There is evidence that site staff has received training and/or information on the following:] Child/Elder/Domestic Violence Abuse	II. F. 4) [There is evidence that site staff has received training and/or information on the following:] Child/Elder/Domestic Violence Abuse
G. Site personnel receive training and/or information on member rights. (Subject lines - no point)	G. Site personnel receive training and/or information on member rights. (Subject lines - no point)
II. G. 1) [There is evidence that site staff has received training and/or information on the following:] Patient confidentiality	II. G. 1) [There is evidence that site staff has received training and/or information on the following:] Patient confidentiality
II. G. 2) [There is evidence that site staff has received training and/or information on the following:] Informed consent, including Human Sterilization	II. G. 2) [There is evidence that site staff has received training and/or information on the following:] Informed Consent, including human sterilization
II. G. 3) [There is evidence that site staff has received training and/or information on the following:] Prior Authorization requests	II. G. 3) [There is evidence that site staff has received training and/or information on the following:] Prior Authorization requests
II. G. 4) [There is evidence that site staff has received training and/or information on the following:] Grievance/Complaint Procedure	II. G. 4) [There is evidence that site staff has received training and/or information on the following:] Grievance/Complaint Procedure
II. G. 5) [There is evidence that site staff has received training and/or information on the following:] Sensitive Services/Minors' Rights	II. G. 5) [There is evidence that site staff has received training and/or information on the following:] Sensitive Services/Minors' Rights
II. G. 6) [There is evidence that site staff has received training and/or information on the following:] Health Plan referral process/procedures/resources	II. G. 6) [There is evidence that site staff has received training and/or information on the following:] Health Plan referral process/procedures/resources
	II. G. 7) [There is evidence that site staff has received training and/or information on the following:] Cultural and linguistics
III. Office Management Survey Criteria [24 elements] (25 points possible)	III. Office Management Criteria [24 elements] (25 points possible)
A. Physician coverage is available 24 hours a day, 7 days a week. The following are maintained current on site: (Subject lines - no point)	A. Physician coverage is available 24 hours a day, 7 days a week. The following are maintained current on site: (Subject lines - no point)
III. A. 1) Clinic office hours are posted or readily available upon request.	III. A. 1) Clinic office hours are posted or readily available upon request.
III. A. 2) Provider office hour schedules are available to staff.	III. A. 2) Provider office hour schedules are available to staff.
III. A. 3) Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.	III. A. 3) Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff.
III. A. 4) Contact information for off-site physician(s) is available at all times during office hours.	III. A. 4) Contact information for off-site physician(s) is available at all times during office hours.
III. A. 5) After-hours emergency care instructions/telephone information is made available to patients.	III. A. 5) After-hours emergency care instructions/telephone information is made available to patients.
B. There is sufficient health care personnel to provide timely, appropriate health care services. (Subject lines - no point)	B. There is sufficient health care personnel to provide timely, appropriate health care services. (Subject lines - no point)
III. B. 1) Appropriate personnel handle emergent, urgent, and medical advice telephone calls.	III. B. 1) Appropriate personnel handle emergent, urgent, and medical advice telephone calls.
III. B. 2) Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.	III. B. 2) Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls.
III. B. 3) Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.	III. B. 3) Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.
C. Health care services are readily available. (Subject lines - no point)	C. Health care services are readily available. (Subject lines - no point)

III. C. 1) Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.	III. C. 1) Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for Plan members.
III. C. 2) Patients are notified of scheduled routine and/or preventive screening appointments.	III. C. 2) Patients are notified of scheduled routine and/or preventive screening appointments.
III. C. 3) There is a process in place verifying follow-up on missed and canceled appointments.	III. C. 3) There is a process in place verifying follow-up on missed and canceled appointments.
D. There is 24-hour access to interpreter services for non- or limited-English proficient (LEP) members. (Subject lines - no point)	D. There is 24-hour access to interpreter services for non- or limited-English proficient (LEP) members. (Subject lines - no point)
III. D. 1) Interpreter services are made available in identified threshold languages specified for location of site.	III. D. 1) Interpreter services are made available in identified threshold languages specified for location of site.
III. D. 2) Persons providing language interpreter services on site, are trained in medical interpretation.	III. D. 2) Persons providing language interpreter services, including sign language on site, are trained in medical interpretation.
