



SoHum Health

Southern Humboldt Community Healthcare District

POLICY AND PROCEDURE SUPPLEMENTAL PACKET

January 29, 2024

***(In person and Via Webex
Conferencing)***

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Southern Humboldt Community Healthcare District 340B Policies and Procedures

REVISED – NOVEMBER 28, 2023



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340B POLICIES AND PROCEDURES

PURPOSE

The purpose of these Policies and Procedures is to document the guidelines and current practices used in our implementation of the 340B Drug Pricing Program. In doing this, two main goals will be achieved: an educational document for administrative leaders and others who need information on how the program is constructed and conducted; and a clear, concise reference for how HRSA and OPA regulations are interpreted and implemented by our entity.

340B PROGRAM BACKGROUND

The 340B Program enables covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Manufacturers participating in Medicaid, agree to provide outpatient drugs to covered entities at significantly reduced prices.

Eligible health care organizations/covered entities are defined in statute and include HRSA-supported health centers and look-alikes, Ryan White clinics and State AIDS Drug Assistance programs, Medicare/Medicaid Disproportionate Share Hospitals, children's hospitals, and other safety net providers.

To participate in the 340B Program, eligible organizations/covered entities must register and be enrolled with the 340B program and comply with all 340B Program requirements. Once enrolled, covered entities are assigned a 340B identification number that vendors verify before allowing an organization to purchase 340B discounted drugs.

Further resources and details regarding the current status of the 340B Drug Pricing Program may be found at: <https://www.hrsa.gov/opa>

340B STATEMENT OF PURPOSE

BENEFIT UTILIZATION

As a participant in the 340B program, we have evaluated the best use for benefits and savings from the 340B Program and determined to use those in accordance with the 340B Program Intent. The savings from the program allow us to enhance patient care in many different ways. For example, our Indigent Patient Program.

INDIGENT PATIENT PROGRAM

Southern Humboldt Community Healthcare District offers a 340B Indigent Patient Program through the Cervey system, also called a Prospective or Cash Patient Program. This program is defined using a specific BIN, PCN &



Group number and extends the benefit of 340B Discount Drug Pricing to eligible and qualified patients as described below.

The 340B Indigent Patient Program is available to patients who receive care, other than just prescriptions, from a 340B qualified provider located within an eligible, registered Southern Humboldt Community Healthcare District location as determined by HRSA ruling and guidelines. Patients must fill prescriptions at one of the contract pharmacies eligible to provide 340B services for Southern Humboldt Community Healthcare District. Patients must also meet one of the following requirements to qualify for the 340B Indigent Patient Program.

- Patient does not have third-party prescription drug coverage.
- Patient's third-party coverage does not include prescribed medication
- Patient meets Southern Humboldt Community Healthcare District charity care definition as found in Southern Humboldt Community Healthcare District charity care policy

The 340B Indigent Patient Program is non-transferable to other individuals, i.e. family members, friends, or other patients. Patients qualified for the 340B Indigent Patient Program will pay the sum of a pharmacy dispensing fee and the 340B drug cost, as charged to Southern Humboldt Community Healthcare District. Southern Humboldt Community Healthcare District does not receive compensation or other benefit in any way from the 340B Indigent Patient Program.

RESPONSIBILITIES AS A SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

Upon registration as a Southern Humboldt Community Healthcare District in the HRSA database, each participant agrees to abide by the rules and regulations governing the program. We understand our responsibility to take reasonable steps to ensure compliance, including but not limited to regular program audits, contract pharmacy oversight, staff training, and inventory tracking. We acknowledge that we have full responsibility to maintain auditable records of compliance and program operations.

POLICIES AND PROCEDURES DEVELOPMENT

SCOPE OF THIS DOCUMENT

This document will cover the policies and current procedures governing our 340B Drug Pricing Program. This includes registration as a participant, defining terms, contract pharmacy processes, split bill processes, compliance processes, and staff training and development. Page references for each of these subjects can be found in the table of contents.



POLICY REVIEW PROCESS & SCHEDULE

REVIEW PROCESS

This document will be reviewed and revised as necessary. The 340B Program Manager will read through the policies and procedures document in its entirety annually, making notes as to whether or not current practices have changed since the previous version. 340B PM will focus on the current practices of our entity and ways in which the policies can be changed and updated to promote better compliance with the program guidelines. After making necessary changes to the document, 340B PM will send the document to the Authorizing Official (AO) for review. The AO will review and send any necessary edits or feedback to the 340B PM who will then finalize the document.

PREVIOUS VERSIONS

Previous versions of this document may be provided upon request.

REGISTRATION INFORMATION

ENTITY ELIGIBILITY

Southern Humboldt Community Healthcare District meets all 340 Eligibility requirements for its entity type. [IF NOT CAH, CITE APPROPRIATE REQUIREMENTS FROM:
<https://www.hrsa.gov/opa/eligibilityandregistration/index.html>]

- Southern Humboldt Community Healthcare District is a Critical Access Hospital as defined by Section 1820 (c)(2) of the Social Security Act.
- The hospital is owned or operated by a unit of State or local government.
- Outpatient clinics and child sites are integral parts of the hospital and are reimbursable by Medicare according to CMS.
- Documentation for the above three points is available for review.
- Southern Humboldt Community Healthcare District agrees to abide by all requirements of the 340B Drug Pricing Program. Ongoing changes to the 340B Drug Pricing Program will be monitored by regularly reviewing trusted sources, such as Apexus, SNHPA, and the OPAIS website for program updates.
- Southern Humboldt Community Healthcare District will inform OPA immediately of any changes to its information on the OPAIS website or the Medicaid Exclusion File.

CURRENT INFORMATION



PARENT: SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

Register Date: 7/11/2016

Participating Approval Date: 8/8/2016

Start Date: 10/1/2016

CHILD SITES:

Child Site: Southern Humboldt Community Clinic

Start Date: 7/1/2017

REGISTRATION REVIEW PROCESS AND SCHEDULE

CHILD SITE REGISTRATION

The 340B Program Manager is responsible to review site eligibility and register as necessary according to the below statements.

Child sites considered reimbursable by Medicare through CMS will be considered eligible to prescribe and dispense 340B drugs. Once such sites appear on the Medicare Cost Report, they will be registered with HRSA in the next registration period. Each specialty in a clinic will be individually registered with HRSA by suite.

PHARMACY REGISTRATION

The 340B Program Manager is responsible to review contract pharmacy eligibility and register pharmacies as necessary when there is a fully executed pharmacy services agreement between Southern Humboldt Community Healthcare District and a pharmacy.

SCHEDULED REVIEWS

The 340B Program Manager will review the information on the HRSA database with special attention to registered contract pharmacies, child sites, and the authorizing official on a quarterly basis.

ANNUAL RECERTIFICATION

The CFO will review the information currently on file with HRSA, with special attention to the eligibility requirements and Medicaid billing intent and complete the recertification promptly to ensure program compliance.

CHANGE REQUEST PROCESS

If a change is necessary to the HRSA database, the 340B Program Manager will notify the CFO who will use the change request form on the HRSA website to submit the change. The 340B Program Manager will monitor the database to ensure the change is accepted and listed within a reasonable amount of time, and if it is not changed, will again notify the CFO to contact Apexus and ensure the request was received and is being implemented.



