

RHC Change Report

QUAD A Previous Version 3.4		Revised Standards - Version 4.0	
Number	Language	Number	Language
N/A	No current requirement.	1-B-7	Only recognized abbreviations are allowed to be used in the clinical record.
1-B-8	The facility must perform a self-survey review of compliance with all QUAD A standards annually prior to the expiration date of its accreditation in each of the two years between QUAD A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include: 1. A completed Self-Survey checklist 2. A Plan of Correction for any standard identified as non-compliant 3. Evidence that each plan of correction has been carried out to establish compliance with standards 4. Evidence that findings from the self-survey have been reviewed, included in the facility's Quality Improvement Plan, and discussed in the facility's Quality Improvement meetings.		No Change
N/A	No current requirement.	1-E-1	Changes in facility ownership must be reported to the QUAD A Central Office within thirty (30) days of the change.
N/A	No current requirement.	1-E-2	Any change in the physician staff (physician, surgeon/proceduralist and anesthesiologist) must be reported in writing to the QUAD A office within thirty (30) days of the change. Credentials of new physician staff (medical license, evidence of board certification or eligibility, documentation of current hospital privileges or explanation for the lack thereof, and delineation of privileges for the facility) must also be sent to the QUAD A Central Office within the same timeframe.
N/A	No current requirement.	1-E-3	Any action affecting the current professional license of any licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action.
N/A	No current requirement.	2-B-1	The facility must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

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N/A	No current requirement.	2-B-19	Smoking is prohibited in the entire facility.
N/A	No current requirement.	2-E-3	As applicable to the setting, outdated medical supplies, instruments, implants, and equipment are removed and destroyed in accordance with federal/national, state, provincial, and local regulations.
N/A	No current requirement.	3-D-1	All medical hazardous wastes (including disposable sharp items) are disposed of in sealed, labeled containers and stored in compliance with local, state/provincial, and national guidelines, and/or OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.
N/A	No current requirement.	3-D-4	Used disposable sharp items are placed in secure puncture-resistant containers that are located as close to the use area as is practical.
3-F-1	Fire exit signs are posted and illuminated consistent with state, local, and/or NFPA codes and OSHA codes.	3-F-1	Exit signs are posted and illuminated consistent with state/ provincial , local, national regulations and/or NFPA and OSHA codes.
3-F-3	There are sufficient emergency lights for exit routes and patient care areas in case of power failure.		No Change
N/A	No current requirement.	5-A-1	Emergency cart is immediately available with a defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads) necessary for the patient population being served.
5-D-1	The Provider/Supplier must comply with all applicable Federal, State, and local emergency preparedness requirements. The Provider/Supplier must establish and maintain an emergency preparedness program that meets the requirements of this section.		No Change
5-D-2	Emergency plan: The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two (2) years.		No Change

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5-D-3	The plan must be based on and include a documented, facility- based and community-based risk assessment, utilizing an all- hazards approach.		No Change
5-D-4	The plan must include strategies for addressing emergency events identified by the risk assessment.		No Change
5-D-5	The plan must address patient population, including, but not limited to, the type of services the Provider/Supplier has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		No Change
5-D-7	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.		No Change
5-D-9	Policies and procedures: The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, and the communication plan in standard 5-D-21. The policies and procedures must be reviewed and updated at least every two (2) years.		No Change
5-D-11	At a minimum, the policies and procedures must address safe evacuation from the Provider/Supplier.		No Change
5-D-12	Safe evacuation from the Provider/Supplier must include consideration of care and treatment needs of evacuees.		No Change
5-D-13	Safe evacuation from the Provider/Supplier must include staff responsibilities.		No Change
5-D-15	Safe evacuation from the Provider/Supplier must include identification of evacuation locations, such as appropriate placement of exit signs.		No Change

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5-D-17	At a minimum, the policies and procedures must address a means to shelter in place for patients, staff, and volunteers who remain in the Provider/Supplier.		No Change
5-D-18	At a minimum, the policies and procedures must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.		No Change
5-D-19	At a minimum, the policies and procedures must address the use of volunteers in an emergency and other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.		No Change
5-D-21	Communication plan: The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.		No Change
5-D-22	The communication plan must include names and contact information for Staff, Entities providing services under arrangement, Patients' physicians, Volunteers, and Other Provider/Suppliers within the same Medicare type.		No Change
5-D-23	The communication plan must include contact information for Federal, state, tribal, regional, and local emergency preparedness staff and Other sources of assistance.		No Change
5-D-24	The communication plan must include primary and alternate means for communicating with Provider/Supplier's staff and Federal, State, tribal, regional, and local emergency management agencies.		No Change
5-D-27	The communication plan must include a means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).		No Change

