

PRIMARY CARE CLINIC SURVEY REPORTING FORM			
PACE Authority: 42 CFR Part 460			
Name of Clinic:		Provider Number:	
Street Address:		Phone Number:	
City:		Zip Code:	
Surveyed By:		Professional Title:	
Date of Survey:		<input type="checkbox"/> <input type="checkbox"/>	
		Initial Survey	Re-survey

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
1			75023. FEES		
1	X		(a) The application fee for licensure shall not be refunded to the applicant if the application is withdrawn by the applicant or denied by the Department.		
2			75024. POSTING		
2		X	The exemption shall be conspicuously posted in a location accessible to public view		
3			75061. FIRE SAFETY		
3	X		Each clinic shall maintain compliance with the rules and regulations of the State Fire Marshal as verified by an initial fire clearance issued by the State Fire Marshal or designee	Met as per State Readiness Review IA PHYSICAL ENVIRONMENT (\$460.72)	
4	Y		75021. APPLICATION REQUIRED		
4a	X		A signed application shall be submitted to the Department for prior approval in any of the following circumstances:		
4b	X		1) Establishment of a clinic		
4c	X		2) Addition of a special service (Dental services, medical services, or pediatric services) *Changes-refer to Health& Safety Codes (H&SC) 1202 & 1203		
4d	X		3) Change of ownership.		
4f	X		5) Operation of a clinic at a new location		
5	Yes	No	75026. BASIC SERVICES – GENERAL REQUIREMENTS		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
5a	X		Diagnostic, therapeutic, radiological, laboratory and other services for the care and treatment of patients for whom the clinic accepts responsibility shall be provided in the clinic, or arranged for by the clinic with other licensed, certified or registered providers.		
5b	X		All advice, diagnosis, treatment, drugs, and appliances shall be provided only by persons authorized by law to provide such services.		
5c	X		A clinic shall only provide those services for which it is organized, staffed, and equipped		
5d	X		A primary care clinic shall provide at least the following:		
5e	X		1) Direction or supervision of each service provided by a person licensed, certified or registered to provide such service		
5f	X		2) Written patient care policies and reference materials readily available to clinic personnel		
5g	X		3) Equipment, apparatus, and appliances required for the provision of all services offered to patients by the clinic		
5h	X		If the clinic provides radiological services on the premises, it shall comply with Subchapter 4, Chapter 5, Title 17, California Administrative Code 31 and, Subchapter 4, Chapter 5, Division T22, Part 6, Title 24, California Administrative Code		
6			75027. BASIC SERVICES - MEDICAL STAFF		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
6a	X		Every medical clinic shall have a licensed physician designated as the professional director		
6b	X		The professional director's responsibilities, acting alone or through an organized staff, shall include:		
6c	X		1) Establishing, reviewing, and maintaining medical, dental, or podiatric policies and standards which shall be reviewed at least annually		
6d	X		2) Assuring the quality of medical, podiatric or dental services provided to all patients treated by the clinic		
6e	X		3) Reviewing and approving all protocols used by the clinic		
6f	X		4) Establishing a system of peer review, implementing a system peer review, and written procedures for peer review		
6g	X		5) Reviewing credentials and delineating clinical privileges for the physicians, dentists, and/or podiatrists providing services in the clinic		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
6h	X	X	At least one staff member of the clinic shall have admitting privileges to a hospital for ensuring needed hospital services. When the clinic provides multiple services such as medical and dental services, each discipline shall have admitting privileges to an accessible hospital or a plan, as approved by the Department for ensuring needed hospital services		
6i	X		A physician, physician's assistant or a registered nurse shall be present whenever medical services are provided		
7			75028. BASIC SERVICES - NURSING STAFF		
7a	X		Every medical clinic shall employ a registered nurse responsible for nursing services	Met by Federal PACE and State ADHC regulations - RNs are required staffing	
7b	X		A licensed nurse shall be present whenever nursing services are provided		
7c	X		Qualified nursing personnel shall be employed to meet the needs of the particular clinic. The number and type of patient shall be taken into consideration		