E. Procedures for timely referral/consultative services are established on site. Office practice procedures allow timely provision and tracking of: (Subject lines - no point)	E. Procedures for timely referral/consultative services are established on site. Office practice procedures allow timely provision and tracking of: (Subject lines - no point)
III. E. 1) Processing internal and external referrals, consultant reports, and diagnostic test results.	III. E. 1) Processing internal and external referrals, consultant reports, and diagnostic test results.
III. E. 2) Physician review and follow-up of referral/consultation reports and diagnostic test results.	III. E. 2) Physician Review and follow-up of referral/consultation reports and diagnostic test results.
F. Member Grievance/Complaint processes are established on site. (Subject lines - no point)	F. Member Grievance/Complaint processes are established on site. (Subject lines - no point)
III. F. 1) Phone number(s) for filing grievances/complaints are located on site.	III. F. 1) Phone number(s) for filing grievances/complaints are located on site.
III. F. 2) Complaint forms and a copy of the grievance procedure are available on site.	III. F. 2) Complaint forms and a copy of the grievance procedure are available on site.
G. Medical records are available for the practitioner at each scheduled patient encounter. (Subject lines - no point)	G. Medical records are available for the practitioner at each scheduled patient encounter. (Subject lines - no point)
III. G. 1) Medical records are readily retrievable for scheduled patient encounters.	III. G. 1) Medical records are readily retrievable for scheduled patient encounters.
III. G. 2) Medical documents are filed in a timely manner to ensure availability for patient encounters.	III. G. 2) Medical documents are filed in a timely manner to ensure availability for patient encounters.
H. Confidentiality of personal medical information is protected according to State and federal guidelines. (Subject lines - no point)	H. Confidentiality of personal medical information is protected according to State and federal guidelines. (Subject lines - no point)
III. H. 1) Exam rooms and dressing areas safeguard patients' right to privacy.	III. H. 1) Exam rooms and dressing areas safeguard patients' right to privacy.
III. H. 2) Procedures are followed to maintain the confidentiality of personal patient information.	III. H. 2) Procedures are followed to maintain the confidentiality of personal patient information.
III. H. 3) Medical record release procedures are compliant with State and federal guidelines.	III. H. 3) Medical record release procedures are compliant with State and federal guidelines.
III. H. 4) Storage and transmittal of medical records preserves confidentiality and security.	III. H. 4) Storage and transmittal of medical records preserves confidentiality and security.
III. H. 5) Medical records are retained for a minimum of 7 years according to 22 CCR Section 75055.	III. H. 5) Medical records are retained for a minimum of 10 years.

IV. Clinical Services: [33 total elements] (34 points possible) Pharmaceutical Services Criteria [19 elements]	IV. Clinical Services: [38 total elements] (40 points possible) Pharmaceutical Services Criteria [24 elements]
A. Drugs and medication supplies are maintained secure to prevent unauthorized access. <i>(Subject lines - no point)</i>	A. Drugs and medication supplies are maintained secure to prevent unauthorized access. <i>(Subject lines - no point)</i>
IV. A. 1) Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.	IV. A. 1) Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.
IV. A. 2) Prescription, samples, and over-the-counter drugs, hypodermic needles/syringes, prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.	IV. A. 2) Prescription, drug samples, and over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.
IV. A. 3) Controlled drugs are stored in a locked space accessible only to authorized personnel.	IV. A. 3) Controlled drugs are stored in a locked space accessible only to authorized personnel.
IV. A. 4) A dose-by-dose controlled substance distribution log is maintained.	IV. A. 4) A dose-by-dose controlled substance distribution log is maintained.
	IV. A. 5) Written site-specific policy/procedure for dispensing of sample drugs are available on site.
B. Drugs are handled safely and stored appropriately. <i>(Subject lines - no point)</i>	B. Drugs are handled safely and stored appropriately. <i>(Subject lines - no point)</i>
IV. B. 1) Drugs are prepared in a clean area or “designated clean” area if prepared in a multi-purpose room.	IV. B. 1) Drugs are prepared in a clean area or “designated clean” area if prepared in a multi-purpose room.
IV. B. 2) Drugs for external use are stored separately from drugs for internal use.	IV. B. 2) Drugs for external use are stored separately from drugs for internal use.
