



Facility Site Review Preparation Checklist

This communication applies to the Medicaid and Medicare-Medicaid Plan (MMP) programs.

Use this Facility Site Review (FSR) Preparation Checklist to conduct an internal review of your practice to determine readiness for your upcoming FSR survey. You may reference the most current California Department of Health Care Services (DHCS) Site Review and MRR Survey Standards, the American Academy of Pediatrics (AAP), the U.S. Preventive Services Task Force (USPSTF), and other governing entity website links and health plan resources provided as embedded links (in blue) in the checklist below for more information. Reviewing the standards in the checklist (including directions/instructions, rules, regulation parameters, and/or indicators) prior to the FSR may improve and expedite the survey experience. Not all standards will be applicable to your location.

All critical elements criteria are *bolded and italicized***.** Critical elements are related to potential adverse effects on patient health or safety and have a weighted score 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 from the survey date. All other criteria have a weighted score of one point and shall be corrected by the provider within 30 calendar days from the survey report date.

Please mark each criterion as Yes if your site complies with the requirement, or as No if your site does not comply. For each criteria marked as No, you are encouraged to begin corrective actions prior to your actual survey. Before or at the start of your site visit, it would be useful for you to contact/inform your reviewer to discuss any non-compliant criteria.

We appreciate your cooperation and partnership in completing a successful review.

Facility Site Review				
Access/safety		Yes	No	Comments
1	Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance			
2	Pedestrian ramps have a level landing at the top and bottom of the ramp			
3	Exit and exam room doorway openings allow for clear passage of a person in a wheelchair			
4	Accessible passenger elevator or reasonable alternative for multilevel floor accommodation			
5	Clear floor space for wheelchair in waiting area and exam room			
6	Wheelchair-accessible restroom facilities			
7	Wheelchair-accessible handwashing facilities or reasonable alternative			
8	All patient areas, including floor/carpet, walls, and furniture are neat, clean, and well-maintained			
9	Restrooms are clean and contain appropriate sanitary supplies			
10	There is evidence that site staff have received safety training and know where to locate established Clinic Policies and Procedures on the following: a. Fire safety and prevention. b. Emergency nonmedical procedures (earthquake/disaster, site evacuation, workplace violence).			
11	Lighting is adequate in all areas to ensure safety			
12	<i>Exit doors and aisles are unobstructed and egress (escape) accessible</i>			
13	Exit doors are clearly marked with "Exit" signs			



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Access/safety		Yes	No	Comments
14	Clearly diagrammed " Evacuation Routes " for emergencies are posted in a visible location at all elevators, stairs, and exits			
15	Electrical cords and outlets are in good working condition			
16	Fire-fighting equipment is in an accessible location https://www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.157			
17	An employee alert system used on-site with backup method to warn employees of a fire or other emergency shall be documented. For sites with 10 or fewer employees, direct verbal communication is acceptable and does not need a backup system Employee Alarm System Checklist https://www.dir.ca.gov/title8/3220.html https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37			
18	Personnel are trained in procedures/action plan to be carried out in case of a medical emergency on-site. There is evidence that site staff has received training and knows where to locate established Clinic Policies and Procedures			
19	Emergency equipment is stored together in easily accessible location and is ready to be used			
20	Emergency phone number contact list is posted, dated, updated annually as changes occur, and includes local emergency services (911 for fire, police/sheriff, ambulance), emergency contacts (responsible managers/supervisors), and appropriate state, county, city, and local agencies (local poison control) Emergency Protocol & Contact List			
21	Airway management equipment with sizes appropriate for patient population: <input type="checkbox"/> oxygen delivery system (at least ¾ full) <input type="checkbox"/> nasal cannula or mask <input type="checkbox"/> bulb syringe <input type="checkbox"/> Ambu bag			
22	Emergency medicine for anaphylactic reaction management, opioid overdose, asthma, chest pain, and hypoglycemia: <input type="checkbox"/> Epinephrine 1:1000 (injectable) <input type="checkbox"/> Benadryl 25 mg (oral) or Benadryl 50 mg/ml (injectable), <input type="checkbox"/> Naloxone <input type="checkbox"/> chewable Aspirin 81 mg (at least four tablets) <input type="checkbox"/> nitroglycerine spray/tablet <input type="checkbox"/> bronchodilator medication (solution for nebulizer or metered dose inhaler) <input type="checkbox"/> glucose containing at least 15 grams <input type="checkbox"/> appropriate sizes of ESIP needles/syringes (25g ¾" or 26-27g ½") <input type="checkbox"/> alcohol wipes Emergency-Medical-Management-Supply-Log-Dosage Chart.pdf https://www.aafp.org/afp/2007/0601/p1679.html			
23	Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications Emergency-Medical-Management-Supply-Log-Dosage Chart.pdf			
24	There is a process in place on-site to document checking of emergency equipment/supplies for expiration and operating status at least monthly			



