



1. DOES THE FACILITY HAVE HANDRAILS AND GRAB BARS IN ADA ACCESSIBLE AREAS?

SCORE:  Present  Partially Present  Not Present

2. ARE HANDRAILS ADEQUATELY FIXED TO WALLS AND FREE OF SPLINTERS?

SCORE:  Present  Partially Present  Not Present

3. DOES THE FACILITY HAVE APPROPRIATE WHEELCHAIR ENTRY RAMPS?

SCORE:  Present  Partially Present  Not Present

3. ARE WHEELCHAIR RAMPS ACCESSIBLE AND MARKED?

SCORE:  Present  Partially Present  Not Present

4. IS ADA COMPLIANT HANDICAPPED PARKING AVAILABLE AND MARKED?

SCORE:  Present  Partially Present  Not Present

6. IS THE FACILITY GENERALLY CLEAN? (CHECK WALLS, FLOORS, DRAPES, FURNITURE)

SCORE:  Present  Partially Present  Not Present

7. IS THE FACILITY FREE OF PESTS, INSECTS, OR VERMIN?

SCORE:  Present  Partially Present  Not Present

8. IS LINEN PROCESSED, TRANSPORTED, STORED AND HANDLED APPROPRIATELY TO PREVENT THE SPREAD OF INFECTION? (IF DISPOSABLE LINENS OR PAPER IS USED, MARK "PRESENT").

SCORE:  Present  Partially Present  Not Present

9. IS CLEAN LINEN COVERED AT ALL TIMES AND SEPARATED ADEQUATELY FROM SOILED LINEN? (IF DISPOSABLE LINENS OR PAPER IS USED, MARK "PRESENT" IF CLEAN AND DIRTY MATERIALS ARE SEPARATED IN STORAGE AND HANDLING.

SCORE:  Present  Partially Present  Not Present



10. IS THE FACILITY FREE OF SLIP AND FALL ACCIDENT HAZARDS?

SCORE:  Present  Partially Present  Not Present

11. IF THE FACILITY HAS A STAFF BREAK ROOM OR EATING AREA, IS IT APPROPRIATELY CLEANED AND DISENFECTED?

SCORE:  Present  Partially Present  Not Present

12. ARE MEDICATIONS STORED IN SEPARATE REFRIGERATORS FROM FOOD ITEMS?

SCORE:  Present  Partially Present  Not Present

13. ARE HOUSEKEEPING TOOLS, CHEMICALS, AND COMPOUNDS PROPERLY STORED AND MARKED WITH HAZARD LABELS?

SCORE:  Present  Partially Present  Not Present

14. IS THERE A FUNCTIONAL CALL SYSTEM IN RESTROOMS AND TOILETS USED BY PATIENTS?

SCORE:  Present  Partially Present  Not Present

15. ARE COUNTERTOPS IN EXAM ROOMS AND PATIENT CARE WORK AREAS CLEAN, NEAT AND FREE OF HAZARDS?

SCORE:  Present  Partially Present  Not Present

16. ARE PRESCRIPTION PADS STORED IN LOCKED AREAS ACCESSIBLE ONLY TO PHYSICIANS AND DESIGNATED NURSING STAFF?

SCORE:  Present  Partially Present  Not Present

17. ARE DRUGS AND BIOLOGICALS STORED PROPERLY (LOCKED AND AT APPROPRIATE TEMPERATURES)?

SCORE:  Present  Partially Present  Not Present

18. DOES THE FACILITY MAINTAIN A SAMPLE MEDICATION LOGGING SYSTEM THAT CAN IDENTIFY AND RECALL SAMPLE MEDICATIONS GIVEN TO PATIENTS?

SCORE:  Present  Partially Present  Not Present



19. ARE USED EQUIPMENT AND SUPPLY ITEMS APPROPRIATELY STORED AND HANDLED IN CLEAN AND DIRTY UTILITY AREAS?

SCORE:  Present  Partially Present  Not Present

20. ARE WHEELCHAIRS AND ATTENDANTS PROVIDED FOR PATIENTS IN NEED OF ASSISTANCE?

SCORE:  Present  Partially Present  Not Present

21. IS ESSENTIAL EQUIPMENT IN SAFE AND EFFICIENT OPERATING ORDER?

- TOILETS, SINKS AND OTHER WATER LINES DO NOT LEAK
- NURSING UNIT EQUIPMENT IS IN GOOD REPAIR
- MEDICATION ROOM EQUIPMENT IS IN GOOD REPAIR
- MEDICATION REFRIGERATORS CLEAN AND FUNCTIONAL,
- TEMPERATURE LOGS ARE MAINTAINED ON ALL REFRIGERATORS
- THERAPY EQUIPMENT CLEAN AND FUNCTIONAL

SCORE:  Present  Partially Present  Not Present

22. IS PATIENT DIAGNOSTIC EQUIPMENT CLEAN, ORDERLY, AND IN GOOD REPAIR WITH REGULAR MAINTENANCE OR CONTROLLED TEST LOGS (INCLUDE AUTOCLAVE OR STERILIZATION SYSTEM)?

