

**AGENCY REVIEW**

**CURRY COMMUNITY HEALTH**

**July 9 – August 6, 2013**  
**Prepared by**  
**Oregon Health Authority**  
**Public Health Division**

**Laurie Smith, RN, MPH**  
**Public Health Nursing Consultant**

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</b>  <b>COMMUNITY LIAISON</b>  <b>ADMINISTRATION</b>	
<ul style="list-style-type: none"> <li>• The LPHA must assure fees for public health services are reasonably calculated not to exceed the cost of the services performed. Provide documentation of cost determination for each service. Assure Board of Directors has approved the fee schedule. <a href="#">ORS 431.415(3)</a>.</li> <li>• The LPHA must assure written policies and procedures exist to guide staff in responding to an emergency. <a href="#">29 CFR § 1910.38</a></li> <li>• The LPHA must comply with the Clean Indoor Air Act. Any designated smoking area must meet provisions listed in <a href="#">OAR 333-015-0064</a> and <a href="#">OAR 333-015-0035(3)(4)</a>.</li> <li>• The LPHA must assure nurse scope of practice is supported by current, signed policies, procedures, and standing orders. Review existing orders for current signature, clarity, and whether the order is applicable for current practice.</li> </ul>	<p style="text-align: center;">12/1/13</p> <p style="text-align: center;">9/30/13</p> <p style="text-align: center;">9/30/13</p> <p style="text-align: center;">10/1/13</p>
<b>For more detailed information, please see the completed program review tool in section <u>2</u>.</b>	
<b>REVIEWER:</b> Laurie Smith	<b>RESPONDENTS:</b> Patricia Savage, David Brink, Katie Dougherty, Jessica Delaney

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p data-bbox="191 512 1195 548"><b>CENTER FOR PREVENTION AND HEALTH PROMOTION</b></p> <p data-bbox="191 598 456 634"><b>BABIES FIRST!</b></p> <p data-bbox="191 684 1073 720">The LPHA is in compliance with all program requirements.</p> <p data-bbox="191 1455 1073 1535"><b>For more detailed information, please see the completed program review tool in section <u>3</u>.</b></p>	
<b>REVIEWER:</b> Fran Goodrich	<b>RESPONDENTS:</b> Kelli Brown, Hollie Strahm, Patricia Savage

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</b></p> <p><b>COMMUNITY LIAISON</b></p> <p><b>CIVIL RIGHTS</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section 4.</b></p>	
<b>REVIEWER:</b> Laurie Smith	<b>RESPONDENT:</b> Katie Dougherty

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>ACUTE AND COMMUNICABLE DISEASE PROGRAM</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>5</u>.</b></p>	
<b>REVIEWER:</b> June Bancroft	<b>RESPONDENTS:</b> Marydith McCutchenne, Alex Giel

**CURRY COMMUNITY HEALTH**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR HEALTH PROTECTION**

**DRINKING WATER**

LPHA shall review system scores for priority non-compliers (PNCs) at least monthly, make contact with PNC systems, and submit documentation of contacts monthly. To comply with this program element:

Establish a written policy to ensure system scores/PNCs get reviewed monthly and include how and when contacts will be made with water systems if PNCs exist. Include use of the Drinking Water Services (DWS) written procedures on PNCs and the need to submit documentation of contacts monthly.

LPHA shall follow up on significant water system deficiencies between surveys to verify all deficiencies are corrected. To achieve compliance with this requirement:

- a. Contact the following six systems and determine their deficiency correction status. Report to DWS that either all deficiencies were corrected or that the systems were placed on corrective action plans and, if so, submit the plans.
  - At Rivers Edge RV Resort (01408)
  - Cedar Bend Golf Assn. (91196)
  - Pelican Bay Heights Community (05779)
  - Agness RV Park/Cougar Lane Lodge (91198)
  - Illinois River Lodge RV Park (95301)
  - Lucas Pioneer Ranch & Lodge (91203)
- b. Establish a written policy to ensure significant deficiencies receive follow-up until all deficiencies are corrected or until placed on a corrective action plan.

