



Top 10 Deficiencies for 2023

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Objectives:

Participants will:

- Review common findings at the RHC
- Determine how a surveyor will review the clinic in each area
- Discover ways to correct the deficiency

Deficiency # 10

J-0044

- **491.6(b)(3) Premises are clean and orderly**



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The RHC must provide and maintain a clean and orderly environment. All areas of the clinic must be clean. These areas include, but are not limited to, the waiting area(s), exam room(s), staff lunch room(s), rest room(s), and office space. The clinic must appropriately monitor housekeeping, maintenance (including repair, renovation, and construction activities), and other activities to ensure a functional and clean environment. Policies and procedures for an orderly and clean environment must address the following:

- Measures taken to maintain a clean and orderly environment during internal or external construction/renovation;
- Measures to prevent the spread of infectious diseases. At a minimum the following must be addressed:
 - Hand hygiene for staff having direct patient contact;
 - Safe injection practices;
 - Single-use devices, and, when applicable, high-level disinfection and sterilization;
 - Safe use of point-of-care devices;
 - Routine cleaning of environmental surfaces, carpeting, and furniture;
 - Disposal of waste, including medical waste;
 - Food sanitation, if employee food storage and eating areas are provided; and
 - Pest control.

Notes:

- **Clearly label clean/dirty areas in the clinic**
- **Confirm all surfaces in the clinic can be sanitized**
- **Train all staff on proper infection control protocols**
 - **Medications**
 - **Hand hygiene**
 - **Cleaning between patients**
 - **Wet/Dry times**
 - **Instruments**



Deficiency # 9

J-0152

- **491.10(a)(3)(iii) The clinic maintains a record that includes all physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress.**

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The clinical record must also contain:

- Practitioner's orders, dated, timed, and signed, for all tests, medications, treatments, and any other matters requiring an order from a practitioner; Nursing notes, properly authenticated, for all patients reflecting all nursing care provided;
- Documentation of all treatments furnished (including any complications that occurred) by the practitioner furnishing the care;
- Documentation of all medications administered (including adverse drug reactions) by the person administering the medication;
- Documentation of the patient's response to all treatments furnished; and
- Evidence of other pertinent information required to monitor the patient's progress, such as vital signs.

Deficiency # 8

J-0152

- **491.10(a)(3)(ii) The clinic or center maintains a record that includes reports of physical examinations, diagnostic and laboratory test results, and consultative findings.**



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- Physical examinations performed on the patient are typically conducted at the time the pertinent medical history is being collected, but may also be conducted at other times. The physical examination must be completed by a practitioner and documented and authenticated in the clinical record by a practitioner in accordance with State law and RHC policy.
- All results of diagnostic and laboratory tests that are performed by the RHC directly or under arrangement must be included in the patient's clinical record. Any interpretations of tests by a practitioner must be authenticated by the practitioner.
- All findings of a practitioner who provides consultation at the request of a RHC practitioner on a RHC patient, and who reports those findings to the RHC practitioner, must be included in the patient's clinical record.

Notes:

- **Set your medical record template to match 491.10**
- **Conduct on-going administrative audits to confirm elements are being captured**
- **Review outcomes with staff as applicable**



Deficiency # 7

J-0136

- **491.9(c)(3) The clinic provides medical emergency procedures as a first response to common life threatening injuries and acute illness and has available the drugs and biological commonly used in life-saving procedures.**

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The RHC ensures staff is available to appropriately handle medical emergencies as a first response to common life-threatening injuries and acute illnesses at all times the clinic operates. The clinic maintains the types and quantity of drugs and biologicals commonly used by first responders in accordance with accepted standards of practice. The RHC's patient care policies are expected to address which drugs and biologicals it maintains for emergencies and in what quantities. The RHC must maintain a supply of commonly used drugs and biologicals adequate to handle the volume and type of medical emergencies it typically encounters.

While each category of drugs and biologicals must be considered, all are not required to be stored. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination. The RHC should be able to provide a complete list of the drugs/biologicals that are stored and in what quantities.

Notes:

- **Determine contents of your emergency kit**
- **Must be kept within the 4 walls of the certified facility**
- **Match your policy to your process and define the following: Where is it located in the clinic? Who determined the contents? Include the list of contents with name of medication and quantity**
- **Caution – Telehealth only**



Deficiency # 6

J-0100

- **491.8(b)(1) The clinic physician provides medical direction for the clinic's health care activities and consultation for, and medical supervision of the healthcare staff.**

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In accordance with § 491.8(b), the MD or DO physician who serves as the RHC’s medical director in accordance with § 491.7(a)(1) is responsible for the overall medical direction of the clinic’s clinical activities. He or she also provides clinical consultation to and supervises the other physician(s) as well as the non-physician practitioners on the RHC’s health care staff. This requirement for “supervision” does not limit the ability of non-physician practitioners to practice in accordance with their State scope of practice. For example, if State law permits an NP to practice independently when providing diagnosis and treatment, including writing orders and prescriptions, the NP would be permitted to do so in the RHC as well. However, the NP, like any other member of the clinic’s staff of health care practitioners, would be under the overall medical supervision of the clinic’s medical director, who is responsible for the quality of care in the clinic.

