



Site Visit Evaluation Tool

Group Name:			Group Tax ID:		
Site Address:			City/State/Zip:		
Date of Visit:		Auditor Name:			
Type of Audit:	<input type="checkbox"/> Initial/Recred	<input type="checkbox"/> CAP Follow-up	<input type="checkbox"/> Complaint Follow-up	<input type="checkbox"/> Other	
Final Score:	%	Pass:	CAP Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Component Reviewed	Yes (A)	No (B)	N/A (C)
Physical accessibility and appearance			
Adequate space			
Handicapped accessible			
Well-maintained without obvious need for repair			
Staffing and Policies and Procedures			
Appropriately trained and licensed staff			
Multi-lingual physicians and/or staff			
Practitioner's credentialed by Facility			
Scope of Services reviewed/adequate			
General polices present and up to date including Confidentiality policy			
Policies on credentialing/recredentialing/delegated credentialing			
Quality and Safety			
Appropriate Quality Improvement Program Description			
QI Work Plan			
Quality and Safety Outcomes Data/ Leap Frog Survey			
Medical Records			
Secure/confidential filing system			
Electronic Medical Record System			
Records easily located with legible file markers			
Records organized and fastened in folder			
TOTAL			

GRAND TOTAL (A+B): _____
(A/GRAND TOTAL): _____

SCORE: _____%

Additional Comments:

Reviewer Signature

Date

Office Staff Signature

Date