**For more detailed information, please see the completed program review tool in section 6.**

10/31/13

10/31/13

**REVIEWER:** Tom Mitchell

**RESPONDENT:** Alex Giel

**CURRY COMMUNITY HEALTH**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR**

**FISCAL**

The LPHA must maintain internal controls consistent with OMB A-133 §\_300. This includes at a minimum:

- There must be written policies and procedures for procurement of supplies, equipment, and other services.
- Grantee must use a purchase requisition/order system for purchasing. Prepare a requisition form for all purchases of office, medical and clinic supplies. *This is a repeat finding from 2010.*
- There must be proper segregation between requisition and procurement. The form must be signed by requestor and approved by authorized personnel. *This is a repeat finding from 2010.*

11/30/2013

The LPHA must follow 2 CFR 230\_Attachment B § m .2(b): Support of salaries and wages. This includes at a minimum:

- Each report (time card/activity report) must account for the total activity for which the employee is compensated.

11/30/2013

The LPHA must base Family Planning/Title X charges on a schedule of discounts (SOD) consistent with Guidelines: 42 CFR 59.5\_Section 6. This includes at a minimum:

- Submit completed cost analysis study. Federal auditor recommends updating the cost analysis every 2 years.

11/30/2013

The LPHA must submit an Audited Financial Statement and Single Audit for fiscal year 2013. (OMB A-133)

12/31/2013

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>For more detailed information, please see the completed program review tool in section 7.</b>	
<b>REVIEWER:</b> Marivic Tupaz	<b>RESPONDENT:</b> David Brink

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>CENTER FOR HEALTH PROTECTION</b>	
<b>FOOD, POOL, AND LODGING HEALTH &amp; SAFETY</b>	
<p>The LPHA must maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Unit, Commissaries, Vending Machine and Organizational Camps.</p>	12/31/13
<p>The LPHA food facilities license fees are more than 20% above the marker fees established in ORS 624.490. Provide documentation to justify the existing fees. <i>This is a repeat finding from 2010.</i></p>	12/31/13
<p><b>For more detailed information, please see the completed program review tool in section 8.</b></p>	
<b>REVIEWERS:</b> Eric Pippert	<b>RESPONDENT:</b> Alex Giel



<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</b></p> <p><b>COMMUNITY LIAISON</b></p> <p><b>LABORATORY</b></p> <p>The LPHA must comply with 42 CFR part 493 the Clinical Laboratory Improvement Amendments (CLIA). Assure the following:</p> <ul style="list-style-type: none"> <li>• Annual personnel competency testing is documented for all individuals performing laboratory tests, including physicians and mid-level practitioners. <a href="#">42CFR493.1235</a> <i>This is a repeat finding from 2010.</i></li> <li>• At least twice annually the laboratory must verify the accuracy of any test procedure it performs. <a href="#">42CFR493.1236 (c)(1)</a>. Provide documentation of ongoing quality control testing for tests.</li> <li>• A system is in place to identify and track all laboratory tests, including pap tests and those sent to a reference laboratory. <a href="#">42CFR493.1242</a> and <a href="#">42CFR493.1291(a)</a>. Assure lot numbers of tests are included in records (for example, in lab log), in case of a product recall.</li> </ul> <p><b>For more detailed information, please see the completed program review tool in section <u>11</u>.</b></p>	<p>11/15/13</p> <p>11/15/13</p> <p>11/15/13</p>
<b>REVIEWER:</b> Laurie Smith	<b>RESPONDENT:</b> Patty Savage



<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PREVENTION AND HEALTH PROMOTION</b></p> <p><b>PERINATAL PROGRAM</b></p> <p>The LPHA must assure compliance with maternity case management requirements in OAR 410-130-0595 (9)(a)(D)(c). This includes the following:</p> <ul style="list-style-type: none"> <li>• The client record must contain documentation of the name of the recipient and the date that the Initial Assessment and Client Service Plan were forwarded to the prenatal care provider.</li> </ul> <p><b>For more detailed information, please see the completed program review tool in section <u>12</u>.</b></p>	<p>9/10/13</p>
<b>REVIEWER:</b> Fran Goodrich	<b>RESPONDENTS:</b> Kelli Brown, Hollie Strahm, and Patricia Savage

