

Number: BETP20211015-02838

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
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(DEMO) Michigan Demo Service
Expiration Date:
Mar 30, 2021

LSA Inspection

Agency Information

*Name of Agency:

Sample

Full Disclosure of Agency Ownership

No.	Item
1	<p>Administrative Rules 100(i), Rule 131(g), and Rule 141(f): Documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation, or subsidiary of any other corporation or unit of government. (Evidence includes: articles of business incorporation, city charter, township incorporation papers, township board meeting minutes for incorporation, etc.)</p> <p>C NC</p>
2	<p>Administrative Rules 100 (f) (iii), 141 (f) (iii), 161 (f) (iii): Disclose any doing business as (DBA) or trade name(s) under which the organization operates, including but not limited to the name(s) by which said organization is known to the public (Evidence: Officially registered DBA documents from the County Clerks Office)</p> <p>C NC</p>
3	<p>Administrative Rules 131(g)(i), 141(f)(ii): Maintain official registration of the entity with the State of Michigan or other designated official in each state in which the agency is chartered, incorporated, or authorized to do business (Evidence: Tax Exempt Certificate, Business License)</p> <p>C NC</p>
4	<p>Administrative Rules 131(g)(iv), 141(f)(iv), 151(g)(iv), 161(g)(iv): Disclose all parent organizations and any person as defined in the code that have at least a 10% interest in the applicant operation. (Examples of Evidence: Inter-facility agreements and intercept agreements. Interlocal agreement required for government entities. Current agreement signed and dated by all parties and has been reviewed at least once every 5 years)</p> <p>C NC</p>

*Type of Legal Organization and Evidence Provided:

Sample

*DBA or Trade Name:

Sample

*Business License Number:

Sample

***Evidence Provided and Date of Agreement:**

Sample

Management

No. Item

5

Administrative Rules 131(h), and 141(g): Organization has identified one individual (i.e. president, chief, director, or coordinator) who is responsible for overall day-to-day operations of the service and serves as the contact person (Examples of Evidence: position description, contract, meeting minutes showing appointment to position, etc.)

C NC

***Evidence Provided:**

Sample

6

Administrative Rules 132(a), 142(a), 152(a), and 162(a): Written policy or procedure that explains the steps that occur when a complaint is received by the agency (Evidence: current and reviewed at least once every 3 years)

C NC

***Date of Policy/Procedure:**

Sample

7

Administrative Rule 111(5): Response capabilities are in place to ensure a response is provided to each request for emergency assistance originating within the bounds of your licensed service area (Evidence: current mutual aid agreement that has been reviewed at least once every 5 years)

C NC

***Date of Agreement:**

Sample

8

Administrative Rules 132(b), 142(b), 152(b), and 162(b): Demonstrate inclusion in the county/regional disaster plan and response (Examples of Evidence: official plan, MCA protocols, or after action reports that specifically identify the agency as participating. Current plan that has been reviewed at least once every 5 years)

C NC

***Evidence Provided and Date:**

Sample

Record Keeping

No. Item

9

Administrative Rules 132(i), 142(i), 152(i), and 162(h): Written policy AND evidence that a record is created to document each request for service that the agency receives, including calls cancelled prior to arrival and incidents which result in no patient being transported (Evidence: current policy that has been reviewed at least once every 3 years. Other evidence: dispatch logs, run log from dispatch center, electronic access)

C NC

***Evidence Provided and Date of Policy:**

Sample

10

Administrative Rules 132(i), 142(i), 152(i), and 162(h): Written policy AND evidence that a record is created to document all findings and treatment given, if any, whenever contact is made with a patient or one presumed to be a patient regardless of whether or not the patient is ultimately treated or transported (Evidence: current policy that has been reviewed at least once every 3 years and copy of PCR)

C NC

***Evidence Provided and Date of Policy:**

Sample

11

Public Health Code Section 20910(1)(i) and Administrative Rules 132(i), 142(i), 152(j), and 162(h): written policy AND evidence that all patient care records are uploaded into the Michigan EMS Information System (MI-EMSIS) database on a monthly basis (by the 15th of the month) for the past year (Evidence: current policy that has been reviewed at least once every 3 years and evidence of monthly data submission)

C NC

***Date of Policy:**

Sample

***Agency submitted data on a monthly basis for the past 12 months?**

Yes No

Communications

No. Item

12

Administrative Rules 132(k), 142(k), 152(L), and 162 (j): Maintain a copy of the current State MedCom Plan at the agency (Evidence: hard copy, online, or electronic)

C NC

Safety Policies & Procedures

No. Item

Administrative Rules 132(d), 142(d), and 152 (d): Maintain written policies and procedures that address safety and accident reduction and comply with all applicable state and federal health and safety laws. These policies and procedures shall be maintained by the operation and shall be available to the department at the time of inspection. (Evidence: policies and procedures must be reviewed on an annual basis and include the date of review; unless otherwise noted):

13

Bloodborne Pathogens Plan: must include the components as outlined in Part 554 Bloodborne Infectious Diseases Rules.

C NC

***Date of Policy or Procedure:**

Sample

14

Disposal of Medical Waste Management Plan - Must include a list of the types of medical waste generated and methods of packaging, treatment, and disposal. Must also include training for employees.

