SESSION 2: RHC SURVEY RESULTS AND CITED DEFICIENCIES IN NEBRASKA

Nebraska Rural Health Clinic Workshop

May 25, 2022
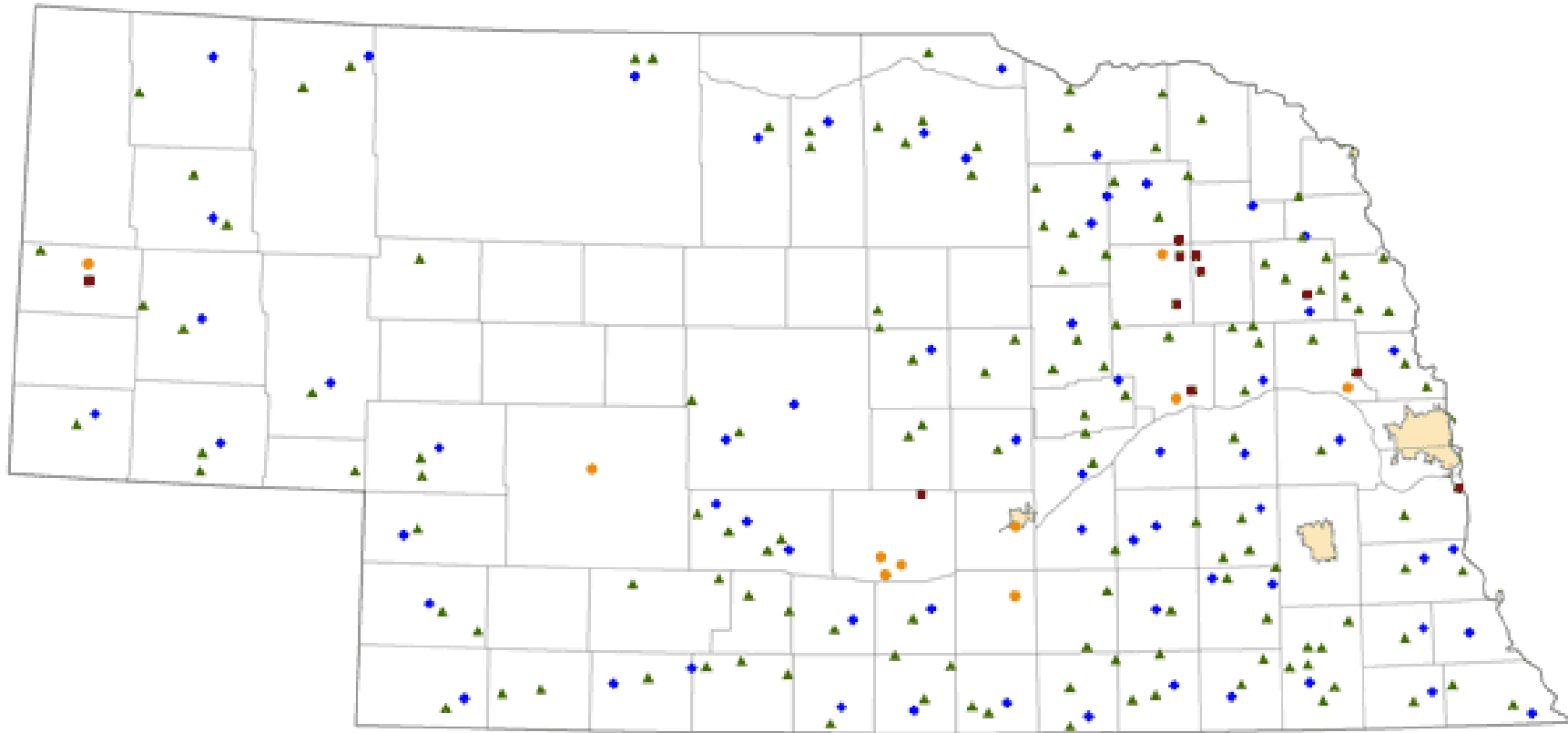
inQuiseek
Consulting

HOW MANY RHCS ARE THERE?