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5-D-28	The communication plan must include a means of providing information about the Provider/Supplier's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.		No Change
5-D-29	Training and testing: The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, policies and procedures in standard 5-D-9, and the communication plan in standard 5-D-21. The training and testing program must be reviewed and updated at least every two (2) years.		No Change
5-D-30	The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.		No Change
5-D-31	The training program must provide emergency preparedness training at least every two (2) years.		No Change
5-D-32	The training program must maintain documentation of all emergency preparedness training.		No Change
5-D-33	The training program must demonstrate staff knowledge of emergency procedures.		No Change
5-D-34	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.		No Change
5-D-35	The Provider/Supplier must conduct exercises to test the emergency plan at least annually.		No Change

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5-D-36	The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two 2) years; or If the Provider/Supplier experiences an actual natural or man- made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.		No Change
5-D-37	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise as required by standard 5-D-36 is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.		No Change
5-D-38	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.		No Change

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5-E-1	If a Provider/Supplier is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Provider/Supplier may choose to participate in the healthcare system's coordinated emergency preparedness program.		No Change
5-E-2	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		No Change
5-E-3	If elected, the unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.		No Change
5-E-4	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.		No Change
5-E-5	If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of standards 5-D-4, 5-D-5, and 5-D- 7.		No Change
5-E-7	If elected, the unified and integrated emergency plan must also be based on and include a documented community-based risk assessment, utilizing an all-hazards approach.		No Change
5-E-8	If elected, the unified and integrated emergency plan must also be based on and include a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.		No Change

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5-E-9	If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in 5-D-9, a coordinated communication plan, and training and testing programs that meet the requirements in standards 5-D-21 and 5-D-29, respectively.		No Change
N/A	No current requirement.	6-A-1	The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.
N/A	No current requirement.	6-A-2	Drugs must be prepared and administered according to established policies and acceptable standards of practice.
N/A	No current requirement.	6-A-5	Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation.
N/A	No current requirement.	6-D-3	All controlled substance transactions, including daily counts and wastes, require verification by two (2) licensed members of the team. (For facilities with only Schedule IV and V controlled substances, one (1) licensed and (1) authorized member of the operating room team may document verification of daily counts and wastes.) These verifications must be completed on any day that the facility is open and/or controlled substances are administered, and in compliance with federal/national, provincial, state, and local regulations. The facility must develop a policy detailing how unlicensed authorized individuals are authorized, if applicable.
N/A	No current requirement.	6-D-4	There must be a record of receipt and disposition of all controlled substances. Records must be maintained for a minimum of three (3) years.

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N/A	No current requirement.	6-E-5	There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.
N/A	No current requirement.	6-F-7	There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.
N/A	No current requirement.	6-F-9	The following medication must be available in the facility at all times: Anti-hypertensives.
N/A	No current requirement.	6-F-10	The following medication must be available in the facility at all times: Seizure arresting medication (a benzodiazepine, e.g. Midazolam).
N/A	No current requirement.	6-F-13	The following medication must be available in the facility at all times: A narcotic reversal agent (e.g., aloxone, nalmefene).
N/A	No current requirement.	7-A-11	A sterile field is used during all operations and procedures, as applicable.
N/A	No current requirement.	7-B-1	Hand hygiene is performed in accordance with current nationally recognized and/or WHO guidelines and standards of practice. Periodic hand hygiene auditing must be a part of the facility's quality activities. For surgical/procedural facilities: Scrub facilities are provided for the operating room staff. Scrub products (as appropriate), soap, and alcohol cleansers are provided for the operating room staff, consistent with current adopted guidelines and standards of practice for hand hygiene.

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N/A	No current requirement.	7-C-1	The facility has a written protocol for the reprocessing of all instruments and disinfection of all equipment used in patient care consistent with the manufacturer's instructions for use.
N/A	No current requirement.	7-C-4	Single-use devices are not reprocessed unless they are approved by the FDA for reprocessing. Reprocessing of these devices is done by an FDA-approved reprocessor.
N/A	No current requirement.	7-D-2	The facility has at least one autoclave which uses high pressure steam and heat, or all sterile items are single-use disposable or the facility has contracted with an outside vendor to process instruments. If soiled instruments are processed immediately for sterilization, they are to be treated with an enzymatic cleaner per the manufacturer's instructions for use.
N/A	No current requirement.	7-D-5	The facility must monitor each autoclave load for the appropriate mechanical indicators (e.g., time, temperature, and pressure). Chemical indicators (external and internal) must be used according to the sterilizer manufacturer's instructions. The use of a type 1 and type 5 indicator is required. Minimally, a biological indicator (spore test) is used weekly for each sterilizer. A biological indicator is required for every load containing implantable items. Evidence of sterilization assurance monitoring is recorded for every load and any corrective action is documented.
N/A	No current requirement.	7-D-6	Sterile instruments and supplies are packaged according to the manufacturer's instructions for use (IFU) and sealed effectively. Self-sealing peel pouches must be folded on the crease and may only be double-pouched when the process is validated by the manufacturer.

