



# Non-Compliances & it's methodology





# Sanctioned Bed

## Invalid document on sanctioned beds

Declaration

We hereby declare that we have facilitate with 50 beds strength categorised setun at our Drashti Netralaya Hospital, namely registered with Ophthalmic [redacted] situated at Dahod, a copy of registration certificate is attached herewith for reference.

Date : 21.09.2020

Place : Dahod

**DR. SHREYA SHAH** (Dr. Shreya Shah)

[redacted]  
Dahod, [redacted]  
[redacted]  
Dahod

# Sanctioned Bed



## NC raised on sanctioned bed document

NC

NC Remark

NC Type : The uploaded document is inappropriate.

NC Remark : You need to show any legal document on which sanctioned beds are mentioned. Otherwise, application will not be accepted.

NC Logs

Assessor	Hospital
Date :30/Aug/2022, 11:01 AM	Date :
NC Type :Document inappropriate	NC Reply :
NC Remark : You need to show any legal document on which sanctioned beds are mentioned. Otherwise, application will not be accepted.	Document :
NC Status :Open	

## Valid document-registration of Hospital under Clinical establishment act

GOVERNMENT OF TAMIL NADU  
DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES  
DMS COMPLEX, NO 356-361, ANNA SALAI, CHENNAI - 600 006  
PHONE : (044)24343271 - FAX : (044) 24343271

**FORM II**  
(see rule 8)

**CERTIFICATE OF REGISTRATION OF CLINICAL ESTABLISHMENT**

Registration No **TVLRALL20210024446**

Date of Issue **16-03-2021**

Valid upto **15-03-2026**

\_\_\_\_\_ operating from : \_\_\_\_\_

\_\_\_\_\_ as is hereby registered under the provisions of the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 to provide services under **Allopathic** system of Medicine with **0** beds.

2. The Certificate of Registration shall be subject to the conditions laid down in the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Tamil Nadu Clinical Establishments (Regulation) Rules, 2018.



# Fire Safety certificate

Invalid document on fire safety

कार्यालय मुख्य अग्नि शमन अधिकारी देहरादून।  
पत्रांक: न-20/असुव्य (411)/19-20 दिनांक: अप्रैल 27, 2019  
सेवा में,

स्वामी/प्रबन्धक  
श्री सत्यन कल्याण कश्मिठन

सन्दर्भ:- अग्निशमन एवं आपात सेवा उत्तराखण्ड की वेबसाईट पर उपलब्ध कराये गये यूनिक नम्बर 81378417 दिनांक 13.04.2019 के सम्बन्ध में।

आपके हास्पिटल का निरीक्षण अग्नि सुरक्षा व्यवस्था के दृष्टिकोण से प्रभारी/अग्निशमन अधिकारी देहरादून द्वारा किया गया। निरीक्षण आख्या दिनांक 23-04-2019 में आपके हास्पिटल में स्थापित प्राथमिक अग्नि सुरक्षा व्यवस्था को सन्तोषजनक इंगित करते हुये अग्नि सुरक्षा व्यवस्था सम्बन्धी कार्यशीलता प्रमाण-पत्र प्रदान करने की संस्तुति की है।

अतः प्रभारी/अग्निशमन अधिकारी देहरादून की निरीक्षण आख्या दिनांक 23-04-2019 के आधार पर आपके हास्पिटल हेतु दिनांक 27-04-2019 से 26-04-2020 तक के लिये प्राथमिक अग्नि उपकरणों सम्बन्धी कार्यशीलता प्रमाण-पत्र प्रदान किया जाता है। साथ ही उक्त व्यवस्था के कार्यशील होने का प्रमाण-पत्र प्रति वर्ष लिया जाना अनिवार्य होगा। निर्देशित किया जाता है कि भवन के विस्तार/अतिरिक्त निर्माण करने पर तदनुसार अलग से अग्निशमन सुरक्षा व्यवस्था करनी होगी। अग्निशमन अधिकारी द्वारा दिये गये निर्देशों का पालन करेंगे एवं अग्नि सुरक्षा व्यवस्थाओं को सदैव उच्च स्तर पर रखेंगे। यह प्रमाण पत्र अवैध निर्माण को वैध करने के लिए मान्य नहीं होगा। अग्निशमन व्यवस्था के सुदृढ़ न पाये जाने अथवा अकार्यशील दशा में पाये जाने पर यह प्रमाण पत्र स्वतः ही निरस्त समझा जायेगा।

*(सत्यन कल्याण)*  
27.4.19  
मुख्य अग्निशमन अधिकारी  
देहरादून

# Fire Safety certificate



## NC raised on fire safety certificate

NC
✕

NC Remark

NC Type : Specify the reason for selecting 'NO'.

NC Remark : Upload the screenshot/application that you have applied.

NC Logs

Assessor	Hospital
Date :04/Aug/2022, 12:14 PM	Date :01/Sep/2022, 12:18 PM
NC Type :Specify reason for no	NC Reply :We have applied for the Fire Department NOC and once we receive it we will upload the certificate.
NC Remark :It is mandatory to have Fire Department Clearance Certificate. Kindly clarify on this.	Document : <span style="background-color: #0070c0; color: white; padding: 2px;">Fire NOC.pdf</span>
NC Status :Open	

## Valid fire safety certificate

GOVERNMENT OF MANIPUR  
FIRE SERVICE DEPARTMENT

**FIRE SAFETY CERTIFICATE**

No. 5/2/MISC/2020-FS/(Hospital)/228
Dated 11/01/2022.

