Full Scope

2012 PDN Site Review Survey

California Department of Health Care Services
Medi-Cal Managed Care Division

Health Plan PHC **Site ID No.**_____ **Review Date:** _____ **Last review:** _____

Provider/Address _____ **Phone** _____ **Fax** _____

Contact person/title_____ **Email** _____

Reviewer/title _____

Fire Clearance Current: ❑ **Yes** ❑ **No**

Visit Purpose	**Provider Type**	**Clinic Type**
_____ Initial Full Scope _____ Periodic Full Scope _____ Monitoring _____ Follow-up _____ Focused	❑ Private Duty Nurse	❑ Private Home

Site Scores

		Points Poss.	Yes Pts. Given	No's	N/A's	CE's
I.	Access/Safety	(8)				
II.	Personnel	(4)				
III.	Office Management	(13)				
IV.	Clinical Services	(13)				
V.	Infection Control	(3)				
		(41)				
		Total Pts. Poss.	Yes Pts. Given	No's	N/A's	CE's

Scoring Procedure

1) Add points given in each section.
2) Add total points given for all five sections.
3) Adjust score for "N/A" criteria (if needed), by subtracting N/A points from 41 total points poss.
4) Divide total points given by 41 or by "adjusted" total points.
5) Multiply by 100 to get the compliance (percent) rate.

_____ ÷ _____ = _____ X 100 = _____%

Points Given **Total / Adjusted Points** **Decimal Score** **Compliance Rate**

Compliance Rate

_____ **Exempted Pass: 90% or above** (*without* deficiencies in Pharmaceutical Services or Infection Control)

_____ **Conditional Pass: 80-89%, or 90% and above** *with* deficiencies in Pharmaceutical Services or Infection Control

_____ **Not Pass: Below 80%**

_____ CAP Required

_____ Other follow-up

Next Review Due: _____

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Purpose: Site Review Guidelines provide the standards, directions, instructions, rules, regulations, perimeters, or indicators for the site review survey. These Guidelines shall be used as a gauge or touchstone for measuring, evaluating, assessing, and making decisions.

Scoring: Site survey includes on-site inspection and interviews with site personnel. Reviewers are expected to use reasonable evidence available during the review process to determine if practices and systems on site meet survey criteria. Compliance levels include:

1) Exempted Pass: 90% or above *without deficiencies* in Pharmaceutical or Infection Control
2) Conditional Pass: 80-89%, or 90% and above with deficiencies in either Pharmaceutical or Infection Control
3) Not Pass: below 80%

A corrective action plan (CAP) is required for a total score less than 90%, *OR* for a total score of 90% or above if there are deficiencies in Pharmaceutical Services or Infection Control. Compliance rates are based on 41 total possible points, or on the total "adjusted" for Not Applicable (N/A) items. "N/A" applies to any scored item that does not apply to a specific site as determined by the reviewer. Reviewers are expected to determine how to ascertain information needed to complete the survey. Survey criteria to be reviewed only by a R.N. or physician is labeled **RN/MD Review only**

Directions: Score full point(s) if survey item is met. Score zero (0) points if item is not met. Do not score partial points for any item. Explain all "N/A" and "No" (0 point) items in the comment section. Provide assistance/consultation as needed for CAPs, and establish follow-up/verification timeline.

1) Add the points given in each section.
2) Add points given for all five (5) sections to determine total points given for the site.
3) Subtract all "N/A" items from 41 total possible points to determine the "adjusted" total possible points. If there are no "N/A" items, calculation of site score will be based on 41 points.
4) Divide the total points given by 41 or by the "adjusted" total. Multiply by 100 to calculate percentage rate.