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N/A	No current requirement.	7-D-7	Each sterilized pack is labeled with the date of sterilization and, when applicable, with the expiration date. When the facility has more than one sterilizer, labels must also identify the sterilizer used.
N/A	No current requirement.	7-D-9	Comprehensive monitoring records that include quality control are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.
N/A	No current requirement.	7-D-10	There is a written policy and procedure for the management of a positive biological indicator.
N/A	No current requirement.	7-D-11	Immediate use steam sterilization (IUSS) is not done on a routine or frequent practice.
N/A	No current requirement.	7-F-4	All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal. A spill kit is available and readily accessible.
N/A	No current requirement.	7-F-6	Instrument handling and reprocessing areas are cleaned and maintained.
N/A	No current requirement.	8-A-6	Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations.
N/A	No current requirement.	8-A-8	Clinical records for each patient must be accurate, legible, and promptly completed.
N/A	No current requirement.	8-A-9	Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.
N/A	No current requirement.	8-A-10	Clinical records are maintained and easily accessible by the accredited facility.
N/A	No current requirement.	8-B-1	Clinical records must contain patient identification.

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N/A	No current requirement.	11-C-6	The facility must have written policies and procedures that address the criteria for clinical staff privileges and the process that the facility's leadership body uses when reviewing physician, APRN, and PA credentials and determining whether to grant privileges and the scope of the privileges for each practitioner.
11-E-5	All individuals using the clinic must meet one of the following criteria: 1. A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS medical or surgical specialty). 2. A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). 3. Physician Assistant 4. Nurse Practitioner 5. Nurse Midwife 6. Psychologist 7. State Licensed Mental Health Professional (Social worker, Marriage and Family Therapist, Professional Counselor)	11-E-5	All individuals using the clinic must meet one of the following criteria: 1. A Doctor of Medicine 2. A Doctor of Osteopathy 3. Physician Assistant 4. Nurse Practitioner 5. Nurse Midwife 6. Psychologist 7. State Licensed Mental Health Professional (Social worker, Marriage and Family Therapist, Professional Counselor)
N/A	No current requirement.	11-I-1	Each personnel record has evidence of annual hazard safety training.
N/A	No current requirement.	11-I-2	Each personnel record has evidence of annual blood borne pathogen training.
N/A	No current requirement.	11-I-3	Each personnel record has evidence of annual universal precaution training.
14-A-1	The rural health clinic and its staff are in compliance with applicable Federal, State, and local laws and regulations.		No Change
14-A-2	The rural health clinic is licensed pursuant to applicable State and local law.		No Change
14-A-3	The staff of the rural health clinic are licensed, certified or registered in accordance with applicable State and local laws.		No Change

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14-B-1	Location of clinic.		No Change
14-B-2	The rural health clinic may be a permanent or mobile unit.		No Change
14-B-3	If the clinic is a permanent structure, the objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic are housed in a permanent structure.		No Change
14-B-4	If the clinic is a mobile unit, the objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic are housed in a mobile structure, which has fixed, scheduled location(s).		No Change
14-B-5	If the clinic services are furnished at permanent units in more than one location, each unit is independently considered for approval as a rural health clinic.		No Change
14-C-1	Physical plant and environment.		No Change
14-C-2	The clinic is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.		No Change
14-C-3	The clinic has a preventive maintenance program to ensure that all essential mechanical, electric and patient- care equipment is maintained in safe operating condition.		No Change
14-C-4	The clinic keeps the drugs and biologicals appropriately stored.		No Change
14-C-5	The clinic premises are kept clean and orderly.		No Change
14-D-1	Organizational structure.		No Change
14-D-2	The clinic is under the medical direction of a physician, and has a healthcare staff that knows and meets the basic requirements of QUAD A Section 14-E.		No Change
14-D-3	The clinic organizational policies and lines of authority and responsibilities are clearly set forth in writing.		No Change
14-D-4	The clinic clearly discloses the names and addresses of its owners, in accordance with section 1124 of the Social Security Act (42 U.S.C. 132 A-3).		No Change