PRIME VENDOR ENROLLMENT

Southern Humboldt Community Healthcare District and its child sites are registered with the Prime Vendor Program.

DEFINITIONS

DEFINITION OF COVERED OUTPATIENT DRUGS

The 340B Program includes the following outpatient drugs: FDA-approved prescription drugs; over-the-counter (OTC) drugs written on a prescription; biological products that can be dispensed only by a prescription (other than vaccines); or FDA-approved insulin.

Reference: <http://www.hrsa.gov/opa/eligibilityandregistration/index.html>

This facility has additionally opted not to include C2 controlled substances in our 340B Program.

DEFINITION OF ELIGIBLE PATIENT

SITE ELIGIBILITY

Locations prescribing or dispensing 340B drugs will be listed as reimbursable on the most recently filed Medicare Cost Report and any locations not included within the four walls of the parent entity will be registered as child sites on the HRSA Database. Any off-site locations which are not registered on the HRSA Database will not prescribe or dispense 340B drugs until they have been registered and approved for participation in the program.

RESPONSIBILITY OF CARE & PATIENT HEALTH RECORDS

This facility has a responsibility to maintain records of each patient's health care. 340B drugs will only be dispensed to patients Southern Humboldt Community Healthcare District maintains records for and whose Primary Care Physician is listed on the entity provider panel as an eligible provider. The facility will maintain records as to each patient's visit and diagnoses.

A patient is eligible if Southern Humboldt Community Healthcare District has established a relationship with the individual, such that Southern Humboldt Community Healthcare District maintains records of the individual's health care; and the individual receives health care services from a health care professional who is either employed by Southern Humboldt Community Healthcare District or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with Southern Humboldt Community Healthcare District. An individual will not be considered a "patient" of Southern Humboldt Community Healthcare District for purposes of 340B if the only health care service received by the



individual from Southern Humboldt Community Healthcare District is the dispensing of a drug or drugs for subsequent self-administration or administration in the home setting.

PROVIDER ELIGIBILITY

Providers must be employed by or contracted with our facility in order to be listed on the prescriber list and be allowed to dispense or prescribe 340B drugs. In certain cases, prescribers who are not on the prescriber list or contracted with the facility may prescribe 340B drugs to patients whose primary care physician is contracted or employed by the facility. Providers who are employed or contracted at ineligible sites as well as eligible sites will be limited to prescribing or dispensing 340B drugs at the eligible sites only.

REFERRALS

Southern Humboldt Community Healthcare District is not currently processing referrals and operates with an extended provider panel. Prescribers who are not on the prescriber list or contracted with the facility cannot prescribe 340B drugs to patients regardless of whether the primary care physician is contracted or employed by the facility. In conjunction with Cervey and Walgreens, we have a system in place to ensure no referred prescriptions are qualified as 340B claims.

CURRENT PROVIDER PANEL

The most recently updated provider panel can be provided upon request.

OTHER DEFINITIONS

HRSA

The Health Resources and Services Administration. This agency of the U.S. Department of Health and Human Services is the primary Federal agency for improving health care to people who are geographically isolated, economically, or medically vulnerable. See more at: <https://www.hrsa.gov/>

OPA

The Office of Pharmacy Affairs maintains a website at <https://www.hrsa.gov/opa> where details on the 340B Drug Pricing Program can be found, along with educational information, templates, and other 340B-related resources.



APEXUS

Apexus is the HRSA-designated Prime Vendor for the 340B Drug Pricing Program. In addition to helping 340B entities access the best price on covered outpatient drugs through contracting with pharmaceutical manufacturers and distributors, Apexus supports 340B program integrity by providing education and technical assistance to all stakeholders. Learn more at <https://www.340bpvp.com/>

CONTRACT PHARMACY PROCESS DESCRIPTION

CONTRACT PHARMACY PROGRAM SUMMARY

This facility uses contracted pharmacy services. All contracted pharmacies have arrangements that are established in accordance with OPAIS requirements and guidelines including, but not limited to, the hospital obtaining sufficient information from the contractor to ensure compliance with applicable policy and legal requirements.

If necessary, a Power of Attorney document may be put in place to allow a contract pharmacy relationship to continue through a change requiring a new pharmacy services agreement such as a pharmacy DEA change or pharmacy ownership change.

Our facility is not limited to providing comprehensive pharmacy services at any particular location and may choose to provide them at multiple locations and / or in-house. We will inform the patient of his or her freedom to choose a pharmacy provider. If the patient does not elect to use a contracted service, the patient may obtain the prescription from us and then obtain the drugs from the pharmacy provider of their choice. When a patient obtains a drug from a pharmacy other than a contracted, registered pharmacy, it will not be processed as a 340B drug.

Our facility will adhere to all Federal, State, and local laws and requirements. We are aware of the potential for civil or criminal penalties if we violate these laws and requirements.

PHARMACY SERVICE AGREEMENTS

CURRENT CONTRACT PHARMACIES

CONTRACT PHARMACY(IES):

Contract Pharmacy: [CYSTIC FIBROSIS SERVICES, LLC](#) Walgreens 16280

Approval Date: 10/11/2017

Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs

Entity Official: Paul M. Eves, Chief Financial Officer

(707) 923-3921 Ext: 291



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Signed By Date: 10/11/2017
Wholesaler: Amerisource Bergen
340B Wholesaler Account Number: 0018036876

Contract Pharmacy: [WALGREENS # 04681](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer
(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS # 09703](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer
(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS MAIL SERVICE, LLC Walgreens #03397](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer
(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS SPECIALTY PHARMACY LLC Walgreens #15443](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer
(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS SPECIALTY PHARMACY LLC Walgreens #16287](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer
(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS SPECIALTY PHARMACY, LLC Walgreens #12314](#)

Approval Date: 10/11/2017
Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs
Entity Official: Paul M. Eves, Chief Financial Officer



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(707) 923-3921 Ext: 291
Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS SPECIALTY PHARMACY, LLC Walgreens #15438](#)

Approval Date: 10/11/2017

Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs

Entity Official: Paul M. Eves, Chief Financial Officer

(707) 923-3921 Ext: 291

Signed By Date: 10/11/2017

Contract Pharmacy: [WALGREENS.COM, INC](#)

Approval Date: 10/11/2017

Pharmacy Representative: Karl Meehan, Vice President, Health Systems Programs

Entity Official: Paul M. Eves, Chief Financial Officer

(707) 923-3921 Ext: 291

Signed by Date: 10/11/2017

SHIPPING ADDRESSES:

Shipping Address 1:
Garberville Pharmacy
286 Sprowel Creek
Garberville, CA 95542

THIRD-PARTY PROCESSOR(S)

We are currently using Cervey and Walgreens as our third-party processors for our contract pharmacy accumulations.

Cervey

The support phone number is (800) 710-9348 and the support email address is cerveysupport@cervey.com.

Walgreens

The support email address is 340bcomplete@walgreens.com.

