

## RHC ITEMS

- \_\_\_ Tabular list of all employees, job title and date of hire.
- \_\_\_ Copy of most recent Survey report.
- \_\_\_ Copy of current HPSA status.
- \_\_\_ Copy of License for EACH provider, nurse, etc.
- \_\_\_ Copy of BLS/ACLS certification for each provider, nurse, MA, CNA, additional staff
- \_\_\_ Preventive maintenance report. (within past year).
- \_\_\_ Policy on how to handle annual check, new items, broken items, disposal of items.
- \_\_\_ Copy of OIG sanctions report on ALL staff.
- \_\_\_ Policies on cleaning and disinfecting.
- \_\_\_ Spore check reports/radiation reports.
- \_\_\_ Policies for drugs/biological—storage, disposal, handling, power outage, etc.
- \_\_\_ Policy on sample distribution, storage, etc.
- \_\_\_ Policy on refrigerator temp monitoring, etc.
- \_\_\_ Evidence of proficiency testing.
- \_\_\_ Control log samples.
- \_\_\_ Training documentation (fire drill, tornado drill, emergency evacuation, biohazard, safety, AED).
- \_\_\_ Floor plan of clinic
- \_\_\_ MSDS sheets
- \_\_\_ Sanitation policy for cleaning of instruments that are not disposable.
- \_\_\_ DO NOT UNPLUG by refrigerator outlets
- \_\_\_ Refrigerator labels Food Only, Meds Only, Labs Only

- \_\_\_ Copy of current Organizational Chart with names of staff that hold the various positions.
- \_\_\_ Ownership Page of clinic.
- \_\_\_ Job Descriptions for EACH position reflected on the Organizational Chart.
- \_\_\_ Posted clinic hours.
- \_\_\_ Documentation for policy reviews.
- \_\_\_ Documentation of chart review and inactive chart review.
- \_\_\_ Collaboration agreements.
- \_\_\_ Referral tracking policies.
- \_\_\_ Provider credentialing (not insurance)
- \_\_\_ Memorandum's of Agreement.
- \_\_\_ Policy of clinic services (outside lab, clinic hours, etc.
- \_\_\_ Policy for handling emergencies, emergency medication, schedule II medications.
- \_\_\_ Copy of CLIA certificate.
- \_\_\_ Copy of Waste Management evidence.
- \_\_\_ Signatures on policies.
- \_\_\_ Consent to treat form.
- \_\_\_ Informed Consent form.
- \_\_\_ Policy for conducting annual meeting.
- \_\_\_ QA PI information.
- \_\_\_ Copy of the annual minutes
- \_\_\_ Copy of clinic compliance plan.
- \_\_\_ Retaliation statements.