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Access/safety		Yes	No	Comments
25	There is a process in place on-site to replace/re-stock emergency medication, equipment and supplies immediately after use			
26	Medical equipment is clean			
27	Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines			
Personnel		Yes	No	Comments
1	All required professional licenses and certifications issued from the appropriate licensing/certification agency are current.			
2	Notification that includes a QR code is provided to each member that the Medical Doctor(s) (MD) is/are licensed and regulated by the Medical Board, and that the Physician Assistant(s) is/are licensed and regulated by the Physician Assistant Committee www.mbc.ca.gov and http://www.pab.ca.gov			
3	Healthcare personnel wear identification badges/tags printed with name and title			
4	Documentation of education/training for non-licensed medical personnel is maintained on-site. <i>For facilities that have Pediatric patients (under 21 years old) obtain evidence of completed training (valid for 4 years) in audiometric screening, vision screening, anthropometric measurements (including BMI %), and dental screening/fluoride varnish application. Staff performing these services will be assessed during the review for competency via return demonstration and staff interview.</i>			
5	Only qualified/trained personnel retrieve, prepare, or administer medications <ul style="list-style-type: none">All medications including vaccines must be verified with (shown to) a licensed person prior to administration.Unlicensed staff (e.g. MAs) have evidence of appropriate training and supervision in all medication administration methods performed within their scope of work. Medical Assistants Medical Board of California			
6	Site has a procedure in place for confirming correct patient, medication/vaccine, dosage, and route prior to administration Basic Rights of medication/vaccine administration			
7	Only qualified/trained personnel operate medical equipment Medical Assistants Medical Board of California			
8	Scope of practice for non-physician medical practitioners (NPMPs) is clearly defined including the delegation of the supervision of Medical Assistants when supervising physician is off premises: <ul style="list-style-type: none">a. Standardized procedures provided for nurse practitioners (NPs) and/or certified nurse midwives (CNMs). https://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf https://www.rn.ca.gov/pdfs/regulations/npr-b-20.pdfb. A Practice Agreement defines the scope of services provided by physician assistants (PAs) and supervisory guidelines define the method of supervision by the supervising physician. https://www.pab.ca.gov/forms_pubs/sb697faqs.pdfc. Standardized procedures, Practice Agreements, and supervisory guidelines are revised, updated, and signed by the supervising physician and NPMP when changes in scope of services occur. Frequency of review to identify changes in scope of service shall be specified in writing.d. Each NPMP that prescribes controlled substances has a valid DEA registration number.			



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Personnel		Yes	No	Comments
9	<p>NPMPs are supervised according to established standards:</p> <ul style="list-style-type: none"> a. The ratio of supervising physician to the number of NPMPs does not exceed established ratios in any combination at any given time/shift in any of the locations: <ul style="list-style-type: none"> • 1:4 NPs • 1:4 CNMs • 1:4 PAs (per shift in any given location) b. 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. c. There is evidence of NPMP supervision 			
10	<p>There is evidence that site staff has received training and knows where to locate established Clinic Policies and Procedures on the following:</p> <ul style="list-style-type: none"> a. Infection Control/Universal Precautions (annually) b. Bloodborne Pathogens Exposure Prevention (annually) c. Biohazardous Waste Handling (annually) d. Patient Confidentiality e. Informed Consent, including Human Sterilization f. Prior Authorization Requests g. Grievance/Complaint Procedure h. Child/Elder/Domestic Violence Abuse i. Sensitive Services/Minors' Rights j. Health Plan Referral Process/Procedures/Resources k. Cultural and Linguistics l. Disability Rights and Provider Obligations: <ul style="list-style-type: none"> a. Post notice of consumers' civil rights. b. For sites with 15 or more employees, have civil rights grievance procedure and an employee designated to coordinate compliance; and c. Information on physical access and reasonable accommodation <p>Notice Template Staff training</p>			
Office Management		Yes	No	Comments
1	Clinic office hours are posted or readily available upon request			
2	Provider office hour schedules are available to staff			
3	Arrangement/schedule for after-hours, on-call, supervisory backup physician coverage is available to site staff and members			
4	Contact information for off-site physician(s) is available at all times during office hours			
5	Routine, urgent, and after-hours emergency care instructions/telephone information is made available to patients			
6	Appropriate personnel handle emergent, urgent, and medical advice telephone calls			
7	Telephone answering machine, voicemail system, or answering service is used whenever office staff does not directly answer phone calls			



