

Date of Review:

Urgent Care 1st CAP Notification Letter

Health Plan Performing Evaluation:					
Reviewer's Name/Title (Print):			Reviewer's signature/Title		
Facility Name:		PCP Name(s):		# UC Charts Reviewed	
Address:			Contact Person and Title:		
Telephone:		Fax:			
Urgent Care Score:		Date CAP Due:		Date Critical Element CAP Due:	
				Date CAP Follow up:	

Corrective Action Plan (CAP) Completion and Submission Requirements**Disclosure and Release**

I have received and reviewed copies of the above listed site's evaluations and corrective action plans for the urgent care review. I agree to correct each identified deficiency by implementing any corrective action that may be required. **I understand that failure to correct any of the noted Critical Element deficiencies within the required 10 business days and any other noted deficiencies within the 45-day time period from the review date, may result in the exclusion of this facility and the associated provider(s) from the roster. The completed CAP must include evidence of correction {e.g. invoices, education sign sheets, forms used} and dates completed.**

For assistance in completing the CAP, please call _____ at _____.

Physician/Designee Signature_____
Printed Name and Title_____
Date

Please Return Completed CAP via U.S. Mail or FAX to:

**Inland Empire Health Plan
Quality Management Department
P.O. Box 1800, Rancho Cucamonga, CA 91729-1800
Fax: (909) 890-5545 Attention: QM Coordinator**

Urgent Care Center Review Survey Corrective Action Plan

NOTE: Criteria that are **bolded** and underlined are considered critical elements.

I. Access/Safety					
Site Access/Safety Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	I AS 1 <input type="checkbox"/>	All patient areas including floor/carpet, walls, and furniture are not neat, clean and well maintained. (Clean means unsoiled, neat, tidy, and uncluttered. Well-maintained means being in good repair or condition.)	The floors, carpets, walls, and furniture have been cleaned and/or repaired. <input type="checkbox"/> Copies of completed and dated work invoices and/or receipts are attached.		
	I AS 2 <input type="checkbox"/>	There is not at least one type of fire fighting/protection equipment that is accessible at all times. An accessible location is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve a step stool, ladder of other assistive devices.	The below indicated firefighting/protection equipment has been obtained and is in place in an accessible location on site at all times: <input type="checkbox"/> Smoke detector with intact, working batteries; <input type="checkbox"/> Fire alarm device with code and reporting instructions posted conspicuously at phones and employee entrances; <input type="checkbox"/> Automatic sprinkler system with sufficient clearance (10-in.) between sprinkler heads and stored materials. <input type="checkbox"/> Fire extinguisher in an accessible location that displays readiness indicators or has an attached current dated inspection tag. <input type="checkbox"/> Copies of receipts attached.		

Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	I AS 3 <input type="checkbox"/>	Exit doorway openings do not allow for clear passage of a person in a wheelchair. At least 32 inches for exit doorway-opening clearance is required for a wheelchair. (Exit doors include all doors required for access, circulation and use of the building and facilities, such as primary entrances and passageway doors.)	All appropriate doorways have been remodeled to accommodate patients in wheelchairs. <input type="checkbox"/> A copy of the completed and dated work invoice or receipts is attached. <input type="checkbox"/> If facility is under building waiver a copy is attached.		
	I AS 4 <input type="checkbox"/>	Clinic Office Hours are not posted or readily available upon request.	<input type="checkbox"/> The clinic office hours are now posted or readily available at the reception desk.		
	I AS 5 <input type="checkbox"/>	There are no clearly diagramed “Evacuation Routes” for emergencies posted in a visible location.	<input type="checkbox"/> Clearly marked, easy-to-follow escape routes have been posted in visible areas, such as hallways, exam rooms and patient waiting areas.		
	I AS 6 <input type="checkbox"/>	Emergency equipment is not checked monthly- including O2, Ambu-bag, oral airways, bulb syringe and emergency medications (Benadryl & Epinephrine).	Emergency equipment is now checked monthly, including meds. <input type="checkbox"/> Appropriate completed and dated logs are attached.		
	I AS 7 <input type="checkbox"/>	Medical equipment is not being maintained properly and/or according to manufacturer’s standards.	All equipment is now clean and properly maintained. <input type="checkbox"/> Cleaning logs, calibration receipts and/or maintenance receipts attached.		