7d	X		Employees of the medical clinic who provide direct patient care shall be under the supervision of a registered nurse or physician		
7e	X		Where a medical clinic demonstrates to the Department that a registered nurse cannot be recruited, the clinic may request approval from the Department to designate a licensed vocational nurse to be responsible for nursing services, with a provision for consultation from a registered nurse		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
8			75029. BASIC SERVICES - OTHER HEALTH PERSONNEL		
8a	X		Health personnel shall be employed to furnish the preventive, diagnosis, and therapeutic services prescribed for patients accepted for care by the clinic		
8b	X		Such health personnel shall be qualified in accordance with current legal, professional, and technical standards and shall be appropriately licensed, registered, or certified where required		
8c	X		The medical director shall ensure that, in addition to meeting the licensing certification or other legal requirements, all health personnel are qualified by training and experience to perform those services they are assigned to provide		
9			75030. BASIC SERVICES - POLICIES AND PROCEDURES		
9a	X		Written policies and procedures which the clinic shall implement shall include, but not limited to:		
9b	X		1) Description of the type and scope of services which the clinic provides		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
9c	X		2) Policies relating to patient care		
9d	X		3) Provisions for the education of patients in preventive, therapeutic and health maintenance care		
9e	X		4) Plans for follow-up of patients treated in the clinic		
9f	X		5) Referral of patients to other agencies or health facilities		
9g	X		6) Provision for handling emergencies and unusual occurrences		
9h	X		7) Procedures for emergency consultation, and a list of physicians available for emergency consultation		
9i	X		8) Nursing procedures used in the clinic		
9j	X		9) Written infection control policies and procedures		
9k	X		10) Procedures ensuring compliance with the legal requirements relative to the treatment of minors and persons who are under guardianship		
9l	X		11) Opportunities for counseling		
10			75031. BASIC SERVICES - EQUIPMENT AND SUPPLIES		
10a	X	X	Each clinic shall have equipment and supplies available to provide for the medical, dental or pediatric services offered and to meet the needs of the particular patients served		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
10b	X		The clinic shall have equipment available for emergency treatment of patients. Such equipment shall be determined by the professional director and licensed nurse in accordance with the scope of services provided by the clinic.	Met as per State Readiness Review section ID and IH	
10c	X	X	A list of equipment and its location shall be posted		
11			75032. DRUG DISTRIBUTION SERVICE - GENERAL REQUIREMENTS		
11a	X		A clinic which provides drug distribution service shall provide such service in conformance with state, federal, and local laws		
11b	X		All dangerous drugs not owned by and stored in a licensed pharmacy shall be owned by a licensed physician, dentist or podiatrist		
11c	X	X	A list of drugs available for use in the clinic shall be maintained		
11d	X		If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy	Verified licensure of pharmacy through SRR review (if applicable)	
12			75033. DRUG DISTRIBUTION SERVICE - POLICIES/PROCEDURES		
12a	X		Each clinic which provides drug distribution services shall have written policies and procedures for:		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
12 b	X		1) The safe and effective distribution of drugs		
12 c	X		2) The safe and effective control of drugs		
12 d	X		3) The safe and effective storage of drugs		
12 e	X		4) The safe and effective use of drugs		
12 F	X		5) The safe and effective disposition of drugs		
13			75034. DRUG DISTRIBUTION SERVICE - ORDERS FOR DRUGS		
13 A	X		No drugs shall be administered except on the written order of a person lawfully authorized to give such order, except in accordance with Subsection 75034		
13 B	X		Orders for drug administration shall be entered into the patient's health record and be signed by the prescriber and shall include the drug name, dosage, time or frequency of administration and if other than oral, the route of administration		
13 C	X		Telephone orders for drug administration shall be given only to a physician, licensed nurse, pharmacist, or physician's assistant. Such orders shall be signed by the person giving the order within 10 days.		