Certified that the ..... (name of the building or hospital) located at ..... (address) comprised of P.U.C.C.A. owned/occupied by ..... (name of the owner/occupier) has already been issued fire safety certificate No. 5/2/MISC/2019-FS/1155 dated 5<sup>TH</sup> November, 2020. The hospital was re-inspected by Shri ..... of this Department on 07/01/2022 (date of re-inspection) in the presence of ..... (name and addresses of the Manager/Secretary or his representative) and observed that all the fire prevention & fire safety arrangements as provided in the premises found in good working condition. The building/premises have therefore fit for occupancy of class **GROUP "C" INSTITUTIONAL BUILDINGS (C-1 Hospitals and sanatoria)** with effect from 11/01/2022 for a period of 1(one) year in accordance with rule and subject to compliance of the conditions.

**Conditions for the validity of Fire Safety Certificate:**

1. All the fire safety arrangements provided therein shall be maintained in good working condition at all times.
2. Any loss of life and property due to non functional fire safety measures shall be at the responsibility of the management.
3. Fire fighting training & mock drill exercise shall be organized quarterly/half yearly with intimation of fire Service Department.





# Scope of Services

Invalid document on scope of services

HCO Name: \_\_\_\_\_

Name of the department (should match with what has been listed in the application form sent to NABH)	Services (Select the appropriate Option from the Drop Down menu available in the cell)			Details of full time/ Part time/ visiting consultant (s)					
	OP	IP	Emergency	Name	Qualification			Registration Details	
					Graduation	Post Graduation	Super specialization	Medical Council of Registration	Registration Number
Critical care (ICCU, ICU, WICU)									
Critical care (ICCU, ICU, WICU)	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Vandana Sinha	MBBS	MD	Other degree recognised as equivalent by MCI	Assam Medical Council	12093
Orthopaedics and Joint Replacement	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Chandan Nag Choudhury	MBBS	MS	MCh	Madhya Pradesh Medical Council	1632
	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Anish Agarwal	MBBS	MS	DNB	Delhi Medical Council	80150
Obstetrics and Gynaecology	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Ayona Barthakur	MBBS	MD	DNB	Assam Medical Council	11094
	Only on-call basis (no fixed hours)	Only on-call basis (only referred patients are seen and opinion provided/procedure performed)	Can attend emergency	Dr. Kamal Kumar Kathar	MBBS	Diploma	Other degree recognised as equivalent by MCI	Assam Medical Council	11815
OT and Anaesthesia	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Prasanta Kumar Gogoi	MBBS		Diploma	Assam Medical Council	10742
NT	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Kaustabh Kalita	MBBS	Diploma		Assam Medical Council	17355
Medical Gastroenterology and Hepatology	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Manyank Agarwal	MBBS	MD	DM	Assam Medical Council	19633
Microbiology	Regular OPD (has fixed hours)	Regular (provides complete care)	Can attend emergency	Dr. Himadri Dutta	MBBS	MD		Assam Medical Council	18911

# Scope of Services



## Nc raised on discrepancy in scope of services

NC
✕

**NC Remark**

**NC Type :** The uploaded document is inappropriate.

**NC Remark :** The scope of services mentioned in the application and uploaded doc are not matching. Kindly clarify on this.

**NC Logs**

Assessor	Hospital
Date :30/Jun/2022, 5:23 PM	Date :04/Jul/2022, 4:16 PM
NC Type :Document inappropriate	NC Reply :ATTACHED
NC Remark :The scope of services mentioned in the application and uploaded doc are not matching. Kindly clarify on this.	Document : <a href="#">RAMA HOSPITAL Consultant List (1) (1).jpeg</a>
NC Status :Open	

## Valid scope of services document

Name of the department (should match with what has been listed in the application form sent to NABH)	Services (Select the appropriate Option from the Drop Down menu available in the cell)	
	OP	IP
Obstetrics and Gynaecology	Regular OPD (has fixed hours)	Regular (provides complete care)
	Only on-call basis (no fixed hours)	Only on-call basis (only referred patients are seen and opinion provided/procedure performed)
	Regular OPD (has fixed hours)	Regular (provides complete care)
Cardiology	Regular OPD (has fixed hours)	Regular (provides complete care)
Nephrology	Regular OPD (has fixed hours)	Regular (provides complete care)
Neurosurgery	Regular OPD (has fixed hours)	Regular (provides complete care)
Neurology		
General Surgery	Regular OPD (has fixed hours)	Regular (provides complete care)



# ABPMJAY claim process document

## Invalid document on ABPMJAY Claim process

### **BILLING POLICY FOR AYUSHMAN PATIENT**

**POLICY:** The billing of all patients shall be done as per guidelines laid down by NHA National Health authority.

**PURPOSE:** To ensure speedy, correct system of billing for all patients treated under scheme of ayushman bharat.

**DISTRIBUTION:**

Front office and Centre Manager

**PROCEDURE**

Billing Categories:- Registration Charges :-NIL The charges for admission , registration and treatment for all patient comes under the category of ayushman bharat is zero. The hospital follow all the guidelines released by national health authority for the treatment of ayushman bharat patient.

Procedure charges :-NIL

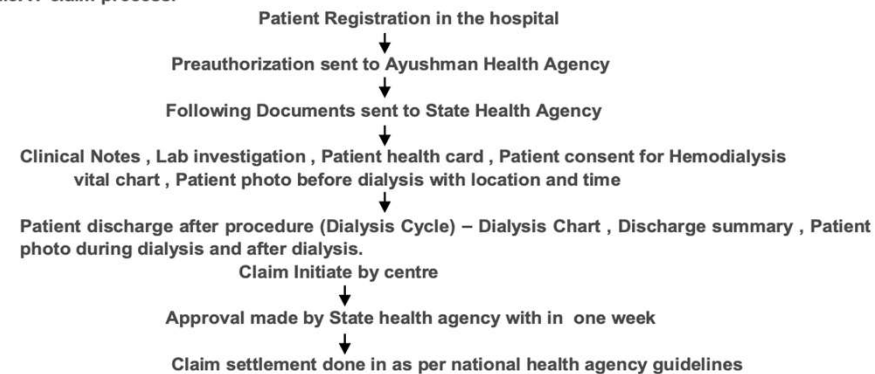
Doctor Fee – NIL

Medication Charges – NIL

Other Consumable Charges – NIL

Nursing Care Charges – NIL

AB PMJAY claim process:-



**The claim process will be initiated as per the guidelines released by the national health**



# ABPMJAY claim process document



## NC raised on ABPMJAY Claim process

NC

NC Remark



NC Type : Specify the reason for selecting 'NO'.