Any questions or concerns about Cervey or Walgreens should be addressed to the 340B Program Manager internally before contacting the TPA directly.

CONTRACTS



Fully executed pharmacy and third-party processor contracts can be provided upon request. 340B drugs will not be used at any location that is not fully contracted with our facility and registered on the HRSA 340B Database. Each contract pharmacy PSA will include a subsection or amendment identifying the eligible locations from which 340B drugs may be prescribed to eligible patients. Upon written request, a copy of the contract pharmacy service agreement will be provided to the Office Pharmacy Affairs within a reasonable amount of time.

STAFF RESPONSIBILITIES

CFO

- Responsible as the principal officer in charge for the compliance and administration of the program.
- Listed as the Authorizing Official on HRSA.
- Responsible for attesting to the compliance of the program during HRSA recertification.
- Must account for savings and use of funds to provide care for the indigent under the indigent care agreement.
- Must coordinate constant knowledge of any change in clinic eligibility/information.
- Responsible for communication of all changes to the Medicare Cost Report regarding clinics or revenue centers of the Cost Report.
- Responsible for communication of all changes to Medicaid reimbursement for pharmacy services / products that impact 340B status.

340B PROGRAM MANAGER

- Listed as the Primary Contact on HRSA
- Accountable agent for 340B compliance.
- Agent of the CEO or CFO responsible to administer the 340B program to fully implement and optimize appropriate savings and ensure current policy statements and procedures are in place to maintain program compliance.
- Must maintain knowledge of the policy changes that impact the 340B program which includes, but are not limited to, HRSA/OPA rules and Medicaid changes.
- Day to day manager of the program.
- Responsible for maintenance and testing of tracking software.
- Responsible for documentation of policies and procedures.
- Responsible for establishing distribution accounts and maintaining those accounts, i.e., WAC account, 340B account, and GPO account.
- Primarily deals with Risk Management and Compliance.
- Works with the Medical Staff to use effective therapeutic classes that optimize savings with good clinical outcomes.
- Designs the annual plan to cover all changes in the program from the past year.



- Assures compliance with 340B program requirements of qualified patients, drugs, providers, vendors, payers, and locations.
- Responsible for communicating with pharmacy about inventory management, purchase orders, and wholesaler account maintenance.
- Responsible for monitoring ordering and receiving processes with contract pharmacies.
- Monitors 340B drug utilization to ensure avoidance of duplicate discounts by appropriate treatment of Medicaid patients.
- Is aware of products covered by 340B.
- Designs and maintains an internal audit plan of the compliance of the 340B program. With the help of the 340B Program Manager.

IT DEPARTMENT

- Supports selection and implementation of third-party processors.
- Monitors data feeds to external partners.
- Troubleshoots any data problems as they arise.
- Provides access to data for compliant identification of outpatient utilization for eligible patients.
- Archives the data to be available to auditors as necessary.

340B DRUG PROCUREMENT

Each contract pharmacy uses a virtual 340B replenishment system as well as their own non-340B inventory. All contract pharmacy staff dispense prescriptions to 340B eligible patients using non-340B drugs. These drugs will then be replenished with a 340B drug. Our facility will purchase the drug, maintain title to the drug, and assume responsibility for establishing its price pursuant to the terms of a Health and Human Services grant and any applicable Federal, State, and local laws. The wholesaler will bill our facility at the main billing address but will deliver the drugs directly to the contract pharmacy, at which point they become non-340B drugs again and ownership will transfer to the contract pharmacy. The accumulator system distinguishes 340B patients from non-340B patients and accumulates doses until a purchasing unit has been reached. The item is then re-ordered on the appropriate 340B wholesaler account. This is also known as an in-house replenishment accumulator system. Our facility pays the invoice to the wholesaler for all 340B drugs.

Our facility maintains records of 340B related transactions that are stored in an electronic format in the wholesaler's system and the third-party processor's system.

No physical 340B inventory is stored on location at the contract pharmacy. In the event that an inventory reconciliation shows virtual positive 340B inventory that cannot be decreased in a reasonable amount of time by qualified dispensations, that quantity of inventory of the same NDC-11(s) will be returned to the wholesaler on the 340B account as quickly as possible.



Our facility does not borrow pharmaceuticals.

340B DRUG DISPENSATION

CONTRACT PHARMACY RESPONSIBILITIES

The contract pharmacy is responsible to provide comprehensive pharmacy services including dispensing drugs, record-keeping, drug utilization review, formulary maintenance, patient profiling, patient counseling, medication therapy management services, and other clinical pharmacy services.

340B eligible prescriptions may be presented to all contracted pharmacies via e-prescribing, hard-copy, fax, or phone. All contracted pharmacies verify patient, prescriber, and outpatient clinic location via barcode, PBM eligibility file, and record that as well as any other required information. The contracted pharmacy may place 340B orders on behalf of the Southern Humboldt Community Healthcare District based upon 340B eligible use as determined by the accumulator system. Orders are triggered by package size used and placed using the online system. Our facility is notified of orders via email or fax, and each order is tracked using the third-party processor's virtual inventory system.

Only pharmacy employees may have access to the pharmacy, and industry standard security measures are taken to ensure that drugs are not removed from the pharmacy without authorization.

The contract pharmacy is to notify us if they do not receive an 11-digit matched NDC replenishment order within timeframe outlined in the pharmacy services agreement of the original order fulfillment request. We will reimburse the contracted pharmacy at a pre-negotiated rate for such drugs.

Contracted pharmacies may provide other services to this facility or its patients at the option of our facility, such as home care, delivery, or reimbursement services. Regardless of the services provided by contracted pharmacies, access to 340B drugs will always be restricted to patients of our entity.

All contracted pharmacies will adhere to all Federal, State, and local laws and requirements. Contracted pharmacies are aware of the potential or civil or criminal penalties if they violate these laws and requirements.

THIRD PARTY PROCESSING

We have contracted with Cervey and Walgreens to facilitate the design and implementation of the 340B contract pharmacy program. However, we acknowledge that we are still responsible for all 340B compliance elements.

Cervey and Walgreens provide a tracking system to prevent diversion of drugs to individuals who are not patients of our entity. Customary business records, EMR data, and pharmacy switch data are used for this purpose. We periodically audit the dispensing and accumulation records from the contract pharmacy and Cervey and Walgreens to detect potential irregularities.



MEDICAID BILLING

We carve-out contract pharmacy prescriptions for patients paying with Medicaid.

Medications dispensed at contract pharmacies to patients paying with Medicaid will not be accumulated on the 340B account. This is known as 'carving-out' Medicaid. Cervey and Walgreens maintain a payor exclusion file in place to filter out Medicaid claims which is tested for accuracy during quarterly audits.

INVENTORY RECONCILIATION

NDC MATCHING

In order to maintain a compliant replenishment inventory, 340B drugs will only be accumulated and ordered with matching 11-digit NDC numbers. If a previously eligible drug is discontinued by the manufacturer or otherwise unavailable, the accumulation for that NDC will be reversed, and accumulation will restart on another NDC.

Cervey and Walgreens complete this process on behalf of Southern Humboldt Community Healthcare District.

