



# DHCS Facility Site Review (FSR) Checklist



Site Name: \_\_\_\_\_

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

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

Green rows are DHCS updates effective as of 7/1/2022.

Criteria	Status	Notes: include reason for "No" or "N/A"
<b>I. Access/Safety</b>		
I.A1. Clearly marked (blue) curb or sign designating disabled parking near accessible primary entrance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	For nurse reviewer
I.A2. Pedestrian ramps have a level landing at the top and bottom of the ramp	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I. A3. Exit and exam room doorway openings allow for clear passage of a person in a wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.A4. Accessible passenger elevator or reasonable alternative for multi-floor office building	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.A5. Clear floor space for wheelchair in waiting room and exam area	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.A6. Wheelchair accessible restroom facilities	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.A7. Wheelchair accessible handwashing facilities or reasonable alternative	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.B1. Patient areas: floor/carpet, walls, furniture; neat, clean and well maintained	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.B2. Restrooms are clean and contain appropriate sanitary supplies	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C3. Lighting is adequate in all areas to ensure safety	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>1. (I.C4.) Exit doors and aisles are unobstructed and accessible (CE)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C5. Exit doors are clearly marked with "Exit" signs	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.A3. Exit and exam room doorway openings allow for clear passage for a person in a wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C6. Clearly diagramed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs and exits	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C7. Electrical cords and outlets are in good working condition	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C8. Fire fighting equipment maintained and in accessible location	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

I.C9. An employee alarm system with sounds that warn employees of fire or other emergencies. (29 CFR 1910. 37) (see Notes)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	For sites with less than 10 employees, direct voice communication is acceptable
I.D3. Emergency phone numbers posted/updated yearly and as needed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.D2. Emergency equipment is stored together in easily accessible location and is ready to be used	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Emergency medical equipment appropriate to practice/patient population is available on site:</b>		
2. (I.D4.) Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu-bags sizes suited for patient population (CE)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Bulb syringe per patient population
3. (I.D5.) Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: 1) Epinephrine 1 mg/mL (injectable), 2) Diphenhydramine 25 mg (oral) or Diphenhydramine 50 mg/mL (injectable), 3) Naloxone, 4) chewable Aspirin 81 mg, 5) Nitroglycerine spray/tablet, 6) Bronchodilator medication (solution for nebulizer or metered dose inhaler), and 7) Glucose (any types of glucose). 8) Appropriate size safety needles/syringes and alcohol wipes (CE)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Pediatric offices only serving patients under 18 years old are not required to keep Nitroglycerin in their emergency kit
I.D6. Medication dosage chart for <b>all</b> emergency medicines (see Notes)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Keep with emergency meds
I.D7. Document checking of emergency equipment/supplies for expiration and operation status at least monthly	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.D8. Process to replace/restock emergency medication, equipment and supplies immediately after use	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.E1. Medical equipment is clean	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.E2. Written documentation demonstrates maintenance of all medical equipment according to manufacturer's guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.A1. Required professional licenses, certifications, DEAs of all providers are current	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>II. Personnel</b>		
II.D4. Each NPMP that prescribes controlled substances has a valid DEA registration number	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.A2. Notification posted <b>or provided to each member</b> that the MD is licensed by the Medical Board and the Physician Assistant(s) is licensed by the Physician Assistant Committee	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Medical Board of CA MD Notice / Medical Board of CA PA Notice visible to members in lobby
II.D1. Standardized Procedures provided for Nurse Practitioners and/or Certified Nurse Midwives are available and define the scope of practice	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.D2. A Practice Agreement defines the scope of services provided by Physician Assistant and define the method of supervision by the Supervising Physician	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

II.D3. Standardized Procedures, Practice Agreements* and Supervisory Guidelines are revised, updated and signed by the supervising physician and NPMP when changes in scope occur	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	*formerly Delegation of Services
II.E1. The designated supervising physician(s) on site: ratio to number of NPMP does not exceed established ratios in any combination (see Notes)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	a. 1:4 Furnishing Nurse Practitioners w/DEA b. 1:4 Certified Nurse Midwives c. 1:4 Physician Assistants
II.E2. The designated supervising or back-up physician is available in person or by electronic communications at all times when an NPMP is caring for patients	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.E3. Evidence of Non-Physician Medical Practitioner (NPMP) supervision in Standardized Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.B1. Health care personnel wear ID badges/tags with name and title	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>There is evidence that ALL site staff with patient contact (providers included) has received training on the following:</b>		
II.F1. Infection Control/Universal Precautions (annually)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.F2. Bloodborne Pathogens Exposure Prevention (annually)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.F3. Biohazardous Waste Handling (annually)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>There is evidence that site staff has received training and/or information on the following listed items. Training information is available on site. Personnel know where to locate and know how to use the training information.</b>		
I.C1. Fire Safety and Prevention	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.C2. Emergency <b>Non-Medical Procedures</b> (site evacuation, workplace violence, earthquake safety and others.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
I.D1. Procedures/action plan in case of <b>medical emergencies</b> on site	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G1. Patient Confidentiality - HIPAA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G2. Informed Consent (including human sterilization)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G3/G7. Health Plan (CAHA) 1) Prior Authorization Requests Process, 2) Referral Process, 3) Procedures/Resources	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G4. Grievance/Complaint Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G5. Child/Elder/Domestic Violence Abuse Reporting	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G6. Sensitive Services/Minors' Rights	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G8. Cultural & Linguistics Training	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.G9. Disability Rights & Provider Obligations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Site personnel are qualified and trained for assigned responsibilities:</b>		
II.C1. Documentation of education/training for non-licensed medical personnel is maintained on site	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