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	I AS 8 <input type="checkbox"/>	The exam rooms are not clean and safe, nor do they provide privacy for the patient.	<input type="checkbox"/> The exam rooms are now clean and safe. The exam rooms now provide both auditory and physical privacy.		
	I AS 9 <input type="checkbox"/>	<u>Language Services: members must have access to the following language services at all times – Telephonic and Video Remote Interpreting (ASL Only).</u>	<input type="checkbox"/> <u>Must have both at all times: Telephonic and Video Remote Interpreting (ASL only).</u>	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	

II. Personnel Site Personnel Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	II P 1 <input type="checkbox"/>	MD, DO, NP or PA not on site at all times during hours of operation.	MD or DO is on site at all times during hours of operation. <input type="checkbox"/> Copy of MD's or DO's schedule is attached.		
	II P 2 <input type="checkbox"/>	No evidence that MDs, DOs, PAs, and/or NPs are credentialed with IEHP.	<input type="checkbox"/> Office will confirm with IEHP credentialing department and show proof that providers are credentialed or is in the process.		
	II P 3 <input type="checkbox"/>	No evidence that NPs and/or PAs that prescribe controlled substances possess current and valid DEA registration number.	Current DEA registration is on site at all times. <input type="checkbox"/> Copy of DEA registration is attached.		
	II P 4 <input type="checkbox"/>	There is no evidence that all required Professional License(s) and Certification(s) issued from appropriate licensing/certification agencies is current	Maintain current professional license(s) and certification(s) on site at all times. <input type="checkbox"/> Copy of license(s)/certification(s) is attached.		
	II P 5 <input type="checkbox"/>	No evidence the scope of practice for NPs is defined and there are standardized procedures signed and dated by both the supervising physician and NP annually	There is a Standards of Practice signed and kept on site at all times. <input type="checkbox"/> Copy of Standards of Practice is attached.		

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	II P 6 <input type="checkbox"/>	There is no evidence of a practice agreement signed annually by both the Physician's Assistant (PA) and supervising Physician that includes all provisions as described in SB 697 Section 5 is present. (Section 3502.3 of Business and Professions Code)	There is a signed copy of the Physicians Agreement on site at all times. <input type="checkbox"/> Copy of Practice Agreement is attached.		
	II P 7 <input type="checkbox"/>	The proper ratio of physician to mid-level practitioners supervised is not maintained at 1:4 NP, 1:3 CNM, 1:4 PA-C.	Proof of the provider schedule if more than one Urgent Care is supervised by the same physician to ensure the proper ratio. <input type="checkbox"/> Copy of Provider and Mid-level practitioner schedule attached.		
	II P 8 <input type="checkbox"/>	Oversight of NP is not evidenced by a minimum of 10% medical record review by supervising physician	Proof of Provider oversight of NP. <input type="checkbox"/> Copy of medical record documentation co-signed by Provider.		
	II P 9 <input type="checkbox"/>	Supervision of PA is not included in the practice agreement.	There is evidence of supervision of PA in Practice Agreement. <input type="checkbox"/> Copy of Practice Agreement is attached.		
	II P 10 <input type="checkbox"/>	Oversight of PA is not evidenced by a minimum of 10% medical record review by supervising physician	Proof of Provider oversight of PA. <input type="checkbox"/> Copy of medical record documentation co-signed by Provider.		