There are 5,154 RHCs nationwide that provide access to primary care services in rural areas.

Source: CMS QCOR Database, 5/23/2022

NEBRASKA RHCS

138 RHCs as of 05/23/2022
Source: QCOR
Map Source: https://www.ruralhealthinfo.org/

TWO OPTIONS FOR RHC CERTIFICATION

Accrediting Organization (AO)

- There are two deemed AOs for RHCs

- AAAASF

- The Compliance Team

- AOs survey for both certification and for accreditation. This is a higher expectation than the state agency has.

- Each AO has RHC Standards which have been approved by CMS. The standards are objective.

- RHCs must contract with the AO for a 3-year cycle. There is an added expense for engaging an AO.

State Agency

- Can do initial survey but are not timely. Initial surveys are not in a priority tier.

- Will survey RHCs who are under the state agency for subsequent certification surveys. Also, behind.

- Will follow the State Operations Manual, Appendix G as surveyor's guidance from CMS.

- Resurveys can happen as soon as 3 years from initial survey but are usually 5-7 years because of backlogs.

Citation Frequency Report

Selection Criteria

Begin Year: 2022
End Year: 2022
Display Options: Display top 25 tags
Provider and Supplier Type(s): Rural Health Clinics
State: Nebraska

Year Type: Fiscal Year ⌄ **Year:** 2022 ⌄ **Quarter:** Full Year ⌄

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Nebraska Active Providers=138		Total Number of Surveys=10
E0004	Develop EP Plan, Review and Update Annually	5	3.6%	50.0%
E0029	Development of Communication Plan	5	3.6%	50.0%
E0013	Development of EP Policies and Procedures	5	3.6%	50.0%
E0031	Emergency Officials Contact Information	5	3.6%	50.0%
E0001	Establishment of the Emergency Program (EP)	5	3.6%	50.0%
E0034	Information on Occupancy/Needs	5	3.6%	50.0%
E0009	Local, State, Tribal Collaboration Process	5	3.6%	50.0%
E0033	Methods for Sharing Information	5	3.6%	50.0%
E0030	Names and Contact Information	5	3.6%	50.0%

E0006	Plan Based on All Hazards Risk Assessment	5	3.6%	50.0%
E0020	Policies for Evac. and Primary/Alt. Comm.	5	3.6%	50.0%
E0022	Policies/Procedures for Sheltering in Place	5	3.6%	50.0%
E0024	Policies/Procedures-Volunteers and Staffing	5	3.6%	50.0%
E0032	Primary/Alternate Means for Communication	5	3.6%	50.0%
E0007	EP Program Patient Population	4	2.9%	40.0%
E0039	EP Testing Requirements	4	2.9%	40.0%
E0036	EP Training and Testing	4	2.9%	40.0%
E0037	EP Training Program	4	2.9%	40.0%
E0023	Policies/Procedures for Medical Documentation	4	2.9%	40.0%
J0161	PROGRAM EVALUATION	4	2.9%	40.0%
J0136	PROVISION OF SERVICES	4	2.9%	40.0%
J0123	STAFFING AND STAFF RESPONSIBILITIES	4	2.9%	40.0%
J0125	PROVISION OF SERVICES	3	2.2%	30.0%
J0042	PHYSICAL PLANT AND ENVIRONMENT	2	1.4%	20.0%
J0162	PROGRAM EVALUATION	2	1.4%	20.0%

