



RURAL HEALTH CLINIC TOP 10 CITED DEFICIENCIES FOR FISCAL YEAR 2019-2020

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#1) J0043 DRUGS AND BIOLOGICALS ARE APPROPRIATELY STORED

- Expired medications available for patient use
- Medication refrigerator temperature not being monitored
- Multi-dose medications not labeled for the 28-day expiration
- Sample medications stored in a refrigerator with blood specimens

#2) J0152 MAINTENANCE OF RECORD (I) IDENTIFICATION AND SOCIAL DATA, EVIDENCE OF CONSENT FORMS, PERTINENT MEDICAL HISTORY, ASSESSMENT OF THE HEALTH STATUS AND HEALTH CARE NEEDS OF THE PATIENT, AND A BRIEF SUMMARY OF THE EPISODE, DISPOSITION, AND INSTRUCTIONS TO THE PATIENT

- Disposition of the patient not documented
- Patient education
- Follow-up instructions
- Physician's order for laboratory and/or diagnostic test

#3) J0042 THE CLINIC . . . HAS A PREVENTIVE MAINTENANCE PROGRAM TO ENSURE THAT: (1) ALL ESSENTIAL MECHANICAL, ELECTRICAL AND PATIENT-CARE EQUIPMENT IS MAINTAINED IN SAFE OPERATING CONDITION.

- Electrical equipment not “regularly” checked per policy and/or MDFU (manufacturer’s directions for use) to ensure its safety, availability and reliability.
- Equipment includes electronic otoscopes, lamps, tables, EKG machines, etc.
- AEDs not being checked per policy/MDFU

#4) J0136 (3) EMERGENCY. THE CLINIC . . . PROVIDES MEDICAL EMERGENCY PROCEDURES AS A FIRST RESPONSE TO COMMON LIFE-THREATENING INJURIES AND ACUTE ILLNESS AND HAS AVAILABLE THE DRUGS AND BIOLOGICALS COMMONLY USED IN LIFE SAVING PROCEDURES, SUCH AS ANALGESICS, ANESTHETICS (LOCAL), ANTIBIOTICS, ANTICONVULSANTS, ANTIDOTES AND EMETICS, SERUMS AND TOXOIDS

- The Interpretive Guidance (IG) has changed since this has been cited.
- Current IG: The clinic maintains the types and quantity of drugs and biologicals commonly used by first responders in accordance with accepted standards of practice. The RHC's patient care policies are expected to address which drugs and biologicals it maintains for emergencies and in what quantities. The RHC must maintain a supply of commonly used drugs and biologicals adequate to handle the volume and type of medical emergencies it typically encounters.

#4) J0136 (3) EMERGENCY. THE CLINIC . . . PROVIDES MEDICAL EMERGENCY PROCEDURES AS A FIRST RESPONSE TO COMMON LIFE-THREATENING INJURIES AND ACUTE ILLNESS AND HAS AVAILABLE THE DRUGS AND BIOLOGICALS COMMONLY USED IN LIFE SAVING PROCEDURES, SUCH AS ANALGESICS, ANESTHETICS (LOCAL), ANTIBIOTICS, ANTICONVULSANTS, ANTIDOTES AND EMETICS, SERUMS AND TOXOIDS (CONT.)

- The following are categories of drugs and biologicals commonly used in life-saving procedures: Analgesics, Local Anesthetics, Antibiotics, Anticonvulsants and Antidotes, Emetics, Serums and Toxoids.
- While each category of drugs and biologicals must be considered, all are not required to be stored. For example, it is appropriate for an RHC to store a small volume of a particular drug/biological, if it generally handles only a small volume/type of a specific emergency. Likewise, it may be acceptable if the clinic did not store a particular drug/biological because it is located in a region of the country where a specific type of emergency is not common (e.g., snake bites).

#5) J0123 THE POLICIES ARE DEVELOPED WITH THE ADVICE OF A GROUP OF PROFESSIONAL PERSONNEL THAT INCLUDES ONE OR MORE PHYSICIANS AND ONE OR MORE PHYSICIAN'S ASSISTANTS OR NURSE PRACTITIONERS. AT LEAST ONE MEMBER OF THE GROUP IS NOT A MEMBER OF THE CLINIC ...STAFF.