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	<p>II P 11 <input type="checkbox"/></p>	<p>Supervising physician/ specialty is unable to cover populations served.</p>	<p>There evidence that Supervising Physician/Specialty is able to cover population served.</p> <p><input type="checkbox"/> Copy of Supervising Physician’s license is attached.</p>		
	<p>II P 12 <input type="checkbox"/></p>	<p>Healthcare staff not wearing identification badges/tags.</p>	<p>Healthcare staff now has and are wearing identification badges with name and title.</p> <p><input type="checkbox"/> A copy of badges attached.</p>		
	<p>II P 13 <input type="checkbox"/></p>	<p>There is no evidence that personnel are trained in procedures for medical and/or non-medical emergencies.</p>	<p>Personnel are now trained in procedures to handle medical and/or non-medical emergencies.</p> <p><input type="checkbox"/> Copies of the policy & procedure for emergencies and the training in-service and sign-in sheet are attached.</p>		
	<p>II P 14 <input type="checkbox"/></p>	<p>Physician credentialed with IEHP or delegated contractor with the stated specialties (Family Practice, Internal Medicine or Pediatrics) is not available for Midlevel practitioners to contact for Consultation during all hours of operation.</p>	<p>Proof that credentialed Physician/Specialist is available for mid-level to contact for consultation during all hours of operation.</p> <p><input type="checkbox"/> Copy of policy and procedure for supervising Physician/Specialist to be available during all hours of operation attached.</p>		

III. Office Management Office Management Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	III O 1 <input type="checkbox"/>	Non-Qualified personnel handles emergent, urgent and medical advice telephone calls (Patient Triage).	Non-Qualified personnel has been educated on Policy and Procedure regarding appropriate handling of emergent, urgent and medical advice telephone calls according to the attached office procedure. <input type="checkbox"/> Copy of policy & procedure attached.		
	III O 2 <input type="checkbox"/>	There is no policy in place for transfer of emergency patients to an appropriate facility.	A policy and procedure for the transfer of emergency patients to an appropriate facility has been written and staff educated. <input type="checkbox"/> A copy of the policy & procedure is attached, as well as the in-service class outline and sign-in sheet.		
	III O 3 <input type="checkbox"/>	There is no evidence that the staff has received training/information regarding Patient Confidentiality	Staff has been trained regarding Patient Confidentiality and the location of reference information in the office. <input type="checkbox"/> A copy of the office policy & procedure is attached, as well as the in-service class outline and sign-in sheet.		
	III O 4 <input type="checkbox"/>	There is no evidence that staff has received training on the handling/disposal of Biohazardous waste, and/or Blood Borne Pathogen Exposure.	Staff has been trained on the handling and disposal of Biohazardous waste, and/or Blood Borne Pathogen Exposure. <input type="checkbox"/> A copy of the office policies & procedures is attached, as well as the in-service class outline and sign-in sheet.		

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	III O 5 <input type="checkbox"/>	Patient Rights not posted. There is no system for complaints/grievances noted.	Patient Rights now posted. A system has been implemented for handling complaints/grievances. <input type="checkbox"/> A copy of the office policy & procedure is attached.		
	III O 6 <input type="checkbox"/>	No documentation that staff has been trained on Child/Elder/Domestic Abuse.	Staff now trained on requirements of Child/Elder/Domestic Abuse reporting. <input type="checkbox"/> A copy of the office policies & procedures is attached, as well as the in-service class outline and sign-in sheet.		
	III O 7 <input type="checkbox"/>	No evidence that staff is knowledgeable about interpreter services.	Staff has had training regarding interpreter services. <input type="checkbox"/> A copy of the in-service class outline and sign-in sheet is attached.		