14			75035. DRUG DISTRIBUTION SERVICE - ADMINISTRATION		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
14	X		Drugs shall be administered as prescribed and shall be recorded in the patient's health record		
15			75036. DRUG DISTRIBUTION SERVICE - DISPENSING OF DRUGS		
15 a	X		Drugs shall only be dispensed by a physician, pharmacist or other persons lawfully authorized to dispense and shall be in compliance with all applicable laws and regulations		
15 b	X	X	A record of the drugs dispensed shall be entered in the patient's health record		
16			75037. DRUG DISTRIBUTION SERVICE - STORAGE OF DRUGS		
16 a	X		Drug containers which are cracked, soiled or without secure closures shall not be used		
16 b	X		Drugs shall not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs shall be used		
16 c	X		Drugs shall be stored in an orderly manner in specifically designated cupboards, cabinets, closets or drawers		
16 d	X	X	Refrigerators containing drugs shall be maintained between 2° C (36°F) and 8°C (46°F)		
16 e	X	X	Room temperature for drug storage shall not exceed 30°C (86°F)		
16 f	X		Drugs shall be accessible only to personnel designated in writing by the licensee		
16 g	X		Controlled drugs shall be accessible only to physicians, dentists, podiatrists, physician's assistants, licensed nurses, and pharmacists		

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16h	X		Drugs for external use in liquid, tablet, capsule, or powder form shall be stored separately from drugs for internal use		
16i	X		Test reagents, germicides, disinfectants, and other household substances shall be stored separately from drugs		
17			75038. DRUG DISTRIBUTION SERVICE - STAFF		
17	X		<p>(a) If drugs are dispensed at the clinic as part of routine services, a pharmacist employed or retained on at least a consulting basis shall assist in the development of and staff training in policies and procedures related to drug procurement, storage, repackaging and dispensing. The pharmacist, on at least a quarterly basis, shall monitor drug distribution policies and procedures on-site and shall report findings and recommendations to the administrator in writing.</p> <p>(b) If drugs are dispensed at the clinic, but not as part of routine services, a dentist, podiatrist, physician, or pharmacist shall assist in developing and monitoring policies and procedures relating to drug procurement, storage, repackaging and dispensing and shall be responsible for training staff involved in drug distribution.</p> <p>(c) Routine services in this section shall mean that an average of three or more prescriptions, as defined in Section 4036 of the Business and Professions Code, are filled and furnished to clinic patients each day that dispensing services are offered. The dispensing of "starter" or "trial" supplies, which are intended to be supplemented by a prescription filed at the clinic or a licensed pharmacy, is not included herein.</p>		
18			75039. DRUG DISTRIBUTION SERVICE - EQUIPMENT/SUPPLIES		
18a	X		Each clinic which provides drug distribution services shall maintain the equipment and supplies necessary to perform this service. These shall include but not be limited to the following:		
18b	X		1) The clinic shall maintain a separate portable and sealed supply of drugs for emergency use		

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18c	X		2) The drugs included in the emergency drug supply shall be determined by the professional director and the licensed nurse. A pharmacist may also be included in determination of the emergency drug supply contents		
18d	X	X	3) The contents of the supply shall be listed on the outside of the container		
18e	X		4) The supply shall be checked and logged at least monthly to ensure appropriate replenishment of drug supply and to ensure that drugs are not outdated		
18f	X		5) Equipment and supplies used in drug repackaging, administering, or dispensing shall be clean		
18g	X		6) Syringes, needles, and related equipment shall be sterile		
18h	X	X	Equipment and supplies shall include:		
18i	X	X	1) Refrigerator with a dependable thermometer		
18j	X	X	2) Lockable drug cabinets, drawers, closets, or rooms		
18k	X	X	3) Drug preparation counter area and convenient water source		
18l	X	X	4) Syringes, needles, rubber tubing, clamps, droppers, medicine glasses or cups		
19			75025. REPORT OF CHANGES		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
19 a	X		Any change in the principal officer such as chairperson, president, or general manager of the governing board shall be reported to the Department in writing immediately, but in no case later than 10 days following such change		
19 b	X		Such written notice shall include the name and principal business address of each new principal officer. If there has been a change in the principal officer, note the date of change below		
19 c	X		When a change of administrator occurs, the Department shall be notified in writing immediately, but in no case later than five days following such change		
19 d	X		Such notification shall include the name of the new administrator, the mailing address, the date of assuming office, and a brief description of his or her background and qualifications		
20			75045. GOVERNING BODY		
20 a	X		The governing body shall have full legal authority and responsibility for the operation of the clinic including compliance with all applicable laws and regulations		
20 b	X		The governing body shall operate pursuant to articles of incorporation, articles of association or a formal written partnership agreement and bylaws		

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20c	X		Written records of all proceedings of the governing body shall be maintained and made available to the Department upon request		
20d	X		The governing body shall appoint an administrator by governing body resolution		
21			75046. ADMINISTRATOR		
21a	X		The governing body shall delegate to the administrator authority to carry out the day-to-day functions of the clinic and the responsibility for ensuring that the clinic conforms to all applicable federal, state, and local laws and regulations		
21b	X		The qualifications, authority, and duties of the administrator shall be defined in a job description approved by the governing body		
21c	X		The administrator shall devote sufficient time to administrative responsibilities to ensure the proper administration and management of the clinic		
21d	X		The administrator may be responsible for more than one clinic only if all clinics are operated by the same governing body		
21e	X		The administrator shall designate in writing an individual to act for him/her in his/her absence in order to provide the clinic with administrative direction at all times		
22			75047. TRANSFER AGREEMENTS		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
22a	N/A		The clinic shall maintain written transfer agreements, which include provisions for communication and transportation, with one or more nearby hospitals and other inpatient health facilities as appropriate to meet medical emergencies	Not applicable. The PACE model is a comprehensive, all-inclusive delivery system. As a PACE health plan and health care provider, we are required to have or contract with a full competent of services (ADHC, Medical Specialty, hospitals, SNFS, transportation etc.) and coordinate all the services, which includes transferring participants seamlessly between care settings.	
