



**NCVMB**

North Carolina Veterinary Medical Board

# Facility Standards Self-Evaluation Checklist



**February 21, 2023**



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# Introduction

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## **Authority and Requirement to Inspect**

### **90-186. Special powers of the Board.**

(2) Inspect any hospitals, clinics, mobile units or other facilities used by any practicing veterinarian, either by a member of the Board or its authorized representatives, for the purpose of reporting the results of the inspection to the Board on a form prescribed by the Board and seeking disciplinary action for violations of health, sanitary, and medical waste disposal rules of the Board affecting the practice of veterinary medicine, or violations of rules of any county, state, or federal department or agency having jurisdiction in these areas of health, sanitation, and medical waste disposal that relate to or affect the practice of veterinary medicine.

## **The Inspection Program**

**The Board has three types of inspections: routine, serious and complaint initiated.**

**Routine inspections** are conducted every two years and for the following reasons:

- New construction – Inspection is conducted prior to seeing clients with a one-year follow-up inspection. After the one-year follow-up, the facility is placed on a two-year routine rotation.
- Renovation – Inspections are conducted on the renovated area prior to seeing clients. The facility will continue a two-year routine rotation.
- Moving – Inspection is conducted prior to seeing clients in the new location and with a one-year follow-up inspection. After the one-year follow-up, the facility is placed on a two-year routine rotation.

Any violations cited during a routine inspection must be corrected and proof of the corrections must be submitted to the Board within 4 weeks. Some violations cited may require correction prior to seeing clients.

**Serious inspections** are a result of a routine inspection where the inspector deems the violations as serious. Serious violations are to be addressed immediately. Proof that the violations have been corrected, or are in the process of being corrected, must be submitted to the Board office within two weeks of the serious violation letter being sent. Proof of the violation corrections include written assurances and/or photos. A follow-up inspection will be conducted shortly after corrections have been made to ensure the violations have been corrected.

**Complaint-Initiated inspections** are a result of the Board receiving credible evidence that necessitate an immediate inspection. Requirements for correction on this type of inspection will vary depending on the results of the inspection.

# Objective

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This self-evaluation check list is designed to prepare practice owners and administrators for the inspection of their facility. It is based on the template utilized by our inspectors during their visit. Included are some of the more common violations encountered.

## Facility Inspections

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### **Are only Registered Veterinary Technicians being referred to/listed as Technicians?**

#### **Objective(s)**

#### **Use of the term “Veterinary Technician”**

General Statute 90-181(11) reserves the term Veterinary Technician, Registered Veterinary Technician or Technician for a person that has graduated from an AVMA (American Veterinary Medical Association) accredited program in veterinary technology, is registered with this Board, and maintains that registration. In the State of North Carolina, if a person is not registered as a veterinary technician, to directly or indirectly imply such is a misrepresentation to the public and a violation of the veterinary **Practice Act**.

**If using incorrect terminology, facilities will be cited pursuant to the paragraph above.**

### **Mobile Inspections**

Depending on the scope of practice, mobiles will be inspected on the following items, as well as any other sections that apply from the inspection form.

#### **Inspection Item**

- Vehicle exterior appearance/condition
- Interior clean and orderly
- Vehicle has working locks for security
- Emergency light source is available
- Instruments and drugs are stored in an orderly manner

#### **Common Violations**

Cluttered or unclean vehicle. Interior/exterior vehicle damage that poses a safety hazard.

## **Field Surgery.0207(b)(9)**

### **Inspection Item**

- Steam pressure/gas/autoclave is used to sterilize instruments for appropriate invasive surgery
- Cold sterilization is used for minor surgery
- Emergency drugs are available and within expiration date limit

### **Common Violations**

Expired or missing emergency drugs, unclean instruments.

## **Laboratory.0207(b)(10)**

### **Inspection Item**

- Clean, orderly, and dust-free
- Refrigeration (as needed) for drugs and biologicals, thermometer, weight scales, otoscope, stethoscope, ophthalmoscope
- Reference laboratory available

### **Common Violations**

Unclean or deteriorated spaces or surfaces, human food in the refrigerator with biologicals. Unavailable equipment (thermometer, weight scales, otoscope, stethoscope, or ophthalmoscope).