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>CENTER FOR PREVENTION AND HEALTH PROMOTION</b>	
<b>REPRODUCTIVE HEALTH</b>	
<ul style="list-style-type: none"> <li>• Ensure that protocols cite a national standard for Pap testing, Chlamydia screening, colo-rectal cancer screening, clinical breast exam, self breast exam, mammography, testicular self exam, and treatment of cervicitis and urethritis. Add a protocol for Nexplanon.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Have in place a fee collection policy and procedure that is compliant with Title X.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Ensure that HIV testing is compliant with Title X billing requirements if provided on site or refer this service out.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Ensure that the United States Medical Eligibility Criteria is cited in protocols for prescription birth control use and on method specific informational sheets.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Create emergency protocols for: Vaso-vagal reaction, cardiac arrest, shock, hemorrhage, respiratory difficulty, and after hours emergency.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Create education plans for testicular self exam and breast self exam.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Create a protocol for sterilization of equipment and use of the autoclave.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Add citation of funding from Title X to the birth control informational sheets and pregnancy options sheet.</li> </ul>	11/4/2013
<ul style="list-style-type: none"> <li>• Ensure that the Community Participation Committee meets annually and that the Information and Education Committee approves written materials.</li> </ul>	11/4/2013

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<ul style="list-style-type: none"> <li>• Ensure that the Medical Director signs all policies and protocols.</li> </ul> <p><b>For more detailed information, please see the completed program review tool in section <u>13</u>.</b></p>	11/4/2013
<b>REVIEWER:</b> Connie Clark	<b>RESPONDENT:</b> Patty Savage

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>SEXUALLY TRANSMITTED INFECTIONS (STI)</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>14</u>.</b></p>	
<b>REVIEWER:</b> Doug Harger	<b>RESPONDENT:</b> Marydith McCutchenne

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PREVENTION AND HEALTH PROMOTION TOBACCO PREVENTION AND EDUCATION PROGRAM</b></p> <p>LPHA must attend all TPEP meetings reasonably required by OHA. (<a href="#"><i>PE 13 2d</i></a>) The Curry County TPEP Coordinator is required to attend all calls and in-person training events. <i>This is a repeat finding from 2010.</i> During the next quarter attendance is required at:</p> <ul style="list-style-type: none"> <li>• Grantees and Contractors meeting, July 23-24 in Portland,</li> <li>• TPEP webinar call, August 7 or 8,</li> <li>• TPEP Technical Assistance call, September 4 or 5, and</li> <li>• One Regional Support Network call; September 25.</li> </ul> <p>LPHA must have on file with the OHA an approved Local Program Plan by no later than June 30 of each year. (<a href="#"><i>PE 13 2a</i></a>) Submit a Local Program Plan for TPEP activities 2013-14. The plan must be approved by OHA liaison.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>15</u>.</b></p>	<p>10/31/13</p> <p><b>Resolved 7/13</b></p>
<b>REVIEWER:</b> Sabrina Freewynn	<b>RESPONDENT:</b> Patty Savage

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>TUBERCULOSIS</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section 16.</b></p>	
<b>REVIEWER:</b> Heidi Behm	<b>RESPONDENT:</b> Marydith McCutchenne

<b>CURRY COMMUNITY HEALTH</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PUBLIC HEALTH PRACTICE</b></p> <p><b>VITAL RECORDS</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>17</u>.</b></p>	
<b>REVIEWER:</b> Judy Shioishi	<b>RESPONDENT:</b> Sam Morris

**CURRY COMMUNITY HEALTH**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR  
WOMEN, INFANTS AND CHILDREN (WIC)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>● Assure that all locally developed outreach materials include the USDA non discrimination statement. (Policy 452)</li> <li>● Assure that the USDA non discrimination poster is displayed in the waiting room of each clinic. (Policy 452)</li> <li>● Assure that SNAP benefits are not included with determination of income eligibility. (Policy 610)</li> <li>● Assure that timeframes are met for hemoglobin testing between 12 and 24 months of age. (Policy 625)</li> <li>● Assure that program rights and responsibility information is offered and explained to each participant at each certification. (Policy 635)</li> <li>● Assure that a connection is made between program eligibility and health outcomes at each certification. (Policy 820)</li> <li>● Assure that diet questionnaires are completed for all infant mid certification health assessments. (Policy 646) <i>This is a repeat finding from 2009 and 2011</i></li> <li>● Assure that the offering of second nutrition education is documented in each participant's record. (Policy 820) <i>This is a repeat finding from 2011</i></li> <li>● Assure that all high risk participants are offered a referral to the RD. (Policy 661)</li> <li>● Assure that quarterly expenditure reports accurately reflect nutrition education expenditure requirements. (Policy 315)</li> </ul> | <p>Resolved, July 2013</p> <p>Resolved, July 2013</p> <p>October 31, 2013</p> <p>Resolved, July 2013</p> |
|---|--|