NC Remark : It is mandatory to maintain documented AB PMJAY claim process. The claim process must be the Hospital's SOP showing the complete process flow of claims by the AB PMJAY beneficiaries and registered hospital. Kindly upload the hospital's SOP that must

NC Logs

Assessor	Hospital
Date :04/Aug/2022, 11:41 AM	Date :30/Aug/2022, 2:23 PM
NC Type :Specify reason for no	NC Reply :Please see attached.
NC Remark :It is mandatory to maintain documented AB PMJAY claim process. The claim process must be the Hospital's SOP showing the complete process flow of claims by the AB PMJAY beneficiaries and registered hospital. Kindly upload the hospital's SOP that must be properly signed and approved by the authorized personnel.	Document : <a href="#">AB PMJAY CLAIM PROCESS.jpeg</a>

## ABPMJAY Claim process Valid document



### CLAIM PROCESS AND TRANSACTION MANAGEMENT

After successful identification System) under AB-PMJAY of beneficiary through BIS (Beneficiary Identification and BES (Beneficiary Enrolment System under PMJAY, the following process at hospitals is mandatory for providing the treatment:-

Consultation by the Doctor

A. The concerned doctor will examine the beneficiary in OPD, the beneficiary will pay from pocket for the medicines and tests etc. if hospitalization is not required.

B. If doctor recommends hospitalization, he/she will provide the detail in the diagnosis sheet along with the diagnosis and the procedure proposed to be undertaken. Thereafter following process will be followed:-

### Registration, Pre-authorization, Treatment & Discharge

1. Registration & Package selection

a. Any patient who has been advised hospitalization by the treating doctor shall mandatorily visit the Ayushman Bharat/PMJAY KIOSK to ascertain her/her eligibility under the health care schemes.

b. If the patient is not eligible/registered under Ayushman Bharat/PMJAY, he/she will be subjected to the routine hospital procedure and no expenses shall be borne on account of his/her



# Infection Control Bio Medical Waste

## Invalid document of annual BMW report

SERVICE INVOICE						
GSTIN:- 06AADCV1049G1ZJ		Terms of Payment: -		Immediate -on receipt of bill.		
TAX IS PAYABLE ON REVERSE CHARGE (yes/no)	No	Mode of Payment: -		Online or by Cheque only		
INVOICE SERIAL NUMBER	BWL/20/09/S08543	Terms of Service: -		As Per Agreement		
INVOICE DATE	01/09/2020					
STATE	HARYANA	STATE CODE	0	6	REWARI	
DETAILS OF VENDOR						
NAME	[REDACTED]			Registration Id: R224		
ADDRESS	289, MODEL TOWN BAWAL ROAD, REWARI			Service Address :		
STATE	HARYANA		State Code	0	6	
GSTIN	06AAGCR9581C1Z7					
PO NO.			CGST	SGST	IGST	
<a href="mailto:mail.google.com/mail/u/0?ik=fa9a59810b&amp;view=pt&amp;search=all&amp;permthid=thread-f%3A1676867632492189821&amp;simpl=msg-f%3A16768676324...">mail.google.com/mail/u/0?ik=fa9a59810b&amp;view=pt&amp;search=all&amp;permthid=thread-f%3A1676867632492189821&amp;simpl=msg-f%3A16768676324...</a>						

# Infection Control Bio Medical Waste



## NC raised on annual report on BMW

NC
X

NC  Raise NC  Remove NC

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**NC Remark**

NC Type :

NC Remark :

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**NC Logs**

Assessor	Hospital
Date :23/May/2022, 4:10 PM	Date :
NC Type :Document incomplete	NC Reply :
NC Remark :Upload the annual report of BMW Submitted to competent authorities.	Document :
NC Status :Open	

## Form IV for annual report on BMW

**PUNJAB STATE POLLUTION CONTROL BOARD**

**Form IV  
(See Rule 13)  
ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

**Return No :** 16279708 **Period :** 2020

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	
(ii) Name of HCF or CBMWTF:	
(iii) Address for Correspondence:	
(iv) Address of Facility:	
(v) Tel. No.:	6398551396
(vi) Fax. No.:	-
(vii) E-mail ID:	mohali@rahicare.com
(viii) URL of Website:	
(ix) GPS coordinates of HCF of CBMWTF:	
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: BMW/FRESH/SAS/2020/13891932 Valid Upto: 06/07/2021
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 06/07/2021
2. Type of Health Care Facility	



# Infection control Hand Hygiene

Invalid document on training of hand hygiene practices



# Infection control Hand Hygiene



## NC raised on Infection control hand hygiene

NC
✕

NC  Raise NC  Remove NC

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**NC Remark**

NC Type : The uploaded document is inappropriate.

NC Remark : Maintain the staff training records for hand hygiene guidelines, occupational risk and its prevention and upload the same.

**NC Logs**

Assessor	Hospital
Date :23/May/2022, 4:38 PM	Date :
NC Type :Document inappropriate	NC Reply :
NC Remark :Maintain the staff training records for hand hygiene guidelines, occupational risk and its prevention and upload the same.	Document :
NC Status :Open	

## Training record on Hand Hygiene

**TRAINING TOPIC : INFECTION CONTROL**  
**TRAINING CONDUCTED BY : S.Geetha**  
**DATE OF TRAINING : 13.12.2021**

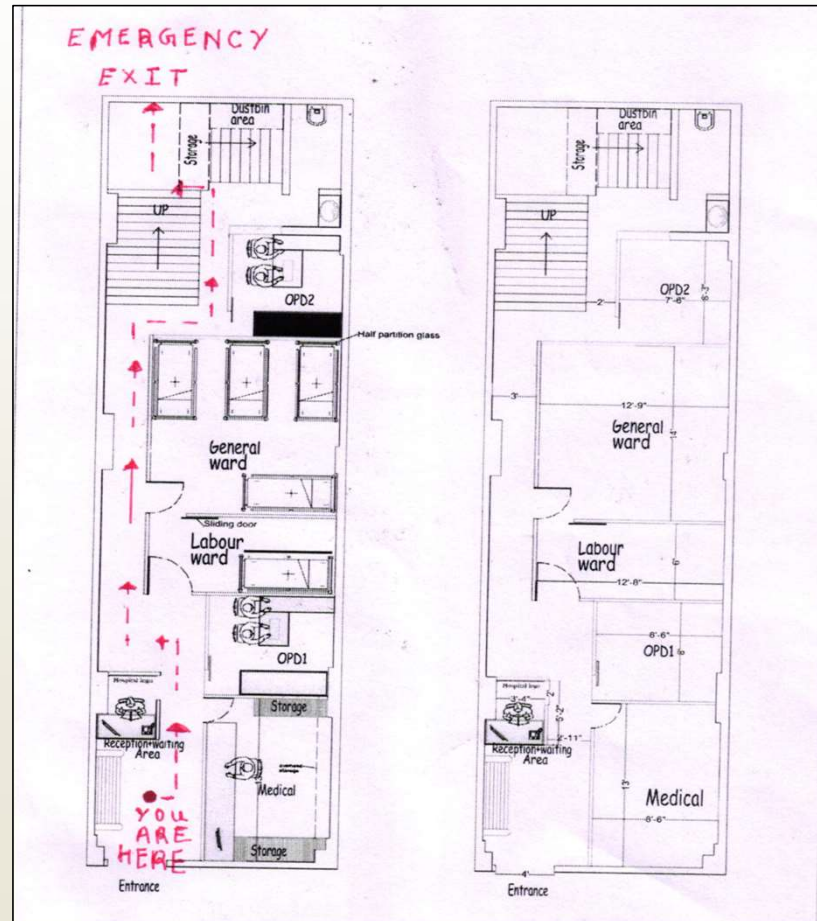
S.NO	STAFF NAME	SIGNATURE
1	C. Harish kumar	<i>[Signature]</i>
2	G. Vetrichelvi	<i>[Signature]</i>
3	R. Sankaranand vinodh	<i>[Signature]</i>
4	B. Amutha	<i>[Signature]</i>
5	T. Lokeshwar	<i>[Signature]</i>
6	P. Vinodhini	<i>[Signature]</i>
7	P. Mangalalakshmi	<i>[Signature]</i>
8	T. Krishnaganth	<i>[Signature]</i>
9	C. Selvarani	<i>[Signature]</i>
10	S. Deepa	<i>[Signature]</i>





# Fire exit Plan

Invalid document on fire exit plan



# Fire exit Plan



## NC raised on fire exit plan

NC

Raise NC  Remove NC

**NC Remark**

**NC Type :** Specify the reason for selecting 'NO'.

**NC Remark :** It is mandatory for the hospital to have documented safe exit plan in case of fire and non-fire emergencies. Maintain and Upload the same.

**NC Logs**

Assessor	Hospital
<b>Date :</b> 27/June/2022, 3:37 PM	<b>Date :</b>
<b>NC Type :</b> Specify reason for no	<b>NC Reply :</b>
<b>NC Remark :</b> It is mandatory for the hospital to have documented safe exit plan in case of fire and non-fire emergencies. Maintain and Upload the same.	<b>Document :</b>
<b>NC Status :</b> Open	

## Documented fire exit plan

### Emergency Evacuation Plan:

In the event of fire or other emergencies which warrant the evacuation of patients and duty personnel:

- Alert all inmates one by one and room by room of the emergency situation without causing undue panic and commotion.
- Follow the emergency exit route and use the emergency exit when the usual route and exit cannot be used.
- Evacuate all the patients first with the help of stretcher, trolleys or by carrying.
- The medical documents of the particular patient should be sent along as well.
- Evacuation should be done in an orderly manner.
- These patients will occupy the vacant beds, benches etcetera on the ground floor until arrangement is made for transferring them.
- The duty personnel will leave the emergency affected area last after ensuring that all the patients and medical documents are safely evacuated.

### Fire Fighting Training:

- The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force.
- All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire-fighting and containment activity is under progress.
- Table top exercises shall be carried out quarterly at least to test the understanding of the staff and answer any queries.

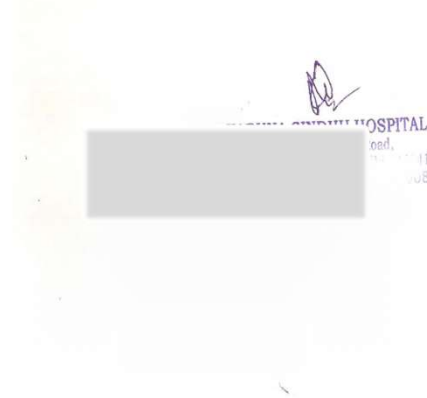


# Code Blue Protocol

## Invalid document on code blue protocol

### NC Reply for not following the 'Code Blue' Protocol in the hospital

We provide specialty services in eye department. Cataract surgeries are done in our hospital and we provide facilities on day care basis. There is an arrangement of a medical officer and staff nurse during the hospital timings for emergency cases; they give primary treatment and we send the patient to higher centre as soon as possible.





# Code Blue Protocol

## NC raised on code blue protocol

NC

Raise NC  Remove NC

**NC Remark**

**NC Type :** The uploaded document is incomplete.

**NC Remark :** Upload documented form of SOP for code blue protocol being followed in a hospital.

**NC Logs**

Assessor	Hospital
Date :31/May/2022, 3:17 PM	Date :
NC Type :Document incomplete	NC Reply :
NC Remark :Upload documented form of SOP for code blue protocol being followed in a hospital.	Document :
NC Status :Open	

## Documented SOP on code blue protocol

**CODE BLUE**

**POLICY**

- Standard guidelines are laid and followed for the use of cardiopulmonary resuscitation (CPR).
- The events during CPR are recorded in a specially designed form, in a defined chronology, for later analysis and opportunities for improvement are identified.

**PURPOSE**

- To provide guidelines for uniform resuscitation of patient

**SCOPE**

- All Hospital Staff

**PROCEDURES**

CODE BLUE Team is activated in the following situations: If patient is

- Unresponsive
- Not moving

**1. RESPONSIBILITIES OF FIRST RESPONDER**

- The first responder (any hospital staff, medical or non-medical, who identifies any of the above situation) will call loudly "HELP CODE BLUE + Location (e.g. CODE BLUE bed no. 11 or OPD etc.) and start Basic Life Support
- If the first responder is alone she will start Basic Life Support and then try to call others.

**2. RESPONSIBILITIES OF THE SECOND RESPONDER**

- Second responder is the one who heard the call of the first responder, or the one designated by the first responder.
- After dialing doctor's number, brings the crash cart into the room (stationed at each nursing station) and places it near the victim / patient's bed.



# Support Services

Invalid document on MOU with support services

Ambulance No. PB 46W1489

R.C. CH.NO. MC1E4CHASHP041752

INSURANCE policy no.-1103003120p111586827

Through Its Owner MR. MAKHAN SINGH

AND

Whereas [redacted] has entered into an Agreement with New Baba Ratan Singh Welfare Society Regd.

sector 88, Mohali provide Ambulance services to Rahi care dialysis getting on call basis.

The Ambulance services will provide us the **ACLS** Ambulance on first call from Rahi care Dialysis unit

### Essential Requirements for Ambulance

In Ambulance all Equipment's like syringes pump, ventilator, oxygen cylinders will keep calibrated.

In Ambulance provider will keep all the documents complete required by Govt. Bodies and as statutory requirements.

The Ambulance service will be adhere the quality standards and will stick to Rahi care dialysis Unit charges may apply as per services.



# Support Services



## NC raised on outsourced ambulance service

NC
X

NC Remark

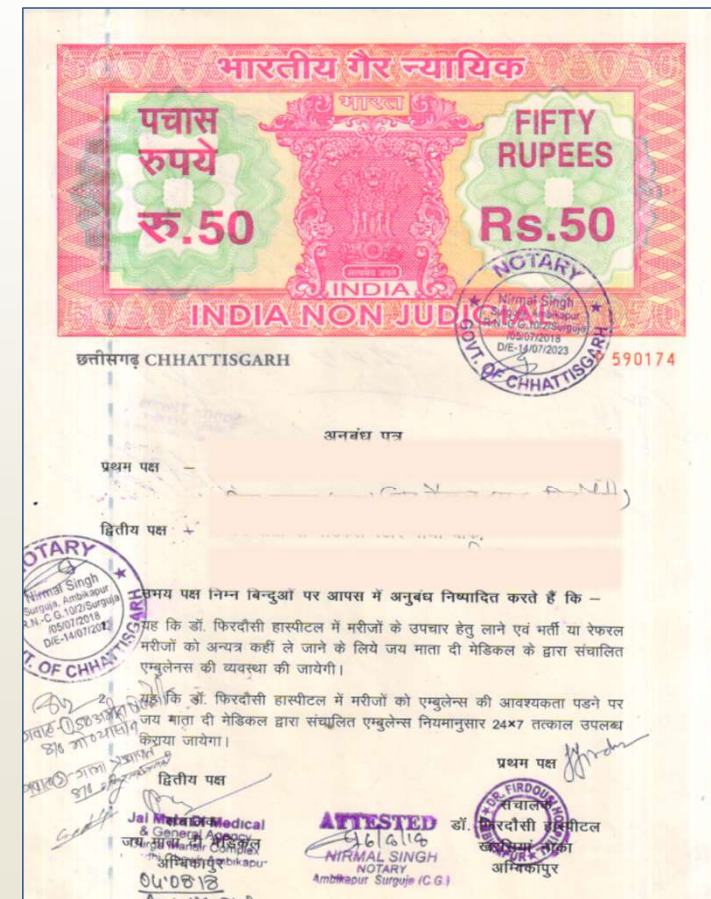
**NC Type :** The uploaded document is incomplete.

**NC Remark :** Upload MOU with outsourced ambulance.

NC Logs

Assessor	Hospital
Date :04/Aug/2022, 12:37 PM	Date :29/Aug/2022, 8:55 PM
NC Type :Document incomplete	NC Reply :The ambulance is part of a project between Kashmir, Boukat and Help Poor Voluntary Trust for haemodialysis patients from poor backgrounds. Currently Ilahiya Dialysis Centre is using this ambulance service as most of the patients coming to the Centre are from poor backgrounds. There is no proper MoU but there is a terms
NC Remark :Upload MOU with outsourced ambulance.	
NC Status :Open	

## MOU with outsourced ambulance service



# Infrastructure maintenance plan

## Invalid document on Infrastructure maintenance plan



TOPIC: Fire Awareness Programme  
Date: 9/12/2020  
Time: 9/12/2020  
Venue:   
Name of Trainer: Poonob Bora @ Mukul Sharma @ R.K.H.  
Signature: Poonob Bora  
Attendee List:

Sl. No.	Name	Department	Signature
1	Borab Borakalali	Security	Borab
2	Radhakanth Deka	"	R.K. Alka
3	Ratan Pathak	"	S
4	Tulasam Ghosh	"	Tulasam
5	Mural Das	"	Mural
6	Pratibha Das Nali	"	Pratibha Nali
7	Chandan Das Nali	"	Chandan Nali
8	Mural Hayue	"	Mural
9	K. Rajen Singha	"	Rajen Singha
10	Jeta Boro	"	Jeta
11	Dharmeswar Ghosh	"	Dharmeswar
12	Nabakanti Goswami	Security head	Nabakanti
13	Sarisan Kalita	Security	Sarisan
14	Rijumoni Bharti	"	Rijumoni
15	Masomi Barman	"	Masomi



# Infrastructure maintenance plan

## NC raised on infrastructure maintenance plan

## Valid document on Infrastructure maintenance plan

NC


NC Remark

NC Type : Specify the reason for selecting 'NO'.