## **Pharmacy.0207(b)(11)**

### **Inspection Item**

- Controlled substances in a substantially constructed and securely locked cabinet at all times. When applicable, keys must be secured in an affixed lockbox or on someone's person. (Lockbox or safe must be affixed to the facility. Highly recommend tethered or affixed lockbox for mobile practices.)
- Controlled drug logs with date acquisition/quantity purchased/date dispensed/name of client and patient, quantity on hand for opened and unopened containers.
- Schedule 2 Drug log is separated from Schedule 3-5 Drug log
- Discuss reporting requirements of NCDHHS if facility is currently dispensing controlled drugs in excess of 48 hours. Contact NCDHHS for reporting requirements.
- Drugs dispensed with labels must have Name of Practice
- Drugs dispensed with labels must have Practice Address
- Drugs dispensed with labels must have Phone Number
- Drugs dispensed with labels must have Name of Doctor
- Drugs dispensed with labels must have Animal Identification
- Drugs dispensed with labels must have Owner's Name

- Drugs dispensed with labels must have Date
- Drugs dispensed with labels must have Drug I.D. and Strength
- Drugs dispensed with labels must have Directions (*for Veterinary Use Only*) (*Keep out of the reach of Children*)
- Drugs are dispensed in safety containers (FDA)
- Biologicals are stored (as needed) in a refrigerator (or cooler for a mobile practice)
- Tablets, pills, capsules are stored in closed containers (FDA)
- Of ten (10) drugs randomly selected, how many were out-of-date (FDA)

### **Common Violations**

Incomplete or missing items on prescription labels, expired medications, medications dispensed in non-child proof containers, unsecured controlled substance in facility or refrigerator, unsecured drug box key, incomplete or inaccurate controlled drug logs, not recording unopened controlled drugs into log when received into facility, controlled drugs not secured in a substantial lockbox or safe. Route of administration not indicated on label.

## **Surgery.0207(b)(9)**

### **Inspection Item**

- Surgery performed in a manner compatible with current veterinary medical practice with regard to anesthesia, asepsis, life support and monitoring procedures as well as recovery care.
- Clean, orderly, odor and dust-free
- Storage is limited to items used for surgery
- Designated room for surgery only (ex. separate dental & prep areas)
- Well lighted (concentrating light source & emergency lighting)
- Quick access to emergency drugs
- Emergency drugs within expiration date limits (FDA)
- Oxygen under positive pressure is available
- Endotracheal tubes
- Surgical waste receptacle
- Sharps container is available
- Means of sanitizing area between procedures
- Steam pressure/autoclave/gas is used to sterilize instruments
- Sterilized surgical packs and instruments with indicator tape & date
- Sterilized drapes, towels, gloves, & gowns used for sterile invasive surgery
- Recovery area provided where patient can be observed
- Date of sterilization of most recent gown pack
- Monitoring of surgical patients is done by:

### **Common Violations**

Unclean or unsanitary surgical suite or table, dusty surgery lights, non-surgical items stored in surgery, emergency drugs expired or missing, surgical prep and/or dentals performed in

surgery, not using cap, mask, gloves and sterile gowns during invasive surgery, not utilizing electronic anesthesia monitoring.

### **(Helpful checklist)**

- Check/test oxygen. Oxygen must be available for every practice and new openings that provide surgery are required to have it working during opening inspection. Common issues include valve problems, empty tanks or nonfunctional equipment.
- Appropriate equipment for sterilizing instruments and gowns such as an autoclave or gas sterilizer. Facilities should not utilize sterilization equipment designed by the practice. Sterilization equipment is encouraged to be located outside of the surgical suites.
- Wrap material for sterilized packs and gowns needs to be surgical pack wrap quality. All sterilized packs must be dated with the full month, day and year the pack was sterilized.
- Remove all items in surgery that cannot be cleaned such as cardboard, porous materials (wood), and absorbent materials such as laundry, towels and cushioned chairs.
- Open shelves are discouraged in surgical suites due to the difficulty in keeping them clean and dust/clutter free.
- Sinks are discouraged in the surgical suite due to their ability to harbor bacteria and difficulty in keeping them sanitary. If a sink is present in the surgical suite, it should only be used for DVM hand cleaning prior to surgery.
- Focused surgical lights must be available, working and clean.
- Surgery table (including drip tray where applicable), equipment, and shelves should be clean and rust free.
- Intubation and inhalant anesthesia/oxygen should be provided for small animal procedures but not limited to orthopedic procedures, abdominal procedures, dentals and anticipated long or painful procedures.
- Electronic anesthesia monitoring, such as a pulse oximeter, should be utilized for anesthesia procedures.