**CURRY COMMUNITY HEALTH**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**For more detailed information, please see the completed program review tool in section \_\_\_\_.**

**REVIEWER:** Vernita Reyna

**RESPONDENT:** Kathie Wills

**CURRY COMMUNITY HEALTH**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**WIC FARM DIRECT NUTRITION PROGRAM (FDNP)**

- Assure that FDNP register pages are completed correctly. (Policy 1100)
- Assure that a physical inventory is conducted at least once during each FDNP season. (Policy 1100)

September 1, 2013

September 1, 2013

**For more detailed information, please see the completed program review tool in section TBD.**

**REVIEWER:** Vernita Reyna and  
Maria Menor

**RESPONDENT:** Kathie Wills

PUBLIC HEALTH DIVISION  
Office of the State Public Health Director, Community Liaison  
John A. Kitzhaber, MD, Governor

# Health

800 NE Oregon Street, Suite 930  
Portland, OR 97232  
(971) 673-1222 Voice  
(971) 673-1299 FAX

September 16, 2013

Mary Jane LaBelle, Chair  
Curry Community Health Board of Directors  
c/o CCH CEO  
94235 Moore Street, Suite 121  
Gold Beach, OR 97444

Dear Ms. LaBelle:

The triennial onsite agency review of Curry Community Health was conducted between July 9 and August 6, 2013. The Oregon Health Authority Public Health Division evaluated Curry Community Health public health programs for compliance with state and federal public health laws, and compliance with the financial assistance agreement. The review included the appraisal of 957 separate items in 18 program areas. While there are some areas that need attention, keep in mind the vast majority of findings were positive.

A full report, including the specific timelines for correction, has been sent to Patricia Savage, Interim Public Health Administrator. Community Liaison staff will work with her to document resolution of the findings. We think the report will also be of assistance to your health office staff in their continuing efforts to provide quality public health services to your community.

Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will write you a letter to confirm that and close the file for this review.

Our office will contact Patricia and your office to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to decide if this meeting of the Local Public Health Authority (LPHA) and the Health Administrator is attended by one or more of the Board members.

### **Programs Included in the Compliance Review**

Administration	Immunization
Babies First!	Laboratory
Civil Rights	Perinatal
Communicable Disease	Reproductive Health
Drinking Water	Sexually Transmitted Infections
Fiscal	Tobacco Prevention & Education
Food, Pool, and Lodging	Tuberculosis
Health and Safety	Vital Records
Health Officer	WIC

### **Compliance Findings Summary**

#### **Administration**

- The LPHA must assure fees for public health services are reasonably calculated not to exceed the cost of the services performed. Provide documentation of the cost determination for each service. Assure Board of Directors has approved the fee schedule. ORS 431.415(3)
- The LPHA must assure written policies and procedures exist to guide staff in responding to an emergency. 29 CFR § 1910.38
- The LPHA must comply with the Clean Indoor Air Act. Any designated smoking area must meet provisions listed in OAR 333-015-0064 and OAR 333-015-0035(3)(4).
- The LPHA must assure nurse scope of practice is supported by current, signed policies, procedures and standing orders. Review existing orders for current signature, clarity and whether the order is applicable for current practice.

#### **Babies First!**

The LPHA is in compliance with all program requirements.

#### **Civil Rights**

The LPHA is in compliance with all program requirements.

#### **Communicable Disease**

The LPHA is in compliance with all program requirements.

### **Drinking Water**

The LPHA shall review system scores for priority non-compliers (PNCs) at least monthly, make contact with PNC systems, and submit documentation of contacts monthly. To comply with this program element:

Establish a written policy to ensure system scores/PNCs get reviewed monthly and include how and when contacts will be made with water systems if PNCs exist. The policy must include use of the Drinking Water Services (DWS) written procedures on PNCs and the requirement to submit documentation of contacts monthly.

The LPHA shall follow up on significant water system deficiencies between surveys to verify all deficiencies are corrected. To achieve compliance with this program requirement:

- a. Contact the following six systems and determine their deficiency correction status. Report to DWS that either all deficiencies were corrected or that the systems were placed on corrective action plans and, if so, submit the plans.
  - At Rivers Edge RV Resort (01408)
  - Cedar Bend Golf Assn. (91196)
  - Pelican Bay Heights Community (95301)
  - Agness RV Park/Cougar Lane Lodge (91198)
  - Illinois River Lodge RV Park (95301)
  - Lucas Pioneer Ranch & Lodge (891203)
- b. Establish a written policy to ensure significant deficiencies receive follow-up until all deficiencies are corrected or until placed on a corrective action plan.