11/08/2021   STANDARD SURVEY   HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Condition	E0001	Establishment of the Emergency Program (EP)	11/08/2021
Standard	E0004	Develop EP Plan, Review and Update Annually	11/08/2021
Standard	E0006	Plan Based on All Hazards Risk Assessment	11/08/2021
Standard	E0009	Local, State, Tribal Collaboration Process	11/08/2021
Standard	E0013	Development of EP Policies and Procedures	11/08/2021
Standard	E0020	Policies for Evac. and Primary/Alt. Comm.	11/08/2021
Standard	E0022	Policies/Procedures for Sheltering in Place	11/08/2021
Standard	E0024	Policies/Procedures-Volunteers and Staffing	11/08/2021
Standard	E0029	Development of Communication Plan	11/08/2021
Standard	E0030	Names and Contact Information	11/08/2021
Standard	E0031	Emergency Officials Contact Information	11/08/2021
Standard	E0032	Primary/Alternate Means for Communication	11/08/2021
Standard	E0033	Methods for Sharing Information	11/08/2021
Standard	E0034	Information on Occupancy/Needs	11/08/2021
Standard	J0125	PROVISION OF SERVICES	11/08/2021
Standard	J0136	PROVISION OF SERVICES	11/08/2021
Standard	J0161	PROGRAM EVALUATION	11/08/2021

12/28/2021   STANDARD SURVEY   HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Standard	J0086	STAFFING AND STAFF RESPONSIBILITIES	12/28/2021
Standard	J0123	STAFFING AND STAFF RESPONSIBILITIES	12/28/2021
Standard	J0152	PATIENT HEALTH RECORDS	12/28/2021
Standard	J0161	PROGRAM EVALUATION	12/28/2021

02/08/2022   STANDARD SURVEY   HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Condition	E0001	Establishment of the Emergency Program (EP)	02/08/2022
Standard	E0004	Develop EP Plan, Review and Update Annually	02/08/2022
Standard	E0006	Plan Based on All Hazards Risk Assessment	02/08/2022
Standard	E0007	EP Program Patient Population	02/08/2022
Standard	E0009	Local, State, Tribal Collaboration Process	02/08/2022
Standard	E0013	Development of EP Policies and Procedures	02/08/2022
Standard	E0020	Policies for Evac. and Primary/Alt. Comm.	02/08/2022
Standard	E0022	Policies/Procedures for Sheltering in Place	02/08/2022
Standard	E0023	Policies/Procedures for Medical Documentation	02/08/2022
Standard	E0024	Policies/Procedures-Volunteers and Staffing	02/08/2022
Standard	E0029	Development of Communication Plan	02/08/2022
Standard	E0030	Names and Contact Information	02/08/2022
Standard	E0031	Emergency Officials Contact Information	02/08/2022
Standard	E0032	Primary/Alternate Means for Communication	02/08/2022
Standard	E0033	Methods for Sharing Information	02/08/2022
Standard	E0034	Information on Occupancy/Needs	02/08/2022
Standard	E0036	EP Training and Testing	02/08/2022
Standard	E0037	EP Training Program	02/08/2022
Standard	E0039	EP Testing Requirements	02/08/2022
Standard	J0042	PHYSICAL PLANT AND ENVIRONMENT	02/08/2022
Standard	J0123	STAFFING AND STAFF RESPONSIBILITIES	02/08/2022
Standard	J0125	PROVISION OF SERVICES	02/08/2022
Standard	J0136	PROVISION OF SERVICES	02/08/2022

11/02/2021   STANDARD SURVEY   HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Standard	J0123	STAFFING AND STAFF RESPONSIBILITIES	11/02/2021
Standard	J0136	PROVISION OF SERVICES	11/02/2021
Standard	J0161	PROGRAM EVALUATION	11/02/2021
Standard	J0162	PROGRAM EVALUATION	11/02/2021