VIRTUAL INVENTORY RECONCILIATION

As described under "Compliance Processes," regular virtual inventory reconciliations will be held to determine whether any 340B drugs have been purchased without a matching dispensation. If a virtual positive 340B inventory is discovered which cannot be reduced by qualified dispensations within a 90-day period that quantity of inventory with the same NDC-11(s) will be returned on the 340B wholesaler account.

SPLIT BILL / MIXED USE PROCESS DESCRIPTION

SUMMARY

Our facility has a split-bill / mixed-use program in which covered outpatient drugs that are dispensed by qualified hospital personnel to qualified outpatients may be purchased on the 340B wholesaler account.

THIRD-PARTY PROCESSOR(S)

We have contracted with Cervey to facilitate the design and implementation of the 340B split-bill / mixed-use program. However, we acknowledge that we are still responsible for all 340B compliance elements.

Cervey provides a tracking system to prevent diversion of drugs to individuals who are not patients of our entity. Customary business records and EMR data are used for this purpose. We periodically audit the dispensing and accumulation records from our internal pharmacy and Cervey to detect potential irregularities.



STAFF RESPONSIBILITIES

CFO

- Listed as the Authorizing Official on HRSA.
- Must account for savings and use of funds to provide care for the indigent under the indigent care agreement.
- Responsible for attesting to the compliance of the program during HRSA recertification.
- Responsible for attesting to the compliance of the program during HRSA recertification.
- Must coordinate constant knowledge of any change in clinic eligibility/information.
- Responsible for modeling all managed care contracts (with/without 340B).
- Engages pharmacy in those conversations that impact reimbursement.
- Responsible for communication of all changes to the Medicare Cost Report regarding clinics or revenue centers of the Cost Report.
- Responsible for communication of all changes to Medicaid reimbursement for pharmacy services / products that impact 340B status.

340B PROGRAM MANAGER

- Listed as the Primary Contact on HRSA
- Accountable agent for 340B compliance.
- Agent of the CEO or CFO responsible to administer the 340B program to fully implement and optimize appropriate savings and ensure current policy statements and procedures are in place to maintain program compliance.
- Must maintain knowledge of the policy changes that impact the 340B program which includes, but are not limited to, HRSA/OPA rules and Medicaid changes.
- Maintains system databases to reflect changes in the drug formulary or product specifications.
- Manages purchasing, receiving and inventory control processes.
- Day to day manager of the program.
- Responsible for maintenance and testing of tracking software.
- Responsible for documentation of policy and procedures.
- Assures compliance with 340B program requirements of qualified patients, drugs, providers, vendors, payers, and locations.
- Monitors ordering processes, integrating most current pricing from wholesaler, analyze invoices, shipping, and inventory processes.
- Monitors 340B drug utilization to ensure avoidance of duplicate discounts by appropriate treatment of Medicaid patients.
- Responsible for establishing distribution accounts and maintaining those accounts; i.e., WAC account, 340B account, and GPO account.
- Primarily deals with Risk Management and Compliance.
- Designs and maintains an internal audit plan of the compliance of the 340B program.
- Designs the annual plan to cover all changes in the program from the past year.



IT DEPARTMENT

- Supports selection and implementation of third-party processors.
- Monitors data feeds to external partners.
- Troubleshoots any data problems as they arise.
- Provides access to data for compliant identification of outpatient utilization for eligible patients.
- Archives the data to be available to auditors as necessary.
- Supports the pharmacy software selection of tracking software to manage the 340B program.

340B DRUG PROCUREMENT

All qualified hospital staff dispense prescriptions to 340B eligible patients using non-340B drugs. The accumulator system distinguishes 340B patients from non-340B patients, and accumulates doses until a purchasing unit has been reached. The item is then re-ordered on the appropriate 340B wholesaler account. This is also known as an in-house replenishment accumulator system. Our facility purchases the drug, maintains title to the drug, and assumes responsibility for establishing its price pursuant to the terms of any applicable Federal, State, and local laws. The wholesaler bills our facility at the main billing address, and we pay the wholesaler for the drugs, at which point they are transferred to our non-340B inventory for subsequent use.

340B DRUG DISPENSATION

Hospital pharmacy staff has been educated on the appropriate use of 340B drugs as necessary. Because we are using a replenishment system in which 340B dispensations are qualified after the fact, it is not necessary for every staff member to know whether they are dispensing to a 340B eligible patient or not. Records are kept as to each patient's status as an inpatient or an outpatient and other eligibility factors as part of their regular medical record, which are then used by the 340B accumulator to determine 340B status.

MEDICAID BILLING

Our Medicaid billing intent of carve-in is registered on the HRSA Database Medicaid Exclusion file.

When 340B drugs are accumulated based on dispensations to patients paying with Medicaid, we will bill State Medicaid according to previously agreed upon practices. This includes appending a UD-modifier to the end of the charge code and reviewing dispensations and billing statements to ensure compliance with the duplicate discount rule. When applicable, our entity will also include the modifier "TB" on 340B claims where the patient has paid for the prescription using Medicare Part B.

LOCATION ELIGIBILITY



Our facility has registered eligible outpatient locations and child sites with Cervey to ensure that only patients from eligible locations are qualified as 340B.

INVENTORY RECONCILIATION

NDC MATCHING

In order to maintain a compliant replenishment inventory, 340B drugs will only be accumulated and ordered with matching 11-digit NDC numbers. If a previously eligible drug is discontinued by the manufacturer or otherwise unavailable, the accumulation for that NDC will be reversed, and accumulation will restart on another NDC.

VIRTUAL INVENTORY RECONCILIATION

As described in the compliance section, regular virtual inventory reconciliations will be held to determine whether any 340B drugs have been purchased without a matching dispensation. If a virtual positive 340B inventory is discovered which cannot be reduced by qualified dispensations within a 90-day period, that quantity of inventory of matching NDC-11(s) will be returned on the 340B wholesaler account.

COMPLIANCE PROCESSES

COMPLIANCE ELEMENTS

We will maintain compliance with all requirements and restrictions of the 340B regulations of the Public Health Service Act. The primary areas of focus for the compliance section are:

- Up-to-date OPAIS / HRSA Database records
- Diversion prevention
- Duplicate discount prevention
- Regular, ongoing audits
- Proper contract pharmacy usage and oversight
- Self-reporting in the event of a material breach
- The maintenance of auditable records

Our primary 340B compliance officer is the 340B Program Manager. Any questions or comments concerning compliance should be directed to them.

We understand that failure to maintain compliance with the rules and regulations governing the 340B Drug Pricing Program may result in liability to the manufacturer of the covered outpatient drug that is the subject of the



violation, and depending on the circumstances, we may be subject to the payment of interest and / or removal from the list of eligible 340B entities.

We understand that we are subject to audits by outside parties, by HRSA, and by participating manufacturers of records that directly pertain to our compliance with the 340B Drug Pricing Program rules and regulations. All pertinent contract pharmacy and split bill wholesaler accounts and dispensation records will be made available in the event of such an audit.

ACI 340B MANAGEMENT

We are also contracted with ACI 340B Management, a consulting firm, to ensure ongoing compliance with contract pharmacy performance and utilization. A list of ACI 340B Management services can be provided upon request.

UP-TO-DATE OPA / HRSA DATABASE RECORDS

As described in the registration section, the 340B Program Manager will ensure that the people, sites, and pharmacies listed on the HRSA Database are correct, as well as that the Medicaid billing intent is correctly stated for each registration entry. If a person listed on the HRSA Database becomes inactive and is no longer involved in the 340B Program, they will be removed from the registration records.

DIVERSION PREVENTION

We have established with the assistance of Cervey and Walgreens a tracking system to prevent diversion of section 340B drugs to individuals who are not patients of our entity. We periodically audit this system to detect potential irregularities. The system has been modified and will be modified in the event there is a change in HRSA guidelines or adjustments become necessary to remain compliant. No 340B drug will be transferred or resold to an individual who is not a patient of our entity.

We have established with the assistance of Cervey and Walgreens a set of configurations to prevent ineligible section 340B drug prescriptions by prescribers who are not contracted or employed by our facility. We periodically audit this system to detect potential irregularities.

DUPLICATE DISCOUNT PREVENTION

MEDICAID PROCESSING

Our Medicaid billing intent to carve-in is registered on the HRSA Database Medicaid Exclusion file.



The specific processes for preventing duplicate discounts are listed in the appropriate sections above. Medicaid patients will be identified based on their billing identification information known as the BIN, PCN, and Group Number for each claim. We regularly work with our State Medicaid Office and other resources to make sure we have the most up to date State Medicaid information.

STATE MEDICAID INFORMATION

Medi-Cal

Phone# 1-800-541-5555

Hospital: 1003819376

Clinic: 1336367515

GPO EXCLUSION

The GPO exclusion does not apply to our entity.

EXTERNAL AUDITS

We have contracted with an external auditing company to perform quarterly audits to ensure compliance with 340B Program rules and regulations. These audits are exhaustive, and focus specifically on diversion prevention, duplicate discount prevention, and the use of eligible outpatient drugs. Each external audit results in a report delivered to our entity, and any findings are addressed in a Quarterly Audit Resolution.

INTERNAL AUDITS

Internal audits are performed monthly by the 340B Program Manager. These audits involve a review of all 340B qualified claims for the period. Each claim is reviewed to ensure compliance with all aspects of the 340B Program. Any findings from an internal audit are addressed in a Quarterly Audit Resolution.

CONTRACT PHARMACY OVERSIGHT

Contract pharmacy 340B dispensations are reviewed in both internal and external audits on a regular schedule, and any findings are addressed in a Quarterly Audit Resolution. Each contract pharmacy understands and agrees that maintaining compliance with the 340B program rules and regulations is integral to participation in the program and that compliance violations may result in financial repercussions or removal from the program.



VIRTUAL INVENTORY RECONCILIATION

Cervey and Walgreens will determine whether any 340B drugs have been purchased without a matching dispensation. Accumulations will also be examined during internal and external audits. If a virtual positive 340B inventory is discovered which cannot be reduced by qualified dispensations within 6 months, that quantity of inventory of matching NDC-11(s) will be returned to the 340B wholesaler account. When inventory reconciliations take place, reconciled claims will be sent to the 340B Program Manager for review to ensure the dispensations resulting in a need to reconcile purchases have not occurred because of diversion.

MATERIAL BREACH DEFINITION

MATERIAL BREACH

A material breach is defined as a compliance violation that meets or exceeds 15% of total 340B purchases in a 6-month period and will not self-correct within 6 months.

Such a finding will require self-disclosure, which will be done as quickly as reasonably possible, and will result in a Corrective Action Plan. Situations which require resolution but do not meet those criteria will result in a quarterly audit resolution, but not self-disclosure to HRSA.

Reference:

https://docs.340bpvp.com/documents/public/resourcecenter/Establishing_Material_Breach_Threshold.pdf

SELF-REPORTING

We acknowledge our responsibility to contact OPA as soon as reasonably possible if there is any change in 340B eligibility or if a material breach is discovered. We acknowledge that if there is a breach of the 340B requirements, we may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and depending on the circumstances, we may be subject to the payment of interest and / or removal from the list of eligible 340B entities.

Self-reporting will be done via email to HRSA, using the process outlined at:

<https://www.hrsa.gov/opa/selfdisclosures/selfdisclosure.html>

QUARTERLY AUDIT RESOLUTION

A quarterly audit resolution is necessary when a compliance violation is discovered. It will consist of five parts.

1. Identifying the root cause.
2. Choosing the action to be taken.
3. Developing a plan to implement the resolution.
4. Plan implementation.



5. Measurement of results.

Each quarterly audit resolution will include a proposed timeline for completion and names and titles of responsible staff members. A Corrective Action Plan following a material breach will follow the same format as a quarterly audit resolution.

MAINTAINING AUDITABLE RECORDS

TELEMEDICINE

Southern Humboldt Community Healthcare District utilizes telemedicine to deliver care to hospital patients. When a virtual visit of this type occurs, and results in a 340B dispensation, Southern Humboldt Community Healthcare District will ensure all normal 340B requirements are met, including the following:

- Southern Humboldt Community Healthcare District either owns the medical record or has joint access to the medical record with the professional providing the care.
- The visit is recorded in the medical record as occurring from an eligible 340B location

RECORDS RETENTION

Auditable records will be maintained for a period that complies with all applicable Federal, State, and local requirements, or for 10 years, whichever is longer in each case.

INTERNAL DATABASE

Our entity maintains internal records of patient health records, pharmacy dispensations, pharmacy purchases, and billing information. All pertinent records will be made available in the event of an HRSA or manufacturer audit and may be used during an internal or external contracted audit to ensure compliance.

POLICIES AND PROCEDURES

These policies and procedures and the Appendix documents will be kept in an accessible place where our staff can easily find and refer to the latest copy in the event of an audit or question.

TRANSACTION DATA

Transaction data relating to 340B dispensations and purchases for contract pharmacies will be kept in Cervery's and Walgreens databases and will be always accessible to our entity. All pertinent records will be made available in the event of a HRSA or manufacturer audit and may be used during an internal or external contracted audit to ensure



compliance. If Cervey and Walgreens contracts do not allow for information being retained until the Federal time requirement is met, Southern Humboldt Community Healthcare District will archive the data independently.

INVENTORY TRACKING

Inventory purchase history will be maintained by each wholesaler, our pharmacy, our billing staff, and TPA's database as appropriate. All pertinent records will be made available in the event of a HRSA or manufacturer audit and may be used during an internal or external contracted audit to ensure compliance.

HISTORICAL INTERNAL AUDIT RECORDS

Internal audit results can be provided upon request.

HISTORICAL EXTERNAL AUDIT RECORDS

External audit results can be provided upon request.

HISTORICAL QUARTERLY AUDIT RESOLUTIONS

Quarterly Audit Resolutions can be provided upon request.

STAFF TRAINING AND DEVELOPMENT

STAFF RESPONSIBILITIES

The 340B Program Manager will educate themselves as to the general requirements of the 340B Drug Pricing Program and the specifics of our implementation of that program. If it comes to their attention that there is an aspect of the program which requires more study on their part, they will make every effort to educate themselves on that part within a reasonable amount of time.