C NC

***Date of Policy or Procedure:**

Sample

15

Equal Employment Opportunity Commission (EEOC) Poster (most current) and EEOC Agency Policy

C NC

16

General Safety Policy/Procedure (Ex: MiOSHA safety policies, MSDS data sheets)

C NC

*Date of Policy or Procedure:

Sample

17 Glucometer Calibration and/or Maintenance Records

C NC

18 Lab Draws - Blood and Blood Glucose - Policy/Procedure with CLIA Waiver

C NC

*Date of Policy or Procedure:

Sample

19 HAZMAT Response Policy/Procedure

C NC

*Date of Policy or Procedure:

Sample

20 Michigan Motor Vehicle Code Policy/Procedure & Copy of Michigan Public Act 300 - Section 257 for Emergency Vehicle Response (Evidence: Emergency Vehicle Driving Policy AND copy of Michigan Vehicle Code)

C NC

*Date of Policy or Procedure:

Sample

21 Respiratory Protection Plan: Must include all components of the OSHA Respiratory Protection Standards - respiratory selection, medical evaluation, fit testing, respiratory use, maintenance, care, and disposal, training, recordkeeping, storage, program evaluation, and who the responsible individual is.

C NC

*Date of Policy or Procedure:

Sample

Staffing

No. Item

22 Administrative Rules 132(m), 142(m), and 162(L): Maintain documentation that each individual operating a licensed life support vehicle during an emergency or patient transport has completed a department approved vehicle operation education and competency assessment (Evidence: show emergency vehicle driver training certificates from MDHHS approved courses for employees) - CEVO II, CEVO III, CEVO IV, VFIS, MFFTC, and EVOC

C NC

23 Administrative Rules 132(e), and 142(e): Maintain a list and current license and certification documents of all EMS personnel licensed by MDHHS and employed with the life support agency (Evidence: agency roster with licensure level, number, and expiration date and employee certifications)

C NC

24 Administrative Rules 207(b): Assure that agencies are providing clinical competency assessments to EMS personnel before the individual provides EMS (Evidence: provide documentation of assessment, BLS or ACLS certification, and other ongoing education for staff)

C NC

25

Administrative Rules 132(g), 142(g), and 162 (f): Show evidence of an orientation for EMS personnel to familiarize them with the agency's policies and procedures. Orientation must include, at a minimum, a proper introduction to the duties to be performed, as well as MCA protocols (Evidence: orientation checklist. Review and update orientation program every 3 years)

C NC

26

Administrative Rules 132(g), 142(g), and 162(f): Show evidence of and maintain documentation that demonstrates that EMS personnel are trained on equipment that is carried by the agency (Evidence: evidence of equipment checklist for each employee. Review and updated every 3 years)

C NC

Protocols/Quality

No. Item

27

Administrative Rules 132(h), 142(h), 152(i), and 162(g): Maintain a copy of all applicable protocols for all MCA's the agency operates in (Evidence: show current copies and where they are kept. This can include electronic versions on the computer and/or phones)

C NC

*Where are they kept?

Sample

28

Administrative Rules 114, 207(h), and 211(1): Show evidence of participation in an agency based and/or MCA quality improvement process (Evidence: internal QA/QI process or policy, MCA letter of compliance, MCA meeting minutes showing participation)

C NC

*Evidence Provided:

Sample

29

Administrative Rule 132(h) : A policy or written procedure to ensure that each individual operating a licensed life support vehicle during an emergency or patient transport has access to all applicable protocols for each medical control authority they are operating under.

C NC

*Evidence Provided:

Sample

Equipment & Vehicles

No. Item

30

Administrative Rules 132(j), 142(j), 152(k), and 163(k): Vehicles inspected are currently licensed and meet equipment requirements established by the department (Evidence: vehicle license with most current vehicle inspection report that is compliant)

C NC

Administrative Rule 119 : A life support agency shall have a written policy in place to ensure vehicles and equipment are operational and provide documentation of not less than a weekly inspection program for all vehicles, communication equipment, and mechanical and electronic medical equipment (Evidence: policy, vehicle checklists that are dated and signed by employees. Policy must be reviewed for updates at least once every 3 years)

C NC

***Evidence Provided:**

Sample

***How often does inspection occur?**

Sample

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

Inspection Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC (Non-Compliant)" indicate that the item was inadequate or missing at the time of this inspection, causing MDHHS to consider the agency to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended.

Other Licensure Issues

- MDHHS may order a life support agency out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with minimum requirements, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: floryd@michigan.gov

Fax: 517-335-9434

Attestation & Signatures

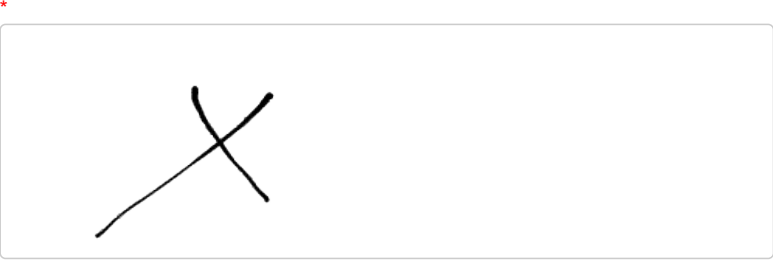
I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this agency in accordance with the requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Responsible Party Signoff



*First Name:

Sample

*Last Name:

Sample

Certification Number:
