

# 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 or  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 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: \_\_\_\_\_
- **Floor Plan for Emergency Evacuation**, posted and framed?  Yes  No, explain \_\_\_\_\_
- **Current CPR Certificate?**  Yes  No, explain \_\_\_\_\_ **Did you see it?**  Yes  No, explain \_\_\_\_\_  
Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### 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 by physician/staff?**  Yes  No. If yes, explain \_\_\_\_\_
- Are they **easily retrievable by others?** **Yes No. 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 \_\_\_\_\_

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

#### 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: \_\_\_\_\_

1. **Clean and tidy bathrooms?** \_\_\_\_\_

Inspector name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_