

Your form title here

SECTION: CONTRACT DETAIL

Quiktrak Job # 326598

EMG ID # test emg #

SECTION: OFFICE INFORMATION

Group or Practice Name group name

PCP or Specialist? Specialist

Specialty Type _Other

Other Specialty Type: spec type

Practitioner Name from
Humana Request practitioner

Manager/Contact manager

Office Address 1234

Office City Vancouver

Office State Washington

Office Zip Code 98683

Office Phone Number 5032143052

Manager/Contact email email

Practice Tax ID tax id

Organization/ Entity NPI organization

Office Contact Completing
and Signing Survey contact completing survey

Date of Survey Oct 23, 2019

Company Conducting Quiktrak

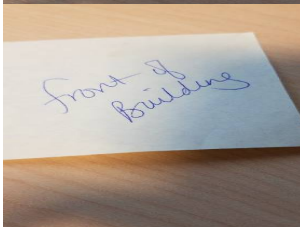
Inspection	
Name of Auditor/Inspector	auditor
Survey Purpose	Initial Credentialing
Provider Type	Internal Medicine - Family Practice - General Medicine (PCP)

SECTION: EXTERIOR PHOTOS

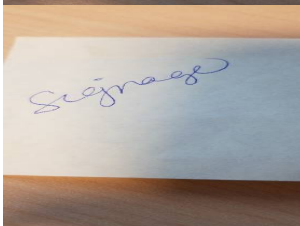
Take photos of the accessible parking spaces.



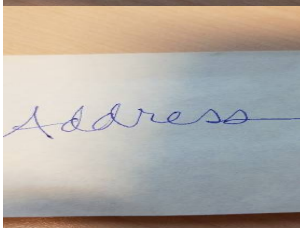
Take a photo of the front of the building.



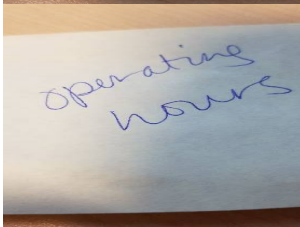
Take photos of all exterior signage.



Take a photo of the address number on the subject property.



Take a photo of the posted operating hours and after hours phone number.



SECTION: PARKING

Is there parking adequate and close by?

Yes

Does your facility provide one accessible parking space per

No

25 total parking spaces?	
Is at least one van-accessible parking space available per every one to 25 total spaces?	Yes
Is the parking space clearly marked by the International Symbol of Access?	No
If only street parking is available, is there an unobstructed curb cut/ramp?	Yes
If the accessible route crosses a curb, is a curb ramp provided?	No
Is the ramp at least 36 inches wide?	N/A

SECTION: GENERAL INFORMATION

Do/can you provide alternative appointment scheduling for those who need extra time?	Yes
Are members' rights to file a grievance visually posted?	No
Is there a policy and procedure document that states what to do in case of emergency?	Yes
Take a photo of the emergency policy and procedure document.	



SECTION: BUILDING ENTRANCE

Is the exterior entry door at least 32 inches wide and does it open at least 90 degrees?	Yes
Does the entrance door have handles that can be opened without grasping, pinching or twisting of the wrist?	No

SECTION: INTERIOR ROUTE

Are all interior travel route	Yes
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paths at least 36 inches wide?

Is the route stable, firm and slip-resistant? No

Is the route clear of any free object that may stick out? Yes

Is the interior door leading from waiting room to other interior rooms at least 32 inches wide and does it open at least 90 degrees? No

Does the facility have an elevator? Yes

Do the sliding doors reopen automatically when obstructed by an object? (Note: If constructed before March 15, 2012, and manually operated, the door is not required to reopen automatically.) No

Are the call buttons no higher than 54 inches from the floor? N/A

Are the in-car buttons no higher than 48 inches from the floor? Yes

Do the elevators provide audible signal indicators and or Braille signage? No

Are there audible signals when the elevator car passes or stops at a floor? N/A

SECTION: WAITING ROOM AREA

Is there an open space at least 36 inches wide by 48 inches long in the waiting area to accommodate a wheelchair? Yes

Does the reception area accommodate at least 1.5 seats per number of patients scheduled each hour? No

SECTION: RESTROOMS

Does the restroom entry configuration provide adequate maneuvering space? Yes

for a person using a wheelchair? (Needs 36" of clear width for forward movement and a five-foot diameter or T-shaped clear space to make turns. If entry vestibule has two doors, a minimum distance of 48" clear of the door swing between the two doors.)	
In restrooms without stalls, is there at least 30"X48" area of open floor space clear of the door swing?	No
Is the side-wall grab bar at least 42 inches long?	Yes
Is the rear-wall grab bar at least 36 inches long?	No
Is the toilet paper dispenser no greater than 48 inches above the floor below the side-wall grab bar?	Yes
Is there at least one accessible sink that provides enough space for wheelchair users to park in front of the sink (30"W X 48"L)?	No
Is the faucet handle operable without needing to grasp, twist or pinch?	Yes
Are the soap and towel dispensers (or hand-driers) within reach (i.e., no higher than 48" from the floor) and not over an obstruction?	No

