SITE VISIT FACILITY OBSERVATION

CFC Staff:	**Date Visited:**
Provider Name:	**Visit Location:**

Checklist	Y/N/N/A	Comments
1. Facility is clean (lobby, rooms, floors, furniture).		
2. Staff are welcoming, and communicate clearly, respectfully, and professionally with individuals receiving services.		
3. Stairs, aisles and exits are unobstructed		
4. Adequate lighting and ventilation.		
5. Emergency/safety exit signage/lighting in place.		
6. Free of potentially hazardous conditions (unprotected light fixtures, outlets, glass, wires, plumbing, tamper resistant hardware, sharp objects, no anchor points for hanging or self-harm, etc,)		
7. Fire extinguishers are available, charged and inspected.		
8. Controlled entry points (badges, keys, biometrics, codes, surveillance, visitor's log, security systems)		
9. Medication safely stored and maintained out of reach.		
10. Applicable licenses and accreditation certificates are current and displayed.		
11. Complaints and grievance forms are available (if not a form, look for a method, could also be verbal, via e-mail, on website, letter, etc)		
12. CFC Compliance Line information displayed/provided		
13. Auxiliary Aid Posters (Size 8x12) at all points of entrance/exit		
14. HIPAA Notice of Privacy Practices displayed (available to take or by requesting a copy)		
15. No sticky notes or papers with passwords or PHI left out.		