### **Fiscal**

The LPHA must maintain internal controls consistent with OMB A-133 §\_300. This includes at a minimum:

- There must be written policies and procedures for procurement of supplies, equipment and other services.
- Grantee must use a purchase requisition/order system for purchasing. Prepare a requisition form for all purchases of office, medical and clinic supplies. *This is a repeat finding from 2010.*
- There must be proper segregation between requisition and procurement. The form must be signed by requestor and approved by authorized personnel. *This is a repeat finding from 2010.*

The LPHA must follow 2 CFR 230\_Attachment B § m.2(b): Support of salaries and wages. This includes at a minimum:

- Each report (time card/activity report) must account for the total activity for which the employee is compensated.

The LPHA must base Family Planning/Title X charges on a schedule of discounts consistent with Guidelines: 42 CFR 59.5 Section 6. This includes at a minimum:

- Submit completed cost analysis study. Federal auditor recommends updating the cost analysis every 2 years.

The LPHA must submit an Audited Financial Statement and Single Audit for fiscal year 2013. (OMB A-133)

### **Food, Pool and Lodging Health & Safety**

The LPHA must maintain an inspection rate of 100% for all licensed facilities. The following programs are below the compliance rate: Mobile Food Unit, Commissaries, Vending Machines and Organizational Camps.

The LPHA food facilities license fees are more than 20% above the marker fees established in ORS 624.490. Provide documentation to justify the existing fees. *This is a repeat finding from 2010.*

### **Immunization**

LPHA must operate under current standing orders signed by its health officer. *This is a repeat finding from 2010.*

- Updated standing orders for hep. B, HPV, IG-Hep. A, MCV, PPV23, Rotavirus, Td must be signed by the health officer for Curry Community Health, Dr. Thomas Pitchford.

LPHA must document all fields on the reverse side of the Vaccine Administration Record for all vaccinations, regardless of patient age.

### **Laboratory**

The LPHA must comply with 42 CFR part 493 the Clinical Laboratory Improvement Amendments (CLIA). Assure the following:

- Annual personnel competency testing is documented for all individuals performing laboratory tests including physicians and mid-level practitioners. 42 CFR 493.1235 *This is a repeat finding from 2010.*
- At least twice annually, the laboratory must verify the accuracy of any test procedure it performs. 42 CFR 493.1236(c) (1) Provide documentation of ongoing quality control testing for tests.

- A system is in place to identify and track all laboratory tests including pap tests and those sent to a reference laboratory. 42 CFR 493.1242 and 42 CFR 493.1291(a). Assure lot numbers of tests are included in records (for example, in lab log) in case of a product recall.

### **Perinatal**

The LPHA must assure compliance with maternity case management requirements in OAR 410-130-0595(9)(a)(D)(c). This includes the following:

- The client record must contain documentation of the name of the recipient and the date that the Initial Assessment and Client Service Plan were forwarded to the prenatal care provider.

### **Reproductive Health**

- Ensure that protocols cite a national standard for Pap testing, Chlamydia screening, colo-rectal cancer screening, clinical breast exam, mammography, testicular self exam, and treatment of cervicitis and urethritis. Add a protocol for Nexplanon.
- Have in place a fee collection policy and procedure that is compliant with Title X.
- Ensure that HIV testing is compliant with Title X billing requirements if provided on site or refer this service out.
- Ensure that the United States Medical Eligibility Criteria is cited in protocols for prescription birth control use and on method specific informational sheets.
- Create emergency protocols for the following: Vaso-vagal reaction, cardiac arrest, shock, hemorrhage, respiratory difficulty, and after-hours emergency.
- Create education plans for testicular self exam and breast self exam.
- Create a protocol for sterilization of equipment and use of the autoclave.
- Add citation of funding from Title X to the birth control informational sheets and pregnancy options sheet.
- Ensure that the Community Participation Committee meets annually and that the Information and Education Committee approves written materials.
- Ensure that the Medical Director signs all policies and protocols.