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Number	Language	Number	Language
14-D-5	The clinic has clearly disclosed the name and address of the person principally responsible for directing the operation of the clinic.		No Change
14-D-6	The clinic has clearly disclosed the name and address of the person principally responsible for medical direction of the clinic.		No Change
14-E-1	Physician - As it pertains to the supervision, collaboration, and oversight requirements in sections 1861 (aa)(2)(B) and (aa)(3) of the Social Security Act; a doctor of medicine or osteopathy legally authorized to practice medicine or surgery in the State in which the function is performed; and - Within limitations as to the specific services furnished, a doctor of dental surgery or of dental medicine, a doctor of optometry, a doctor of podiatry or surgical chiropody or a chiropractor (see section 1861(r) of the Social Security Act for specific limitations).		No Change

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14-E-2	Nurse Practitioner The clinic's nurse practitioner is currently licensed to practice in the state, and meets the State's requirements governing the qualifications of nurse practitioners. And meets one of the following conditions: 1) The clinic's nurse practitioner is currently certified as a primary care nurse practitioner by the America Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates. 2) The clinic's Nurse Practitioner has satisfactorily completed a formal one (1) academic year educational program that: i. Prepares registered nurses to perform an expanded role in the delivery of primary care; ii. That includes at least four (4) months (in the aggregate) of classroom instruction and a component of supervised clinical practice. iii. Awards a degree, diploma, or certificate to persons who successfully complete the program 3) The clinic's Nurse Practitioner has successfully completed a formal educational program (for preparing registered nurses to perform an expanded role in the delivery of primary care) that does not meet the requirements identified above in paragraph 2, and the clinic's Nurse Practitioner has been performing an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately preceding the effective date of the subpart.		No Change

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14-E-3	Physician Assistant The Physician Assistant meets the applicable State requirements governing the qualifications for assistants to primary care physicians. And meets one of the following conditions: 1) The Physician assistant is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians. 2) The Physician assistant has satisfactorily completed a program for preparing physician's assistants that: i. Was at least one academic year in length; ii. Consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and iii. Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation. 3) The Physician assistant has satisfactorily completed a formal educational program (for preparing physician assistants) that does not meet the requirements of paragraph (2) of this definition and assisted primary care physicians for a total of 12 months during the 18- month period that ended on December 31, 1986.		No Change
14-E-4	Staffing and staff responsibilities.		No Change
14-E-5	The clinic has health care staff that includes one or more physicians, and one or more physician's assistants or nurse practitioners.		No Change
14-E-6	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 QUAD A Section 14-E.		No Change

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14-E-7	The physician assistant, nurse practitioner, nurse- midwife, clinical social worker, or clinical psychologist member of the staff may be the owner, an employee of the clinic, or may furnish service under contract to the clinic. At least one physician assistant or nurse practitioner must be an employee of the clinic.		No Change
14-E-8	The clinic staff may include ancillary personnel who are supervised by the professional staff.		No Change
14-E-9	The clinic staff is sufficient to provide essential services for the operation of the clinic.		No Change
14-E-10	There is a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist available to furnish patient care services at all times the clinic operates, and a nurse practitioner or a physician assistant, or certified nurse- midwife is available to furnish patient care services at least 50 percent of the time the RHC operates.		No Change
14-E-11	The clinic physician provides medical direction for the clinic's health care activities and consultation for, and medical supervision of, the health care staff.		No Change
14-E-12	The clinic physician in conjunction with the physician's assistant and/or nurse practitioner member(s), participates in developing, executing, and periodically reviewing the clinic's written policies and services provided to Federal program patients.		No Change
14-E-13	The clinic physician periodically reviews the clinic's patient records, provides medical orders, and provides medical patient care services to the patients of the clinic.		No Change
14-E-14	The physician assistant and the nurse practitioner members of the clinic's staff participate in the development, execution and periodic review of the written policies governing the services the clinic furnishes.		No Change

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14-E-15	The physician assistant and the nurse practitioner members of the clinic's staff participate with a physician in a periodic review of the patient's health records.		No Change
14-E-16	The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician: Provides services in accordance with the clinic's policies.		No Change
14-E-17	The physician assistant or nurse practitioner perform the following functions, to the extent they are not being performed by a physician: arranges for, or refers patients to, needed services that cannot be provided at the clinic.	14-E-17	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including the collection of patient specimens for transmittal to a certified laboratory for culturing.
14-E-18	The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician: assure that adequate patient health records are maintained and transferred as required when patients are referred.		No Change
14-F-1	Provision of services.		No Change
14-F-2	All services offered by the clinic are furnished in accordance with applicable Federal, State, and local laws.		No Change
14-F-3	The clinic is primarily engaged in providing outpatient health services and meets all other conditions of this subpart.		No Change
14-F-4	The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State Law.		No Change
14-F-5	The clinic's policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff.		No Change
14-F-6	The clinic's policies include a description of the services the clinic furnished directly and those furnished through agreement or arrangement.		No Change