IV. Clinical Services					
A. Clinical Services Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	IV CS A1 <input type="checkbox"/>	Daily temperature reading of the medication refrigerator is not documented.	A log with daily readings of the refrigerator temperature has been implemented. <input type="checkbox"/> A copy of the log is attached.		
	IV CS A2 <input type="checkbox"/>	<u>No evidence that only lawfully authorized persons prepare, administer and dispense drugs to patients.</u>	Drugs now dispensed only by lawfully authorized personnel. <input type="checkbox"/> A copy of the policy & procedure is attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	
	IV CS A3 <input type="checkbox"/>	Medications, syringes, etc, not properly stored in a secure place that is inaccessible to patients.	<input type="checkbox"/> Medications, syringes, etc., are now stored in a secure, inaccessible place.		
	IV CS A4 <input type="checkbox"/>	Controlled drugs are not stored in a separate, locked space. No dose-by-dose log is maintained.	Controlled drugs have been stored separately from others, in an area that is kept locked at all times, with the keys controlled by authorized clinic personnel. A dose-by-dose log is now being kept. <input type="checkbox"/> A copy of the log is attached		
	IV CS A5 <input type="checkbox"/>	Expired drugs were found on site.	All drugs have current expiration dates on containers. Expired drugs have been removed from dispensing area and are disposed of using the drug and hazardous substance disposal procedure. <input type="checkbox"/> A copy of the policy & procedure is attached		
	IV CS A6 <input type="checkbox"/>	There is no designated “clean” area in which to prepare medication.	<input type="checkbox"/> A “clean” area for medication preparation has now been clearly designated and labeled.		

IV. Clinical Services					
B. Laboratory Services Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	IV CS B1 <input type="checkbox"/>	There is no CLIA certificate or waiver on site.	A CLIA waiver or certificate has now been obtained. <input type="checkbox"/> A copy is attached.		
	IV CS B2 <input type="checkbox"/>	There is no evidence that laboratory services are available on-site or off-site for H&H with stat results available within 1-hour.	Laboratory services are now available on-site or off-site for H&H with stat results within 1-hour. <input type="checkbox"/> Copy of policy and procedure attached.		
	IV CS B3 <input type="checkbox"/>	There is no evidence that all required minimum lab tests are performed on site	Minimal lab tests, including, HCG, hemoglobin or hematocrit, blood glucose, urine dipstick, rapid strep and STD collection are now performed on site. <input type="checkbox"/> Copy of receipts attached.		
	IV CS B4 <input type="checkbox"/>	There is no evidence that personnel performing lab tests have been trained.	Personnel have been appropriately trained. <input type="checkbox"/> A copy of the office policies & procedures is attached, as well as the in-service class outline and sign-in sheet.		
	IV CS B5 <input type="checkbox"/>	Lab test supplies are accessible to unauthorized persons.	<input type="checkbox"/> Lab supplies have now been moved to a secure location that is inaccessible to unauthorized persons.		
	IV CS B6 <input type="checkbox"/>	There are expired lab supplies on site.	<input type="checkbox"/> Site has now disposed of all expired lab supplies.		
	IV CS B7 <input type="checkbox"/>	Site has no policy & procedure to dispose of expired lab supplies.	There is now a policy & procedure in place to address the disposal of unused lab supplies. <input type="checkbox"/> A copy of the policy & procedure is attached.		

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IV. Clinical Services					
C. Radiology Services Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	IV CS C1 <input type="checkbox"/>	There is no current CA Radiologic Health Branch Inspection Report on site.	A current Radiologic Inspection Report has now been obtained. <input type="checkbox"/> A copy of the report is attached.		
	IV CS C2 <input type="checkbox"/>	No radiological equipment on site and member has no immediate access to diagnostic radiology services (plain film x-rays) and with urgent results not made available to member and PCP a. Chest and Limb x-rays	<input type="checkbox"/> Copy of Policy and Procedure regarding immediate radiology equipment access and with urgent results available to member and Provider.		
	IV CS C3 <input type="checkbox"/>	There is no Title 17 on site and no notice regarding Title 17 is posted.	<input type="checkbox"/> The site now has a current copy of Title 17 on site and a notice of availability is posted.		
	IV CS C4 <input type="checkbox"/>	Radiation Safety Operation Procedures are not posted.	<input type="checkbox"/> A copy of the Radiation Safety Operation Procedures has now been posted in a visible location.		
	IV CS C5 <input type="checkbox"/>	There is no, "Notice to Employees", poster.	<input type="checkbox"/> The, "Notice to Employees", poster has been obtained and posted in a visible location.		

