Envionment of Care / Facilities Inspection						
Facil	lity:	Inspector:				
Date	:	Time:				
	ок мо	т				
Sian	10000					
Sign 1		Hours of operation posted at entrance				
2		Hours of operation posted at entrance Rash Sign posted at entrance				
3		No Smoking Sign Posted at entrance				
4		Mssion Statement Posted in Lobby				
5		Patient rights, grievance form, pain info posted in lobby				
6		Staff wearing ID badge				
7		Egress Maps Posted				
8		Exits clearly marked with arrows				
9		Wayfinding signs installed				
10		Pain posters in exam rooms				
11		Title 17 regulations on site in X-Ray Dept.				
12		CLIA Certificate posted in lab				
13 14		Radiology supervisign Physician certificate posted in X-ray and not expired How does the clinic mark the eye chart on the floor for 10 and 20 feet.				
15		Inappropriate postings removed - (taped up signs)				
16		Outdoor signage (monument, can, pole sign)				
10						
Grou	nds					
17		Parking lot clean and free of debris				
18		Landscaping neat, trimmed and thriving				
19		Handicap Parking compliant				
20		Asphalt free of pot holes				
21		Parking lot striping legible				
22		Storage areas free of junk				
Hous	ekeeping					
23	ckeeping	Front waiting room clean				
24		Waiting room funiture clean and in good repair				
25		Restrooms clean and in good repair				
26		Carpet and flooring in good repair, clean and hazard free				
27		Hallways free of clutter				
28		Exam rooms clean, free of dirt and dust				
29		Exam Tables in good repair, free of tears and functional				
30		Nothing under the sink anywhere				
31		Stored goods on pallets or 6" off the ground				
32		Ceiling Tiles free of stains				
33		HVAC vents clear of dust				
34		Window treatments clean and in good repair				
35		Equipment clean- move tables check ledges				
36 37		Soap dispensors stocked and not mixed				
38		Paper dispensors stocked Janitor area clean - MSDS book present				
39		No push pins- just thumbtacks				
40		trash cans have self closing lids				
41		Condition of Toy table if present				
42		All chemicals labled				
43		Condition of Paint				

Condition of Wall Base

Envionment of Care / Facilities Inspection

Life S	Safety				
45		Nurse call button functioning in patient RR			
46		Storage below 18" in Sprinklered Buillings			
47		Water temperature at handwashing sinks			
48		Generator present and operational			
49		Fire Extinguishers tagged and checked monthly			
50		Pediplugs in all outlets			
51		No space heaters, fans, or extension cords			
52		HAZMAT Spill kit			
53		Biohazard area locked, signage, documents in tact			
54		Extra O2 tanks secured			
55		Eyewash station checked weekly and logged- proper temperature			
56		Mercury spill kit			
57		Personal protective equipment available			
58		Water and Gas Shutoffs clearly marked			
59		Shelving is bolted to the wall			
60		Medical Records room clean orderly charts in stacks only.			
61		SITE MSDS book			
62		Electrical Breaker Boxes clear of equipment			
63		Emergency Response Equipment / Survival Kit			
64 65 66 67		No open sign in sheets no computer screens visable to the public FAX machines out of patient view Observe checkin process- confidential			
Vursii	200				
68	ng	No outdated Supplies Medications, Sample meds			
69		Medication separated by Oral, injectionable, etc			
70		Refrigerator - temps and usage correct			
71		No Rx pads lying around			
72		Cupboards with locks are locked			
73		No Syringes left in exam room			
74		Medication Storage area secure			
75		Does the clinic have both injectionable benadryl and epinephrine			
76		Does the clinic have oral benadryl			
77		Sterilization log noted with temp., length of run, date, time, items in load, initials			
78		Spore Testing monthly for medial, weekly for			
79		Supply room locked			
80		Sharps boxes no more than 3/4 full			
81		All patient equipment tagged and up to date			
82		Blue and White Pharmacy box locked and dated less than 6 months.			
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Corrective Action

Number	Finding	Corrective Action
27		
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Envionment of Care / Facilities Inspection

Corrective Action Work Needed

Facil	ity:	Inspector:			
Date	:	Time:			
#	Correction Needed		Work Order Assignment		
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