TRAINING RESOURCES

Educational tools may be found at: <https://www.340bpvp.com/education/> and <https://www.hrsa.gov/opa/educationalresources/index.html>



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
shchd.org

SIGNATURES

POLICIES AND PROCEDURES RESPONSIBLE STAFF MEMBER

NAME, TITLE, SIGNATURE, DATE

340B PROGRAM AUTHORIZING OFFICIAL

NAME, TITLE, SIGNATURE, DATE



DEPARTMENT: Governing Board	APPROVED:	Page 1 of 1
SUBJECT: Governing Board Meeting Minutes	EFFECTIVE DATE:	SUPERCEDES: N/A

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") To produce cost-effective and legally compliant meeting minutes for the Governing Board.

Word-Definition**REFERENCES:**

Example:

Government Code 40801, 36814, 54953(c)(2), 53232.3(d), 54953(c)(2), and the City Clerks Association of California Guidelines For Preparing Minutes For Governmental Agencies.

REVIEWED BY:

Administrative Team

Medical Staff

Governing Board



DEPARTMENT: Governing Board	APPROVED:	Page 1 of 1
SUBJECT: Governing Board Meeting Minutes	EFFECTIVE DATE:	SUPERCEDES: N/A

PROCEDURE:

The Governing Board Clerk will produce concise action-style minutes that strictly align with the Government Code and legal requirements for posting.

DEFINITIONS:

REFERENCES:

Example:

REVIEWED BY:

- Administrative Team
- Medical Staff
- Governing Board



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: CLEANING PROCEDURES	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all equipment will be cleaned according to approved procedures. To ensure a clean and safe environment in the Dietary Department. Proper cleaning and maintenance of equipment is an effective means of preventing employee accidents, preventing cross-contamination, and extending the life of the equipment.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 5. Cleaning and Sanitizing of Equipment and Utensils, 114115 (c).

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 4-601.11, 4-602.13.

<https://www.fda.gov/media/164194/download>

Reviewed By:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: COOLING LARGE CUTS OF MEAT	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District Dietary Department to assure that foods are prepared following established food safety guidelines, specifically when large cuts of meats are prepared the day prior to service, the cooling process is closely monitored to prevent bacterial growth, which leads to food borne illness.

DEFINITIONS:

None

REFERENCES:

California Health and Safety Code Division 104-Environmental Health, Part 7, California Retail Code (2021). Chapter 4. General Food Safety Requirements, Article 2. Time and Temperature Relationship. 114002. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 3-501.14, 3-501.15. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: DIETARY DISASTER PLAN	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a dietary disaster plan to supply food and nutritional support to patients, personnel, and volunteers in the event of a disaster. This plan is based on a need to feed a total of 75 persons for 3 days; 26 patients, 36 staff, 13 volunteers and/or family members. Only staff members that are required to stay will be provided with food. Other staff members are expected to go home after their shift and supply their own food. Community members volunteering are expected to supply their own food, but extra water is stored to meet their needs.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

Meals for All, Inc. 2015 © 3-Day Meal Plan (January 2015-T) www.Mealsforall.com

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: <i>DIETARY</i>	Page 1 of 1
SUBJECT: <i>DIETARY EMPLOYEE HEALTH</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") that the Dietary Department will monitor employee health to prevent an outbreak of food borne illness and comply with the regulations set forth in the California Retail Food Code. Older adults and people with compromised health are more prone to the development of food borne illness. Adherence to this policy protects the health of our patients.

DEFINITIONS:

None

REFERENCES:

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3. Employee Health, Section 11349.1- 113950.5.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Section 2-201.11.

<https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
Infection Preventionist
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: DIETARY POLICY AND PROCEDURE MANUAL	

POLICY:

This policy of Southern Humboldt Community Healthcare District (SHCHD) is to have all Dietary related policies reviewed by all departments affected by the content prior to approval by the Governing Board.

The purpose of this manual is to provide guidelines for all dietary department employees to follow while providing nutritional care including planning, preparation, and service of food. It clarifies the interdepartmental responsibilities related to this process to form a basis of understanding between departments.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70271- Dietetic Service Definition.

[https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277- Dietetic Service Equipment and Supplies.

[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022).

<https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: DIETARY PURCHASING	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all food and supplies to be used in dietary will be purchased from sources approved or considered satisfactory, by federal, state, and local authorities. All food and/or supplies will be purchased within the facility guidelines, utilizing the vendors of the current group purchasing organization contracted with the hospital. Price, service, delivery, and availability will always be considered in purchasing products.

The purpose is:

1. To provide safeguards that all foods have been handled safely prior to arrival at SHCHD.
2. To be certain all products purchased are the best value for the price.
3. To assure that food and equipment are appropriate for the menu.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277- Dietetic Service Equipment and Supplies.

[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 3 Food From Approved Sources, Section 114021. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 4 Receipt of Food, Section 114035. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Section 3-101.11 – 3-203.12. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: DISHWASHING	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District "SHCHD" or "District") to make sure all dishes, trays, utensils, pots and pans are cleaned and sanitized according to established procedures. All utensils for eating, drinking, and in the preparation and service of food and drink shall be cleaned and sanitized or discarded after each use. Clean and sanitized dishes, utensils, pots and pans are a part of the department's safeguards against food borne illness.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273(m)- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277(a)- Dietetic Service Equipment and Supplies.

[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 5. Cleaning and Sanitizing of Equipment and Utensils, 114095- 114125.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 4-301.12(c), 4-603.14, 4-603.15, 4-603.16. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: EQUIPMENT MAINTENANCE	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that equipment maintenance is necessary to prevent employee injuries and to prevent unnecessary equipment repair and replacement costs.

All equipment will be subjected to preventative maintenance procedures to prevent accidents due to faulty electrical or mechanical functioning and extend the life of the equipment.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277 (a)- Dietetic Service Equipment and Supplies.

[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code.). Chapter 6. Equipment, Utensils, and Linens, 114130, 114175.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: FOOD PREPARATION AND PREPARATION AREA	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) to make sure the Dietary Department maintains a clean, sanitary, and safe food production area and food handling procedures. The purpose of this policy is to prevent foodborne illnesses in patients and residents resulting from cross contamination and failure to hold foods at appropriate temperatures.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273 (k)(l)(m)-Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. Article 2, Time and Temperature Relationships, 113996-114020.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 3-304.15, 3-501.

