

Chiropractic Care of Minnesota, Inc. Site Visit Checklist

Name of Clinic: _____	Provider Name(s): _____
Clinic Address: _____	_____
_____	_____
Clinic Phone: _____	_____

Reviewer: _____	Date of Visit: _____
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Office Standards

1. Safe, clean environment for patients, visitors and staff Pass Fail (*noted in summary*)
 Notice Given: _____
2. Professional Appearance Pass Fail (*noted in summary*)
 Notice Given: _____
3. Seating in reception / waiting room with at least three (3) chairs
 Pass Fail (*noted in summary*) Notice Given: _____
4. Non-smoking facility Pass Fail (*noted in summary*)
 Notice Given: _____
5. Clinic has at least one examination / treatment room Pass Fail (*noted in summary*)
 Notice Given: _____
6. Clearly marked office signage Pass Fail (*noted in summary*)
 Notice Given: _____
7. Exam room is clean, neat and properly equipped Pass Fail (*noted in summary*)
 Notice Given: _____
8. Meets HIPAA requirements Pass Fail (*noted in summary*)
 Notice Given: _____
9. At least one full-time equivalent staff person is present during patient contact hours
 Pass Fail (*noted in summary*) Notice Given: _____

10. Cannot **ONLY** offer open-bay treatment arrangements - If facility is set up as open-bay, a private exam room must be offered to patient at each visit. **Pass** **Fail (noted in summary)**
 Notice Given: _____
11. Appropriate hygienic measures are practiced in facility **Pass** **Fail (noted in summary)**
 Notice Given: _____
12. If clinic is located in a private home, gym or health club, it is properly licensed and meets required standards (*has a separate entrance for patients and separate signage denoting it is a professional practice*).
 Pass **Fail (noted in summary)** **Notice Given:** _____
13. Clinic is NOT a mobile service vehicle **Pass** **Fail (noted in summary)**
 Notice Given: _____
14. At least one current portable fire extinguisher in clinic **Pass** **Fail (noted in summary)**
 Notice Given: _____
15. General liability insurance is maintained **Pass** **Fail (noted in summary)**
 Notice Given: _____
16. Restrooms are clean, neat and available to patients **Pass** **Fail (noted in summary)**
 Notice Given: _____
17. Patient files / records are maintained using reasonable and appropriate administrative, technical and physical safeguards to insure the integrity and confidentiality of all patient data and information.
 Pass **Fail (noted in summary)** **Notice Given:** _____
18. Nutritional supplements are safely stored (i.e. out of reach of children)
 Pass **Fail (noted in summary)** **Notice Given:** _____
19. On average, individual providers do NOT treat more than ten (10) patients per hour
 Pass **Fail (noted in summary)** **Notice Given:** _____

Availability

1. Wait for non-emergency appointment is not more than five (5) days from the time a request for appointment is made until treatment is rendered. Pass Fail (*noted in summary*)
 Notice Given: _____
2. Urgent needs must not wait more than 24 hours from the time of request for an appointment until treatment is rendered. Pass Fail (*noted in summary*)
 Notice Given: _____
3. A provider is available to render services in each credentialed facility a minimum of four (4) hours per day, three (3) days per week for a total of 12 hours per week. Pass Fail (*noted in summary*)
 Notice Given: _____
4. Patient must not wait in the reception room for treatment for more than an average of 30 minutes.
 Pass Fail (*noted in summary*) Notice Given: _____
5. Urgent patient calls are returned within 30 minutes with appropriate instructions.
 Pass Fail (*noted in summary*) Notice Given: _____
6. An answering machine or service is available 24 hours a day, seven days a week that contains directions for obtaining care if the chiropractor is not available and instructions regarding emergency care.
 Pass Fail (*noted in summary*) Notice Given: _____

Advertising

1. Does not offer free or discounted services such as examinations, x-ray or manual therapy.
 Pass Fail (*noted in summary*) Notice Given: _____

***** If any items above were marked as "Fail", the Summary on the following page must also be completed.*****

Summary of Failed Requirements - All "Failed" items must be marked below and fully documented.
These items will be listed as deficiencies in the report back to the provider.

Office Standards:

- 1. 2. 3. 4. 5.
- 6. 7. 8. 9. 10.
- 11. 12. 13. 14. 15.
- 16. 17. 18. 19.

Notes: _____

Availability:

- 1. Non-emergency appointments 2. Urgent appointments 3. Clinic hours
- 4. Patient wait times 5. Urgent patient calls 6. Answering machine

Notes: _____

Advertising:

- 1. Does not offer free or discounted services such as examinations, x-ray or manual therapy.

Notes: _____