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Office Management		Yes	No	Comments
8	Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated			
9	Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for plan members			
10	Patients are notified of scheduled routine and/or preventive screening appointments			
11	There is a process in place verifying follow-up on missed and canceled appointments			
12	Interpreter services are made available 24 hours in identified threshold languages specified for location of site			
13	Persons providing language interpreter services, including sign language on-site, are trained in medical interpretation. Site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities. A written policy shall be in place			
14	Office practice procedures allow timely provision and tracking of: a. Processing internal and external referrals, consultant reports, and diagnostic test results. b. Physician review and follow-up of referral/consultation reports and diagnostic test results			
15	Phone number(s) for filing grievances/complaints are located on-site			
16	Complaint forms and a copy of the grievance procedure are available onsite.			
17	Medical records are readily retrievable for scheduled patient encounters			
18	Medical documents are filed in a timely manner to ensure availability for patient encounters			
19	Exam rooms and dressing areas safeguard patients' right to privacy			
20	Procedures are followed to maintain the confidentiality of personal patient information (e.g. sign-in sheets, signed confidentiality agreement from after-hours cleaning crew etc.)			
21	Medical record release procedures are compliant with state and federal guidelines			
22	Storage and transmittal of medical records preserves confidentiality and security			
23	Medical records are retained for a minimum of 10 years for both adults and pediatric medical records			
Clinical Services		Yes	No	Comments
1	Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers			
2	Prescription, drug samples, over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments, hazardous substances (disinfectant solutions/wipes), and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.			
3	Controlled drugs are stored in a locked cabinet accessible only to authorized personnel.			



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Clinical Services		Yes	No	Comments
4	A dose-by-dose controlled substance distribution log is maintained.			
5	Written site-specific policy/procedure for dispensing of sample drugs are available on-site. (A list of dispensed medications shall be present on-site).			
6	Drugs are prepared in a clean area or designated clean area if prepared in a multipurpose room.			
7	Drugs for external use are stored separately from drugs for internal use.			
8	Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.			
9	Refrigerator thermometer temperature is 36° to 46° Fahrenheit or 2° to 8° Centigrade (at time of site visit).			
10	Freezer thermometer temperature is 5° Fahrenheit, or -15° Centigrade or lower (at time of site visit).			
11	Site uses drugs/vaccine storage units, that either refrigerate or freeze, are able to maintain required temperature. cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handlingtoolkit.pdf Pharmaceuticals storage & Handling https://www.youtube.com/watch?v=hvGt45qCCZ8			
12	Daily temperature readings of drugs/vaccines refrigerator and freezer are documented. CDC recommends the use of a continuous temperature monitoring device or digital data loggers (DDLs). Back-up DDL(s) for each transport storage unit shall be readily available for emergency vaccine transport or when primary DDL(s) is sent in for calibration.			
13	Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer. https://eziz.org/assets/docs/IMM-1122.pdf			
14	Measures should be in place to ensure that vaccine storage units are not accidentally physically disconnected from the power supply such as “ Do Not Disconnect ” labels and not plugging units into surge protectors with an on/off switch.			
15	Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.			
16	Hazardous substances are appropriately labeled.			
17	Site has method(s) in place for drug and hazardous substance disposal.			
18	There are no expired drugs on-site.			
19	Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas. Monthly Verification Log			
20	All stored and dispensed prescription drugs are appropriately labeled.			
21	Only lawfully authorized persons dispense drugs to patients.			
22	Drugs and vaccines are prepared and drawn only prior to administration.			



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Clinical Services		Yes	No	Comments
23	Current Vaccine Information Sheets (VIS) for distribution to patients are present on-site. cdc.gov/vaccines/pubs/vis/default.htm eziz.org			
24	If there is a pharmacy on-site, it is licensed by the California State Board of Pharmacy.			
25	Site uses California Immunization Registry (CAIR) or the most current version. Immunization requirements			
26	Laboratory test procedures are performed according to current site specific CLIA certificate. cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html			
27	Testing personnel performing clinical lab procedures have been trained.			
28	Lab supplies (vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.			
29	Lab test supplies are not expired.			
30	Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.			
31	Site has current California Radiologic Health Branch Inspection Report (in the last five years) and proof of registration if there is radiological equipment on-site. cdph.ca.gov/rhb			
32	The following documents are posted on-site: a) Current copy of Title 17 with a posted notice about availability of Title 17 and its location b) Radiation Safety Operating Procedures posted in highly visible location c) Notice to Employees Poster posted in highly visible location d) Caution, X-ray sign posted on or next to door of each room that has X-ray equipment e) Physician supervisor/operator certificate posted and within current expiration date f) Technologist certificate posted and within current expiration date			
33	The following radiological protective equipment is present on-site: a) Operator protection devices: radiological equipment operator must use lead apron or lead shield b) Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam			
Preventive Services		Yes	No	Comments
1	Examination equipment appropriate for primary care services is available on-site.			
2	Exam tables and lights are in good repair.			
3	Stethoscope and sphygmomanometer with various size cuffs appropriate for patient population served (neonatal, infant, small, regular, large, and thigh sizes)			