22b	N/A	Essential personal, health, and medical information shall either accompany the patient upon transfer or be transmitted			
			immediately by telephone to the receiving facility		
22c	N/A		Clinics, except those providing abortion or birthing services, may request that the Department waive the requirement above. The clinic must demonstrate to the Department that all nearby hospitals and other inpatient health facilities, as appropriate to meet medical emergencies, have refused to enter into transfer agreements		
23			75048. SERVICE AGREEMENTS		
23	X		Written arrangements shall be made for obtaining all necessary diagnostic, radiological, laboratory, therapeutic, and other services which are prescribed by a person lawfully authorized to give such an order if such services are not provided in the clinic	Met by the PACE regulations. Basic Services—Medical Staff. 460.90 Required Services	

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
24			75049. WRITTEN ADMINISTRATIVE POLICIES		
24 a	X		Written administrative policies shall be established and implemented and shall be reviewed at least annually and revised as necessary. The policies shall include the following:		
24 b	X		1) Management and personnel policies which include job descriptions detailing the functions of each classification of employee and volunteer		
24 c	X		2) Policies for acceptance of patients and termination of services that shall include a) The rate of charge for care, b) The charges for outside services, c) Limitation of services, d) Cause for termination of services and refund policies applying to termination of services, e) These policies shall be made available to		
			patients or their agents upon admission and upon request and shall be made available to the public upon request		
24 d	X		3) Policies and procedures governing patient health records which are developed with assistance of a person skilled in record maintenance and preservation		
25			75050. EMPLOYEES		
25 a	X		The clinic shall recruit qualified personnel and provide initial orientation of new employees	Met through SRR TRAINING AND COMPETENCY (§460.66 AND §460.71)	

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
25 b	X		A continuing in-service training program, and supervision designed to improve patient services and employee efficiency	Met through SRR TRAINING AND COMPETENCY (§460.66 AND §460.71)	
25 c	X		Personnel shall be given training in infection control and emergency procedures consistent with the type of clinic and the services provided		
25 d	X		The clinic shall provide a copy of the appropriate job description to each person employed or volunteering to work in the clinic		
26			75051. HEALTH EXAMINATION AND HEALTH RECORDS OF PERSONS WORKING IN THE CLINIC		
26 a	X		All persons working in the clinic, including volunteers, shall have a health examination within six months prior to employment or within 15 days after employment and at least annually thereafter by a person lawfully authorized to perform such an examination. *Changes-refer to H&SC 1226.1 (a) (1) and DA/OM 04-05	Met through SRR INFECTION CONTROL (§460.74)	
26 b	X		Each examination shall include a medical history and physical evaluation. *Changes-refer to H&SC 1226.1(a) (1) and DA/OM 04-05		
26 c	X		The examination shall include laboratory work if indicated by the practitioner		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
26d	X		The report signed by the practitioner shall indicate that the person is able to perform assigned duties and that a health condition that would create a hazard for the employee, fellow employees, patients or visitors does not exist. *Changes-refer to H&SC 1226.1 (a) (1) and DA/DM 04-05		
26e	X		The initial health examination and subsequent annual examinations shall include a purified protein derivative intermediate strength intradermal skin test for tuberculosis or a chest x-ray. *Changes-refer to H&SC 1226.1 (a) (2) and DA/OM 04-05		
26f	X		Positive reaction to the skin test shall be followed by a 35.36 cm by 43.18cm (14" by 17") chest x-ray. *Changes-refer to H&SC1226.1(a) (2) and DA/OM 04-05		
26g	X		Evidence of tuberculosis screening within 12 months prior to employment shall be considered as meeting the intent of this regulation		
26h	X	X	The clinic shall maintain a health record of each employee which includes reports of all employment related health examinations		
26i	X		These records shall be kept for a minimum of three years following termination of employment		
26j	X		All persons working in the clinic who are known to have symptoms of infectious disease shall be removed from contact with patients.		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			*Changes-refer to H&SC 1226.1 (a) (4) and DA/OM 04-05		
27			75052. EMPLOYEE RECORDS		
27 a	X	X See Personnel Records	All clinics shall maintain current and accurate personnel records for all persons working with the clinic.		