Notes:

- **Maintain PROOF of the collaborative review taking place**
- **Confirm the documentation meets what you have in policy**
- **Confirm ALL advanced practice providers are included in the review**



Deficiency # 5

J-0161

- **491.11(c)(1) The clinic conducts an evaluation to determine whether the utilization of services was appropriate.**



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The evaluation must include, at a minimum, the number of patients served and the volume of services provided. The evaluation should be able to determine whether the RHC provides appropriate types and volume of services based upon the needs of its patient population. It should also be able to evaluate whether RHC patient policies were followed and whether or not changes to the policies or to procedures are warranted.

Notes:

- **Review your previous program evaluation report and confirm utilization of services is covered**
 - **At least volume of patients/visits**
- **Recommend also confirming:**
 - **The report is not beyond 2 years**
 - **The report covers open/closed records**
 - **The report covers policy review/approval**
 - **The report covers what corrective actions the clinic will take based on the analysis of the information in the report**
 - **The report answers the question, “Did the clinic follow policy?”**



Deficiency # 4

J-0042

- **491.6(b)(1) The clinic has a preventive maintenance program to ensure that all essential mechanical, electric, and patient-care equipment is maintained in safe operating condition.**

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The RHC must have a preventive maintenance program which ensures all essential mechanical, electrical and patient-care equipment is maintained so that it operates safely. Essential mechanical, electrical and patient care equipment includes things such as heating, ventilation and air conditioning systems, electrical systems, plumbing systems, telephone systems, elevators, and any biomedical equipment the clinic uses. Biomedical equipment means devices intended to be used for diagnostic, therapeutic or monitoring care provided to a patient by the clinic, e.g., blood pressure monitors, re-usable diagnostic scopes, EKG machines, scales, laboratory equipment, etc.

All equipment must be inspected and tested for performance and safety before initial use and after major repairs or upgrades.

Notes:

- **Confirm the clinic's inspection log is current (not beyond 1 year)**
 - **Sticker vs. log**
- **Confirm all equipment is in working order**
- **Define in policy how you handle your preventive maintenance at the clinic**
- **Emergency equipment (fire, AED, oxygen) should be checked monthly**



Deficiency # 3

J-0135

- **491.9(c)(2) The RHC provides laboratory services essential to the immediate diagnosis and treatment of the patient, including: chemical examinations of urine by stick or tablet method, hemoglobin or hematocrit, blood glucose, examination of stool specimens for occult blood, pregnancy tests, and primary culturing for transmittal to a certified laboratory.**

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Basic laboratory services must be provided in the RHC by RHC staff in order to facilitate the immediate diagnosis and treatment of the patient. The 6 basic laboratory services listed in § 491(c)(2) are considered the minimum laboratory services the RHC must have available within the clinic, provided by RHC staff.

Notes:

- **Keep an eye on your inventory**
- **Have documented competency**
- **Confirm CLIA is current**



Deficiency # 2

J-0041

- **491.6(a) The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.**



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The RHC must ensure that the physical plant of its permanent and/or mobile unit is constructed, arranged in terms of its layout, and maintained in a manner to ensure patient access and safety of its patients and personnel. The clinic's layout and fixtures must not present hazards that increase risk of patient injury, such as slippery floors or torn carpets that may present tripping or fall hazards, or ceilings panels that are in danger of falling, etc. The physical plant also must be designed and constructed in accordance with applicable State and local building, fire, and safety codes, but surveyors conducting RHC surveys on behalf of CMS do not assess compliance with such State and local code requirements.

Further, the clinic must have enough space, for the fixtures, equipment and supplies required, in order for it to provide those RHC services which must be furnished directly, i.e., provided within the RHC rather than under arrangement. The clinic must also comply with applicable Federal, State and local laws and regulations and accepted standards of practice for primary care services when determining how much space it requires for its direct services.

Notes:

- **Secure in all patient access areas**
 - Medications
 - Sharps
 - Chemicals
 - PHI
- **Think about the clinic from a 2 year old's perspective**



Deficiency # 1 J-0043

- **491.6(b)(2) The clinic keeps the drugs and biologicals appropriately stored.**

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The RHC must ensure the appropriate storage of drugs and biologicals which are used in the clinic. Drugs and biologicals must be stored and maintained in accordance with the manufacturer's instructions for temperature and other environmental conditions as well as expiration dates, etc. They may not be stored in areas that are readily accessible to unauthorized individuals/personnel. The clinic's policies and procedures must identify which types of clinic staff are authorized access to drugs and biologicals. For example, if medications are kept in a private office, or other area where patients and visitors are not allowed without the supervision or presence of a health care professional, they are considered secure. If medications are kept in cabinets located in areas where patients, visitors or other unauthorized personnel have ready access when clinic personnel are **not** also present, the cabinets must be locked.

Notes:

- **EDUCATE staff on the differences between MDV and SDV medications**
 - **CDC's One and Only campaign**
- **Store everything in the original container**
- **Obtain stickers for visual cues**
- **Monitor temperatures as needed**
- **Conduct environmental rounding for outdates**
- **Line of sight vs. lock**





Questions:

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