

CRITICAL ACCESS HOSPITAL MOCK SURVEY
Acute Care/Observation/Outpatient

Condition of Participation	Comments
<p>Documents to be available for surveyor review on arrival (within 3 hours)</p> <ul style="list-style-type: none">• List of inpatients (name, room number, diagnoses, admission date, age, physician)• List of department heads, location and telephone numbers• Copy of facility's organizational chart• Names and addresses of all off-site locations under the same provider number• CAH's infection control plan• List of employees• Medical staff bylaws and rules and regulations• List of contracted services• Copy of the facility's floor plan, including the location of patient care and treatment areas• Be aware a member of the administrative staff will need to update and clarify information from the provider file (IDPH/CMS information)• Surveyors will generally tour the	

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<p>facility without staff members</p> <ul style="list-style-type: none">• Other patient logs such as ED, OB and OR may be requested; surveyors may interview patients (ask about knowledge of care plan, quality of service and staff care) and/or review open records• If surveyor is at the facility in follow up to a patient complaint, his or her record will part of the charts requested to review	
<p>Documents that will be reviewed by surveyor onsite</p> <ul style="list-style-type: none">• Patient clinical records of those patient interviewed to verify care plans, discharge comments, lab and physician progress notes and history and physical• Closed records selected for review• Personnel files to determine training, licensure and job scope• Credential files to ensure facility in compliance with CMS and state law• Maintenance records to determine if equipment is periodically examined and good condition• Staffing documents to determine if adequate numbers of staff for care and service (acuity of patient)	

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<ul style="list-style-type: none"> • Policy and procedure manuals • List of contracts and services provided under arrangements • Diet menus 	
<p>485.608 Compliance with Federal, State, and local laws and regulations</p> <p>C151 Federal laws for health and safety of patients</p> <ul style="list-style-type: none"> ○ Advance Directives ○ Psychiatric advance directive ○ Required CAH disclosures (physician owed facilities) <p>C152 State and local laws related to patient care services (employee policies/practice acts)</p> <p>C153 Licensure – current</p> <p>C154 Licensure, certification or registration of personnel</p>	
<p>45.610 Condition of participation: Status and Location (state eligibility – only to initial survey unless the facility relocates)</p> <p>C161 Status of the facility</p> <p>C162 Location</p> <p>C163 Not in an urban area</p>	<p>(Necessary Provider Status)</p>

C164 Geographic payment system/rural C165 Distance	
485.610 (d) Relocation of CAHs with a Necessary Provider Designation C-0166 – Relocation/75% rule C-0167 C-0168 – Compliance with off campus and co-location requirements for CAHs (provider based RHCs are allowed/exempt; provider units located off campus after January 2008 are not authorized unless greater than 35 mile rule)	
485.612 Compliance with hospital requirements at time of application C-0170 Compliance with Medicare program	
485.616 C-0190 Agreements C-0191 Agreements with network hospitals/member of at least one network C-0192 Patient referral and transfer C-0193 Development and use of communication systems for sharing of data and protected patient information C-0194 Provision of emergency and non-	(EMS network agreement and other hospital agreements and affiliations)

<p>emergency transportation among the facility and the hospital</p> <p>C-0195 Agreement for credentialing and quality assurance (CAHs must have an agreement and can be part of transfer agreement with another non-CAH facility to provide support and technical assistance as needed)</p> <p>C-0196 Agreements for credentialing and privileging of telemedicine physicians and practitioners (if CAH uses telemedicine services)</p> <p>C-0197 Governing board approval of telemedicine credentialing and privileging process (if CAH uses telemedicine services); must have agreements and policies in place</p>	
<p>485.618 C-200 Emergency services</p> <p>C-0201 Emergency services are available on a 24-hour a day basis</p> <p>C-0202 Equipment, supplies, and medication</p> <p>C-0203 Drugs and biologicals</p> <p>C-0204 Equipment and supplies commonly used in life saving procedures, etc</p> <p>C-0205 Blood and blood products and Services for procurement, safekeeping and transfusion of blood and blood products on a 24 hour basis</p>	