27 b	X	X See Personnel Records	The record shall include:		
27 c	X	X See Personnel Records	1) The person' s full name		
27 d	X	X See Personnel Records	2) Social Security number		
27 e	X	X See Personnel Records	3) License, registration, or certification number (As applicable)		
27 f	X	X See Personnel Records	4) Date of expiration of license, registration or certification number (as applicable)		
27 g	X	X See Personnel Records	5) Employment classification		
27 h	X	X See Personnel Records	6) Date of beginning employment		
27 i	X	X See Personnel Records	7) Date of termination of employment		
27 j	X	X See Personnel Records	8) Performance evaluations		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
27k	X	X See Personnel Records	Such records shall be retained for a least three years following termination of employment		
27L	X	X See Personnel Records	Employee personnel records shall be maintained in a confidential manner and shall be made available to representatives of the Department upon request in order to ensure compliance with the requirements of these regulations. *Changes-refer to H&SC 1218.2 and DA/OM 04-05		
28			75053. UNUSUAL OCCURRENCES		
28a	X		Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the clinic within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the clinic for one year.		
28b	X		The clinic shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall.		
29			75054. PATIENT HEALTH RECORD SERVICE		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
29 a	X	X See Electronic Health Records	Each clinic shall establish and maintain a patient health record service which is systematically organized to provide a complete accurate correlated and current health record for each patient which is filed in a centrally located area		
29 b	X		Personnel, space, equipment, and supplies in the health record service shall be located to facilitate immediate retrieval of health information		
29 c	X		A person working in the clinic shall be responsible for the direction and supervision of the health record service to ensure that all patient records are accurately documented, completed, indexed, and filed in the unit system		
29 d	X		When the Department finds the health record service does not meet the standards set forth in these regulations, the clinic may be required to obtain the services of either an accredited records technician or registered record administrator consultant to assist in establishing and maintaining the health record service		
30			75055. UNIT PATIENT HEALTH RECORDS		
30 a	X	X See Electronic Health Record	Records shall be permanent, either type written or legibly written in ink and shall be kept on all patients accepted for treatment		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
30 b	X		All health records of discharged patients shall be completed and filed within 30 days after termination of each episode of treatment and such records shall be kept for a minimum of seven years, except for minors whose records shall be kept at least until one year after the minor has reached the age of 18, but in no case less than seven years		
30 c	X		All exposed X-ray film shall be retained for seven years		
30 d	X		All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the clinic or any authorized officer, agent or employee of either, or any other person authorized by law to make such request		
30 e	X		Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state, and local laws		
30 f	X		If a clinic ceases operation, arrangements shall be made for the safe preservation of the patient's health records. The Department shall be informed by the clinic of the arrangements within 48 hours before cessation of operation		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
30g	X		The Department shall be informed within 48 hours, in writing, by the licensee whenever patient health records are defaced or destroyed before termination of the required retention period		
30h	X		If the ownership of the clinic changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:		
30i	X		1) That the new licensee shall have custody of the patients' health records and these records shall be available to the former licensee, the new licensee, and other authorized persons; or		
30j	X		2) That other arrangements have been made by the current licensee for the safe preservation and the location of the patients' health records, and that they are available to		
			both the new and former licensees and other authorized persons		
