



Hennepin Health

- Initial Visit
- Re-Credentialing Visit

Date of Site Visit: _____

- Hospital
- Home Health
- Nursing Home
- Skilled Nursing
- Free Standing Surgical
- Behavioral Health _____

Reviewer: _____

Provider Representative: _____

Legal Business Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Review Criteria	Guidelines for Criteria	Scoring		
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1. Exterior				
a) Sign(s) visible	Location clearly identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Adequate parking available	Accessing location does not put undue hardship on patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Handicap parking available	Reasonably located near location entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Accessibility	A path exists from the parking lot to facility that is flat or has gently sloping ramps.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Accessibility	Doorways are wide enough for wheelchair access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Accessibility	Doors have an automatic open feature	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Hours posted	Hours of operation are clearly posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Transportation of members with disabilities	Staff available for assistance of members with disabilities from vehicle to clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Transportation Access	Access to alternative transportation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

2. Interior				
a) Adequate lighting	Adequate lighting in lobby/reception/patient rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Accessibility	No trash is lying around and there are no repairs needed that could impact patient safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Accessibility	Area has clear floor space and walk paths for those with wheelchair and/or mobility disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Accessibility	Accessible signage for those with visual impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

e) Patient Bill of Rights	Patient Bill of Rights is posted in the lobby	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Waiting Room	Minimum of 3 seats available per practitioner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Examine Room	Large enough for patient plus additional person; including space for assistive equipment (wheelchair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Examine Furniture	Tables are movable or assistance is available for persons with disabilities or need of assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Private Waiting Space	Private waiting space is available for member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) Chair Scale	Chair scale available to persons with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k) Interpreter Services	Interpreter Services are available to members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

3. Restroom(s)				
a) Availability to patient	Restroom is available for patient use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Accessibility	Wheelchair accessible entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Accessibility	Support rails, grab bars, sink and toilet access for those with wheelchair and/or mobility disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Accessibility	Adequate clear floor space for side transfers and use of lift equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Accessible Signage	Signage available for those with vision impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Clean and maintained	Restroom is clean, well-lit and not in need of repairs that could impact patient safety or privacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

4. Medical Records / Privacy				
a) Access to records	Medical records are protected from public access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Record retention	Records are retained for time period required by law	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Fax machine	Fax machine is located in a protected area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) EMR	Electronic medical records are secure and protected from public access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

5. Complaints and Grievances				
e) Reporting	Submit quarterly complaint monitoring reports to health plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Corrective Action Plans	Documented internal corrective action plans and proof of compliance/follow-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Site Visits	Procedure to conduct internal site visits as a result of complaints/grievances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

6. Safety Measures				
a) Fire extinguisher	Extinguisher is visible, accessible and not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Smoke detectors/sprinkler system/fire alarms	Smoke detectors/Sprinkler system/fire alarms are in place and operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Exit signs	Emergency exit signs are clearly marked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Emergency evacuation	Emergency evacuation is in place and posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) First Aid	First aid kit is accessible, fully stocked and log/evidence that contents are checked regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) CPR	CPR cart is available, accessible and log/evidence of routine monitoring and testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) CPR	Staff are certified in CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Emergency CPR Cart	Securely locked and evidence or routine monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Emergency CPR Medications	Securely locked and evidence or routine monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) AED Defibrillation	AED defibrillator is available, accessible and log/evidence of routine monitoring and testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k) Crisis Scenarios	Procedure for addressing crisis situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l) Crisis Scenarios	Protocol for 911 Emergencies and Crisis Line	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

7. Policies and Procedures				
a) Patient Assistance	Assisting patient who may need additional support entering/exiting vehicles, rooms, exam tables etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Patient Assistance	Process for assisting patients with physical disabilities in receiving examinations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Record Keeping	Accurate and orderly record keeping for medical and treatment documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Record Keeping	Multi practitioner clinics using paper medical records have process for checking/tracking records	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) HIPAA	Confidentiality of patient health information and patient identifying information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Complaints/Grievances	Method of collecting and addressing members complaints and grievances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Complaints/Grievances	Method and documentation of identifying trends and developing benchmarks for review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Quality Management	Written plan, updated annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Staff Management	Staff complete annual sexual harassment training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) Staff Management	Hiring, Discipline and Termination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k) Staff Management	Cultural Competence and Diversity training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l) Staff Management	Continuing Education for practitioners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

m) Staff Management	Monitoring of licensure, disciplinary action and/or sanctions of practitioners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
n) Emergent Situations	Emergency evacuation for disaster scenarios	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
o) Emergent Situations	After Hours care; voicemail; on-call provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
p) Emergent Situations	911 Emergencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
q) Emergent Situations	Staff responsibilities in emergency situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
r) Emergent Situations	Staff exposure to toxins	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
s) Infectious Disease Control	Procedures for Infectious Disease Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
t) Advanced Directives	Advanced directive policy for medical, behavioral and/or chemical dependency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

8. Lab and Pharmacy				
a) CLIA certification	Registered with the Clinical Laboratory Improvement Act, with certificate/waiver posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Medication Management	Sample medications secured when not under direct supervision of staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Medication Management	Sample medications routinely monitored for expiration dates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Medication Management	Controlled substances are stored in a locked area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Medication Management	Proof of monitoring of refrigeration/freezer temperatures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Medication Management	Medication refrigeration/freezer not for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Medication Management	Proof of 2x daily monitoring and recording of controlled substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Disposal Management	Disposal containers present for used needles and syringes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

9. Children and Pediatric Services				
a) Restrictive Procedures	Documented protocol of restrictive procedures on minors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Restrictive Procedures	Proof of annual staff training and review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Privacy Rules	Documentation of privacy rules for minors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Privacy Rules	Procedure for sharing of lab results to guardian(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Privacy Rules	Procedure for sharing of medical diagnosis to guardian(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Privacy Rules	Procedure for sharing to non-custodial parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Communication	Procedure for collaboration between medical and behavioral providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Communication	Family satisfaction surveys completed by guardian(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Staff Training	Documentation of training on gender based needs and issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Deficiencies/Comments: _____