<https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT:
DIETARY

Page 1 of 1

SUBJECT:
**FOOD PREPARATION
AND STORAGE**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) to prepare and store food in a safe manner and to store chemicals and other toxic substances separately from food according to recognized standards for food handling.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273 (k) (1-6) - Food Storage.
[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277 - Dietetic Service Equipment and Supplies.
[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 2 Time and Temperature Relationship, Section 113998.
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 3 Food From Approved Sources, Sections 114021 (a), 114024, 114025, 114027. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 5 Food Storage, Sections 114047- 114055.
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 8. Physical Facilities. Article 3 Poisonous and Toxic Materials, Sections 114254- 114254.3.
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 8. Physical Facilities. Article 4 Employee Storage Areas, Sections 114256- 114256.4.
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 7.201.11, 7.202.11, 7202.12 and 7.203.11. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: GARBAGE AND RUBBISH DISPOSAL	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that garbage and rubbish shall be disposed of in accordance with current laws regulating such matters.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70271 Dietetic Service Definition.
[https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273 (l)(1) and (l)(5)- Dietetic Service General Requirements.
[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 7. Water, Plumbing, and Waste. Article 4 Refuse, Sections 114244 (a), 114245.1 (a-e), 11425.2. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 8. Physical Facilities. Article 6 Vermin and Animals, Section 114259.
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 5-501.11 – 5-501.116. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT:
DIETARY

Page 1 of 1

SUBJECT:
HIRING,
ORIENTATION, AND
TRAINING OF
DIETARY EMPLOYEES

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all employees will receive initial orientation and training when hired, and will complete an annual in-service provided for all hospital employees. In addition, all Dietary employees will complete quarterly in-services provided by the Certified Dietary Manager. These will maintain the efficiency of the department and ensure the accuracy of prescribed medical nutrition therapy, all employees will be thoroughly trained before allowed to work unsupervised.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273 (j)- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 4, 70275 (a-e) Dietetic Service Staff.

[https://govt.westlaw.com/calregs/Document/IB10C6E645B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB10C6E645B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3. Management and Personnel, 113945-113945.1.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3. Management and Personnel, 113947-113948.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 2-101.11 – 2-103.11. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: NUTRITION ORDERS MANAGED BY THE REGISTERED DIETITIAN (RD)	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide guidelines for timely and effective nutrition therapy during a patient's hospital stay.

It is our policy to establish a means to delegate authority to the qualified Registered Dietitian (RD) for ordering or modifying a patient's prescribed diet order or other medical nutrition therapy interventions in order to provide patients with optimal nutrition care in a timely fashion. The qualified RD is one who has maintained current Commission on Dietetic Registration indicating ongoing education, and has competency evaluations per facility policy. The qualified RD may initiate specific nutrition interventions consistent with the dietitian's scope of practice for the State and which do not contradict medical patient care orders. The medical staff, with approval by the hospital governing body, will grant specific nutrition care order writing privileges to the RD through approved guidelines to facilitate implementation of patients' medical nutrition care plan. Competency to perform this function is validated during initial orientation and documented in the personnel file.

California B&P section 2586: ..."a registered dietitian, or other nutritional professional meeting the qualifications set forth in subdivision (e) of Section 2585 may, upon referral by a health care provider authorized to prescribe dietary treatments, provide nutritional and dietary counseling, conduct nutritional and dietary assessments, and develop and recommend nutritional and dietary treatments, including therapeutic diets, for individuals or groups of patients in licensed institutional facilities or in private office settings. ..."

DEFINITIONS:

Word-Definition

REFERENCES:

California Business and Professions Code, Division 2, Chapter 5.65. Dietitians [2585-2586.8]
https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=5.65.&article=

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO
Director of Patient Care Services
CNO
Medical Staff



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: <i>Nutrition Risk Screening and Assessment for Acute, Swing Bed and SNF Patients</i>	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure Acute, Swing Bed and Skilled Nursing Facility patients, coming from outside this facility, will have their nutritional status screened upon admission to determine nutritional risk and the need for nutritional care and monitoring. The assessment will be repeated as needed based on any change in condition. Patients are to receive adequate nutrition support while hospitalized to attain or maintain the patient's highest feasible nutrition status.

DEFINITIONS:

Nutrition risk is a health problem, medical condition, diet deficiency or other issue that can affect the health of a patient.

REFERENCES:

Kesari A, Noel JY. Nutritional Assessment. [Updated 2023 Apr 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK580496/>

Reber E, Gomes F, Vasiloglou MF, Schuetz P, Stanga Z. Nutritional Risk Screening and Assessment. J Clin Med. 2019 Jul 20;8(7):1065. doi: 10.3390/jcm8071065. PMID: 31330781; PMCID: PMC6679209.

White JV, Guenter P, Jensen G, Malone A, Schofield M; Academy Malnutrition Work Group; A.S.P.E.N. Malnutrition Task Force; A.S.P.E.N. Board of Directors. Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). JPEN J Parenter Enteral Nutr. 2012 May;36(3):275-83. doi: 10.1177/0148607112440285. PMID: 22535923.

Code of Federal Regulations, Title 42, Chapter IV, Subchapter G, Part 483, Subpart B 483.20 Resident Assessment. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.20>

Code of Federal Regulations, Title 42, Chapter IV, Subchapter G, Part 483, Subpart B 483.25 (g) (h) Quality of Care. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.25>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO

CNO/Director of Patient Care Services

Medical Staff



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: PATIENT MEAL SERVICE	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all patients and residents will be served nutritionally adequate meals and optional nourishments daily as part of the nutritional care. As possible, their preference and cultural considerations will be incorporated into the menu. Meal timing follows regulation guidelines.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70271 Dietetic Service Definition.

[https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB0F4A0A75B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements, 113980-114094.5.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

McTalley, M (2017). Food and Nutrition Services Diet Manual. Nutricopia. www.NutritionInk.com

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 3-101 – 3-801.

<https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: POTENTIALLY HAZARDOUS FOODS AT BEDSIDE	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) to assure that all potentially hazardous foods will be removed from patient rooms and discarded after being held at room temperature for two hours or less depending of the source of the food. This will provide a prevention of food borne illness in a highly susceptible population.

DEFINITIONS:

Potentially hazardous foods are food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277 (b) (5),(6),(7)- Dietetic Service Equipment and Supplies.
[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 2 Time and Temperature Relationship, Section 114000. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 2 Time and Temperature Relationship, Section 114016. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 3-403.11 and 3-501.19. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFFP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: PROCESSING DIET ORDERS IN DIETARY	

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD) to assure that all patients receive the diet as ordered by the practitioner. Provision of nutritious meals and/or Medical Nutrition Therapy is recognized as an integral part of the medical treatment.

DEFINITIONS:

Medical Nutrition Therapy (MNT) is an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan. This nutrition plan is ordered and approved by a primary care physician and implemented by a Registered Dietitian.

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273 (e)(f) - Dietetic Service General Requirements.
[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

REVIEWED BY:

CERTIFIED DIETARY MANAGER/CFPP
CONSULTANT DIETITIAN
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: RECORDS MAINTENANCE AND RETENTION TIME	

POLICY:

Basic records are maintained and used to prepare monthly/quarterly and annual reports to be used to meet all state and Federal regulatory requirements and efficient management and evaluation of the department. To define the needed records and retention periods.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70273- Dietetic Service General Requirements.

[https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/IB100878B5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: SAFE COOKING TEMPERATURES	

POLICY:

All potentially hazardous foods will be prepared according to the HACCP guidelines, and final cooking temperature will be taken and recorded on every food. Cooking destroys pathogens in food, ensuring the food reached a safe temperature is necessary to prevent food borne illness.