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	IV CS C6 <input type="checkbox"/>	There is no “Caution X-ray”, sign.	<input type="checkbox"/> A, “Caution X-ray”, sign has been obtained and posted in a visible location.		
	IV CS C7 <input type="checkbox"/>	No posted Physician Supervisor/Operator certificate is posted, or certificate has expired.	A current Physician Supervisor/Operator certificate has been obtained and is posted in a visible location. <input type="checkbox"/> A copy of the certificate is attached.		
	IV CS C8 <input type="checkbox"/>	No technologist certificate is posted or certificate has expired.	A current technologist certificate has been obtained and is now posted. <input type="checkbox"/> A copy of the certificate is attached.		
	IV CS C9 <input type="checkbox"/>	No operator protective devices available on site.	Protective devices (lead apron or shield) have now been obtained. <input type="checkbox"/> A copy of the receipt is attached.		
	IV CS C10 <input type="checkbox"/>	No gonadal shield is available on site. (0.5mm or greater lead equivalent)	A gonadal shield has now been obtained. <input type="checkbox"/> A copy of the receipt is attached.		
	IV CS C11 <input type="checkbox"/>	There is no evidence that urgent x-ray results are made available to the Member and PCP	Urgent x-ray results are now available to the Member and PCP <input type="checkbox"/> Copy of policy and procedure attached		

V. Minimum Required Equipment Equipment Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	V ME 1 <input type="checkbox"/>	Exam tables and lights are not in good repair.	Each exam table has a protective barrier that is changed between patients. <input type="checkbox"/> The exam table(s) has been repaired and is in good working order. A copy of the repair invoice is attached. <input type="checkbox"/> The light(s) has been repaired. A copy of the repair or replacement invoice is attached.		
	V ME 2 <input type="checkbox"/>	Stethoscopes and sphygmomanometer with various size cuffs are not available.	Stethoscopes and blood pressure units with adult/pediatric /extra large and/or thigh cuffs have been obtained. <input type="checkbox"/> A copy of the receipt is attached.		
	V ME 3 <input type="checkbox"/>	No thermometers (oral or tympanic) on site.	Thermometers have been purchased and are kept on site. <input type="checkbox"/> A copy of the receipt is attached.		
	V ME 4 <input type="checkbox"/>	No adult balance scale and/or infant scale on site.	Scale has been purchased. <input type="checkbox"/> A copy of the receipt is attached.		
	V ME 5 <input type="checkbox"/>	No basic exam equipment: percussion hammer, tongue blades, patient gowns are available on site.	Basic exam equipment has been purchased and is available on site. <input type="checkbox"/> A copy of the receipt(s) is attached.		

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	V ME 6 <input type="checkbox"/>	No ophthalmoscope available on site.	Ophthalmoscope has been purchased. <input type="checkbox"/> A copy of the receipt is attached.		
	V ME 7 <input type="checkbox"/>	No otoscope with adult and pediatric speculums available on site	Otoscope and speculums have been purchased. <input type="checkbox"/> A copy of the receipt is attached.		
	V ME 8 <input type="checkbox"/>	No EKG machine available on site.	EKG machine has been purchased. <input type="checkbox"/> Copy of receipt is attached.		
	V ME 9 <input type="checkbox"/>	No nebulizer available on site.	Nebulizer has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	V ME 10 <input type="checkbox"/>	No splinting materials available on site.	Splinting materials have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	V ME 13 <input type="checkbox"/>	No wound irrigation supplies available on site.	Wound irrigation supplies have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	V ME 14	No eye or ear irrigation supplies available on site.	Eye irrigation supplies have been purchased. Ear irrigation supplies have been purchased.		