### **Sexually Transmitted Infections**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention & Education Program (TPEP)**

LPHA must attend all TPEP meetings reasonably required by OHA. (PE 13 2d) The Curry County TPEP Coordinator is required to attend all calls and in-person training

events. *This is a repeat finding from 2010.* During the next quarter, attendance is required at:

- Grantees and Contractors meeting, July 23-24 in Portland,
- TPEP webinar call, August 7 or 8.
- TPEP Technical Assistance call, September 4 or 5, and
- One Regional Support Network call, September 25.

LPHA must have on file with the OHA an approved Local Program Plan by no later than June 30 of each year. (PE 13 2a) Submit a Local Program Plan for TPEP activities 2013-14. The plan must be approved by OHA liaison.

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **WIC**

- Assure that all locally developed outreach materials include the USDA nondiscrimination statement. (Policy 452)
- Assure that the USDA nondiscrimination poster is displayed in the waiting room of each clinic. (Policy 452)
- Assure that SNAP benefits are not included with determination of income eligibility. (Policy 610)
- Assure that timeframes are met for hemoglobin testing between 12 and 24 months of age. (Policy 625)
- Assure that program rights and responsibility information is offered and explained to each participant at each certification. (Policy 635)
- Assure that a connection is made between program eligibility and health outcomes at each certification. (Policy 820)
- Assure that diet questionnaires are completed for all infant mid certification health assessments. (Policy 646) *This is a repeat finding from 2009 and 2011.*
- Assure that the offering of second nutrition education is documented in each participant's record. (Policy 820) *This is a repeat finding from 2011.*
- Assure that all high risk participants are offered a referral to the RD. (Policy 661)
- Assure that quarterly expenditure reports accurately reflect nutrition education expenditure requirements. (Policy 315)

### **WIC Farm Direct Nutrition Program (FDNP)**

- Assure that FDNP register pages are completed correctly. (Policy 1100)
- Assure that a physical inventory is conducted at least once during each FDNP season. (Policy 1100)

### **Other**

#### **Fiscal**

Curry Community Health received Federal funds for several programs totaling \$268,749 including \$96,644 for the WIC Program for fiscal year 2012. The State General and Other Funds were a source of \$159,856 for that period as well. Curry County turned over the administration of the Health Department to Curry Community Health on February 1, 2013. Currently, Curry Community Health is in the process of developing an accounting system using SAGE accounting software. Payroll and Accounts Payable module are fully functional in SAGE. The CFO assures that accounting data will be entered by September 1, 2013 and Financial Statements will be available from inception. It is also in the process of soliciting a proposal for an External Auditor. Audited Financial Statements and Single Audit Report for Fiscal Year 2013 were not available at the time of the Fiscal review. The Health Department has accounting policies, procedures and sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner.

#### **Health Officer**

Thomas Pitchford, MD, is the health officer.

#### **HIV Care & Treatment**

These services are provided for county residents by the agency HIV Alliance. The state contracts directly with the HIV Alliance, and reviews the program annually. The most recent review was in June 2012, and is next scheduled for August 2013.

#### **Laboratory**

Curry Community Health is certified under the Clinical Laboratory Improvement Amendments (CLIA) as a Provider Performed Microscopy laboratory. The director identified for CLIA is Patricia Savage, CPNP. The laboratory CLIA # is 05D0667600 and their laboratory certificate is valid until December 31, 2013. Their CLIA certificate covers testing at 94235 Moore Street in Gold Beach and a school based health center in Brookings. The following tests are being performed at the above locations: wet mount and KOH prep, urine pregnancy, hemoglobin, UA dipstick, blood glucose monitoring,

rapid strep, and fecal occult blood. There have been no complaints or issues identified to the CLIA program about this laboratory in the past three years.

### **Public Health Emergency Preparedness**

This review is conducted annually through a separate process, and is not included in this report.

### **School Based Health Centers**

Curry County has one school based health center, Brookings Harbor High School, sponsored by Curry Community Health. This center is currently certified and are due for a certification site visit this coming school year (onsite visit is scheduled for November).

### **Summary**

Overall, agency reviewers believe Curry Community Health staff is composed of a committed team of professionals who deliver quality public health services to the community. We thank you for both your attention to correcting these few compliance findings and for the strong public health work you do for the community.

Sincerely,



Tom Engle  
Community Liaison

cc: Renee Balcom  
Dan Brattain  
David Brink, Interim CEO  
Ken Dukek  
Patty Savage, Interim Public Health Administrator  
John Spicer