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<p>C-0206 Blood storage facilities</p> <p>C-0207 Personnel. Practitioner with training or experience in emergency care on call and immediately available by telephone or radio contact and available on site with 30 minutes</p> <p>C-0208 Qualifications of ER practitioner</p> <p>C-0209 Coordination with emergency response systems</p>	
<p>485.620 C-0210 Number of beds and length of stay</p> <p>C210 Hospital Policy (case management); observation policy; hospice services</p> <p>C211 Number of beds (acute/swing)</p> <p>C212 Length of stay (ALOS)</p>	
<p>485.623 Physical plant and environment</p> <p>C221 Construction – safety/tour</p> <p>C222 Maintenance (preventative)</p> <p>C223 Proper routine storage and prompt disposal of trash</p> <p>C224 Drugs and biologicals are appropriately stored</p> <p>C225 Premises are clean and orderly</p> <p>C226 Proper ventilation, lighting, and temperature control</p>	

<p>485.623 (c) Emergency Procedures</p> <p>C227 Emergency procedures and training C228 Providing for emergency power and lighting C227 Emergency procedures and training C228 Providing for emergency power and lighting C229 Providing for an emergency fuel and water supply C230 Taking other appropriate measures with particular conditions of an area C231 Life safety from fire/fire plan C232Life safety codes C233 Any life safety waivers? C234 Written evidence of regular inspection and approval by fire control agencies (local fire review)</p>	
<p>485.627 Organizational structure</p> <p>C241 Governing body or responsible individual – policies/accountability C242 Owner disclosures C243 Person responsible for CAH operations C244 person responsible for medical care</p>	
<p>485.631 staffing and staff responsibilities</p> <p>C250 Medical and hospital staff - care C251 CAH has a professional health care staff that includes one ore more physician</p>	

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<p>and may include one or more PA/PA</p> <p>C252 Ancillary personnel are supervised by the professional staff</p> <p>C253 Staff is sufficient to provide services essential for operation</p> <p>C254 A physician, NP or PA is available to furnish patient care services at all times the CAH operates</p> <p>C255 A RN, CNS or LPN is on duty whenever the CAH has one or more inpatients</p> <p><i>C256 Responsibilities of physician</i></p> <p>C257 Provides medical direction for CAH's health care activities and consultation for medical supervision of the health care staff</p> <p>C258 Participates in developing, executing and periodically reviewing CAH policies</p> <p>C259 Physician periodically reviews patients' health records and medical orders/services</p> <p>C260 Periodically reviews and signs the records of patients care for by mid-levels</p> <p>C261 Physician review is conducted at least once in every 2 week period</p> <p><i>C262 Mid-level participation in CAH medical care</i></p> <p>C263 Participate in the development,</p>	
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<p>execution and periodic review of policies</p> <p>C264 Participates with physician in review of patients' health records</p> <p>C265 Mid-level performs functions not being performed by physician</p> <p>C266 Provides services in accordance with CAH's policies</p> <p>C267 Arranges for or refers patients as needed</p> <p>C268 Mid-level admits a patient, notifies physician of admission</p>	
<p>485.635 Provision of services</p> <p>C270 Hospital plan for services</p> <p>C271 Patient care policies (review a sample of policies and interview patients to see if follow)</p> <p>C272 Policies are developed with the advice of a group of professional personnel (committee structure)</p> <p>C273 Policies include at least the description of CAH services provided and furnished through agreements</p> <p>C274 Policies and procedures for emergency medical services</p> <p>C275 Guidelines for medical management of health problems and conditions (peer review/QA)</p> <p>C276 Rules for the storage, record system, handling, receipt and distribution, dispensation of drugs, nursing medication</p>	