Scoring Example:

Step 1: Add the points given in each section.	**Step 2**: Add points given for all five (5) sections. Example: 8 (Access/safety) 4 (Personnel) 13 (Office Management) 13 (Clinical Services) 4 (Infection Control) **41 (POINTS)**
Step 3: Subtract "N/A" points from 41 total points possible. 41 (Total points possible) – 5 (N/A points) 36 ("Adjusted" total points possible)	**Step 4**: Divide total points given by 41 or by the "adjusted" points, then multiply by 100 to calculate percentage rate. $\frac{\text{Points given}}{41 \text{ or "adjusted" total}}$ or $\frac{36}{41} = 0.88 \times 100 =$ **88%**

Criteria	I. Access/Safety Reviewer Guidelines
A. Site environment is safe for all patients, visitors and personnel.	• **Illumination**: Lighting is adequate. • **Access Aisle**: Building escape routes provide an accessible, unobstructed path of travel. Cords (including taped cords) are not a trip hazard. • **Exits**: Exit doorways are unobstructed. • **Electrical Safety**: Electrical cords are in good working condition with no exposed wires, or frayed or cracked areas. • **Fire Fighting/Protection Equipment**: There is firefighting/protection equipment in an accessible location on site at all times. At least one of the following types of fire safety equipment is on site: 1) Smoke Detector with intact, working batteries. 2) Fire Alarm Device. 3) Automatic Sprinkler System. 4) Fire Extinguisher in an accessible location and not expired.
B. Emergency health care services are available and accessible 24 hours a day, 7 days a week.	• **Site Specific Emergency procedures**: Licensed Professional is able to describe site-specific actions or procedures for handling medical emergencies. • **Emergency phone number list**: Posted list includes local emergency response services (e.g., fire, police/sheriff, and ambulance), emergency contacts and appropriate State, County, City and local agencies (e.g., local poison control number). The list should be dated, and updated annually.
C. Medical and lab equipment used for patient care is properly maintained.	• Medical and laboratory equipment: All equipment used to measure or assess patient health status/condition is clean. • Documentation: There is documented evidence that standard operating procedures have been followed for routine inspection/ maintenance, calibration, repair of failure or malfunction, and testing and cleaning of all specialized equipment. Appropriate written records include calibration or other written logs, work orders, service receipts, dated inspection sticker, etc. • All equipment used to measure or assess patient health status/condition is functioning properly. All specialized equipment are adequately maintained according to the specified manufacturer's guidelines for the equipment, or is serviced annually by a qualified technician.

I. Access/Safety (continued on next page)

Site Access/Safety Survey Criteria	Yes	No	N/A	Wt.	Site Score
A. Site environment is safe for all patients, visitors and personnel. 8 CCR §3220; 22 CCR §53230; 24 CCR, §2, §3, §9; 28 CCR §1300.80; 29 CFR §1910.301, §1926.34					
The following fire and safety precautions are evidenced on site:					
1) Lighting is adequate in all areas to ensure safety.	1)_____	1)_____	1)_____	1	
2) Exit doors and aisles are unobstructed and egress (escape) accessible.	2)_____	2)_____	2)_____	1	
3) Electrical cords and outlets are in good working condition.	3)_____	3)_____	3)_____	1	
4) At least one type of firefighting/protection equipment is accessible at all times.	4)_____	4)_____	4)_____	1	
B. Emergency health care services are available and accessible 24 hours a day, 7 days a week. 22 CCR §51056, §53216; 28 CCR §1300.67					
1) Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.	1)_____	1)_____	1)_____	1	
2) Emergency phone number contacts are posted.	2)_____	2)_____	2)_____	1	
C. Medical and lab equipment used for patient care is properly maintained. CA Health & Safety Code §111255; 28 CCR §1300.80; 21 CFR §800-1299					
1) Medical equipment is clean.	1)_____	1)_____	1)_____	1	
2) Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines.	2)_____	2)_____	2)_____	1	
Totals					

Comments: Write comments for all "No" (0 points) and "N/A" scores.
Total points possible: 8