SCORE:  Present  Partially Present  Not Present

23. ARE CURRENT CERTIFICATIONS AND LICENSES AVAILABLE OR POSTED FOR DIAGNOSTIC EQUIPMENT SUCH AS X-RAY, CT, MRI, AND CLIA CONTROLLED LABORATORY EQUIPMENT?

SCORE:  Present  Partially Present  Not Present

24. IS INFORMATION ABOUT MEDICARE, MEDICAID, AND ADVOCACY AGENCIES POSTED?

SCORE:  Present  Partially Present  Not Present



25. ARE STAFF ADEQUATELY PREPARED FOR DISASTERS OR EMERGENCIES? (ASK TWO STAFF MEMBERS AND AT LEAST ONE NURSE WHAT ACTIONS SHOULD BE TAKEN DURING AN EMERGENCY).

**SCORE:**  Present  Partially Present  Not Present

26. IS EMERGENCY POWER AVAILABLE?

**SCORE:**  Present  Partially Present  Not Present

27. IS THE STAFF AWARE OF WHICH OUTLETS ARE POWERED BY EMERGENCY GENERATORS?

**SCORE:**  Present  Partially Present  Not Present

28. IS WASTE CONTAINED IN PROPERLY MAINTAINED CANS (NO OPENINGS OR BREAKS), DUMPSTERS, OR COMPACTORS WITH COVERS?

**SCORE:**  Present  Partially Present  Not Present

29. ARE LAB REFRIGERATOR AND FREEZER SHELVES AND FLOOR CLEAN AND FREE OF SPILLAGE? ARE FOODS ITEMS PROHIBITED FROM STORAGE IN MEDICATION FREEZERS?

**SCORE:**  Present  Partially Present  Not Present

30. ARE LAB FREEZER TEMPERATURES MAINTAINED AT ZERO DEGREES FARENHEIT OR BELOW?

**SCORE:**  Present  Partially Present  Not Present

31. DOES THE REFRIGERATOR TEMPERATURE LOG DEMONSTRATE THAT REFRIGERATORS AT 41 DEGREES FARENHEIT OR BELOW?

**SCORE:**  Present  Partially Present  Not Present

32. ARE REFRIGERATED MEDS OR BIOLOGICALS COVERED AND DATED AND SHELVED TO ALLOW PROPER COOLING AND AIR CIRCULATION?

**SCORE:**  Present  Partially Present  Not Present



33. ARE OUTDATED MEDICATIONS STORED IN REFRIGERATORS, FREEZERS, MEDICATION CLOSETS, OR ANY OTHER AREAS IN THE FACILITY? (DISCUSS WITH STAFF HOW OUTDATED MEDS ARE IDENTIFIED AND DESTROYED AND DETERMINE THAT THERE IS A SET PROCESS WITH APPROPRIATE MANAGEMENT).

SCORE:  Present  Partially Present  Not Present

34. ARE APPROPRIATE CONTROL LOGS MAINTAINED AND CONTROL TESTS RUN ON ALL LABORATORY EQUIPMENT?

SCORE:  Present  Partially Present  Not Present

35. DOES THE FACILITY HAVE FIRE ESCAPE ROUTES POSTED AT APPROPRIATE LOBBY AND HALLWAYS IN WHICH PATIENTS MAY BECOME DISORIENTED?