4. (II.C2.) Only qualified/trained personnel operate medical equipment (CE)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.C3. Site has procedure in place for confirming correct patient, medication/vaccine dosage prior to administration	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
II.C4. Only qualified/trained personnel operate medical equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.D2. Personnel performing clinical lab procedures have been trained	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	(Clinical)
<b>III. Office Management</b>		
<b>The following are maintained current on site:</b>		
III.A1. Clinic office hours are posted or readily available upon request	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.A2. Provider office hour schedules are available to staff	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.A3. Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.A4. Contact info for off-site physician(s) available at all times during office hours	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III. A5. Routine, urgent and after-hours emergency care instructions/telephone information is made available to patients	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III. B1. Appropriate personnel handle emergent, urgent and medical advice telephone calls	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	MAs do not triage calls, LVNs do not provide advice
III.B2. Telephone answering machine, voice mail system, or answering service is used whenever office staff does not directly answer phone calls	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.B3. Telephone system, answering services, recorded telephone information, and recording device <b>are periodically checked and updated</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.C1. Appointments are scheduled according to patients' stated clinical needs within the timeliness standards	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.C2. Patients are notified of scheduled routine and/or preventive screening appointments	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.C3. Process in place verifying and documenting follow-up on missed and canceled appointments	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.D1. Interpreter services are made available for all members	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	For identified threshold languages to the location
III.D2. Persons providing language interpreter services, including sign language on site, are evaluated/trained in medical interpretation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Staff language fluency is assessed and staff are trained to use the Language Line Solutions

III.E1. Timely provision and tracking of: Processing internal and external referrals, consultation reports and diagnostic test results	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>5. (III.E2.) Timely provision and tracking of: Physician review and follow-up of referral/consultation reports and diagnostic test results (CE)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.F1. Phone number(s) for filing grievances/complaints are located on site	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.F2. Complaint forms and copy of the grievance procedure available on site	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Includes DMHC Help Center and Ombudsman
III.G1. Medical records readily retrievable for scheduled patient encounters	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.G2. Medical documents filed and in a timely manner to ensure availability for patient encounters	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.H1. Exam rooms safeguard patients' right to privacy	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.H2. Procedures to maintain the confidentiality of patient information	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.H3. Medical record release procedures are compliant with State and Federal guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.H4. Storage and transmittal of medical records is confidential and secure	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
III.H5. Medical records are retained for a minimum of 10 years (was 7 years)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>IV. Clinical Services - Pharmaceutical</b>		
IV.A1. Drugs stored in designated secure, cupboards, cabinets, closets or drawers	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.A2. Prescription, drug samples and OTC drugs, hypodermic needles/syringes, all medical sharp instruments and prescription pads are securely stored in a lockable space (cabinet or room) within the office or clinic	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.A3. Controlled drugs are stored in a locked space accessible only to authorized personnel	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.A4. A dose-by-dose controlled substance distribution log is maintained	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.A5. Written site-specific policy/procedure for dispensing of sample drugs available on site	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
IV.B1. Drugs are prepared in a designated clean area	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Or "designated clean" area if prepared in a multi-purpose room
IV.B2. Drugs for external use are separate from drugs for internal use	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

IV.B3. Non-medications in refrigerator/freezer are kept in a secured, separate compartment from drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B4. Refrigerator thermometer temp. <b>36°-46° F</b> or <b>2°-8° C</b> (at time of visit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B5. Freezer thermometer temp. <b>5° F</b> or <b>-15° C</b> , or lower (at time of visit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B6. Site utilizes appropriate vaccine storage units that are able to maintain required temperature	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B7. Daily temperature readings of medication refrigerator and freezer are documented.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B8. Written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B9. Drugs are stored separately from test reagents, germicides, disinfectants and other cleaning substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B10. Hazardous substances are appropriately stored and labeled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.B11. Site has method(s) in place for drug and hazardous substance disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C1. There are no expired drugs on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C2. There is a procedure to check the expiration date of all drugs (including vaccines, samples) and infant and therapeutic formulas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C3. All stored and dispensed prescription drugs are appropriately labeled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>6. (IV.C4.) Only lawfully authorized persons dispense drugs to patients (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>7. (IV.C5.) Drugs and vaccines are prepared and drawn only prior to administration (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C6. Current Vaccine Information Sheets (VIS) are present on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C7. On-site Pharmacy is licensed by the CA State Board of Pharmacy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.C8. Site utilizes California Immunization Registry (CAIR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Or most current version of registry
<b>IV. Clinical Services - Laboratory</b>				
IV.D1. Laboratory test procedures are performed according to current site-specific CLIA certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.D3. Lab supplies are inaccessible to unauthorized persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.D4. Lab test supplies are not expired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
IV.D5. Procedure to check expiration date and a method to dispose of expired lab test supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

