

**Critical Access Hospital and Rural Health Clinic
Top 10 Deficiencies
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Most Common Deficiencies: Critical Access Hospital

Critical Access Hospitals: Deficiency Overview

- 1) C-1144: Anesthetic Risk and Evaluation; Physician pre-surgery note
- 2) C-1144: Anesthetic Risk and Evaluation; Post Anesthesia note
- 3) C-1620: Comprehensive Assessment, Comprehensive Care Plan, and Discharge Planning
- 4) C-1206: Infection Prevention and Control
- 5) C-0914: Maintenance
- 6) C-1016: Policies for Drug/Biologicals Storage, Handling and Administration
- 7) C-1140: Surgical Services
- 8) C-1149: Discharge
- 9) C-0962: Governing Body or Responsible Individual
- 10) C-0337: Quality Assurance

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C-1144 Anesthetic Risk and Evaluation

§485.69(b)(1) A qualified practitioner, as specified in paragraph (a) of this section must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed.

§485.639(a) Standard: Designation of Qualified Practitioners

The CAH designates the practitioners who are allowed to perform surgery for the CAH patients, in accordance with its approved policies and procedures, and the State scope of practice laws. Surgery is performed only by—

- (1) A doctor of medicine or osteopathy;
- (2) A doctor of dental surgery or dental medicine; or
- (3) A doctor of podiatric medicine.

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C-1144 Deficiency Example

Based on medical record review and staff interview, the CAH failed to ensure a qualified practitioner examined the patient immediately before surgery for 3 of 10 inpatient surgical records reviewed.

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C-1144 Anesthetic Risk and Evaluation

§485.69(b)(3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.

§485.639(c) Standard: Administration of Anesthesia

The CAH designates the person who is allowed to administer anesthesia to CAH patients in accordance with its approved policies and procedures and with State scope of practice laws.

(1) Anesthesia must be administered by only—

- (i) A qualified anesthesiologist;**
- (ii) A doctor of medicine or osteopathy other than anesthesiologist;**
- (iii) A doctor of dental surgery or dental medicine;**

C-1144 §485.69(b)(3) Standard: Anesthetic Risk and Evaluation cont.

- (iv) A doctor of podiatric medicine;**
- (v) A certified Registered Nurse Anesthetist (CRNA);**
- (vi) An anesthesiologist's assistant;**
- (vii) A supervised trainee in an approved educational program.**

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C-1144 Deficiency Example

Based on medical record review, review of policy and procedure, and staff interview, the CAH failed to ensure a qualified practitioner documented a post-anesthesia note for 2 of 12 surgical records reviewed.

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C-1620 §485.645(d)(5) Comprehensive assessment, comprehensive care plan, and discharge planning

§483.20(b) Comprehensive assessments-- (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, “readmission” means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)

(ii) Within 14 calendar days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. For purposes of this section, a “significant change” means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)

(iii) Not less often than once every 12 months.

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C-1620 §485.645(d)(5) Comprehensive assessment, comprehensive care plan, and discharge planning cont.

§483.21(b) Comprehensive care plans- (2) A comprehensive care plan must be—

(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.

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C-1620 §485.645(d)(5) Comprehensive assessment, comprehensive care plan, and discharge planning cont.

§483.21(b) Comprehensive care plans-- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(i) Meet professional standards of quality.

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

(iii) Be culturally-competent and trauma-informed.

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C-1620 Deficiency Example

Based on review of medical records, review of policy and procedures, and staff interview, the CAH failed to follow their policy and procedures to complete comprehensive assessments for 2 of 5 swing bed patients and 1 of 5 swing bed patients lacked a comprehensive care plan.

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C-1206 Infection prevention control program

§485.640(a)(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings.

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C-1206 Deficiency Example

Based on review of policy and procedures and staff interviews, the CAH failed to follow their Legionella Water Management Plan to prevent and control the transmission of potential infections related to Legionella and failed to promote water safety to prevent the growth of coliform spore bacteria that promotes Legionella.

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C-0914 Maintenance

§485.623(b) The CAH has housekeeping and preventative maintenance programs to ensure that—

(1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition;

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C-0914 Deficiency Example

Based on observation, record review, and staff interview, the CAH failed to maintain a complete inventory of all facility equipment used in the care of patients and failed to provide ongoing preventative maintenance in accordance with manufacturer specifications for 5 of 31 sampled pieces of medical equipment.

