



### Practitioner On Site Review

Practitioner Name: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Site Reviewer: \_\_\_\_\_

**Interview Conducted with:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section #1 Physical Accessibility**

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
1	Wheelchair accessible				If no, alternative:
2	Handicapped parking				If no, alternative:
3	Regular parking				If no, alternative:
4	Accessible through safe, public thoroughfares				If no, alternative:
5	Bathroom accessible to all patients, including physically disabled				If no, alternative:
<b>Section #1 Total (5)</b>					
<b>Percent</b>					

**Section #2 Physical Appearance Office**

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
6	Practice location clearly identified by visible signage				
7	Clean identified bathroom(s)				
8	Office hours and emergency number posted in area visible by consumer in reception/waiting area				
9	Fire alarms within office suite				
10	Smoke detectors within office suite				
11	Fire extinguisher(s) visible within office space				
12	Exits clearly marked				
13	Office equipped with a blood pressure cuff (if applicable)				
14	Evacuation plan posted on wall (visible)				
15	Office has a sink easily available				
16	Office has a biohazard disposal (Standard; OSHA - (If applicable - collects urine or blood samples, injections given)				
17	Office has a needle disposal system (if injections are given in office)				
18	Reception/waiting area clean				
19	Adequate lighting in reception/waiting area				
20	Adequate lighting in treatment/exam room(s)				
21	Treatment/exam room(s) clean				
<b>Section #2 Total (16)</b>					
<b>Percent</b>					

## Practitioner On-Site Review Form

### Section #3 Adequacy of Waiting/Reception Area

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
22	Adequate privacy at registration				
23	Adequate seating in reception/waiting area				
<b>Section #3 Total (2)</b>					
<b>Percent</b>					

### Section #4 Adequacy of Treatment/Exam Room

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
24	Adequate seating in treatment/exam room(s)				
25	Adequate privacy for interview in Treatment/Exam Room				
<b>Section #4 Total (2)</b>					
<b>Percent</b>					

### Section #5 Policy and Procedures

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
26	Policy for medical emergencies during office hours				
27	Must have policy which contains the following: (All 4 items must be met).				Reviewer to inspect appointment book to attest the hours of operation are available.
	<input type="checkbox"/> Routine appointments (within 7 calendar days of request).		<input type="checkbox"/> Life threatening emergency (immediate)		
	<input type="checkbox"/> Non-life threatening emergency (within 1 hour of request).		<input type="checkbox"/> Urgent ( within 24 hours of request)		
28	Policy or policy statement regarding cultural diversity, awareness, competence exists				
29	Written policy to include procedure/clinical instrument used to assess the mental health/substance abuse status (MISA) of all individuals receiving/being assessed for treatment services				
30	Obtaining and handling body fluids if applicable (collecting urine specimens, OSHA, universal precautions, residential w/dressings, giving injections)				
31	Evacuation plan (written map of office suite, posted, clearly marked exits, visible to consumers)				
32	Confidentiality Policy				
33	Coordination of care with Primary Care Physician				
<b>Total Section #5 (8)</b>					
<b>Percent</b>					

## Practitioner On-Site Review Form

### Section #6 Medication Administration (including samples retained at location)

Item #	Criteria	Met	Not Met	N/A	Guidelines and Comments
34	All drugs stored in secure storage.				
35	Control procedures if narcotic on-site				
36	Medication refrigerator w/therm (40 deg. F°)				
37	System for checking expired medication				
38	Prescription Pads controlled/secured				
<b>Total Section #6 (5)</b>		[ ]			
<b>Percent</b>		[ ]			

### Section #7 Coverage Arrangements

Item#	Criteria	Met	Not Met	N/A	Guidelines and Comments
39	24-hour a day, seven days a week access to provider. Provider must have a "yes" in at least one area to receive a must pass in this category:				Provider must have a yes in at least one area to receive a yes in this category.
	<input type="checkbox"/> By phone		<input type="checkbox"/> By covering physician		
	<input type="checkbox"/> By telephonic answering service to pager		<input type="checkbox"/> Cell phone		
	<input type="checkbox"/> By answering machine				
<b>Total Section #7 (1)</b>		[ ]			
<b>Percent</b>		[ ]			

## Practitioner On-Site Review Form

### INSTRUCTIONS FOR SCORING

1. All items are scored one (1) point
2. The Site Reviewer shall ensure that all documentation & scoring is complete before signing & dating pg. 4 of the site visit form.
3. Must have a total score of 39 points to pass All scores below 100% will receive a request for a Corrective Action Plan.
4. Total score of 31 points and under will receive a request for a Corrective Action Plan and a follow-up visit if applicable.

### SCORING

Sub total Section #1 (5)

Sub total Section #2 (16)

Sub total Section #3 (2)

Sub total Section #4 (2)

Sub total Section #5 (8)

Sub total Section #6 (5)

Sub total Section #7 (1)


**TOTAL (39)**

**Percentage**


Must have 100% to pass

### Practitioner On-Site Review Summary

#### Site Reviewer Documentation:

List all persons and their title present during this Site Visit:

Name	Title

**Signature of Site Reviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Based on the review of the Practitioner site visit/record review, the Practitioner:

- Meets criteria, no further action needed.
- Corrective Action Plan required for score below 100%. Written response requested within 10 business days.
- Corrective Action Plan required for score below 80%. Written response requested within 10 business days. Revisit to be scheduled prior to completion of review if visual inspection is necessary to confirm correction.

**Credentiaing Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Additional Comments:
