

ACU-CARE

Acupuncture in Managed Care

Site Visit Inspection

Practitioner's Name: _____

Clinic Name: _____

Address: _____

Phone Number: _____ Fax: _____

Please add additional sheets if more detail is necessary.

1. Address clearly marked? _____

2. Building well maintained? _____

3. Parking available? Street, Lot? _____

4. HANDICAP ACCOMMODATIONS: Parking: _____

Elevator: Is office second floor and above? Yes, has elevator, No, office is at street level.

Ramp: Office at street level handicapped accessible by ramp: Yes No

5. WAITING ROOM: Adequate Seating: Yes; No _____ Clean & well-maintained: Yes; No _____

Posted "Notice to Consumers": (8.5 x 11", framed notice with CA Acup. Board phone & email address) Yes; No _____

All exits are clearly marked: _____

Average time spent in waiting room: _____

Educational materials available: (About Acupuncture for new patients) Yes, No _____

6. HOURS OF OPERATION: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

7. SAFETY/EMERGENCY: Smoke Dectectors: Yes, No _____ Sprinkler System: Yes, No _____ Fire Alarm: Yes, No _____

Fire Extinguishers: Are they current? Gauge pointer is in green Yes, No. Last Service Date _____

Posted and Framed floor plan for Emergency Evacuation? Yes No

Current CPR Certificate? Yes No; Did you see it? Yes No

8. MEDICAL RECORDS KEEPING; patient. View notes but request that provider cover the personal private information on the file. Check to see they take notes and sign each time they treat Should have patient initial intake notes to establish, indicate acupuncture points. Ask them to provide blank patient forms for review.

Are patient records stored in the office? Yes No If no, please explain. _____

Are they stored in file cabinets assuring confidentiality? Locking file Cabinets or behind Locked door. If no for both, please explain. _____

Are they easily retrievable? _____

Does practitioner enter notes and sign for each treatment in progress? Yes No If no, please explain. _____

Are known allergies posted on the file? Yes No If no, please explain. _____

9. ACUPUNCTURE LICENSE DISPLAYED? Must be 'certificate-sized and framed & hanging in a conspicuous location. Yes No If no, please explain. _____

10. TREATMENT ROOMS; must have beds, supplies, visual privacy and sharps container.

Clean and orderly? _____

Number of rooms? _____

11. How many sinks and soap per site? should have one available on premises: Yes; No but with hand sanitizer Yes No.

12. How are contaminated needles handled? All used needles should go directly in container: Yes No; Needles should not be coming out the top: Yes No

13. Are contaminated needles containers stored out of patients reach? so patient does not knock them over & out of reach for small children. _____

14. Cleaning service? Yes, No. Self-clean? Yes, No. Other: _____

15. Clean and tidy bathrooms? _____

Inspector name: _____

Inspector Signature: _____ Date of Inspection: _____