IV. B. 3) Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.	IV. B. 3) Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.
IV. B. 4) Refrigerator thermometer temperature is 35°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).	IV. B. 4) Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).
IV. B. 5) Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit).	IV. B. 5) Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit).
	IV. B. 6) Site utilizes drugs/vaccine storage units that are able to maintain required temperature
IV. B. 6) Daily temperature readings of medication refrigerator and freezer are documented.	IV. B. 7) Daily temperature readings of drugs/vaccines refrigerator and freezer are documented.
	IV. B. 8) Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer
IV. B. 7) Drugs are stored separately from test reagents, germicides, disinfectants, and other household substances.	IV. B. 9) Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.
IV. B. 8) Hazardous substances are appropriately labeled	IV. B. 10) Hazardous substances are appropriately labeled.
IV. B. 9) Site has method(s) in place for drug and hazardous substance disposal.	IV. B. 11) Site has method(s) in place for drug and hazardous substance disposal.
C. Drugs are dispensed according to State and federal drug distribution laws and regulations. <i>(Subject lines - no point)</i>	C. Drugs are dispensed according to State and federal drug distribution laws and regulations. <i>(Subject lines - no point)</i>
IV. C.1) There are no expired drugs on site.	IV. C.1) There are no expired drugs on site.
IV. C.2) Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.	IV. C.2) Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.

IV. C.3) All stored and dispensed prescription drugs are appropriately labeled.	IV. C.3) All stored and dispensed prescription drugs are appropriately labeled.
IV. C.4) Only lawfully authorized persons dispense drugs to patients.	IV. C.4) Only lawfully authorized persons dispense drugs to patients.
	IV. C.5) Drugs and Vaccines are prepared and drawn only prior to administration.
IV. C.5) Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.	IV. C.6) Current Vaccine Information Sheets (VIS) for distribution to patients are present on site.
IV. C.6) If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.	IV. C.7) If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy.
	IV. C.8) Site utilizes California Immunization Registry (CAIR) or the most current version.
IV. Clinical Services: Laboratory Services Criteria [5 elements]	IV. Clinical Services: Laboratory Services Criteria [5 elements]
D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations. (Subject lines - no point)	D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations. (Subject lines - no point)
IV. D. 1) Laboratory test procedures are performed according to current site-specific CLIA certificate.	IV. D. 1) Laboratory test procedures are performed according to current site-specific CLIA certificate.
IV. D. 2) Testing personnel performing clinical lab procedures have been trained.	IV. D. 2) Testing personnel performing clinical lab procedures have been trained.
IV. D. 3) Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.	IV. D. 3) Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.
IV. D. 4) Lab test supplies are not expired.	IV. D. 4) Lab test supplies are not expired.
IV. D. 5) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	IV. D. 5) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.
IV. Clinical Services: Radiology Services Criteria [9 elements]	IV. Clinical Services: Radiology Services Criteria [9 elements]
E. Site meets CDPH Radiological inspection and safety regulations. (Subject lines - no point)	E. Site meets CDPH Radiological inspection and safety regulations. (Subject lines - no point)
IV. E. 1) Site has current CA Radiologic Health Branch Inspection Report, if there is radiological equipment on site.	IV. E. 1) Site has current CA Radiologic Health Branch Inspection Report or Proof of Registration if there is radiological equipment on site.
IV. E. 2) [The following documents are <u>posted</u> on site:] Current copy of Title 17 with a posted notice about availability of Title 17 and its location.	IV. E. 2) [The following documents are <u>posted</u> on site:] Current copy of Title 17 with a posted notice about availability of Title 17 and its location.
IV. E. 3) [The following documents are <u>posted</u> on site:] "Radiation Safety Operating Procedures" posted in highly visible location.	IV. E. 3) [The following documents are <u>posted</u> on site:] "Radiation Safety Operating Procedures" posted in highly visible location.
IV. E. 4) [The following documents are <u>posted</u> on site:] "Notice to Employees Poster" posted in highly visible location.	IV. E. 4) [The following documents are <u>posted</u> on site:] "Notice to Employees Poster" posted in highly visible location.
IV. E. 5) [The following documents are <u>posted</u> on site:] "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.	IV. E. 5) The following documents are <u>posted</u> on site:] "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.
