

ACU-CARE

Acupuncture in Managed Care

Site Visit Inspection

Practitioner's Name: _____

Clinic Name: _____

Address: _____

Phone Number: _____ Fax: _____

1. **Address** clearly marked? Yes No, explain: _____
2. **Building** well maintained? Yes No, explain: _____
3. **Parking** available? Street, Lot? Yes No, explain: _____

4. HANDICAP ACCOMMODATIONS:

- **Parking:** Yes No, explain: _____
- **Elevator:** Is office 2nd floor and above? Yes, has elevator. No, office is at street level. Notes: _____
- **Ramp:** Office at street level handicap accessible by ramp. Yes, has ramp. No ramp available. Notes: _____

5. WAITING ROOM:

- **Adequate Seating:** Yes No, explain _____ **Clean & well-maintained:** Yes No, explain _____
- Posted "**Notice to Consumers**" (*8x10 framed with Acup. Board phone & email address*): Yes No, explain _____
- All **EXITS** are clearly marked: Yes No, explain _____
- Average **time spent in waiting room:** _____
- Educational materials about acupuncture available for **NEW** patients: Yes No, explain _____

6. HOURS OF OPERATION:

Mon.: _____ Tues.: _____ Wed.: _____ Thurs.: _____ Fri.: _____ Sat.: _____ Sun.: _____

7. SAFETY/EMERGENCY:

- **Smoke Detectors:** 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: _____
- **Floor Plan for Emergency Evacuation**, posted and framed? Yes No, explain _____
- **Current CPR Certificate?** Yes No, explain _____ **Did you see it?** Yes No, explain _____

8. MEDICAL RECORDS KEEPING:

- Are **PATIENT RECORDS** stored in the clinic? Yes No; explain: _____
- Are they **stored in file cabinets assuring confidentiality?** Locking file cabinets: Yes No; Locked door: Yes No
If no for both please explain: _____
- Are they **easily retrievable?** Yes, by physician/staff; Yes, No, by others. If yes, explain _____
- Does **Practitioner enter notes and sign for each treatment in progress?** Yes No, explain _____
- Are known **allergies posted on the file?** Yes No, explain _____

9. **ACUPUNCTURE LICENSE DISPLAYED?** (*Must be certificate-sized, framed, hanging in conspicuous location.*) Yes No, explain _____

10. TREATMENT ROOMS:

- **Clean and orderly?** Yes No, explain: _____ Number of rooms? _____
- How many **sinks with soap** per site? _____
- All **contaminated/used needles should go directly in container:** Yes No, explain: _____
- Contaminated needles & receptacles are **stored out of patients' reach.** (*Should be on shelf not on floor*) Yes No, explain _____

11. **Cleaning service?** Yes No, explain: _____ **Self clean:** Yes No; other, explain: _____

12. **Clean and tidy bathrooms?** _____

Inspector name: _____

Inspector Signature: _____ Date of Inspection: _____