SCORE:  Present  Partially Present  Not Present

36. DOES THE FACILITY HAVE A SMOKE AND FIRE ALARM SYSTEM AND LIGHTED EXIT SIGNS?

SCORE:  Present  Partially Present  Not Present

37. DOES THE FACILITY CONDUCT FIRE EVACUATION DRILLS QUARTERLY?

SCORE:  Present  Partially Present  Not Present

38. HAS THE FACILITY BEEN INSPECTED BY A STATE LICENSED FIRE MARSHALL?

SCORE:  Present  Partially Present  Not Present

39. ARE FIRE ESCAPE WAYS FREE AND CLEAR OF OBSTRUCTIONS? DO ALL EXIT DOORS HAVE POSITIVE CRASH BAR OPENERS?

SCORE:  Present  Partially Present  Not Present

40. ARE INSTRUMENTS COVERED OR SEALED IN STERILE CONDITION UNTIL READY FOR USE?

SCORE:  Present  Partially Present  Not Present



41. ARE INSTRUMENTS, INSTRUMENT TRAYS AND TABLES, APPROPRIATELY CLEANED AND STORED TO PREVENT CROSS-CONTAMINATION?

**SCORE:**  Present  Partially Present  Not Present

42. ARE EMPLOYEES WASHING HANDS BEFORE AND AFTER TREATMENT OF EACH PATIENT AND FOLLOWING INFECTION CONTROL PRACTICES?

**SCORE:**  Present  Partially Present  Not Present

43. DOES THE FACILITY USE APPROPRIATE STERILIZATION PROCEDURES FOR INSTRUMENTS? (IF A STEAM AUTOCLAVE IS USED, CHECK LAST DATE OF INSPECTION AND TEST. IF CIDEX IS USED, EXAMINE CIDEX WORK AREA FOR EVIDENCE OF NEGATIVE AIR PRESSURE SUCTION HOOD AND PERSONAL PROTECTIVE EQUIPMENT FOR STAFF).

**SCORE:**  Present  Partially Present  Not Present

44. DOES THE FACILITY HAVE A WRITTEN EXPOSURE CONTROL PLAN IN ACCORDANCE WITH 29 CFR 1310 (OSHA EXPOSURE CONTROL PLAN)?

**SCORE:**  Present  Partially Present  Not Present

46. IS ADEQUATE PERSONAL PROTECTIVE EQUIPMENT AVAILABLE FOR STAFF MEMBERS? CAN STAFF IDENTIFY WHAT PPE IS AND WHERE TO FIND THEIR EQUIPMENT?

**SCORE:**  Present  Partially Present  Not Present

47. ARE SHARPS BOXES AVAILABLE AND NO MORE THAN THREE-QUARTERS FULL?

**SCORE:**  Present  Partially Present  Not Present

48. ARE PATIENTS VISABLE OR UNATTENDED IN EXAMINATION ROOMS?

**SCORE:**  Present  Partially Present  Not Present



49. IS THE PRIVACY OF PATIENTS ADEQUATELY PROTECTED?  
(EXAMINE THE FOLLOWING INDICATORS: A. ARE PATIENT NAMES READILY VISABLE ON A SIGN IN SHEET LEFT UNATTENDED AT THE FRONT DESK? B. ARE PATIENT PAYMENT ARRANGEMENTS DISCUSSED IN AN AREA IN WHICH OTHER PATIENTS MAY OVERHEAR FINANCIAL AND MEDICAL INFORMATION? ARE COMPUTER SCREENS LOCATED IN SETTINGS WHERE OTHER PATIENTS MAY SEE PATIENT DATA DISPLAYED ON THEM?)

**SCORE:**  Present  Partially Present  Not Present

50. DOES THE CLINIC HAVE A POLICY FOR IDENTIFYING AND REPORTING TO APPROPRIATE AUTHORITIES UNEXPLAINED HEALTH ISSUES THAT MIGHT BE THE RESULT OF ABUSE?

**SCORE:**  Present  Partially Present  Not Present

51. DOES THE CLINIC HAVE A PROCESS IN PLACE TO ENSURE THAT ONLY LICENSED PROFESSIONALS PRESCRIBE AND AUTHORIZE THE FILLING OF PRESCRIPTION MEDICATIONS FOR PATIENTS?

**SCORE:**  Present  Partially Present  Not Present

52. IF PRESCRIPTION SAMPLE DOSE PACKS ARE GIVEN TO PATIENTS, DOES THE CLINIC LIMIT THE DOSE TO A THREE-DOSE SUPPLY?

**SCORE:**  Present  Partially Present  Not Present

53. WHEN MEDICALLY RELATED ANCILLARY SERVICES ARE IDENTIFIED AND APPROPRIATE, DOES THE CLINIC PROVIDE THE PATIENT A LISTING OF ALL CARE PROVIDERS (HOME HEALTH AGENCIES, HOSPICE, ETC.) AND ALLOW THEM TO CHOOSE A PROVIDER? (NOTE: A TREATING PHYSICIAN RECOMMENBDATION TO A PATIENT IS ENTIRELY APPROPRIATE, PROVIDED THE PHYSICIAN DOES NOT STEER A PREPONDERANCE OF PATIENTS TO ONE OR A LIMITED NUMBER OF PROVIDERS. ALL PATIENT CHOICES SHOULD BE DOCUMENTED IN THE MEDICAL RECORD)

**SCORE:**  Present  Partially Present  Not Present

54. DOES THE CLINIC EVER USE PATIENT RESTRAINTS? IF SO, DOES IT HAVE AN APPROPRIATE POLICY AND PROCESS FOR USE? IF NEVER USED, MARK 'PRESENT'.