30k	X		Patients' health records shall be current and kept in detail consistent with good medical and professional practice and shall describe the services provided to each patient		

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30 l	X	X	All entries shall be dated and be authenticated with the name, professional title, and classification of the person making the entry		
30 m	X	X See Electronic Health Records	Patients' health records shall be stored so as to be protected against loss, destruction, or unauthorized use		
30 n	X	X See Electronic Health Records	Patient health records shall be filed in an easily accessible manner in the clinic. *Changes-refer to H&SC1218.2 and DA/DM 04-05		
30 o	X		Storage of records shall provide for prompt retrieval when needed for continuity of care. *Changes-refer to H&SC 1218.2 and DA/DM 04-05		
30 p	X		Prior approval of the Department is required for storage of inactive health records away from the clinic premises. *Changes-refer to H&SC1218.2 and DA/OM 04-05		
30 q	X		The patient health record shall be the property of the clinic and shall be maintained for the benefit of the patient, health care team, and clinic and shall not be removed from the clinic, except for storage purposes after termination of services		
31			75056. ADMISSION RECORDS		
31 a	X	X See Electronic Health Records	The clinic shall complete an admission record for each patient which shall include:		

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31 b	X	X See Electronic Health Records	1) The name of the patient		
31 c	X	X See Electronic Health Records	2) Current Address		
31 d	X	X See Electronic Health Records	3) Age and date of birth		
31 e	X	X See Electronic Health Records	4) Sex		
31 f	X	X See Electronic Health Records	5) Date services began		
31 g	X	X See Electronic Health Records	6) Last date of services		
31 h	X	X See Electronic Health Records	7) Consent for treatment of authorizations		
32			75057. DISASTER PROGRAM		
32 a	X		Each clinic shall adopt a written disaster program and all persons shall be instructed in its requirements		
32 b	X	X	A copy of the program shall be available in the clinic for review by the Department		

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32c	X		The program shall provide plans for disasters occurring within the clinic		
32d	X		The written program shall include at least the following:		
32e	X		1) Administrative procedures, including designated authority and personnel duty assignments		
32f	X		2) There shall be provisions for simulated fire drills at least semi-annually and records to indicate that such drills were conducted		
32g	X		3) Plans for evacuation of patients when necessary, including means of egress, methods of handling and transporting patients, and disposition and care of patients after removal		
32h	X		The program shall be reviewed annually, and updated as needed		
33			75058. POSTING OF CLINIC SCHEDULE		
33a	X	X	A schedule of the hours and days during which the clinic is open and the times during which the various medical services are offered shall be conspicuously posted in the clinic for public view and information		
33b	X		The clinic shall be open and service available during the posted times		
32c	X		Changes in such schedules shall be posted in advance of the change		
33d			<i>NOTE: Check these hours and days against the fire clearance. If there is a difference, notify the Office of the State Fire Marshall</i>		
34			75059. QUALITY ASSURANCE EVALUATION PROGRAM		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
34 a	X		The clinic shall have a system for annual evaluation of its operation and the services it provides		
34 b	X		This system shall include written procedures for evaluating the efficiency and effectiveness of the health services provided and written procedures for the evaluation of utilization of services.		
35			75060. ALTERATIONS AND NEW CONSTRUCTION		
35	X		Alterations to existing buildings, or new construction, shall be in conformance with the applicable provisions of Chapter1, Division 17, Title 24, California Administrative Code and approved by the Office of Statewide Health Planning and Development unless the Department approves waivers in accordance with Section 1217 of the Health and Safety code. *Changes- refer to H&SC 1226.3 and DA/OM 04-05 and DOM 07-07	P&P complying with OSHPD3	
36			75062. MAINTENANCE AND OPERATION		
36 a	X		The clinic shall be clean, sanitary, and in good repair at all times	Met through SRR PHYSICAL ENVIRONMENT (§460.72)	
36 b	X	X	Flashlights shall be in readiness for use at all times. Open flame light shall not be used.		