01/24/2022 STANDARD SURVEY HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Condition	E0001	Establishment of the Emergency Program (EP)	01/24/2022
Standard	E0004	Develop EP Plan, Review and Update Annually	01/24/2022
Standard	E0006	Plan Based on All Hazards Risk Assessment	01/24/2022
Standard	E0007	EP Program Patient Population	01/24/2022
Standard	E0009	Local, State, Tribal Collaboration Process	01/24/2022
Standard	E0013	Development of EP Policies and Procedures	01/24/2022
Standard	E0020	Policies for Evac. and Primary/Alt. Comm.	01/24/2022
Standard	E0022	Policies/Procedures for Sheltering in Place	01/24/2022
Standard	E0023	Policies/Procedures for Medical Documentation	01/24/2022
Standard	E0024	Policies/Procedures-Volunteers and Staffing	01/24/2022
Standard	E0029	Development of Communication Plan	01/24/2022
Standard	E0030	Names and Contact Information	01/24/2022
Standard	E0031	Emergency Officials Contact Information	01/24/2022
Standard	E0032	Primary/Alternate Means for Communication	01/24/2022
Standard	E0033	Methods for Sharing Information	01/24/2022
Standard	E0034	Information on Occupancy/Needs	01/24/2022
Standard	E0036	EP Training and Testing	01/24/2022
Standard	E0037	EP Training Program	01/24/2022
Standard	E0039	EP Testing Requirements	01/24/2022
Standard	J0125	PROVISION OF SERVICES	01/24/2022
Standard	J0136	PROVISION OF SERVICES	01/24/2022
Standard	J0161	PROGRAM EVALUATION	01/24/2022

01/04/2022 STANDARD SURVEY HEALTH SURVEY

Deficiencies:

Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Condition	E0001	Establishment of the Emergency Program (EP)	01/04/2022
Standard	E0004	Develop EP Plan, Review and Update Annually	01/04/2022
Standard	E0006	Plan Based on All Hazards Risk Assessment	01/04/2022
Standard	E0007	EP Program Patient Population	01/04/2022
Standard	E0009	Local, State, Tribal Collaboration Process	01/04/2022
Standard	E0013	Development of EP Policies and Procedures	01/04/2022
Standard	E0020	Policies for Evac. and Primary/Alt. Comm.	01/04/2022
Standard	E0022	Policies/Procedures for Sheltering in Place	01/04/2022
Standard	E0023	Policies/Procedures for Medical Documentation	01/04/2022
Standard	E0024	Policies/Procedures-Volunteers and Staffing	01/04/2022
Standard	E0029	Development of Communication Plan	01/04/2022
Standard	E0030	Names and Contact Information	01/04/2022
Standard	E0031	Emergency Officials Contact Information	01/04/2022
Standard	E0032	Primary/Alternate Means for Communication	01/04/2022
Standard	E0033	Methods for Sharing Information	01/04/2022
Standard	E0034	Information on Occupancy/Needs	01/04/2022
Standard	E0036	EP Training and Testing	01/04/2022
Standard	E0037	EP Training Program	01/04/2022
Standard	E0039	EP Testing Requirements	01/04/2022
Standard	J0162	PROGRAM EVALUATION	01/04/2022

01/04/2022　STANDARD SURVEY　HEALTH SURVEY

Deficiencies:

| Level	Tag #	Deficiency Description	Date Cited (2567 Date)
Condition	E0001	Establishment of the Emergency Program (EP)	01/04/2022
Standard	E0004	Develop EP Plan, Review and Update Annually	01/04/2022
Standard	E0006	Plan Based on All Hazards Risk Assessment	01/04/2022
Standard	E0007	EP Program Patient Population	01/04/2022
Standard	E0009	Local, State, Tribal Collaboration Process	01/04/2022
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Standard	E0036	EP Training and Testing	01/04/2022
Standard	E0037	EP Training Program	01/04/2022
Standard	E0039	EP Testing Requirements	01/04/2022
Standard	J0042	PHYSICAL PLANT AND ENVIRONMENT	01/04/2022
Standard	J0123	STAFFING AND STAFF RESPONSIBILITIES	01/04/2022

Top Survey Deficiencies

Emergency Preparedness

Changes to Appendix Z
April, 2021 !