**SCORE:**  Present  Partially Present  Not Present



55. DOES THE CLINIC HAVE A PLAN FOR THE IMMEDIATE TRANSFER OF EMERGENCY PATIENTS WHO CANNOT BE TREATED IN THE CLINIC TO AN APPROPRIATE HOSPITAL EMERGENCY DEPARTMENT? (DISCUSS THIS ISSUE WITH NURSES AND PHYSICIANS AND DETERMINE IF THERE IS A SET PROCESS AND HOW THE PATIENT WOULD BE TRANSPORTED AND REFERRED.

SCORE:  Present  Partially Present  Not Present

56. IS THERE A PATIENT COMPLAINT PROCESS? IDENTIFY THE PROCESS, REVIEW FORMS AND DISCUSS ISSUE RESOLUTION.

SCORE:  Present  Partially Present  Not Present

57. IS THERE A PATIENT DISMISSAL POLICY AND PROCESS FOR NON-COMPLIANT PATIENTS? REVIEW THE POLICY AND DISCUSS THE PROCESS.

SCORE:  Present  Partially Present  Not Present

58. IS THERE AN AUTOMATIC PATIENT NOTIFICATION PROCESS FOR ABNORMAL TEST RESULTS (i.e., ABNORMAL PAP SMEAR) THAT DOCUMENTS THE CLINIC'S CONTACT?

SCORE:  Present  Partially Present  Not Present

59. DOES THE CLINIC APPROPRIATELY USE ADVANCE BENEFICIARY NOTICES (ABN'S) IN ACCORDANCE WITH MEDICARE POLICY AND CARRIER MEMORANDA?

SCORE:  Present  Partially Present  Not Present

60. OBSERVE PATIENT WAITING TIMES. ARE PATIENTS SEEN IN AN APPROPRIATE AMOUNT OF TIME AFTER ARRIVAL AT THE CLINIC? (RULE OF THUMB: PATIENTS ARE NOTIFIED IF THEY WILL HAVE MORE THAN A 15-MINUTE WAIT. IF WAIT TIME EXCEEDS THIS LIMIT, PATIENTS ARE GIVEN THE OPTION TO RESCHEDULE.

SCORE:  Present  Partially Present  Not Present

**TOTALS:** \_\_\_ Present \_\_\_ Partially Present \_\_\_ Not Present



61. REVIEW OF EXTERIOR OF PROPERTY:

	YES	NO
CLEAN AND NEAT	<input type="checkbox"/>	<input type="checkbox"/>
YARD AND SHRUBS TRIMMED	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE PAINT	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE PARKING	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE LIGHTING IN PARKING AREA	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE EGRESS AND EXIT FROM AND TO ADJACENT SURFACE STREETS AND HIGHWAYS	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR APPROPRIATELY LIGHTED	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE DOOR SECURITY	<input type="checkbox"/>	<input type="checkbox"/>
SECURE BUT SAFE EXTERIOR AREAS FOR STAFF USE	<input type="checkbox"/>	<input type="checkbox"/>
RESTRICTED ACCESS TO GENERATORS	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE SIGNAGE FOR TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>
COVERED LOADING AND UNLOADING AREAS	<input type="checkbox"/>	<input type="checkbox"/>
NON-SLIP VESTIBULE AREAS	<input type="checkbox"/>	<input type="checkbox"/>
 PATIENT PARKING LOT ASSISTANCE	 <input type="checkbox"/>	 <input type="checkbox"/>

62. REVIEW OF LICENSES AND CERTIFICATIONS

ELEVATOR CERTIFICATE POSTED	<input type="checkbox"/>	<input type="checkbox"/>
CLIA LAB CERTIFICATION POSTED	<input type="checkbox"/>	<input type="checkbox"/>
X-RAY INSPECTION POSTED	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATIONAL LICENSE POSTED	<input type="checkbox"/>	<input type="checkbox"/>
NURSING STAFF LICENSES CURRENT	1 <input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN LICENSES CURRENT	<input type="checkbox"/>	<input type="checkbox"/>
DEA LICENSES CURRENT	<input type="checkbox"/>	<input type="checkbox"/>

ANALYST NAME: \_\_\_\_\_

ANALYST SIGNATURE: \_\_\_\_\_

DATE AND TIME OF  
ANALYSIS: \_\_\_\_\_

FACILITY REPRESENTATIVE  
NAME: \_\_\_\_\_