36 c	X		Periodic inspection, testing and calibration of all electrical medical equipment shall be made in accordance with the manufacturer's specifications, but no less frequently than yearly. Records of such inspections and tests shall be retained and made available for review.		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
36 d	X		A clinic may be required to submit a report by a licensed structural engineer when the Department has determined that an evaluation of the structural condition of the clinics necessary. Such report shall establish the existence or nonexistence of structural conditions which are hazardous to occupants, and should hazardous conditions exist, such report shall provide a basis for a plan of correction		
37			75063. WATER SUPPLY AND PLUMBING		
37 a	X		Where water for human consumption is obtained from an independent source, it shall be subjected to bacteriological analysis by the local health department, the Department, or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection		
37 b		X See Health Department Inspection	Plumbing and drainage facilities shall be maintained in compliance with Chapter1, Division T17, Title 24, California Administrative Code		
38			75064. AUTOCLAVING AND STERILIZING		
38 a	X (if applicable)		Each clinic shall make provision in the clinic, or by acceptable arrangements with an outside service, for proper sterilization of instruments, utensils, supplies, and solutions used.		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
38 b	X (if applicable)		All sterilization of instruments and equipment in the clinic shall be under the supervision of a person who is qualified by experience and training		
38 c	X (if applicable)	X (if applicable)	Instructions for operating autoclaves and sterilizers shall be posted		
38 d	X (if applicable)		Written procedures for preparing supplies for autoclaving and for the operation of autoclaves shall be developed, maintained and made available to personnel responsible for sterilization of supplies and equipment		
38 e	X (if applicable)		These procedures shall include:		
38 f	X (if applicable)		1) The method of packaging		
38 g	X (if applicable)		2) Dating		
38 h	X (if applicable)		3) Loading the autoclave		
38 i	X (if applicable)		4) Temperature and pressure to be applied		
38 j	X (if applicable)		5) The period of exposure		
38 k	X (if applicable)		Autoclaves shall be checked on each day they are in use to verify that recording thermometers and indicating thermometers reasonably coincide		
38 l	X (if applicable)		Records of recording thermometers shall be retained for one year		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
38m	X (if applicable)		Recording thermometers shall not be required on portable sterilizers		
38n	X (if applicable)		Autoclave tape may be used as an alternative to thermometers		
38o	X (if applicable)		Autoclaving results shall be checked at least monthly by a bacteriological test		
38p	X (if applicable)		Records of results of such tests shall be retained at least one year		
38q	X (if applicable)	X (if applicable)	Sterilized items shall show expiration dates		
39			75065. DISINFECTING		
39a	X		Every clinic shall make provision for the cleaning and disinfecting of contaminated articles, surfaces, and equipment which cannot be sterilized		
39b	X		Written procedures shall be developed and maintained for the disinfection of articles and surfaces		
40			75066. CLEANING EQUIPMENT AND FIXTURES		
40	X		Each clinic shall provide for the cleaning of articles, equipment, and surfaces such as furniture walls, exhaust grills, and light and plumbing fixtures		
41			75067. STORAGE AND DISPOSAL OF SOLID WASTES		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
41 a	X		Solid wastes shall be stored and disposed of in a manner that will not permit the transmission of a communicable disease or create a nuisance, provide a breeding place or food source for insects or rodents or permit public access	Met through SRR INFECTION CONTROL (§460.74)	
41 b	X		Solid waste containers shall be stored and located in a manner that will protect the patients from odors		
41 c	X		Syringes and needles, before being discarded into waste containers shall be rendered unusable		
42			75068. SOLID WASTE CONTAINERS		
42 a	X	X	All containers, except movable bins, used for storage of solid wastes shall have tight fitting covers, be in good repair, have external handles, leak proof, rodent proof		
42 b	X	X	Movable bins, stored outside of the clinic when used for storing or transporting solid wastes from the premises, shall have tight fitting covers and shall be rodent-proof, unless stored in an enclosed area.		