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14-F-7	The clinic's policies include 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.		No Change
14-F-8	The clinic's policies include rules for the storage, handling, and administration of drugs and biologicals.		No Change
14-F-9	The clinic's policies are reviewed at least biennially by the group of professional personnel identified in standard 14- F-5 and reviewed as necessary by the RHC.		No Change
14-F-10	The clinic staff furnish those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system including medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.		No Change
14-F-11	The clinic provides laboratory services in accordance with part 493 of this chapter which implements the provisions of section 353 of the Public Health Service Act wherein the RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient.		No Change
14-F-12	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including chemical examinations of urine by stick or tablet method or both (including urine ketones).		No Change
14-F-13	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including Hemoglobin or hematocrit.	Removed	Removed
14-F-14	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including blood glucose.		No Change

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14-F-15	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including examination of stool specimens for occult blood.	Removed	Removed
14-F-16	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including pregnancy tests.		No Change
14-F-17	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including primary culturing for transmittal to a certified laboratory.	14-F-17	The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including the collection of patient specimens for transmittal to a certified laboratory for culturing.
14-F-18	The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biological commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.		No Change
14-F-19	The clinic has current agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including inpatient hospital care.		No Change
14-F-20	The clinic has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including physician(s) services (whether furnished in the hospital, the office, the patient's home, a skilled nursing facility, or elsewhere).		No Change
14-F-21	The clinic has current agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to patients including additional and specialized diagnostic and laboratory services that are not available at the clinic.		No Change
14-F-22	If the agreements are not in writing, there is evidence that patients referred by the clinic are being accepted and treated.		No Change

RHC Change Report

QUAD A Previous Version 3.4		Revised Standards - Version4.0	
Number	Language	Number	Language
N/A	No current requirement.	14-F-23	The RHC must provide primary care services.
14-G-1	Patient health records.		No Change
14-G-2	The clinic maintains a clinical record system in accordance with written policies and procedures.		No Change
14-G-3	The clinic has a designated member of the professional staff who is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized.		No Change
14-G-4	For each patient receiving health care services, the clinic maintains a record that includes 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.		No Change
14-G-5	For each patient receiving health care services, the clinic maintains a record that includes reports of physical examinations, diagnostic and laboratory test results, and consultative findings.		No Change
14-G-6	For each patient receiving health care services, the clinic maintains a record that includes all physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress.		No Change
14-G-7	For each patient receiving health care services, the clinic maintains a record that includes signatures of the physician or other health care professional.		No Change
14-G-8	The clinic maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.		No Change
14-G-9	The clinic has written policies and procedures in place that govern the use and removal of records from the clinic and the conditions for release of information.		No Change

RHC Change Report

QUAD A Previous Version 3.4		Revised Standards - Version4.0	
Number	Language	Number	Language
14-G-10	The clinic has written policies and procedures in place requiring the patient's written consent for release of information not authorized to be released without such consent.		No Change
14-G-11	The clinic has written policies and procedures in place for retention of records to be retained for at least six (6) years from date of last entry, and longer if required by State statute.		No Change
14-H-1	Program evaluation.		No Change
14-H-2	The clinic has carried out, or arranged for, a biennial evaluation of its total program. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change
14-H-3	The clinic conducts an evaluation, including a review of the utilization of clinic services, including at least the number of patients served and the volume of services. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change

RHC Change Report

QUAD A Previous Version 3.4		Revised Standards - Version4.0	
Number	Language	Number	Language
14-H-4	The clinic conducts an evaluation, including a representative sample of both active and closed clinical records. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change
14-H-5	The clinic conducts an evaluation, including a review of the clinic's health care policies. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change
14-H-6	The clinic conducts an evaluation to determine whether the utilization of services were appropriate. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change

RHC Change Report

QUAD A Previous Version 3.4		Revised Standards - Version4.0	
Number	Language	Number	Language
14-H-7	The clinic conducts an evaluation to determine whether the established policies were followed. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change
14-H-8	The clinic conducts an evaluation to determine whether any changes are needed. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change
14-H-9	The clinic staff considers the findings of the evaluation and has taken correct action if necessary. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.		No Change