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C-1016 Patient Care Policies

§485.635(a)(3) [The policies include the following:]

(iv) Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with acceptable professional principles, that current and accurate records are kept of the receipt and dispositions of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

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C-1016 Deficiency Example

Based on observation and staff interview, the CAH failed to ensure that drugs and biologicals were managed in a manner that is safe and appropriate to ensure that outdated drugs and biologicals were not available for patient use.

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C-1140 Condition of Participation: Surgical Services.

§485.639 If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section.

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C-1140 Deficiency Example

Based on observation, review of policy and procedures, review of staff training records and staff interview, the CAH failed to provide surgical services in accordance with acceptable standards of practice by failing to ensure 36 vials of Dantrolene Sodium were available in the immediate operating room areas to meet the potential emergent need of a patient in Malignant Hyperthermia crisis and the CAH failed to complete routine Malignant Hyperthermia drills and training.

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C-1149 Discharge Planning

§485.639(d) All patients are discharged in the company of a responsible adult, except those exempted by the practitioner who performed the surgical procedure.

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C-1149 Deficiency Example

Based on medical record review, review of policy and procedures, and staff interview, the CAH failed to ensure 2 of 2 outpatient surgical patients reviewed had documentation of the patient being discharged in the company of a responsible adult.

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C-0962 Governing Body or Responsible Individual

§485.627(a) The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

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C-0962 Deficiency Example

Based on review of medical staff credentialing files, review of facility bylaws, and staff interview, the CAH failed to provide re-appointment/credentialing verification for 3 of 7 medical staff credentialing files reviewed.

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C-0337 Quality Assurance

§485.641(b)(1) All patient care services and other services affecting patient health and safety, are evaluated;

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C-0337 Deficiency Example

Based on review of Quality Assurance data and staff interviews, the CAH failed to include all services affecting patient health and safety in quality assurance plan as evidenced by the facility not evaluating the following patient services: physical therapy, occupational therapy, speech therapy, cardiac rehabilitation and pulmonary rehabilitation.

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Most Common Deficiencies: Rural Health Clinics

Rural Health Clinic: Deficiency Overview

- 1) J-0152: Records System
- 2) J-0135: Laboratory
- 3) J-0160, J-0161: Program Evaluation
- 4) J-0081: Staffing
- 5) J-0100: Physician Responsibilities
- 6) J-0042: Maintenance
- 7) J-0124: Patient Care Policies
- 8) J-0123: Physician Assistant and Nurse Practitioner Members
- 9) J-0136: Direct Services
- 10) J-0125: Patient Care Policies-Medications

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J-0152 Records System

§ 491.10(a) Records system. (3) For each patient receiving health care services, the clinic . . . maintains a record that includes, as applicable:

- (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;**
- (ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;**
- (iii) All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;**
- (iv) Signatures of the physician or other health care professional.**

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J-0152 Deficiency Example

Based on medical record review, review of policy and procedures, and staff interview, the RHC failed to ensure that the medical record contained the following information: 1 of 10 medical records lacked information on a physician consult requested by a physician's assistant; 2 of 10 medical records lacked physician orders for obtained laboratory tests; and 1 of 10 medical records lacked a patient signed consent form.

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J-0135 Laboratory

§ 491.9(c) Direct services (2) Laboratory. These requirements apply to RHCs The RHC provides laboratory services in accordance with part 493 of this chapter, which implements the provisions of section 353 of the Public Health Service Act. The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:

- (i) Chemical examinations of urine by stick or tablet method or both (including urine ketones);**
- (ii) Hemoglobin or hematocrit;**
- (iii) Blood glucose;**
- (iv) Examination of stool specimens for occult blood;**
- (v) Pregnancy tests; and**
- (vi) Primary culturing for transmittal to a certified laboratory.**

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J-0135 Deficiency Example

Based on direct observation, review of policy and procedures, and staff interview, the RHC failed to include the necessary supplies in the laboratory to perform 1 of 6 required laboratory tests (hemoglobin or hematocrit).

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J-0161 Program Evaluation

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

(b) The evaluation includes review of:

(1) The utilization of clinic . . . services, including at least the number of patients served and the volume of services;

(2) A representative sample of both active and closed clinical records; and

(3) The clinic's . . . health care policies.

(c) The purpose of the review is to determine whether:

(1) The utilization of services was appropriate;

(2) (2) The established policies were followed; and

(3) (3) Any changes are needed.