<table>
<tr><th>Criteria</th><th colspan="3">II. Personnel Reviewer Guidelines</th></tr>
<tr><td rowspan="4">A. Professional health care personnel have current California licenses and certifications.</td><td>Medical Professional</td><td>License/Certification</td><td>Issuing Agency</td></tr>
<tr><td>Registered Nurse (RN)</td><td>RN License.</td><td>CA Board of Registered Nursing</td></tr>
<tr><td>Licensed Vocational Nurse (LVN)</td><td>LVN License</td><td>CA Board of Vocational Nursing and Psychiatric Technicians</td></tr>
<tr><td colspan="3"><u>Note:</u> All medical professional licenses and certifications must be current and issued from the appropriate agency for practice in California, and available on site.
• License cannot be on probationary status and/or have any disciplinary action currently or pending investigation.</td></tr>
<tr><td>B. Have and maintain current certifications based on patient level of care.</td><td colspan="3">• Copy of Current CPR certification based on patient level of care. (BLS, ACLS, PALS)
• The nurse provider must possess the knowledge and abilities related to the overall care of the beneficiary including use of specialized equipment such as ventilators, phrenic nerve pacers, CPAP, Bi-PAP, etc. Partnership HealthPlan of California (PHC) has no jurisdiction in the area of qualifications of the nurse, however an EPSDT nursing supplemental service provider must be licensed and practice accordingly under his/her nurse practice act B. Currently no other requirements exist in this area (P&P Code, Division 2, Chapter 6, Section 2732.05).</td></tr>
<tr><td>C. Site personnel receive training and/or information on PHC processes</td><td colspan="3">• The identified nurses for each case have the responsibility for providing the required documentation to PHC for initial and subsequent authorization of services requested (TARs), and to Provider Enrollment to process the EPSDT Supplemental Services provider number. The nurse is responsible for submission of ongoing, periodic submission of TARs as determined by PHC for nursing services rendered and a time lag may be experienced in the reimbursement process</td></tr>
<tr><td>D. CEUs</td><td colspan="3">• Copy of CEU’s, which are approved by your licensing agency, at least once per year.</td></tr>
</table>

II. Personnel (continued on next page)

Site Personnel Survey Criteria	Yes	No	N/A	Wt.	Site Score
A. Professional health care personnel have current California licenses and certifications. CA Business & Professional (B&P) Code §2050, §2085, §2725, §2746, §2834, §3500, §4110; CCR, Title 16, §1355.4, §1399.547 1) All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current.	1)_____	1)_____	1)_____	1	
B. Have and maintain current certifications based on patient level of care.	1)_____	1)_____	1)_____	1	
C. Site personnel receive training and/or information on: 1) PHC's Treatment Authorization Request (TAR) Process and Requirements	1)_____	1)_____	1)_____	1	
D. Site personnel maintain documentation of current CEUs with approval by licensing agencies annually.	1)_____	1)_____	1)_____	1	
Comments: Write comments for all "No" (0 points) and "N/A" scores. Total pts possible: 4 **Totals**					

RN/MD Review only (#E)

Criteria	III. Office Management Reviewer Guidelines
A. Coordination of Care with other Specialties	Licensed professional is following up an all appointments (labs, diagnostics, and medical offices) and making medical changes as instructed/documented by specialists.
B. Member grievance/ complaint processes are established on site.	A phone is available for filing grievances. Complaint forms are accessible.
C. Medical records are available for the practitioner at each scheduled patient encounter.	The process/system established on site provides for the availability of medical records (paper and electronic), including outpatient, inpatient, referral services, and significant telephone consultations for patient encounters. Medical records are filed that allows for ease of accessibility within the facility, or in an approved health record storage facility off the facility premises (22 CCR, § 75055).
D. Confidentiality of personal medical information is protected according to State and federal guidelines.	• Confidentiality: Personnel follow site policy/procedures for maintaining confidentiality of individual patient information. Individual patient conditions or information is not discussed in front of unauthorized individuals.

III. Office Management (continued on next page)

RN/MD Review only (#E)