- Current IG: The clinic must have written policies governing the clinical services provided. At least one RHC physician and one RHC PA or NP must participate in the development of the clinic's written policies. In addition, there must be at least one physician, NP or PA who is not on the RHC's staff who participates in the development of the clinical policies. The clinic must identify in writing the names of all individuals involved in developing clinical policies.
- The clinic's patient care policies must be reviewed at least biennially or more frequently when appropriate.

#6) J0161 THE CLINIC CARRIES OUT, OR ARRANGES FOR, A BIENNIAL EVALUATION OF ITS TOTAL PROGRAM.

- The latest deficiencies for this regulation were written prior to the release of the updated regulations on 02/21/20.
- Facilities cited for this regulation had not performed a program evaluation. Some facilities were not aware a program evaluation was required.

#7) J0044 THE PREMISES ARE CLEAN AND ORDERLY.

- IG: Measures to prevent the spread of infectious diseases: hand hygiene; safe injection practices; single-use devices, high-level disinfection and sterilization; safe use of point-of-care devices routine cleaning of environmental surfaces, carpeting and furniture.
- Deficiencies written on the cleanliness of the facility and cleaning of patient-use items (blood pressure cuffs, etc.) between patients.
- Gloves not being worn by staff when giving an injection.
- Not using high-level disinfectants or performing sterilization according to MDFU.
- Availability of expired items.

#8) J0162 THE CLINIC STAFF CONSIDERS THE FINDINGS OF THE EVALUATION AND TAKES CORRECTIVE ACTION IF NECESSARY.

- This would be a citation if the facility failed to conduct a program evaluation or if the evaluation was performed and no required corrective actions were taken.
- The statement “no action necessary” would be sufficient.

#9) J0160 PROGRAM EVALUATION. (CONDITION-LEVEL CITATION)

- This regulation could be cited if no program evaluation was conducted.

#10) E0024 AT A MINIMUM, THE POLICIES AND PROCEDURES MUST ADDRESS THE FOLLOWING: THE USE OF VOLUNTEERS IN AN EMERGENCY OR OTHER EMERGENCY STAFFING STRATEGIES, INCLUDING THE PROCESS AND ROLE FOR INTEGRATION OF STATE AND FEDERALLY DESIGNATED HEALTH CARE PROFESSIONALS TO ADDRESS SURGE NEEDS DURING AN EMERGENCY.

- Policies and procedures shall outline the use of volunteers, how the volunteers would be qualified, what duties the volunteers could perform, and who would authorize the use of volunteers in the event of an emergency or disaster.

CMS-2567 STATEMENT OF DEFICIENCIES

- * State Agency (SA) has 10 business days to issue the CMS-2567
- Will generally be issued via email. Email information will be obtained during the survey
- * Correction (Implementation) Date needs to be within 60 days of the survey exit date as defined as a “reasonable period of time.”
- * Facility returns the Plan of Correction to the SA within 10 calendar days
- Plan of Correction can be returned to SA via mail or email

* Per State Operations
Manual (SOM) Chapter 2

REQUIREMENTS OF ACCEPTABLE PLANS OF CORRECTION

- An acceptable plan of correction (PoC) must contain the following:
 - Action that will be taken to correct each specific deficiency cited
 - Description of how the actions will correct, and/or improve the processes that led to, the deficiency cited
 - The procedure for implementing the corrective actions
 - Monitoring and tracking procedures to ensure the PoCs effective in bringing the RHC into compliance, and that the RCH remains in compliance with the regulatory requirement

* Per Appendix G – Guidance for Surveyors: Rural Health Clinics

REQUIREMENTS OF ACCEPTABLE PLANS OF CORRECTION (CONT.)

- The title of the person responsible for implementing the acceptable PoC
- The administrator's signature and the date signed on page 1 of the Form CMS-2567
- Note: Any required PoC will be reviewed by the SA, or in some cases the Regional Office, to determine whether it is acceptable. If a PoC is determined not to be acceptable, it will be returned to the RHC for revision.

* Per Appendix G – Guidance for Surveyors: Rural Health Clinics