IV. E. 6) [The following documents are <u>posted</u> on site:] Physician Supervisor/Operator certificate posted <i>and</i> within current expiration date.	IV. E. 6) [The following documents are <u>posted</u> on site:] Physician Supervisor/Operator certificate posted <i>and</i> within current expiration date.
IV. E. 7) [The following documents are <u>posted</u> on site:] Technologist certificate posted <i>and</i> within current expiration date.	IV. E. 7) [The following documents are <u>posted</u> on site:] Technologist certificate posted <i>and</i> within current expiration date.
IV. E. 8) [The following radiological protective equipment is present on site:]	IV. E. 8) [The following radiological protective equipment is present on site:]

Operator protection devices: radiological equipment operator must use lead apron or lead shield.	Operator protection devices: radiological equipment operator must use lead apron or lead shield.
IV. E. 9) [The following radiological protective equipment is present on site:] Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.	IV. E. 9) [The following radiological protective equipment is present on site:] Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam.
V. Preventive Services [13 total elements] (13 points possible)	V. Preventive Services [13 total elements] (13 points possible)
A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. Examination equipment, appropriate for primary care services, is available on site: <i>(Subject lines - no point)</i>	A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. Examination equipment, appropriate for primary care services, is available on site: <i>(Subject lines - no point)</i>
V. A. 1) Exam tables and lights are in good repair.	V. A. 1) Exam tables and lights are in good repair.
V. A. 2) Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).	V. A. 2) Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).
V. A. 3) Thermometer with a numeric reading.	V. A. 3) Thermometer with a numeric reading.
V. A. 4) Scales: standing balance beam and infant scales.	V. A. 4) Scales: standing balance beam and infant scales.
V. A. 5) Measuring devices for stature (height/length) measurement <i>and</i> head circumference measurement.	V. A. 5) Measuring devices for stature (height/length) measurement <i>and</i> head circumference measurement.
V. A. 6) Basic exam equipment: percussion hammer, tongue blades, patient gowns.	V. A. 6) Basic exam equipment: percussion hammer, tongue blades, patient gowns.
V. A. 7) Eye charts (literate and illiterate) and occluder for vision testing.	V. A. 7) Eye charts (literate and illiterate) and occluder for vision testing.
V. A. 8) Ophthalmoscope.	V. A. 8) Ophthalmoscope.
V. A. 9) Otoscope with adult and pediatric ear speculums.	V. A. 9) Otoscope with adult and pediatric ear speculums.
V. A. 10) Audiometer in quiet location for testing.	V. A. 10) A pure tone, air conduction audiometer is located in a quiet location for testing.
V. Preventive Services: Health Education Criteria [3 elements]	V. Preventive Services: Health Education Criteria [3 elements]
B. Health education services are available to Plan members. Health education materials and Plan-specific resource information are: <i>(Subject lines - no point)</i>	B. Health education services are available to Plan members. Health education materials and Plan-specific resource information are: <i>(Subject lines - no point)</i>
V. B. 1) Readily accessible on site or are made available upon request.	V. B. 1) Readily accessible on site or are made available upon request.
V. B. 2) Applicable to the practice and population served on site.	V. B. 2) Applicable to the practice and population served on site.
V. B. 3) Available in threshold languages identified for county and/or area of site location.	V. B. 3) Available in threshold languages identified for county and/or area of site location.
VI. Infection Control Criteria [23 elements] (27 points possible)	VI. Infection Control Criteria [27 elements] (34 points possible)
A. Infection control procedures for Standard/Universal precautions are followed. <i>(Subject lines - no point)</i>	A. Infection control procedures for Standard/Universal precautions are followed. <i>(Subject lines - no point)</i>
VI. A. 1) Antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.	VI. A. 1) Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.
VI. A. 2) A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.	VI. A. 2) A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.

VI. A. 3) Site has procedure for effectively isolating infectious patients with potential communicable conditions.	VI. A. 3) Site has procedure for effectively isolating infectious patients with potential communicable conditions.