Emergency Preparedness Program
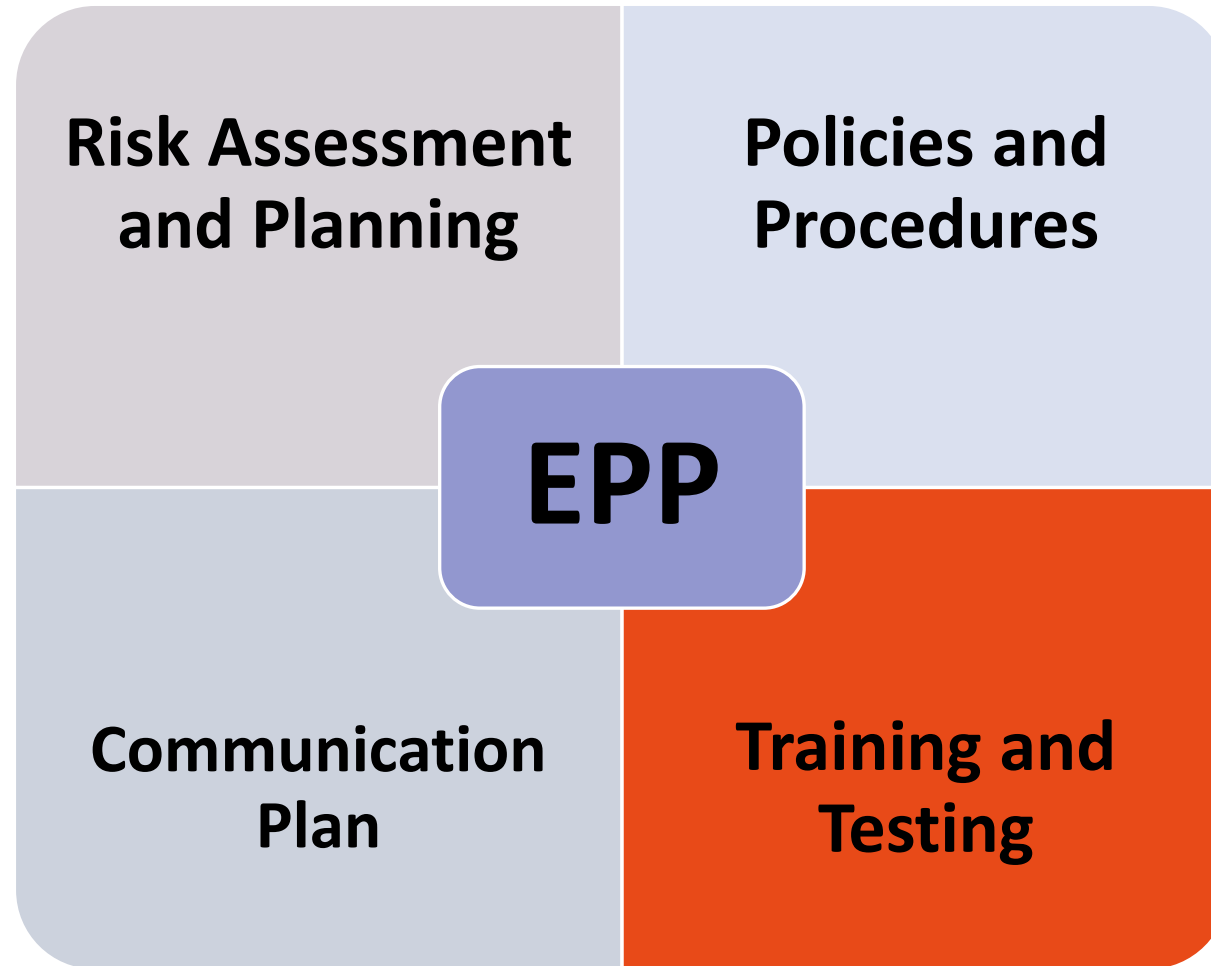
EMERGENCY PREPAREDNESS

Key Points for RHCs and Common Compliance Issues

- The Emergency Preparedness Plan must be constructed from the Risk Assessment/All Hazard Vunerabilities. There should be a clinic risk assessment and a community risk assessment.

- A Provider-based RHC must have separate risk assessments and EPP. The plan can be integrated with a system plan, but the plan components must be unique to the RHC. The hospital or system plan does not automatically cover the RHC even if they are under the same roof or at the same address.