## **Radiology.0207(b)(13) & NCDHHS Radiation Protection Section**

### **Inspection Item**

- Posted Radiation Area sign
- Posted Notice to Employees prominently displayed near machine
- Copy of current Dosimetry Report
- Lead aprons/gloves in good repair
- Films are permanently marked with animal identification and date
- Insert One: Digital DR Digital CR Hand Processed

### **Common Violations**

Missing signage or notices, PPE not in good repair, current Dosimetry Report unavailable, films not permanently and/or adequately marked.



### **(Helpful checklist)**

- Radiology badges and PPE are required for new opening inspections.
- It is highly recommended that thyroid shields and enough PPE be available for all employees while performing radiographs.
- Per NCDHHS Radiology Compliance Branch, "All the staff in a radiographic room during X-ray exposures must stand behind a protective barrier or use protective aprons or whole body protective barriers of not less than 0.25 mm of lead equivalent."

## **Record Keeping.0207(b)(12) (Based on a sample extensive medical case record)**

### **Inspection Item**

- Records maintained individually or per client (herd/flock)
- Clinical Information includes Date of Service
- Clinical Information includes Examination Results
- Clinical Information includes Laboratory Test Results
- Diagnosis/Prognosis/Treatments
- Clinical Information includes Vaccinations
- Clinical Information includes Surgical
- Clinical Information includes Radiographic
- Clinical Information includes Pathology
- Clinical Information includes Record of all drugs & doses dispensed/administered
- Clinical Information includes Legible and sufficient information to comply with .0207 (b)(12a)
- Do the records provide sufficient information for the Board to adequately investigate potential complaints?

### **Common Violations**

Inadequate or incomplete information in medical records. Not recording drug concentrations, amount administered or dispensed, and route given. Illegible handwritten medical records. Missing medical records. No documentation of client communication or lab work interpretation. Incomplete surgical records: Surgical records should include all information regarding pre-medication, induction, intubation/gas anesthesia and oxygen, surgical approach/details, suture type and size, closing pattern, recovery, post-operative medications administered or dispensed, etc.

## **Examination Rooms.0207(b)(8)**

### **Inspection Item**

- Clean, orderly, odor and dust-free
- Access to sink and disposable towels (in room or reasonably convenient)
- Table with impervious surface

- Lighting
- Waste receptacle lined with disposable plastic bags
- Storage
- Exam table is sanitized between patients.

### **Common Violations**

Unclean or cluttered exam rooms. Deteriorated exam tables that cannot be thoroughly sanitized between patients, damage in exam rooms (holes in wall or doors, damaged furniture) that cannot be appropriately cleaned. Porous toys and cat trees that cannot be sanitized. Sinks that are not in close proximity to exam rooms to facilitate hand washing by employees and cleaning of patient accidents that may occur in the exam room. Sinks are recommended to be in each exam room.

## **Animal Holding Area.0207(a)(14)**

**Facilities that offer boarding/daycare services to the public will be referred to and are subject to inspection by the NC Department of Agriculture & Consumer Services – Animal Welfare Section.**

### **Inspection Item**

- Cages, runs, stalls are kept sanitary
- Cages, runs, stalls are in good repair to prevent injury
- Climate control
- Lighting (*Litter pans, bowls, racks are clean and sanitized between uses, Program to control insects and vermin, Food is stored in closed containers and refrigerated as necessary*)
- Isolation Ward (*Is separate from the general traffic in practice, Has door, ventilation fan, disinfectant foot bath or disposable booties, Rubber gloves, anti-microbial soap, and designated isolation apparel*)
- Exterior Holding Area(s) (*Maintenance of good hygiene, Drainage to promote good hygiene, Shade and shelter to ensure physical comfort, enclosed to prevent animal escape, At least one person supervising for each 10 dogs housed within each enclosure or common area. (02NCAC 52J.0204(e)*)

### **Common Violations**

Sanitation problems, animal waste, odor, damaged flooring or chain-link, conditions that could result in injury or escape, porous materials that cannot be sanitized, escape risks due to inadequate fencing, drainage issues in exterior holding areas, failure to remove feces from runs or common areas, soiled carpets or rugs.

