|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Name: Click here to enter text. | | | Provider Number: Click here to enter text. | |
| Address: Click here to enter text. | | | Provider’s Inspection Date: Click here to enter a date. | |
| City & Zip Code: Click here to enter text. | | | Provider’s Correction Date (if applicable): Click here to enter a date. | |
| Telephone #: Click here to enter text. | | | Provider’s Inspection Conducted by: Click here to enter text. | |
| **Category 3: Physical Plant (page 8)**  **Observe the building and grounds for actual and potential hazards (e.g. loose or torn carpeting, electrical cords that might pose a hazard). Is the facility and its property clean, sanitary, and in good repair? Free from hazards that might pose a danger to the beneficiary?** |  | **CCR, Title 9, Section 1810.435 (b) (2)**  **(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:**  **(2) Maintain a safe facility.** | | |
| **Evaluation Criteria** | **Yes** | **No** | **Comments** | **If No, Corrective Action Plan** |
| Fire exits clear and unobstructed? |  |  | Click here to enter text. | Click here to enter text. |
| Aisles and hallways unobstructed and in good condition. |  |  | Click here to enter text. | Click here to enter text. |
| Are floors clean, dry and in good repair. |  |  | Click here to enter text. | Click here to enter text. |
| Is the condition of all carpeting clean, intact and in good repair? No torn or loose or stained carpeting. |  |  | Click here to enter text. | Click here to enter text. |
| Tile floors are intact with no loose or missing tiles – tripping hazard. |  |  | Click here to enter text. | Click here to enter text. |
| Walls clean and in good repair, no holes, base boards are attached. |  |  | Click here to enter text. | Click here to enter text. |
| Furniture clean and in good repair. |  |  | Click here to enter text. | Click here to enter text. |
| Are all computer cables, telephone cords, and wires properly secured or guarded to prevent tripping and entanglement? |  |  | Click here to enter text. | Click here to enter text. |
| Are all bookcases, file cabinets, etc. over 42” in height secured or anchored to prevent tipping during an earthquake? |  |  | Click here to enter text. | Click here to enter text. |
| No thumb tacks and/or sharp implements are being used in the lobby, on bulletin boards, or areas accessible to clients. |  |  | Click here to enter text. | Click here to enter text. |
| Are ceiling (tiles) and light fixtures clean and secure? |  |  | Click here to enter text. | Click here to enter text. |
| Beneficiary restrooms are clean, in good repair and free of hazards (i.e. cleaning products, sharp edges, breakable mirrors or glass, razors, etc.)? |  |  | Click here to enter text. | Click here to enter text. |
| Is the facility ADA compliant? If Yes, please describe in comments section. |  |  | Click here to enter text. | Click here to enter text. |
| Any other issues or findings to report? |  |  | Click here to enter text. | Click here to enter text. |

**Completion of this form helps to notify the Certification team of any Physical Plant issues as related to Medi-Cal Certification/Re-Certification prior to the Site Review.**

**By signing this form, I attest that I have completed a walkthrough of my facility prior to the Medi-Cal Certification/Re-Certification Site Review, and rated each item above. If any items are marked “No,” or, if there is any question as to how to answer a question on this form; please mark as such and explain your action plan. If any items are found to be deficient during the Medi-Cal Certification/Re-Certification Site Review, and incongruent with the findings on this form, this may result in a Plan of Correction.**

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Print Service Chief or Program Director’s Name Signature of Service Chief or Program Director Date