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Preventive Services		Yes	No	Comments
4	Thermometer with a numeric reading			
5	Basic exam equipment appropriate for patient population served: percussion hammer, tongue blades, patient gowns			
6	Scales: standing balance beam and infant scales			
7	Measuring devices for stature (height/length) measurement and head circumference measurement			
8	<p>Eye charts (literate and illiterate) and occluder for vision testing are available on-site. Wall mounted eye charts should be height adjustable and positioned at the eye-level of the patient. Examiners shall stand their patients with their heels to the line unless the eye chart that is being used to screen specifically instructs the patient to be positioned elsewhere. Eye charts are in an area with adequate lighting and at height(s) appropriate to use. Effective occlusion is important to eliminate the possibility of peeking.</p> <p>The AAP recommended eye charts are as follows:</p> <ul style="list-style-type: none"> • LEA symbols (children 3 to five 5 old) • HOTV chart (children 3 to 5 years old) • Sloan letters (preferred for children over 6 years old and adults) 			
9	Ophthalmoscope			
10	Otoscope with adult and pediatric ear speculums			
11	A pure tone, air conduction audiometer is in a quiet location for testing.			
12	<p>Health education materials and plan-specific resource information are:</p> <ul style="list-style-type: none"> a) Readily accessible on-site or are made available upon request b) Applicable to the practice and population served on-site <p>Available in threshold languages identified for county and/or area of site location</p>			
Infection Control		Yes	No	Comments
1	Soap or 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 rooms, and restrooms.			
3	Site has procedure for effectively isolating infectious patients with potential communicable conditions.			
4	Personal protective equipment for standard precautions is readily available for staff use (such as gloves, water-repelling gowns, face/eye protection including goggles/face shields and masks).			
5	<p>Blood, other potentially infectious materials, and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing, storage, transport, or shipping.</p> <p>cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx cdph.ca.gov (Medical Waste Management Act)</p>			



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Infection Control		Yes	No	Comments
6	Needle-stick safety precautions are practiced on-site. (Only safety needles and wall-mounted/secured sharps containers are used onsite; Sharps containers are not overfilled)			
7	All sharp injury incidents are documented. https://www.cdc.gov/nora/councils/hcsa/stopsticks/injuryreport.html Recording criteria for needlestick and sharps injuries			
8	Contaminated laundry is laundered at the workplace or by a commercial laundry service.			
9	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.			
10	Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.			
11	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).			
12	Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.			
13	Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule.			
14	Disinfectant solutions used on-site: a) Are approved by the Environmental Protection Agency (EPA). b) Are effective in killing HIV/HBV/TB. c) Follow manufacturer instructions.			
15	Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff.			
16	Staff adheres to site-specific policy and/or manufacturer/product label directions for the following procedures: a) Cleaning reusable instruments/equipment prior to sterilization			
17	Cold chemical sterilization/high level disinfection: a) Confirmation from manufacturer item(s) is/are heat-sensitive b) Staff demonstration /verbalize necessary steps/process to ensure sterility and/or high-level disinfection ensure sterility of equipment c) Appropriate PPE is available, exposure control plan and clean up instructions in the event of a cold chemical sterilant spill — solution's MSDS shall be available on-site CDC Disinfection and sterilization guideline CDC Guide to disinfection and sterilization (PDF print version)			
18	Autoclave/steam sterilization: a) Staff demonstration/verbalize necessary steps/process to ensure sterility Documentation of sterilization loads include date, time, and duration of run cycle, temperature, steam pressure, and operator of each run. b) Autoclave maintenance per manufacturer's guidelines c) Spore testing of autoclave/steam sterilizer with documented results (at least monthly) d) Management of positive mechanical, chemical, and/or biological indicators of the sterilization process CDC Disinfection and sterilization guideline CDC Guide to disinfection and sterilization (PDF print version)			



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Infection Control		Yes	No	Comments
19	Sterilized packages are labeled with sterilization date and load identification information			
20	Storage areas for sterilized packages are clean, dry, and separated from non- sterile items by a functional barrier. Site has a process for routine evaluation of sterilized packages.			