<b>If there is radiology equipment on site, the following documents are available on site:</b>			
IV.E1. Site has current CA Radiologic Health Branch Inspection Report or Proof and Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E2. Posted on site: Current copy of Title 17 with a posted notice about availability of Title 17 and its location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E3. "Radiation Safety Operating Procedures" posted in highly visible location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E4. "Notice to Employees Poster" posted in highly visible location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E5. "Caution, X-ray" sign posted on/or next to door of each room that has X-ray equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If there is radiology equipment on site, the following documents are available on site:</b>			
IV. E6. Physician Supervisor/Operator certificate posted and within expiration date	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E7. Technologist certificate posted and within current expiration date	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>The following radiological protective equipment is present on site:</b>			
IV.E8. Operator protection devices: radiological equipment operator must use lead apron or lead shield	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
IV.E9. Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>V. Preventive Services</b>			
<b>Examination equipment appropriate for primary care services is available on site:</b>			
V.A1. Exam tables and lights are in good repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A2. Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A3. Thermometer with numeric reading	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A4. Basic exam equipment: stethoscope, percussion hammer, tongue blades, patient gowns available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A5. Scales: standing balance beam and infant scales	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A6. Measuring devices for stature (height/length) measurement and head circumference measurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A7. Eye charts (literate and illiterate) and occluder for vision testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A8. Ophthalmoscope available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V.A10. Otoscope with multi-size ear speculums appropriate to the population served	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

V.A9. A pure tone, air conduction audiometer is located in a quiet location for testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Health education materials and Plan-specific resource information are:</b>				
V.B1. Readily accessible on site or are made available upon request	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
V.B2. Applicable to the practice and population served on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
V.B3. Available in threshold languages identified for county and/or area of site location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>VI. Infection Control</b>				
VI.A1. Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.A2. A waste disposal container is available in exam rooms, procedure/treatment rooms and restrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.A3. Site has procedure for effectively isolating infectious patients with potential communicable conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>8. (VI.B1.) Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Gowns, gloves, goggles/shield, mask
<b>9. (VI.B3.) Needlestick safety precautions are practiced on site (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Safety needles, sharps safety techniques used
VI.B4. All sharp injury incidents are documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A for less than 10 employees
<b>10. (VI.B2.) Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.B5. Biohazardous (non-sharp) wastes are contained separate from other trash/waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.B6. Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	If stored outside, a lock secures the entry door, gate or receptacle lid and posted warning sign is in English and Spanish
VI.B7. Contaminated laundry is laundered at the workplace or by a commercial laundry service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.B8. Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.C1. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	



VI.C2. Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific <b>written schedule</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Includes area to be cleaned, frequency and employee(s) responsible
VI.C3. Disinfectants approved by the Environmental Protection Agency (EPA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.C4. Disinfectant effective in killing HIV/Hep B/Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.C5. Staff follow manufacturer instructions when using disinfectant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Medical instrument sterilization:</b>				
VI.D1. Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Site adheres to site-specific policy and/or manufacturer/product label directions for the following procedures:</b>				
VI.D2. Reusable instruments/equipment are cleaned prior to sterilization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Cold chemical sterilization:</b>				
VI.D3b.) Confirmation from manufacturer item(s) is/are heat-sensitive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>11. (VI.D3a.) Staff can demonstrate /verbalize necessary steps/process to ensure sterility and/or high level disinfection of equipment (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>12. (VI.D3c.) Appropriate Personal Protective Equipment (PPE) is available, exposure control plan, Material Safety Data Sheets (MSDS) and clean up instructions in the event of a cold chemical sterilant spill (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Autoclave/steam sterilization:</b>				
VI.D4a.) Staff can demonstrate/verbalize necessary steps/process to ensure sterility of instruments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.D4b.) Autoclave maintained according to manufacturer's guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>13.(VI.D4c.) Spore Testing of autoclave/steam sterilizer conducted at least monthly with documented results (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>14. (VI.D4d.) Management of positive mechanical, chemical and/or biological indicators of the sterilization process (CE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.D4e. Sterilized packages are labeled properly with sterilization date, load identification information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
VI.D4f. Storage of packages: clean, dry, separated from non-sterile items	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	