42 c	X	X	All containers used for storing infectious wastes shall display a prominent sign which identifies the contents as "Infectious Wastes"		
42 d	X		All containers receiving putrescible wastes shall be emptied daily and more often if necessary.		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
42e	X		Solid waste container, including movable bins, shall be thoroughly washed and cleaned each time they are emptied, unless soil contact surfaces have been completely protected from contaminated by disposable liners, bags or other devices removed with the waste		
42f	X	X	Each movable bin shall be accessible and shall have a drainage device to allow complete cleaning at the storage area		
42g	X	X	Infectious wastes shall be stored separately from other wastes to prevent contamination		
42h	X	X	Such separation may be made by use of disposable container liners, bags, or other devices removed with the waste		
42i	X	X	All disposable containers for storing infectious wastes shall be of red fluorescent, orange or international orange color or labeled "Infectious Wastes"		
43			75069. INFECTIOUS WASTES		
43a	X		Infectious waste, except as provided below, shall be disposed of in an incinerator providing complete combustion		
43b	X		Joint use of an approved incinerator for disposal of infectious wastes at another clinic or health facility may be permitted if the clinic certified to the Department annually in writing that the alternate method, including containers and transportation methods, is approved in writing by the local health officer		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
43c	X		Sanitary land fill, sanitary sewer or other method of disposal of infectious wastes may be permitted if written approval is granted by the local health officer having jurisdiction, provided		
43d	X		1) The license applies in writing to the local health officer, states the reason for the request and describes in detail the proposed plan for method of disposal		
43e	X		2) The clinic certifies to the Department annually that the alternative method, including containers and transportation methods, is approved in writing by the local health officer		
43f	X		Infectious waste shall not be mechanically compacted		
43g	X		Nothing in this Section shall be construed to limit the authority of the local health officer to require waste to be treated as infectious, when he/she determines it necessary and determines such waste to be infectious		
44			75070. GASES FOR MEDICAL USE		
44a	X		Gases covered by this Section include both flammable and nonflammable gases		
44b	X		Provision shall be made for safe handling and storage of medical gas cylinders		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
44c	X		All medical gas cylinders, pressure regulators, wall outlets from piping systems, and external removable connection hoses used there shall, by physical design, be so constructed that connections for different gases are not interchangeable		
45			75071. LINEN AND LAUNDRY		
45a	X	X	A supply of linen to meet the needs of the clinic shall be maintained	Met through SRR PHYSICAL ENVIRONMENT (§460.72)	
45b	X	X	Soiled and clean linens shall be stored in separate areas at all times		
46			75072. SPACE CONVERSION		
46a	X		Spaces approved for specific use at the time of licensure shall not be converted to other uses without the written approval of the Department. All areas, rooms, fixtures and equipment required by Chapter 1, Division T17, Title 24, CAC, shall be maintained		
46b	X		Any request for Department approval of a proposed space conversion shall either be granted or denied, in writing, within 30 days of receipt by the Department		
47			75073. APPEALS PROCEDURE		
47a	N/A		(a) District office responsibility: (1) Request for appeal of a licensing evaluator's decision may be made by the licensee or administrator to the evaluator's supervisor. Such requests should be in writing and give specific reason for the request. If the matter is not resolved to the satisfaction of the licensee at this level, the licensing supervisor shall prepare a written summary for review by the district		

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			<p>administrator.</p> <p>(2) Where the procedure outlined in (1) above does not resolve the matter, the licensee or administrator may request an office conference at the district office. This office conference shall be attended by:</p> <p>(A) District administrator or designee. (B) Licensing supervisor. (C) Facility evaluator. (D) Licensee/administrator and consultant or attorney, if desired by the licensee or administrator. (E) Consultant and/or other Department representative when appropriate in the opinion of the District Administrator.</p> <p>(3) The results of an office conference shall be confirmed in writing by the district office to the licensee.</p>		
47 b	N/A		<p>(b) Headquarters Responsibility:</p> <p>(1) When an appeal of a licensee's decision is not resolved at the district level, the next level of appeal is as follows: the licensee/administrator may appeal and submit a request for further consideration to the Chief, Health Care Section, Sacramento. At the discretion of the Department, an appeal conference will be scheduled and should include:</p> <p>(A) Chief of the Health Care Section or designee. (B) Appropriate Health Care Section Facility Specialist. (C) Appropriate district licensing representative -</p>		

#	Desk Review	Onsite Review	CCR Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			district administrator, evaluator, and others as needed. (D) Licensee or administrator and consultant or attorney, if desired by the licensee or administrator. (E) Consultant and/or other Department representative. (2) The results of such a meeting or denial of an appeal conference shall be confirmed in writing.		