

## DeltaCare® Facility Audit

<b>Date</b>		<b>Survey ID #</b>	
<b>Doctor's Name</b>		<b>License #</b>	
<b>Office Address</b>		<b>Reviewer name</b>	
		<b>S#</b>	
<b>Answers provided by</b>		<b>Title</b>	

  

		<b>Compliant</b>	<b>Comments</b>
1	<b>Emergency exits clearly marked (v) – WAC296-800-31050</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	
2	<b>Notice of privacy practices displayed (v)</b> -Can be on wall, at reception desk, etc. HIPAA PRIVACY PRACTICES DISPLAYED: 45 CFR 164 – The latest notice must be available at the provider's office or facility for individuals to request to take with them, and posted in a clear and prominent location at the facility.	<input type="checkbox"/> Y <input type="checkbox"/> N	
3	<b>Wheelchair accessible</b> - Washington State Barrier - Free Access: ADAAG, WAC 51-50, IBC and ANSI 117.1	<input type="checkbox"/> Y <input type="checkbox"/> N	
4	<b>New patients requesting an appointment are scheduled within 3 weeks</b> - unless patient requesting specific time that provider cannot accommodate – GP only, contractual obligation	<input type="checkbox"/> Y <input type="checkbox"/> N	
5	<b>Hygiene appointments are scheduled within 3 weeks</b> - unless patient requesting specific time that provider cannot accommodate, GP only, contractual obligation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
6	<b>Operative appointments are scheduled within 3 weeks</b> - unless patient requesting specific time that provider cannot accommodate, contractual obligation, could be banding appointment for orthodontics	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
7	<b>After hours answering services follow up in 24 hours</b> – Contractual obligation	<input type="checkbox"/> Y <input type="checkbox"/> N	
8	<b>Recall system</b> – Review 2 patients on system, verify scheduled for recall	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
9	<b>Broken appointment policy in place</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	
10	<b>Records kept for at least 6 years (v)</b> - WAC 246-817-310 Maintenance and retention of records	<input type="checkbox"/> Y <input type="checkbox"/> N	
11	<b>X-ray inspection of radiation protection by office every 4 years (v)</b> - Both conventional and digital needs to initially register with the State and inspected every 4 years. Review copy of Inspection findings from Office of Radiation Protection. Call (360) 236-3236 to obtain a copy.	<input type="checkbox"/> Y <input type="checkbox"/> N	
12	<b>Staffed trained in CPR (v)</b> - WAC 246-817-440	<input type="checkbox"/> Y <input type="checkbox"/> N	
13	<b>Infection control training (v)</b> – Manual in office, WAC 246-330-176: Infection control program	<input type="checkbox"/> Y <input type="checkbox"/> N	
14	<b>All Dentists &amp; Hygienists Licenses on Display (v)</b> – RCW 18.32.190 and RCW 18.29.06	<input type="checkbox"/> Y <input type="checkbox"/> N	
15	<b>Offers amalgam restorations</b> – Office cannot charge optional treatment copayment for composite restorations if amalgam restorations are not offered	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
16	<b>Patients protected w/Lead aprons during x-rays (v)</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	
17	<b>High heat sterilization (v)</b> - WAC 246-817-620 -Use of barriers and sterilization techniques	<input type="checkbox"/> Y <input type="checkbox"/> N	
18	<b>Test strip monitoring done weekly (v)</b> - WAC 246-817-620 -Use of barriers and sterilization techniques	<input type="checkbox"/> Y <input type="checkbox"/> N	
19	<b>Surgical instruments sterilized &amp; bagged (v)</b> - WAC 246-817-620 -Use of barriers and sterilization techniques	<input type="checkbox"/> Y <input type="checkbox"/> N	
20	<b>Operative &amp; Non-surgical instruments sterilized/covered (v)</b> - WAC 246-817-620 Use of barriers and sterilization techniques.	<input type="checkbox"/> Y <input type="checkbox"/> N	

21	<b>Staff uses protective gloves, masks, &amp; eyewear (v)</b> – WAC 296-823-15015 and WAC 296-823-15010	<input type="checkbox"/> Y <input type="checkbox"/> N	
22	<b>After use all areas cleaned and disinfected (v)</b> - WAC 296-823-14055	<input type="checkbox"/> Y <input type="checkbox"/> N	
23	<b>Barrier techniques used (v)</b> - Can be plastic, spray-wipe-spray, etc. WAC 246-817-620	<input type="checkbox"/> Y <input type="checkbox"/> N	
24	<b>Sharps containers accessible to each room (v)</b> - Do not need to be in each room, just convenient. WAC 296-823-18030	<input type="checkbox"/> Y <input type="checkbox"/> N	
25	<b>Eye wash station (v)</b> - OSHA Regulation 29.1910-151	<input type="checkbox"/> Y <input type="checkbox"/> N	
26	<b>Biohazard</b> - appropriate waste disposal (v) – Red biohazard bag, foil container if conventional x-rays used, Amalgam separator and disposal container for extra Amalgam, WAC 296-823-18015	<input type="checkbox"/> Y <input type="checkbox"/> N	
27	<b>Nitrous in office</b>	<input type="checkbox"/> Y* <input type="checkbox"/> N <input type="checkbox"/> N/A	
28	*If <b>yes</b> , scavenger in place (v) This is the tube(s) that extend from the nitrous to ensure constant flow. OSHA 91-38	<input type="checkbox"/> Y <input type="checkbox"/> N	
29	<b>Portable oxygen tank w/positive pressure mask for emergency (v)</b> - WAC 246-817-724	<input type="checkbox"/> Y <input type="checkbox"/> N	
30	<b>Up-to-date emergency kit with (v)</b> WAC 246-817-724 – Emergency meds only apply if they are using anesthetic: <input type="checkbox"/> Epinephrine <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Antihistamine <input type="checkbox"/> Bronchial Dilator <input type="checkbox"/> Sugar	<input type="checkbox"/> N/A	

Overall Audit Comments

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These compliance items are required by Delta Dental of Washington for participation in the DeltaCare® prepaid programs. By signing this document, you **acknowledge** and **agree to remedy each** item that does not meet compliance requirements. These items are marked as **N** in the above checklist.

Signature	Printed Name	Title	Date
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