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	<input type="checkbox"/> V ME 15 <input type="checkbox"/>	No eye tray available on site.	Eye Tray has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	<input type="checkbox"/> V ME 17 <input type="checkbox"/>	No suture kits and/or materials on site.	Suture kits and materials have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	<input type="checkbox"/> V ME 18 <input type="checkbox"/>	No dressing supplies available on site.	Dressing supplies have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	<input type="checkbox"/> V ME 19 <input type="checkbox"/>	No eye chart (literate or illiterate) and/or occluder for vision testing on site	Eye chart has been purchased occluder has been obtained. <input type="checkbox"/> Copy of receipt attached.		
	<input type="checkbox"/> V ME 20 <input type="checkbox"/>	Pulse Oximetry	Pulse Oximetry has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	<input type="checkbox"/> V ME 21 <input type="checkbox"/>	<u>Oxygen (Oxygen tank was not the required minimum of ¾ full)</u>	Oxygen tank is a required criterion <input type="checkbox"/> Copy of receipt attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	

Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	V ME 22 <input type="checkbox"/>	<u>Appropriate sizes of ESIP needles/syringes</u>	Proof of appropriate size safety needles. <input type="checkbox"/> Copy of receipt attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	
	V ME 23 <input type="checkbox"/>	Alcohol wipes not present	Proof of alcohol wipes. <input type="checkbox"/> Copy of receipt attached.		
VI. Minimum Required Medications Medication Survey Criteria					
	VI MM 1 <input type="checkbox"/>	No Albuterol for inhalation available on site.	Albuterol has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 2 <input type="checkbox"/>	No Epinephrine 1:1000 for anaphylaxis is available on site.	Epinephrine 1:1000 has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 3 <input type="checkbox"/>	No Benadryl IM or PO available on site.	Benadryl IM or PO has been purchased. <input type="checkbox"/> Copy of receipt attached.		

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	VI MM 4 <input type="checkbox"/>	No Burn Dressing available on site.	Burn Dressing has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 5 <input type="checkbox"/>	No Tylenol and Motrin available on site.	Tylenol and Motrin have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 6 <input type="checkbox"/>	No anti-nausea medication available on site.	Anti-nausea medication has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 7 <input type="checkbox"/>	No anti-diarrheal medication available on site.	Anti-diarrheal medication has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 8 <input type="checkbox"/>	No injectable Antibiotics available on site.	Injectable Antibiotics have been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 9 <input type="checkbox"/>	No Tdap available on site.	Tdap has been purchased. <input type="checkbox"/> Copy of receipt attached.		

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	VI MM 10 <input type="checkbox"/>	No Xylocaine available on site.	Xylocaine has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 11 <input type="checkbox"/>	No Fluorescein drops or strips available on site.	Fluorescein has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 12 <input type="checkbox"/>	No Naloxone available on site.	Naloxone has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 13 <input type="checkbox"/>	No chewable Aspirin available on site.	Chewable Aspirin has been purchased <input type="checkbox"/> Copy of receipt attached.		
	VI MM 14 <input type="checkbox"/>	No Nitroglycerine spray/ tablet available on site.	Nitroglycerine spray / tablet has been purchased. <input type="checkbox"/> Copy of receipt attached.		
	VI MM 15 <input type="checkbox"/>	No glucose available on site.	Glucose has been purchased. <input type="checkbox"/> Copy of receipt attached.		

VII. Infection Control Infection Control Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	VII IC 1 <input type="checkbox"/>	<u>Personal protective equipment is not readily available for staff use.</u>	A Blood Borne Pathogen Protection kit has been purchased and is available for use. This kit provides a spill clean-up pack and a protective apparel pack. <input type="checkbox"/> A copy of the receipt is attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	
	VII IC 2 <input type="checkbox"/>	<u>Needle stick safety precautions are not practiced on site.</u>	Needle stick precautions have been implemented, sharps containers are located close to immediate area where sharps are used and are inaccessible to unauthorized persons. Needleless systems, needle devices and non-needle sharps have been purchased. <input type="checkbox"/> A copy of the receipt is attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	
	VII IC 3 <input type="checkbox"/>	<u>Blood and other potentially infectious material and regulated wastes are not placed in appropriate <i>leak proof, labeled</i> containers for collection, handling, processing, storage, transport or shipping.</u>	<input type="checkbox"/> Blood and other potentially infectious materials and regulated wastes are now placed in leak proof, labeled containers.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	

Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	VII IC 4 <input type="checkbox"/>	<u>Spore testing of autoclave/steam sterilizer with documented results is not done monthly.</u>	Monthly spore testing of the autoclave/steam sterilizer has been implemented. <input type="checkbox"/> Copies of the autoclave service and spore testing results are attached.	MUST BE COMPLETED WITHIN 10 DAYS OF SITE REVIEW (SEE CE CAP TOOL)	
	VII IC 5 <input type="checkbox"/>	Manufacturer’s recommendations are not strictly followed for proper cold chemical sterilization of instruments/equipment.	Strict following of manufacturer’s recommendations has been reinforced to the staff. <input type="checkbox"/> A copy of the in-service class outline and sign-in sheet are attached.		
	VII IC 6 <input type="checkbox"/>	Equipment and work surfaces are not appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.	Equipment and work surfaces are cleaned immediately and decontaminated with appropriate solutions. <input type="checkbox"/> A copy of the procedure is attached. <input type="checkbox"/> A copy of the office in-service outline and sign-in sheet are attached.		
	VII IC 7 <input type="checkbox"/>	Autoclave/steam sterilization process manufacturer’s directions are not strictly followed for instrument pre-clean, machine loading and operation of the autoclave or not performed by trained personnel.	Strict following of manufacturer’s directions for the pre-cleaning of instruments and equipment, machine loading and operation has been reinforced to the staff. An in-service was conducted. <input type="checkbox"/> A copy of the class outline and sign-in sheet is attached. <input type="checkbox"/> The manufacturer’s instructions have been prominently posted in the autoclave area for immediate reference by all staff.		

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VIII. Medical Records Medical Records Survey Criteria					
Health Plan verification and date	CRITERIA	Deficiency Cited/Reviewer Comments	Corrective Action	CORRECTION DATE AND /OR PRACTITIONERS COMMENTS.	Responsible MD or Designee at Site
	VIII MR 1 <input type="checkbox"/>	The medical records are not legible, organized with the contents securely fastened, nor maintained in a secure area.	<input type="checkbox"/> All entries are legible. The records have been organized with the documents securely fastened and are stored in a secure area.		
	VIII MR 2 <input type="checkbox"/>	Encounter date and/or patient name is not evident on each page.	<input type="checkbox"/> Each page now contains the date and the patient's name.		
	VIII MR 3 <input type="checkbox"/>	There is no notation of medication allergies/adverse reactions, or NKA.	<input type="checkbox"/> All charts now have medication allergies/adverse reactions, or NKA prominently noted.		
	VIII MR 4 <input type="checkbox"/>	No consents are evident for either general treatment or procedures.	A policy has been put in place to obtain patient consent for treatment/procedures. <input type="checkbox"/> A copy of the office policy & procedure is attached.		
	VIII MR 5	There is no evidence of a targeted physical assessment, including vital signs.	<input type="checkbox"/> Targeted physical assessments are now being performed, including vital signs.		

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	<input type="checkbox"/> VIII MR 6 <input type="checkbox"/>	There is no documentation of acknowledgement of aftercare instructions being given to patients.	A system has now been put in place to assure that Patients will acknowledge understanding of appropriate aftercare instructions received. <input type="checkbox"/> A copy of the office policy & procedure is attached.		
	VIII MR 7 <input type="checkbox"/>	There is no documentation that the patient's primary care physician was notified of the patient's urgent care visit.	A policy & procedure has now been put in place to notify PCPs of patient visits to the urgent care center. <input type="checkbox"/> A copy of the office policy & procedure is attached.		

CAP COMPLETION SIGNATURE PAGE.

I have completed the corrective action plan for the Urgent Care Facility review performed on _____ . I affirm each
(Enter Date of Review)
Corrective action has been implemented as indicated on the attached Corrective Action Plan.

Physician/Designee Signature

Printed Name and Title

Date

Please Return Completed CAP
And this signature sheet. via U.S. Mail or FAX to:

Inland Empire Health Plan
Quality Management Department
P.O. Box 1800, Rancho Cucamonga, CA 91729-1800
Fax: (909) 890-5545 Attention: QM Coordinator