NC Remark : Uploaded document is annual maintenance plan for the equipments/machines used by the hospital. Annual maintenance plan for for hospital building should be a template or a procedure showing how hospital maintains the infrastructure of a hospital. Make and

NC Logs

Assessor	Hospital
Date :08/Sep/2022, 12:08 PM	Date :14/Sep/2022, 4:59 PM
NC Type :Specify reason for no	NC Reply :Please see attached.
NC Remark :Uploaded document is annual maintenance plan for the equipments/machines used by the hospital. Annual maintenance plan for for hospital building should be a template or a procedure showing how hospital maintains the infrastructure of a hospital. Make and upload the same.	Document : <a href="#">Annual Maintenance Iahiya Dialysis Centre 2022.pdf</a>



**Policy on Annual Maintenance of General Physical Structure**

Maintenance of general hospital infrastructure includes:

- Day to day repairs:** It is carried out through directly employed labour.  
It includes removing choked drainage pipes, restoration of water supply, replacement of blown fuses, repair of faulty switches etc. done on day to day basis. This ensures satisfactory continuous functioning of various services in the buildings.
- Annual Repairs:** Works of periodical nature like white washing, colour washing, distemping, painting etc. are called annual repair works. The periodicity of two years for white washing and colour washing and three years for painting has been laid down.  
Works such as patch repair to plaster, minor repairs to various items of work, replacement of glass panes, replacement of wiring damaged due to accident, replacement of switches, sockets, tiles etc., which are not emergent works and are considered to be of routine type, can be done during any particular period of the financial year, depending upon the exigency.
- Special repairs:**  
The following types of repairs:
  - White washing, colour washing, distempers etc. after completely scrapping the existing finish and preparing the surface afresh
  - Painting after removing the existing old paint
  - Provision of water proofing treatment to the roof.
  - Repairs of internal roads and pavements
  - Repairs/replacement of flooring, skirting, dado and plaster
  - Replacement of doors, window frames and shutters.
  - Replacement of door and window fittings
  - Replacement of water supply and sanitary installation like water tanks, WC cistern, wash basins, kitchen sinks, pipes etc.

The building services fixtures including internal wiring, water supply distribution systems etc. are expected to last for 20-25 years. Thereafter, it may be necessary to replace them after detailed inspection.

All three plans are carried out under direct supervision and following is ensured in the health facility:





# Floor Layout plan

Invalid document on Floor layout plan

FIRST FLOOR - (முதல்தளம்)		FIRST FLOOR - (முதல்தளம்)	
1	PHARMACY	மருத்தகம்	
2	MAIN RECEPTION	வார்ப்புறம்	
3	OPD-1	முற்பரிசீலனை விநிய-1	
4	CM SCHEME OFFICE	முதலமைச்சர் கமிட்டி திட்ட அலுவலகம்	
5	ADMIN WING	நிர்வாக விநிய	
6	IMCU	தீவிர மருத்துவ சிகிச்சை கவனிப்பு அறை	
7	CASUALTY / EMERGENCY	அவசர சிகிச்சை விநிய	
8	DAY CARE OBSERVATION ROOM	நாளம் - கவனிப்பு அறை	
9	DUTY DOCTORS ROOM	மருத்தவர்கள் அறை	
10	EMERGENCY OT OR MINOR OT	அவசர அறுவை சிகிச்சை விநிய	
11	MRI	எம்.ஆர்.ஈ.	
12	OPD-2 110-114	முற்பரிசீலனை விநிய-2	
13	ECG	ஈ.சி.ஈ.	
14	ECHO	எக்ஸ்சோ	
15	TMT	டி.எம்.டி	
16	LABORATORY SERVICES	ஆய்வகம்	
17	DIETICIAN	உணவியல் நிபுணர்	
18	SAMPLE COLLECTION	மாதிரி சேகரிப்பு	
19	DENTISTRY	பல் மருத்தகம்	
20	MICROBIOLOGIST-Dr.SAVITHA	நுண்ணுயிரியல் நிபுணர்	
21	MICROBIOLOGY LAB	நுண்ணுயிரியல் ஆய்வகம்	
22	CHIEF- LAB SERVICES	ஆய்வக-முதலமைச்சர் அலுவலகம்	
23	BIO- CHEMISTRY LAB	உயிரியல் வேதியியல் ஆய்வகம்	
24	PATHOLOGY	நோயியல்	
25	GT- CONSOLE ROOM	கி.டி.அறை	
26	DIGITAL X-RAY	எக்ஸ்-ரே அறை	
27	BIO - MEDICAL ENGINEERING DEPT	உயிர் மருத்தகப் பொறியியல் துறை	
28	NURSING SUPERINTENDENT	செவ்வியர் மேற்பார்வையாளர்	
29	ULTRA SOUND	அல்ட்ரா சவுண்ட்	
30	BLOOD BANK	சிறத்த வங்கி	
31	PHARMACY SUB-STORE	மருத்தக கி.பி.சு.	
32	MIR	மருத்தக கி.பி.சு.	
33	PHYSIOTHERAPY	மருத்தகப் பதிவெழு துறை	
34	HOUSE KEEPING SUPERVISOR	கூப்பாக்காட்டு மருத்தகம்	
35	LAUNDRY COLLECTION	துடிப்பு மேற்பார்வையாளர்	
36	SECURITY OFFICER	சலவை சேகரிப்பு கி.பி.	
37	GENERAL STORES	பொது கி.பி.சு.	
38	SPECIALITIES WARD	சிறப்பு சிகிச்சைகள் விநிய	
39	WARD-NURSING STATION	வசவியர் அலுவலகம்	
40	PAEDIATRIC WARD	குழந்தைகள் அறை	
41	SPECIAL WARD	சிறப்பு படுக்கை அறை	
42	SPECIAL WARD	சிறப்பு படுக்கை அறை	
43	ISOLATION WARD	தனிமைப்படுத்தப்பட்ட அறை	
44	SINGLE ROOM	தனி படுக்கை அறை	
45	SINGLE ROOM	தனி படுக்கை அறை	
46	SINGLE ROOM	தனி படுக்கை அறை	
47	MEDICAL WARD/SURGERY WARD	மருத்துவ/அறுவைசிகிச்சை படுக்கை அறை	
48	SINGLE SPECIAL WARD	சிறப்பு தனி படுக்கை அறை	
49	SINGLE SPECIAL WARD	சிறப்பு தனி படுக்கை அறை	
50	SINGLE SPECIAL WARD	சிறப்பு தனி படுக்கை அறை	
51	SINGLE SPECIAL WARD	சிறப்பு தனி படுக்கை அறை	
52	SINGLE SPECIAL WARD	சிறப்பு தனி படுக்கை அறை	
53	DOUBLE SHARING ROOM	கிளப்பை தனி படுக்கை அறை	
54	DOUBLE SHARING ROOM	கிளப்பை தனி படுக்கை அறை	
55	DOUBLE SHARING ROOM	கிளப்பை தனி படுக்கை அறை	
56	DOUBLE SHARING ROOM	கிளப்பை தனி படுக்கை அறை	
57	POST-OPERATIVE WARD	அறுவை சிகிச்சைக்கு பிந்தைய கவனிப்பு அறை	
58	FEMALE MEDICAL AND SURGERY WARD	மருத்துவ / அறுவை சிகிச்சை - ஆண்கள் அறை	
59	FETAL SCAN ROOM	கரு வீடுகள் அறை	
60	LABOR WARD	பிறவை அறை	
61	OBSTETRIC WARD	மகனீர் பிறப்பு சிகிச்சை அறை	
62	NICU	கரு மருத்தகம்	
63	LABOR POST PARTUM ROOM-1	பச்சிணர்வுமுந்தைய தீவிர சிகிச்சை விநிய	
64	LABOR POST PARTUM ROOM-1	பிறவைத்திற்கு பிந்தைய கவனிப்பு அறை-1	
65	LABOR POST PARTUM ROOM-2	பிறவைத்திற்கு பிந்தைய கவனிப்பு அறை-2	
66	IVF	செயற்கை கருத்தரிப்பு	
67	ICU	தீவிர சிகிச்சை விநிய	
68	DIALYSIS	வடயவிரி	
69	INTENSIVE DIALYSIS	தீவிர வடயவிரி சிகிச்சை	
70	ANAESTHESIA ROOM	மயக்க மருந்து அறை	
71	CT-ICU	கிளப்பை தீவிர சிகிச்சை விநிய	
72	RECOVERY ROOM	அறுவை சிகிச்சைக்கு பிந்தைய கவனிப்பு அறை	
73	OPERATION THEATER COMPLEX	அறுவை சிகிச்சை கூடம்	
74	CSSD	நுண்ணுயிர் நீக்கல் வசையும் துறை	
75	CATH LAB	கிளப்பை கவனிப்பு அறை	



# Floor Layout plan

## NC raised on floor layout plan

NC  Raise NC  Remove NC

**NC Remark**

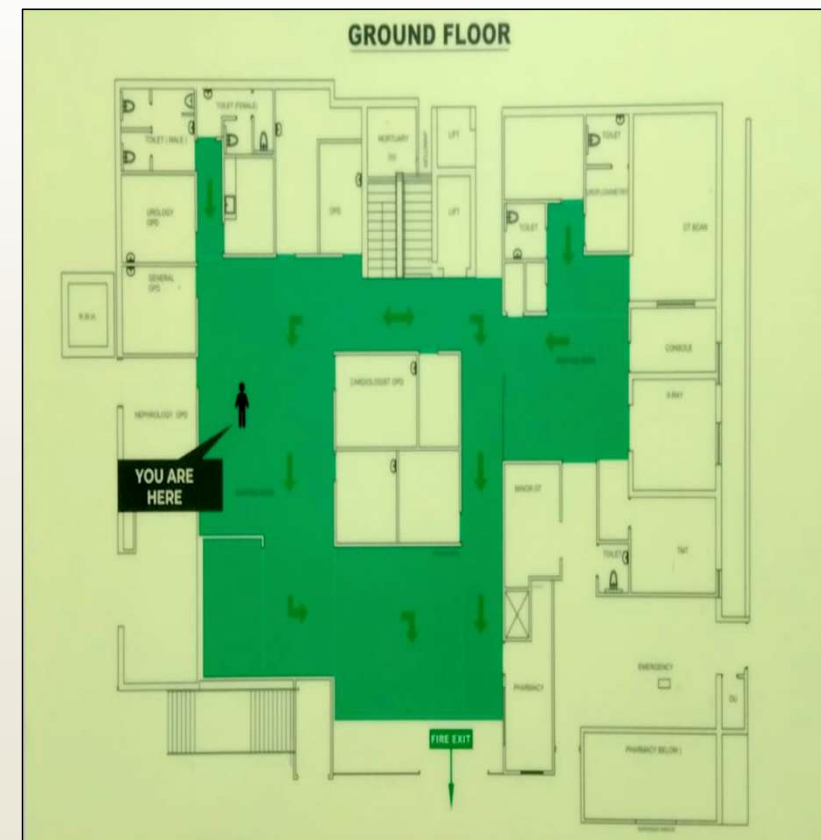
NC Type : The uploaded document is incomplete.