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J-0161 Deficiency Example

Based on review of the last biennial evaluation, review of the policy and procedure manual, and staff interview, the RHC failed to complete the following:

- Review a representative sample of clinic records (5% of current patients or 50 records whichever is less);
- Determine if utilization of services was appropriate (Review whether practitioners adhered to acceptable standards of practice and adhered to the RHC's guidelines for medical management when diagnosing or treating patients);
- Policies were followed (Review must evaluate whether all personnel providing direct patient care adhered to the RHC's patient care policies); and
- Identification of changes needed (The evaluation must include recommendations, if any, for corrective actions to address problems identified in the evaluation).

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J-0160 Program Evaluation

§ 491.11 Program Evaluation Depending on the manner and degree of noncompliance with any of the standards in this condition, there may be condition-level noncompliance.

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J-0160 Condition Level Deficiency Example

Based on review of the last biennial evaluation, review of the policy and procedure manual, and staff interview, the RHC failed to complete the following:

- Review a representative sample of clinic records (Refer to J-0161);
- Determine if utilization of services was appropriate (Refer to J-0161);
- Policies were followed (Refer to J-0161); and
- Identification of changes needed (Refer to J-0161).

This resulted in the Condition of Program Evaluation not being met.

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J-0081 Staffing and Staff Responsibilities

§ 491.8(a) Staffing. (1) The clinic . . . has a health care staff that includes one or more physicians . . . (2) The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic . . . , or under agreement with the clinic . . . to carry out the responsibilities required under this section.

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J-0081 Deficiency Example

Based on review of the facility program evaluation, review of posted clinic provider schedules, and staff interview, the RHC failed to ensure the health clinic staff included one or more physicians. The RHC had 1 physician's assistant and 1 Nurse Practitioner providing services.

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J-0100 Physician Responsibilities

§491.8(b) Physician responsibilities. The physician performs the following:

- (1) . . . provides medical direction for the clinic's . . . health care activities and consultation for, and medical supervision of, the health care staff.**

- (3) . . . provides medical orders and provides medical care services to the patients of the clinic or center.**

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J-0100 Deficiency Example

Based on review of the facility program evaluation, review of the posted clinic provider schedules and staff interview, the RHC failed to ensure a physician provides medical care services to the clinic patients.

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J-0042 Maintenance

§ 491.6(b) Maintenance: 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;

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J-0042 Deficiency Example

Based on random observations, review of the policy and procedure manual, review of preventative maintenance information from the CAH owning the clinic, and staff interview, the RHC failed to ensure completion of preventative maintenance for 4 of 4 randomly observed pieces of medical equipment.

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J-0124 Patient Care Policies

§ 491.9(b) Patient care policies. (3) The policies include:

- (i) A description of the services the clinic . . . furnishes directly and those furnished through agreement or arrangement.**
- (ii) Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic . . .**

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J-0124 Deficiency Example

Based on review of policy and procedure manual and staff interview, the RHC failed to develop 2 of 5 different types of policies and procedures: guidelines for the medical management of health problems and the procedure for the periodic review and evaluation of the services furnished by the clinic.

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J-0123 Physician Assistant and Nurse Practitioner responsibilities

§ 491.8(c) Physician assistant and nurse practitioner responsibilities.

(1) The physician assistant and the nurse practitioner members of the clinic's . . . staff:

(i) Participate in the development, execution and periodic review of the written policies governing the services the clinic . . . furnishes;

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J-0123 Deficiency Example

Based on the review of the policy and procedure manual and staff interview, the RHC failed to ensure that the physician's assistant and the nurse practitioner participated in the periodic review of the clinic's policy and procedures.

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J-0136 Direct Services

§ 491.9(c) Direct services (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.

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J-0136 Deficiency Example

Based on observation, review of policy and procedures, and staff interview, the RHC failed to have 1 of 7 required categories of medicine available (anticonvulsant) at the clinic.

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J-0013 Licensure, Certification or Registration of Personnel

§ 491.4(b) Licensure, certification or registration of personnel. Staff of the clinic . . . are licensed, certified or registered in accordance with applicable State and local laws.

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J-0013 Deficiency Example

Based on medical record review, review of the medical assistant job description and staff interview, the RHC failed to ensure 1 of 1 unlicensed staff (Medical Assistant A) providing medications to patients was listed on the Medication Aide Registry as required by 172 NAC (Nebraska Administrative Code) 95 and 96.

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J-0125 Patient Care Policies

§ 491.9(b) Patient care policies. (3) The policies include:

(iii) Rules for the storage, handling, and administration of drugs and biologicals.

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J-0125 Deficiency Example

Based on direct observation, review of policy and procedure and staff interview, the RHC failed to ensure drugs and biologicals were stored appropriately and that outdated and unlabeled medications and biologicals were not available for patient care and treatment.

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