## **Building.0207(b)(1,2,3,4,5,6,7)**

### **Inspection Item**

#### **Exterior**

- Clean, orderly, and in good repair (*Hospital sign is easily visible from street/road*)

#### **Interior**

- Clean, orderly, and in good repair
- Lighting
- Ventilation/Climate Control
- Hot/cold running water
- Waste Receptacles
- Restrooms for staff & clients are clean and free of clutter
- Storage Area
- Procedure in place for the prompt and sanitary disposal of deceased animals
- Deceased animals are held under 24 hours or refrigerated/frozen

### **Common Violations**

Deterioration or damage in facility such as missing or damaged ceiling tile or presence of mold. Damaged, uneven, or slippery floors. Worn exterior trim, entry doors or signage due to deterioration, damage or need of paint. Worn or damaged furniture, countertops or walls. Excessive clutter and/or inadequate storage.

## **Posted Notices for the Public.0207(b)(19) & .0208(c)(d)**

### **Inspection Item**

- Name of practice is posted  
Recommend - Current Veterinary License(s) are posted, current Inspection Certificate is posted
- Posted notice of a hospital that has agreed to provide overnight care (*if monitored overnight hospitalization is not available at this facility*)
- Posted notice of services not provided (for limited service facilities)

After-hours emergency information posted for public (*On front door/web site/answering machine*)

- Takes own emergencies
- Rotates with other area veterinary practices
- Member of an after-hours emergency practice
- 24-hour emergency practice which is open to the public
- After-hours emergency practice which is open to the public

### **Common Violations**

Emergency information not posted or incomplete at public entrances. (Emergency information posted at public entrances and on voicemail shall consist of name of facility, street address and telephone number) It is recommended to include complete emergency facility information on a practice's website, when applicable. No notice of services not provided. Posted notice for services not provided must be provided for hospitalization, radiology, and emergencies. Posted notices shall include name of facility, street address and telephone number or referral facility.

## **Written Agreement Required (if service is not available at hospital).0208(a)(c)(d)**

### **Inspection Item**

- After Hours Emergency Service
- Monitored Overnight Hospitalization Services
- Radiology Services
- Written agreements are current and available for review
- Inspection results discussed

### **Common Violations**

No Letter of Agreement for services not provided when applicable. If practice is referring to a 24 hour of after-hours facility, a written agreement is not required.

# Inspectors Territory



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# Informational Links for NCVMB Practice Facilities

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Please take the time to review the informational links below:

1. NCDHHS Controlled Substance reporting requirements:  
<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/north-carolina-drug-control-unit/nc-controlled-substances-reporting-system> <http://www.ciclt.net/ul/ncvma/QuickReferenceGuideV2.pdf>
2. Drug Enforcement Agency (DEA):  
<https://www.deadiversion.usdoj.gov/index.html>  
[https://www.deadiversion.usdoj.gov/21cfr/cfr/1301/1301\\_90.htm](https://www.deadiversion.usdoj.gov/21cfr/cfr/1301/1301_90.htm) (Employee Screening)
3. DEA Registered Reverse Distributors in the United States  
<https://www.chfs.ky.gov/agencies/os/oig/dai/deppb/Documents/DEARReverseDistributorList.pdf>
4. NCDHHS Radiation Protection Service  
<http://www.ncradiation.net/>
5. NC Department of Environmental Quality (Medical Waste)  
<https://deq.nc.gov/about/divisions/waste-management/medical-waste>
6. NC Professional Health Program (Substance Abuse Disorder)  
<https://www.ncphp.org/veterinarians-and-veterinary-technicians/>
7. NC Department of Agriculture Animal Welfare Section (Boarding)  
**Facilities that offer boarding/daycare services to the public are subject to inspection by the NC Department of Agriculture & Consumer Services – Animal Welfare Section.**  
<http://www.ncagr.gov/vet/AWS/>
8. Rabies Questions (NCDHHS)  
<https://epi.dph.ncdhhs.gov/cd/rabies/vets.html>