Office Management Survey Criteria	Yes	No	N/A	Wt.	Site Score
A. Procedures for timely referral/consultative services are established on site. 22 CCR §53851; 28 CCR §1300.67 and §1300.80 Office practice procedures allow timely provision and tracking of: 1) Coordination of Care with other specialties	1)_____	1)_____	1)_____	1	
B. Member Grievance/Complaint processes are established on site. 22 CCR §53858, §56260 1) Phone number(s) for filing grievances/complaints are located on site. 2) Complaint forms and a copy of the grievance procedure(s) are available on site.	1)_____ 2)_____	1)_____ 2)_____	1)_____ 2)_____	1 1	
C. **Medical records are available for the practitioner at each scheduled patient encounter.** 22 CCR §75055; 28 CCR §1300.80 1) A confidential medical record will be maintained at the bedside.	1)_____	1)_____	1)_____	1	
D. **Confidentiality of personal medical information is protected according to State and federal guidelines.** 22 CCR §51009, §53861, §75055; §28 CCR §1300.80; CA Civil Code §56.10 (Confidentiality of Medical Information Act) 1) Procedures are followed to maintain the confidentiality of personal patient information. 2) Storage and transmittal of medical records preserves confidentiality and security. 3) Medical records are retained according to PHC standards	1)_____ 2)_____ 3)_____	1)_____ 2)_____ 3)_____	1)_____ 2)_____ 3)_____	1 1 1	

Comments: Write comments for all "No" (0 points) and "N/A" scores.

RN/MD Review only

Criteria	III. Office Management Reviewer Guidelines
E. All entries are signed, dated and legible.	**Signature:** includes the first initial, last name and title of health care personnel providing care. Initials may be used only if signatures are specifically identified elsewhere in the medical record (e.g. signature page). Stamped signatures are acceptable, but must be authenticated, meaning the stamped signature can be verified, validated, confirmed, and is countersigned or initialed. **Date:** includes the month/day/year. Only standard abbreviations are used. Entries are in reasonably consecutive order by date. Handwritten documentation does not contain skipped lines or empty spaces where information can be added. Entries are not backdated or inserted into spaces above previous entries. Omissions are charted as a new entry. Late entries are explained in the medical record, signed and dated. **Legibility:** means the record entry is readable by a person other than the writer. Handwritten documentation, signatures and initials are entered in ink that can be readily/clearly copied.
F. Errors are corrected according to legal medical documentation standards.	The person that makes the documentation error corrects the error. One correction method is (single line drawn through the error, with the writer's initial and date written above or near the lined-through entry). Similar variations such as (single line and initial) are also used. The corrected information is written as a separate entry and includes date of the entry, signature (or initials), and title. There are no unexplained cross-outs, erased entries or use of correction fluid. Both the original entry and corrected entry are clearly preserved. • The identified nurse documents patient care in accordance with professional standards.
G. Treatment plans are documented and evaluated regularly.	• Treatment plan is consistent with diagnosis and is updated dependent on patient condition and response to treatment. • The nurse is responsible for the development and periodic updates of the Plan of Treatment (POT). This is a nursing responsibility since the contents serve as the orders for the nursing care to be rendered and should be beneficiary specific. CCR, Title 22, Sections 51337, 74697 and 74701 provides specific information that is to be included on the POT and the receipt of orders for treatments and medications • For RNs acting as a coordinator, their responsibilities primarily involve reviewing the overall case, assessing the beneficiary and his/her response to the POT, identification of problems with a plan for resolution, follow-up and coordinating the care provided. This information is to be provided to the PHC Special Programs Liaison in a written report for each visit made to the beneficiary.
H. Documentation of provider orders for treatment and medications	Documentation for orders, treatment and medications are readily available on-site for nurse verification process.
I. Documentation of visit type and person providing care.	Documentation supports visit type and person providing care (PT, OT, ST, Wound Care etc.)
J. Provide name of PHC Special Programs Liaison	For RNs acting as a coordinator, their responsibilities primarily involve reviewing the overall case, assessing the beneficiary and his/her response to the POT, identification of problems with a plan for resolution, follow-up and coordinating the care provided. This information is to be provided to the PHC Special Programs Liaison in a written report for each visit made to the beneficiary.