B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act. (Subject lines - no point)	B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act. (Subject lines - no point)
<u>VI. B. 1) Personal Protective Equipment is readily available for staff use.</u>	<u>VI. B. 1) Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use.</u>
<u>VI. B. 2) Needlestick safety precautions are practiced on site.</u>	<u>VI. B. 2) Needlestick safety precautions are practiced on site.</u>
VI. B. 3) All sharp injury incidents are documented.	VI. B. 3) All sharp injury incidents are documented.
<u>VI. B. 4) Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.</u>	<u>VI. B. 4) Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.</u>
VI. B. 5) Biohazardous (non-sharp) wastes are contained separate from other trash/waste.	VI. B. 5) Biohazardous (non-sharp) wastes are contained separate from other trash/waste.
VI. B. 6) Contaminated laundry is laundered at the workplace or by a commercial laundry service.	VI. B. 6) Contaminated laundry is laundered at the workplace or by a commercial laundry service.
VI. B. 7) Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.	VI. B. 7) Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.
VI. B. 8) Transportation of regulated medical wastes is only by a registered hazardous waste hauler or by a person with an approved limited-quantity exemption.	VI. B. 8) Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds).
C. Contaminated surfaces are decontaminated according to Cal-OSHA Standards. (Subject lines - no point)	C. Contaminated surfaces are decontaminated according to Cal-OSHA Standards. (Subject lines - no point)
VI. C. 1) Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.	VI. C. 1) Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.
VI. C. 2) Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.	VI. C. 2) Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.
VI. C. 3) [Disinfectant solutions used on site are:] approved by the Environmental Protection Agency (EPA).	VI. C. 3) [Disinfectant solutions used on site are:] Approved by the Environmental Protection Agency (EPA).
VI. C. 4) [Disinfectant solutions used on site are:] effective in killing HIV/HBV/TB.	VI. C. 4) [Disinfectant solutions used on site are:] Effective in killing HIV/HBV/TB.
VI. C. 5) [Disinfectant solutions used on site are:].used according to product label for desired effect.	VI. C. 5) [Disinfectant solutions used on site are:] Follow manufacturer instructions.
D. Reusable medical instruments are properly sterilized after each use. (Subject lines - no point)	D. Reusable medical instruments are properly sterilized after each use. (Subject lines - no point)
VI. D. 1) Written site-specific policy/procedures or Manufacturer's Instructions for instrument/equipment sterilization are available to staff.	VI. D. 1) Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff.
VI. D. 2) [Staff adheres to site-specific policy <u>and/or</u> manufacturer/product label directions for the following procedures:] Cleaning reusable instruments/equipment prior to sterilization.	VI. D. 2) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Cleaning reusable instruments/equipment prior to sterilization.
VI. D. 3) [Staff adheres to site-specific policy <u>and/or</u> manufacturer/product label directions for the following procedures:] Cold chemical sterilization	VI. D. 3) a) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Cold chemical sterilization/high level disinfection: Confirmation from manufacturer item (s) is/are heat-sensitive

	<u>VI. D. 3) b)</u> [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Cold chemical sterilization/high level disinfection: <u>Staff demonstrate /verbalize necessary steps/process to ensure sterility and/or high level disinfection to ensure sterility/disinfection of equipment</u>
	<u>VI. D. 3) c)</u> [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Cold chemical sterilization/high level disinfection: <u>Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill.</u>
VI. D. 4) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Autoclave/steam sterilization	VI. D. 4) a) [Autoclave/steam sterilization.] Staff demonstrate /verbalize necessary steps/process to ensure sterility.
VI. D. 5) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Autoclave maintenance	VI. D. 4) b) [Autoclave/steam sterilization.] Autoclave maintenance per manufacturer's guidelines.
VI. D. 6) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] <u>Spore testing of autoclave/steam sterilizer with documented results (at least monthly).</u>	<u>VI. D. 4) c)</u> [Autoclave/steam sterilization.] <u>Spore testing of autoclave/steam sterilizer with documented results (at least monthly).</u>
	<u>VI. D. 4) d)</u> [Autoclave/steam sterilization.] <u>Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.</u>
VI. D. 7) [Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:] Sterilized packages are labeled with sterilization date and load identification information.	VI. D. 4) e) [Autoclave/steam sterilization.] Sterilized packages are labeled with sterilization date and load identification information.
	VI. D. 4) f) [Autoclave/steam sterilization.] Storage of sterilized packages.