DEFINITIONS:

Potentially hazardous foods are food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

HACCP – Hazard Analysis Critical Control Point- is a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement and handling, to manufacturing, distribution and consumption of the finished product.

REFERENCES:

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 4. General Food Safety Requirements. Article 2 Time and Temperature Relationship, Section 113996 (a), and 114016. <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

REVIEWED BY:

Certified Dietary Manager/CFPP
Consultant Dietitian
COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: SAFETY PRECAUTIONS- GENERAL AND DIETARY SPECIFIC	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" of "District") to educate dietary employees in order to prevent injury.

DEFINITIONS:

None

REFERENCES:

Cal/OSHA. (2022, October). Workplace Safety & Health Guide, Restaurant Employees. State of California, Department of Industrial Relations. https://www.dir.ca.gov/dosh/dosh_publications/Rsg.pdf

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70277(a)- Dietetic Service Equipment and Supplies.

[https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB11177755B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70279- Dietetic Service Space.

[https://govt.westlaw.com/calregs/Document/IB113E87C5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB113E87C5B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Occupational Safety and Health Administration, Standard Interpretations. 06/04/13 Section 5 (a)(1)- OSHA procedures for safe weight limits when manually lifting. <https://www.osha.gov/laws-regs/standardinterpretations/2013-06-04-0>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT: DIETARY	Page 1 of 1
SUBJECT: SANITATION AND SAFETY STANDARDS FOR DIETARY EMPLOYEES	

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) that in addition to employee personnel policies, dietary employees will be required to comply with all sanitation requirements. Food borne illness can often be traced to human error.

DEFINITIONS:

None

REFERENCES:

California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3, Section 70275- Dietetic Service Staff.

[https://govt.westlaw.com/calregs/Document/IB10C6E645B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB10C6E645B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3, Article 4. Handwashing, 113952-113963.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3, Article 5. Personal Cleanliness, 113967- 113971.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

California Health and Safety Code Division 104-Environmental Health (2021) Part 7, California Retail Code. Chapter 3, Article 6. Hygienic Practices, 113973-113978.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBHSCodes.aspx#>

U.S. Department of Health and Human Services FDA Food Code (2022) Sections 2-301.11- 2-304, 2-401- 2-402.11. <https://www.fda.gov/media/164194/download>

REVIEWED BY:

Certified Dietary Manager/CFPP

Consultant Dietitian

COO



DEPARTMENT: Safety and Emergency Preparedness Engineering/Facilities /Bio-Med	APPROVED:	Page 1 of 1
SUBJECT: No 31 Preventative Maintenance	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide comprehensive maintenance of the District's buildings, equipment, and grounds.

PURPOSE:

The Purpose of this Policy and Procedure is to provide preventative maintenance that is regularly performed. Building and grounds maintenance shall be performed on an ongoing and as-needed basis. Daily rounds of the facility. Weekly upkeep of the grounds. Monthly PM checks of building and Safety Equipment and yearly certifications of Building Equipment.

Electronic devices used in the facility, SHCHD, shall be considered as falling into either of two categories: Bio-medical/patient care or non-patient care. Any device used in the care or treatment of patients or on which patient health or well-being depends is considered to fall into the biomedical category. Examples of equipment in this category include but are not limited to monitors, defibrillators, EKG apparatus, etc. Equipment of this type shall be on a schedule of preventative maintenance to be performed and documented by a qualified biomedical equipment technologist (BMET) according to manufacturer specifications/recommendations.

Non-patient care devices shall also be on a schedule of preventative care to ensure their electrical safety.

DEFINITIONS:

Preventive maintenance, or PM, is regular maintenance scheduled according to usage or time-based triggers. The purpose of PM is to lessen the likelihood of equipment breakdowns.

REFERENCES:

[Equipment Safety: Maintenance \(2022-135\) | NIOSH | CDC](#)

REVIEWED BY:

Engineering Manager
Medical Staff
Director of Patient Care Services
Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 2
SUBJECT: No 32 Safe Patient Handling	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide patients, residents, and nursing staff with a plan to provide a safe method for movement of patients and residents. All residents and patients will have an appropriate fall risk assessment and a determination will be made about the individual patient's need for the use of assistants or assistive equipment for safe ambulation and/or transfer.

SHCHD is a "No-Lift" facility. This means that staff members will not lift patients or residents without the use of mechanical lifting equipment. Assistance with walking, standing, pivoting, pivoting to sitting position, are permitted providing there is no lifting involved. However, the use of a gait belt is required.

PRINCIPLES OF SAFE PATIENT HANDLING:

1. Accurate and ongoing patient/resident assessment to assure proper handling techniques are used.
2. Appropriate and frequent use of mechanical lifting equipment and repositioning aids.
3. Knowledge-based staff training and frequent re-training.
4. Written "zero-lift" policy which is followed by all patient care staff.

PURPOSE:

The purpose of this policy and procedure is to describe the best methods to assure patient/resident and staff safety during patient/resident handling.

DEFINITIONS:

Safe patient handling and mobility involves the use of assistive devices to ensure that patients can be mobilized safely and that care providers avoid performing high-risk manual patient handling tasks.

REFERENCES:

[Safe Patient Handling and Mobility \(SPHM\) | NIOSH | CDC](#)

[Preventing Back Injuries in Health Care Settings | Blogs | CDC](#)

[Guide-to-Safe-Patient-Handling.pdf \(mtpinnacle.com\)](#)

[Healthcare - Safe Patient Handling | Occupational Safety and Health Administration \(osha.gov\)](#)

[How to Use Crutches, Canes, and Walkers - OrthoInfo - AAOS](#)

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Director of Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer

Safe Patient Handling

CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 33 Safety Committee	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a functionally safe and sanitary environment for patients, hospital employees, medical staff, and visitors

DEFINITIONS:

Safety committees bring together workers and employers through regularly scheduled meetings where safety issues are addressed. The goal of a safety committee is to create and nurture a culture of safety.

REFERENCES:

N/A

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Director of Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 34 Safety Rules	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide safe practices and rules.

PURPOSE:

The purpose of this policy and procedure is to render every possible aid to safe operations and report all unsafe conditions or practices to the proper authority.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Director of Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 35 Smoking Policy for In-Patients and Residents	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to adhere to Title 22 Regulations as it pertains to Residents' Rights. The rights are found in state laws and regulations under California Health and Safety Code Section 1599; Title 22 of the California Code of Regulations, Section 72527 for Skilled Nursing Facilities, and Section 73523 for Intermediate Care Facilities; and Chapter 42 of the Code of Federal Regulations, Chapter IV, Part 483.10 et seq.

PURPOSE:

The purpose of this policy and procedure is to define SHCHD's smoking policy for the Skilled Nursing Residents and In-Patients.

DEFINITIONS:

N/A

REFERENCES:

[Patient Care | Smoking and Tobacco Use | CDC](#)

[Cal. Code Regs. Tit. 22, § 72527 - Patients' Rights | State Regulations | US Law | LII / Legal Information Institute \(cornell.edu\)](#)

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager

Chief Nursing Officer/Director of Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer
CEO/Administrator