III. Office Management (continued from previous page)

RN/MD Review only (#H)

Office Management Survey Criteria	Yes	No	N/A	Wt.	Site Score
E. All entries are signed, dated and legible.	1)_____	1)_____	1)_____	1	
F. Errors are corrected according to legal medical documentation standards.	1)_____	1)_____	1)_____	1	
G. Treatment plans are documented and evaluated regularly.	1)_____	1)_____	1)_____	1	
H. Documentation of provider orders for treatment and medications	1)_____	1)_____	1)_____	1	
I. Documentation of visit type and person providing care.	1)_____	1)_____	1)_____	1	
J. Provide name of PHC special programs liaison	1)_____	1)_____	1)_____	1	
Comments: Write comments for all "No" (0 points) and "N/A" scores.					
Totals					

Criteria	IV. Clinical Services - Pharmaceutical Reviewer Guidelines
A. Drugs and medication supplies are maintained secured to prevent unauthorized access.	**Controlled substances**: Written records are maintained of controlled substances inventory list(s) that includes: name of medication, original quantity of drug, dose, date, name of patient receiving drug, name of authorized person dispensing drug, and number of remaining doses. Controlled substances are stored separately from other drugs in a secured area.
B. Drugs are handled safely and stored appropriately.	• **Drug preparation**: Drugs are prepared in a clean area. • **Storage**: Medications are kept separate from food, lab specimens, cleaning supplies, and other items that may potentially cause contamination. • **Drug Disposal:** Drugs are disposed through a proper agency or at a designated location. Disposal log is maintained.

IV. Clinical Services - Pharmaceutical (continued on next page)

Pharmaceutical Services Survey Criteria	Yes	No	N/A	Wt.	Site Score
A. Drugs and medication supplies are maintained secure to prevent unauthorized access. CA B&P Code §4172; 22 CCR §75037(a-g), §75039; 21 CFR §1301.75, §1301.76, §1302.22; 16 CCR §1356.3					
1) Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.	1)_____	1)_____	1)_____	1	
2) Prescription, over-the counter drugs, hypodermic needles/syringes, are securely stored in an inaccessible space (cabinet or room).	2)_____	2)_____	2)_____	1	
3) Controlled drugs are stored in a space accessible only to authorized personnel.	3)_____	3)_____	3)_____	1	
4) A dose-by-dose controlled substance distribution log is maintained.	4)_____	4)_____	4)_____	1	
B. Drugs are handled safely and stored appropriately. 22 CCR §75037(a-g), §75039; 21 CFR §211.137; 21 USC §351					
1) Drugs are prepared in a clean area.	1)_____	1)_____	1)_____	1	
2) Drugs are stored separately from germicides, disinfectants and other household substances.	2)_____	2)_____	2)_____	1	
3) Site has method(s) in place for drug disposal.	3)_____	3)_____	3)_____	1	

Comments: Write comments for all “No” (0 points) and “N/A” scores.

Criteria	IV. Clinical Services - Pharmaceutical Reviewer Guidelines
C. Drugs are dispensed according to State and federal drug distribution laws and regulations.	• **Expiration date**: The manufacturer's expiration date must appear on the labeling of all drugs. All prescription drugs not bearing the expiration date are deemed to have expired. If a drug is to be reconstituted at the time of dispensing, its labeling must contain expiration information for both the reconstituted and unconstituted drug. Expired drugs may not be dispensed. • **Prescription labeling**: Each prescription medication dispensed is in a container that is not cracked, soiled or without secure closures (Title 22, CCR, Section 75037 (a)). Drug container is labeled with the provider's name, patient's name, drug name, dose, frequency, route, quantity dispensed, and manufacturer's name and lot number.

IV. Clinical Services - Pharmaceutical (continued from previous page)

Pharmaceutical Services Survey Criteria	Yes	No	N/A	Wt.	Site Score
C. Drugs are dispensed according to State and federal drug distribution laws and regulations. CA B&P Code §4024, §4076, §4170, §4171, §4173, §4174; 22 CCR §75032, §75033, §75036, §75037(a-g), §75038, §75039; 16 CCR §1718.1; 21 CFR §211.137; 42 USC 6A §300AA-26					
1) There are no expired drugs on site.	**1)**_____	**1)**_____	**1)**_____	**1**	
2) Site has a procedure to check expiration date of all drugs and therapeutic formulas.	**2)**_____	**2)**_____	**2)**_____	**1**	
3) All stored and dispensed prescription drugs are appropriately labeled.	**3)**_____	**3)**_____	**3)**_____	**1**	

Comments: Write comments for all “No” (0 points) and “N/A” scores.

Criteria	IV. Clinical Services – Laboratory Reviewer Guidelines
D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations.	• Lab supplies are inaccessible to unauthorized persons. • Lab supplies are not expired • Site has a procedure in place to check expiration dates of lab supplies (i.e. logbook)

IV. Clinical Services - Laboratory

Laboratory Services Survey Criteria	Yes	No	N/A	Wt.	Site Score
D. Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations. 17 CCR §1050; 22 CCR §51211.2, §51137.2; B&P Code §1220; 42 USC 263a; Public Law 100-578					
1) Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.	**1)**_____	**1)**_____	**1)**_____	**1**	
2) Lab test supplies are not expired.	**2)**_____	**2)**_____	**2)**_____	**1**	
3) Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	**3)**_____	**3)**_____	**3)**_____	**1**	
Comments: Write comments for all "No" (0 points) and "N/A" scores. Total					

RN/MD Review only

Criteria	VI. Infection Control Reviewer Guidelines
A. Infection control procedures for Standard/Universal precautions are followed.	• **Hand washing facilities**: Hand washing facilities are available and include an adequate supply of running potable water, soap. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic towelettes is acceptable until running water is available (29 CFR 1919.1030). • **Antiseptic hand cleaner**: Hand washing prevents infection transmission by removing dirt, organic material and transient microorganisms from hands. Hand washing with plain (non-antimicrobial) soap in any form (e.g., bar, leaflet, liquid, powder, granular) is acceptable for general patient care (Association for Professionals in Infection Control and Epidemiology, Inc., 1995). Antimicrobial agents or alcohol-based antiseptic hand rubs are used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination. **Note:** Infection Control standards are practiced on site to minimize risk of disease transmission. Site personnel are expected to apply the principles of "Standard Precautions" (CDC, 1996), used for all patients regardless of infection status. Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for HIV, HBV or HCV, and other bloodborne pathogens. "Universal precautions" refer to the OSHA mandated program that requires implementation of work practice controls, engineering controls, bloodborne pathogen orientation/education, and record keeping in healthcare facilities.
B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act.	• **Needlestick Safety:** Contaminated sharps are discarded immediately. Sharps containers are located close to the immediate area where sharps are used, and are inaccessible to unauthorized persons. Sharps are not bent, removed from a syringe, or recapped except by using a one-handed technique. Needleless systems, needles with Engineered Sharps Injury Protection (ESIP) devices, and non-needle sharps are used (incl. in emergency kits), unless exemptions have been approved by Cal/OSHA (8CCR, Section 5193). Security of portable containers in patient care areas is maintained at all times. Any device capable of cutting or piercing (e.g. syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g., cardboard, plastic) are acceptable. Containers are not overfilled past manufacturer's designated fill line, or more than ¾ full. Supply of containers on hand is adequate to ensure routine change-out when filled. • **Sharps Injury documentation:** Site has a method in place to document sharps injuries. Date, time, description of exposure incident, sharp type/brand, follow-up care is documented within 14 days of injury incident.

VI. Infection Control (continued on next page)

RN/MD Review only

Infection Control Survey Criteria	Yes	No	N/A	Wt.	Site Score
A. Infection control procedures for Standard/Universal precautions are followed. 8 CCR §5193; 22 CCR §53230; 29 CFR §1910.1030; Federal Register 1989, §54:23042					
1) Antiseptic hand cleaner and running water are available.	1)_____	1)_____	1)_____	1	
B. Site is compliant with OSHA Bloodborne Pathogens Standard and Waste Management Act. 8 CCR §5193 (Cal OSHA Health Care Worker Needle stick Prevention Act, 1999); H& S Code, §117600-118360 (CA Medical Waste Management Act, 1997); 29 CFR §1910.1030.					
1) Needle stick safety precautions are practiced on site.	1)_____	1)_____	1)_____	1	
2) All sharp injury incidents are documented.	2)_____	2)_____	2)_____	1	
Comments: Write comments for all "No" (0 points) and "N/A" scores.					
Total					