<p>carts, anesthesia carts and other medication carts, labeling and management of outdated drugs and administration of drugs and biologicals (pharmacy)</p> <p>C277 Procedures of reporting ADR and medical errors</p> <p>C278 A system for identifying, reporting, and investigating and controlling infections and communicable diseases (infection control program; designated infection control officer)</p> <p>C279 Provision for nutritional needs of inpatients in accordance with recognized dietary practices and orders of the practitioners (policies and procedures for dietary services, compliance with recognized dietary practices, director of food and dietetic services, qualified dietitian, dietary support staff, recognized dietary practices)</p> <p>C280 Policies are reviewed at least annually by the group of professional personnel (C272 asks for committee)</p>	
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<p>485.635 (b) Direct Services</p> <p>C281 Direct services provided by CAH (scope and quality improvement program for each service dept.)/ rehab services</p> <p>C282 Laboratory services - CLIA</p> <p>C283 Radiology services</p> <p>C284 Emergency procedures (code blue)</p> <p>C285 <i>Services provided through agreements or arrangements; special procedures for credentialing distant-site physicians and practitioners providing telemedicine services</i></p> <p>C285 Inpatient hospital care</p> <p>C286 Services of physicians</p> <p>C288 Specialized diagnostic and clinical laboratory services not available at CAH</p> <p>C289 Food and other services</p> <p>C290 If agreements are not in writing, CAH is able to present evidence that patients referred by CAH are being accepted and treated (QA/survey)</p> <p>C291 CAH maintains a list of all services furnished under agreements/arrangements</p> <p>C292 Person responsible to ensure agreements and arrangements are in place</p> <p>C293 Ensures contractor is in compliance</p>	
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<p>485.635 (d) Nursing Services C294 Nursing services C295 Staffing and qualifications C296 Supervision and delegation of patient care C297 Drugs, biologicals and IV medications must be administered by or under the supervision of RN or physician or mid-level C298 Nursing care plan developed and current for each patient</p> <p>C-1000 Patient Visitation Rights – see hospital policy and practice; address visitor rights and guidelines for visitation of patients (infection control/safety) C-1001 Patient Visitation Rights – policies when it may be necessary or reasonable restrict or limit; information patient and family/support person; policies if patient is unable to communicate C-1002 Patient Visitation Rights – policies that ensure all visitors enjoy full and equal visitation privileges consistent with patient preferences – check patient records</p>	
<p>485.638 Clinical records</p> <p>C301 CAH maintains a clinical records system with written policies and</p>	

<p>procedures C302 Records are legible, complete, accurately documented and accessible C303 Professional staff member is designated as responsible for maintaining a record system C304 Inpatient health record and legal documentation C305 Diagnostic test results/findings C306 Other necessary documentation records C307 Dated signature of practitioners C308 Protection of record information C309 Written policies and procedures govern the use and removal of records and condition for release of information C310 Patient's written consent for release of information</p> <p>485.638 (c) Retention of Records C311 Retention of records – six years from date of last entry and longer if required by State statute I, or if the records may be needed in any pending proceeding.</p>	
<p>485.639 Surgical services – policies and procedures <i>Supervision in the OR; policies and procedures; pre-operative history and physical; informed consent; post-operative recovery; operating room register;</i></p>	

<p><i>operative report; visit department</i></p> <p>C321 Designation of qualified practitioners - privileges C322 Anesthetic risk and evaluation – assessment and documentation C323 Administration anesthesia – qualifications C325 Supervision of CRNA C326 Discharge of patients C-0326 State Exemption – CAH may be exempted from requirement for MD/DO supervision of CRNAs if practice acts allow for independent CRNA practice</p>	
<p>485.640 Periodic evaluation and quality assurance review</p> <p>C331 C332 <i>Periodic evaluation – policy/once a year</i> C332 Utilization of CAH services C333 Active and closed chart audit C334 Review of health care policies C335 Evaluation is to determine whether the utilization of services was appropriate, the established policies were followed and any changes are needed</p> <p>485.641 (b) Quality Assurance</p>	

<p>C336 Quality assurance – hospital-wide program</p> <p>C337 Evaluation of CAH patient care services</p> <p>C338 Evaluation of nosocomial infections and medical therapy</p> <p>C339 Quality and appropriate of diagnosis and treatment provided by mid-level practitioners</p> <p>C340 Quality and appropriate of diagnosis and treatment provided by physician – review any distant physician providing services through telemedicine</p> <p>C341 CAH conducts a systematic review of QA findings and recommendations</p> <p>C342 CAH takes appropriate action</p> <p>C343 CAH documents the outcome of all remedial action</p> <p>485.643 Organ, Tissue and Eye Procurement</p> <p>C-0344 – policies identify care and responsibility</p> <p>C-0345 –agreement with an Organ Procurement Organization designated under 42 CFR Part 486</p> <p>C-0346 An agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage and distribution of</p>	
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<p>tissues and eyes to potential donors</p> <p>C-0347 Ensure families are informed of its option to either donate or not donate organs, tissues or eyes</p> <p>C0348 – Encourage discretion and sensitivity with respect to circumstances, views and beliefs</p> <p>C-0349 Work in cooperation with designated OPO, tissue bank and eye bank in education staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors during procurement</p> <p>SWING BEDs – Separate</p>	
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<u>ADDITIONAL - OBSERVATIONS</u>	<u>RECOMMENDATIONS</u>

Reviewer _____

Date _____

PS/JAN2012