SECTION: EXAM ROOMS

Is the entry door to the exam room at least 32 inches wide?	Yes
Is there adequate space for a mobility device to make a 180-degree turn (i.e., at least 30" X 48") on one side of the exam table?	No
Are there private changing areas that are accessible?	Yes

Are gowns and drapes provided?	No
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SECTION: ADDITIONAL INTERIOR PHOTOS

Take photos of the interior of the facility. The photos should be representational of the facility and include, but not be limited to: interior signage, posted operating hours/after hours phone number, offices, reception area, employee break room, x-ray room, lab, conference room, storage area).



SECTION: EQUIPMENT/SCALES

Is there a weight scale that can accommodate wheelchairs or people who are unable to stand without assistance, which is either integrated into a patient lift, integrated into an exam table or has a platform?	Yes
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Does the office have or can your office adapt an exam table for accessible transfers of people who use a wheelchair or are unable to transfer without assistance? (This may include the use of an adjustable-height table, transfer board, portable lift or a stretcher/gurney.)	No
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SECTION: ACCOMMODATIONS

Does the office have the ability to accommodate members with hearing, speech and sight disabilities? (The following materials are examples of accommodations: paper/writing utensil, visual aids, written materials, assistive-listening devices or systems and access to qualified sign language interpreters.)	Yes
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Are translation services	No
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available in a minimum of 150 languages (such as an oral interpretation vendor)?

SECTION: ADA

Do staff members or designated leader receive ADA training once a year?

Yes

SECTION: PLANS, POLICIES AND LICENSURE

Is there a hazardous materials/waste policy that describes the storage of sterile needles and proper disposal of used needles?

No

Is there an exposure-control process that includes infections control and universal precautions policies, procedures or protocols?

Yes

Does the office have a Clinical Laboratory Improvement Amendments (CLIA) certificate and/or waiver?

No

CLIA certificate number:

Certificate date:

Certificate expiration date:

Does the office have an automated prescription writing tool that ensures the following list of abbreviations, acronyms, symbols and dose designations are not used? The list must include: U,u; IU; Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod; Trailing zero (x.o mg); Lack of leading zero (.xmg); MS; MSO4; MgSO4

Yes

Are procedures in place to review prescriptions for accuracy prior to giving to patients or sending to pharmacies?

No

Does the office label all medications and medication containers (e.g., syringes, basins) to identify the contents?	Yes
Are all medications stored and maintained in an area away from public access and in an area, cabinet or room that can be securely locked? If no medications currently stored in office is there a policy that addresses medication storage if ever needed?	No
Is there a 24-hour answering service or machine instructing members about how to obtain care?	Yes
Are your office hours and after-hours phone number posted internally and externally? (NOTE: May be "N/A" only if the office is located in large building and outside posting is prohibited by building management.)	No

SECTION: MEDICAL RECORDS

Are medical records maintained in an area away from public access?	Yes
Is a Health Insurance Portability and Accountability Act (HIPAA)-compliant written authorization obtained from the member or the member's authorized representative for maintaining the release of medical records? (Ask to see policy and procedure and the release form.)	No
Is there a mechanism for tracking referrals and reports to and from other practitioners and providers (e.g., between a primary care physician and a specialist)?	Yes
Is there evidence that medical	No

record documentation standards have been implemented (e.g., legible, clear, concise, consistent, complete)?	
Is there prominent documentation in an individual's record regarding execution of an advance directive?	Yes
Is there a policy/procedure that outlines anti-discrimination in health care delivery? (Ask to see policy.)	No

SECTION: OVERALL ASSESSMENT

On inspection, is the office functionally safe and sanitary?	Yes
Complete physical exam, routine preventive health, or well-child visits within 21 to 30 calendar days?	No
Symptomatic visit within seven calendar days?	Yes
Specialty care within 21 working days?	No
Urgent visit for an established patient within 24 hours?	Yes
Emergent visit with an established patient as soon as possible (i.e., immediately)?	No
Do physicians see patients within 15 to 30 minutes of scheduled appointments?	Yes

SECTION: ADDITIONAL DETAILS

Comments:	These are the comments for this inspection.Â These are the comments for this inspection. These are the comments for this inspection.Â These are the comments for this inspection.Â These are the comments for this inspection.Â These are the comments for this inspection.Â These are the comments for this inspection.Â These are the comments for this inspection.Â
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SECTION: PRACTITIONER/DESIGNEE SIGNATURE

Printed name:	John
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Signature



Date/Time Oct 23, 2019 07:28 AM

SECTION: EMG REPRESENTATIVE SIGNATURE

Printed name: Michele

Signature



Date/Time Oct 23, 2019 07:28 AM