- The EPP must include all the required elements for a Rural Health Clinic per Appendix Z and 42 CFR491.12.

- The EP testing and training must correlate to the specific risk assessments and the plan. Your testing cannot be for an emergency which is not on your plan unless it is an activation of a real emergency and then it is added to your plan.

- RHC staff must be included in any testing or activation. At a minimum, they must be included in the debriefing and After-action Report activity as evidenced by a sign-in sheet.

J-0161
§491.11(a) The clinic . . . carries out, or arranges for, a biennial evaluation of its total program.

J-0162
§ 491.11(d) The clinic . . . staff considers the findings of the evaluation and takes corrective action if necessary.

A meeting is not required in order to present the finding of the program evaluation. However, the findings should be used to develop quality performance improvement initiatives.

**RHC
Program Evaluation
Sample Report**

Report Date_____/_____/_____

CLINIC NAME: _____

Competed or Compiled by:
_____
_____
_____
_____

Program Evaluation 491.11

- Conducted at least Biennially

- Include all required elements

- Provider Review of Policies

- Document Meeting

- Take Corrective Actions

J TAG 0123
J TAG 0086
§ 491.8
§ 491.8

Staffing Requirements and Responsibilities

The RHC must have a designated Medical Director (MD or DO) who participates in the development of patient care policies and periodically reviews the policies.

The RHC NPs and Pas must also participate in the development and review of patient care policies.

This review should be attested to by the providers and included as part of the program evaluation.

The RHC must be staffed with either an NP or PA 50% of the clinic's patient care hours.

J TAG 0043 § 491.6

Drugs and biologicals are appropriately stored

The RHC has policies about how drugs are handled.

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. There are polices which outline the storage, handling and administration of drugs and supplies.
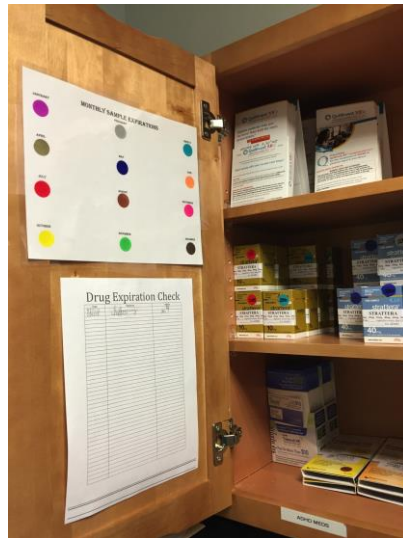
Medication Storage

Must be stored in Original Containers, Not Expired or Past "Best Used By "

- No Multi-dose Vials in Treatment Area. Vials must be marked with open and discard date.

- Single Use Item Reused

- Sample Drug Logs

Medication Storage

- Emergency Kit is stocked according to the needs of the population and by the list approved by the Medical Director.

- Labeled on outside of box

- Controlled Substances locked in substantial cabinets and reconciled.

- Vaccine storage is regulated and monitored.
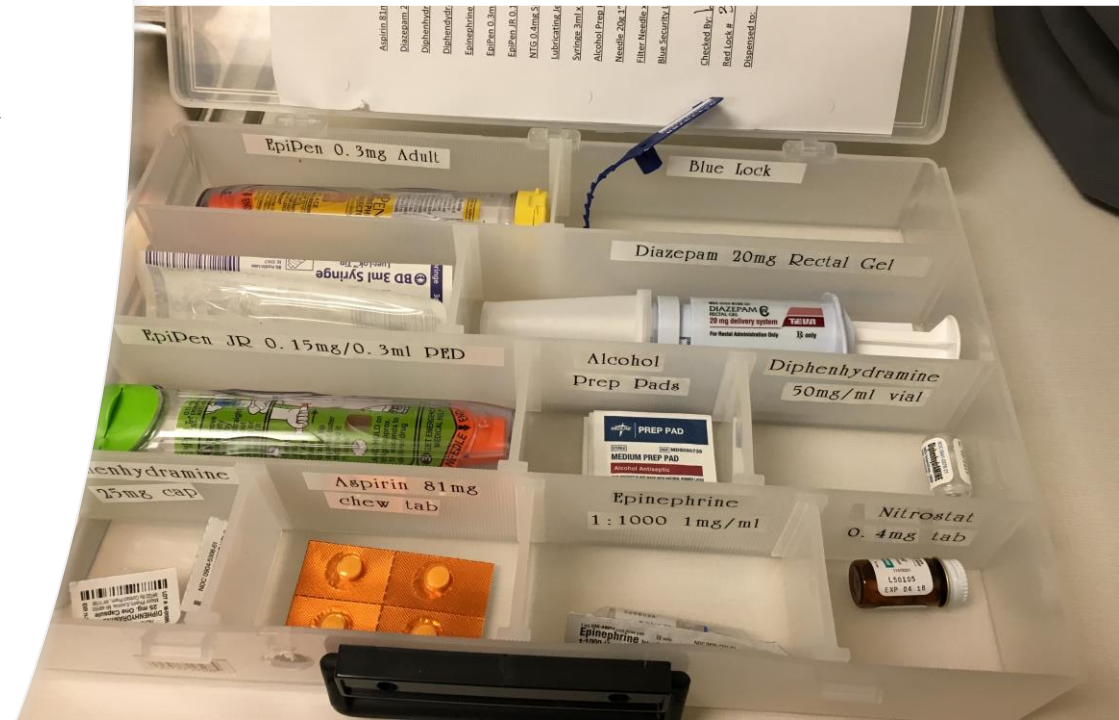
J-0044
§ 491.6(b)(3)
The premises are clean and orderly.

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 break 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.

Environment

- **Facility is clean, orderly, and well maintained.**

- **In Good Repair-no rips, tears, no cracks.**

- **Policies for cleaning, disinfection and sterilization.**

- **Infection Control**

Clinical Staff should be able to explain to surveyor:

- How an exam or treatment room is cleaned between patients.
- What is the wet/kill time on the disinfectant used.
- Where PPE is located and which PPE Is appropriate in which situation
- Where the Blood Spill Kit is located.
- What their role in an emergency is
- The evacuation routes
- How to locate the RHC policies
- The patient complaint process
- Incident reporting processes
- Standards of Conduct

J-0042
§ 491.6(b)
Maintenance:

The clinic . . . has a program preventive maintenance to ensure that:
(1) All essential mechanical, electrical and patient-care equipment is maintained…

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.

Equipment Maintenance

- Scales Calibrated

- Equipment Maintained According to Manufacturer's Instructions

- Equipment Taken Out of Service

- Equipment Inspected Routinely

- Repair Records

§ 491.10 Patient health records

- J-0151

§ 491.10(a) Records system.

(1) The clinic . . . maintains a clinical record system in accordance with written policies and procedures.

- J-0152

[§ 491.10(a) Records system.]

(3) For each patient receiving health care services, the clinic . . .. maintains a record that includes, as applicable…

One integrated record per patient.

HIPAA Privacy and Security

- No PHI visible in patient assessable areas
  - Place face down
  - Scanning not visible at front window
- Phone calls
- Privacy and Security Notices
- Need to know rule
- COVID-19 situations
- Screens time out in at least 3 minutes
- Privacy screens if computer can be viewed by patients

- **Consents**
- **Proof of physician review**
- **Proof of 491.10 review**

Medical Records

Protected Health Information is Secured

Records Are Complete and Reviewed Periodically

Medical Record Reviews and Audits

There are two kinds of medical record review in the RHC.

One can be done by trained staff. This review is to ensure that medical records are being periodically reviewed for completeness in accordance with 42 CFR 491.10.

The second review process is the medical director's review of NP charts. This must be evidenced by being able to show that there is a process in place. The charts must be identifiable and retrievable. The medical director or another RHC physician must review the charts periodically to show that the medical management policies of the RHC are being followed. These must be documented. Co-signing in the EHR is not sufficient.

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