NC Remark : Upload floor plan for all the floor available in the premises.

**NC Logs**

Assessor	Hospital
Date :30/Jun/2022, 5:43 PM	Date :
NC Type :Document incomplete	NC Reply :
NC Remark :Upload floor plan for all the floor available in the premises.	Document :
NC Status :Open	

## Valid floor layout plan







# CPR Mock Drill Training

Invalid document on CPR mock drill training





# CPR Mock Drill Training

## NC raised on training record on CPR mock drill

NC  Raise NC  Remove NC

**NC Remark**

NC Type : The uploaded document is incomplete.

NC Remark : Maintain the training record along with mock drill records mentioning topic of training done, names of training staff who attended training with their signatures in front of their names and upload the same.

**NC Logs**

Date :31/May/2022, 2:58 PM	Date :
NC Type :Document incomplete	NC Reply :
NC Remark :Maintain the training record along with mock drill records mentioning topic of training done, names of training staff who attended training with their signatures in front of their names and upload the same.	Document :
NC Status :Open	

## Valid training record on CPR mock drill

CPR TRAINING RECORD		
DATE	DAY	TRAINER NAME
28-03-2020	SATURDAY	DR. U. K. VIMAL
STAFF ATTENDANCE		
S NO.	STAFF NAME	SIGN
1	DR. NEERAJ SHARMA	
2	DR. ARUN RAGHAV	
3	DR. RICHA GAUR	
4	MR. MITHAILESH KR.	
5	MR. BALWANT	
6	MS. REJITHA	
7	MS. PREETI	
8	MS. ROSHNI	
9	MR. VIJAY	
10	MS. RICHA	
11	MR. MANOJ DAGAR	
12	MR. JOSEPH	
13	MR. HEMANT	
14	MS. MEENAKSHI	

# Quality Assurance Training



Invalid document on Quality Assurance training record

Ref No.357 PMJAY/Q/C/ 2020-14

Date: 18.01.2020

REGARDING Training of staff members for Patient Safety:

This is to say that our Hospital will start  
Training on Quality Assurance from the date of 15.02.2020.

Chief Administrative officer





# Quality Assurance Training

## NC raised on staff training on quality assurance

**NC**

**NC Remark**

**NC Type :** The uploaded document is inappropriate.

**NC Remark :** Uploaded document is not correct. Upload the training sheet on facility level quality assurance.

**NC Logs**

Assessor	Hospital
Date :27/Jun/2022, 3:32 PM	Date :07/Jul/2022, 12:50 PM
NC Type :Document inappropriate	NC Reply :We are providing quality assurance training sheet
NC Remark :Uploaded document is not correct. Upload the training sheet on facility level quality assurance.	Document : <a href="#">Staff quality assurance rama hospital.pdf</a>
NC Status :Open	

## Valid training record on Quality Assurance

**QUALITY ASSURANCE TRAINING**

Quality assurance includes all the planned and systematic activities implemented within the quality system that can be demonstrated to provide confidence that service provided will fulfil requirements for quality standards.

Special emphasis is laid on:

- Continuously improving processes to create better experiences
- Establishing a quality-conscious employee culture where everyone can make a difference
- Controlling costs
- Improving productivity
- Executing a quality audit
- Developing tools, like process standards and checklists

DATE: - 22/08/2022

S. No	EMPLOYEE NAME	ROLE	EMPLOYEE SIGNATURE
1	YOUNIS BEIGH	Dialysis Technician/Manager	
2	MUNEER HUSSAIN	Dialysis Technician	
3	TAJAMUL HAMEED	Dialysis Technician	
4	MUDASIR BHAT	Dialysis Technician	
5	SHAHID SHAFI	Dialysis Technician	
6	AJAZ AHMAD	Security	
7	AQIB SHAFI	Accounts Officer/Store Keeper	
8	SHABIR AHMAD	Helper	
9	BASHARAT HUSSAIN	Helper	

*Admin. In-charge Officer  
Caluya Dialysis Centre  
Srinagar, Srinagar*



# Quality Audit Checklist

Invalid document on Quality audit checklist

Patient State: UTTAR PRADESH

0 Patients Registered Today	1 Waiting for Treatment Total	74 Claims pending for Settlement Total	1 Patients undergoing Treatment Total
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Hospital Statistics					
	Overall		Today		
Total Patients Registered	723	0	Surgeries/Therapies Done	630	0
Out Patients	33	0	Surgeries/Therapies Done Amount(Rs.)	1,60,32,344	0
In Patients	690	0	Death Cases	7	0
Preauthorizations Initiated	690	0	Claims Submitted	630	0
Amount Preauthorized in Rs	1,79,88,292	0	Amount of Claims Submitted in Rs	1,60,32,344	0





# Quality Audit Checklist

NC raised on quality audit checklist

NC

Raise NC  Remove NC

**NC Remark**

NC Type : Specify the reason for selecting 'NO'.

NC Remark : Filling the Quality audit checklist is compulsory. Please fill all 20 Questions of Quality audit checklist on the HEM portal with evidence and submit it, after that take screenshot of the page that shows you have successfully submitted the checklist and upload that

**NC Logs**

Date : 11/Jul/2022, 4:41 PM	Date :
NC Type : Specify reason for no	NC Reply :
NC Remark : Filling the Quality audit checklist is compulsory. Please fill all 20 Questions of Quality audit checklist on the HEM portal with evidence and submit it, after that take screenshot of the page that shows you have successfully submitted the checklist and upload that screenshot.	Document :
NC Status : Open	

Quality audit checklist filled in HEM Portal

Quality Audit Checklist Details Saved Successfully with Quality ID : QULHOSP48486

OK

100% compliance of all five evidences.

All files are maintained by HR Dept. with all the the required details

if any of the five evidence is found to be non-compliant.

Non-compliance of all five



**Thank You**