



## Exposures

	Full Time		Part Time		Annual Hours Worked	
	Employees	Contracted	Employees	Contracted	Employees	Contracted
Registered Nurses						
Certified Nurse Assistants						
Nurse Aides						
Home Health Aides/ Caregivers						
Nurse Practitioners						
Physician Assistants						
Nurse Anesthetists						
Pharmacists						
Psychologists						
Counselors						
Social/Case Workers						
Physical Therapists						
Dieticians						
Laboratory Technicians						
Administrative Personnel						
Other (describe):						
Total Number of Employees/ Independent Contractors						

Are criminal record checks a part of pre-employment screening?  Yes  No

Are employment history checks a part of pre-employment screening?  Yes  No

Are licensure/certification checks a part of pre-employment screening?  Yes  No

Do all the above professionals have CPR/First Aid Training?  Yes  No

Are all the professionals licensed in accordance with applicable state and federal regulations?  Yes  No

If no, please provide details: \_\_\_\_\_

Does your practice include Pain Management?  Yes  No

If yes, specify the percentage of your practice derived from Prescription Only Pain Management. %

## Services

Please give the approximate percentage of total service time spent in the following locations:

_____ % Patients Home	_____ % Outpatient Clinic	_____ % Hospital Ward (specify): _____
_____ % Assisted Living Facility	_____ % Surgery Center	_____ % Physician Office (specify specialty): _____
_____ % Nursing Home	_____ % Operating Room	_____ % Emergency Dept. of Hospital
_____ % Laboratory	_____ % Other (specify): _____	

Please indicate the approximate division of your patients or clients among:

_____ % Intensive Care	_____ % Surgical	_____ % Physical Rehabilitation
_____ % Skilled Care	_____ % Obstetrical	_____ % Addiction Rehabilitation
_____ % Intermediate Care	_____ % Hemodialysis	_____ % Psychiatric
_____ % Personal Assistance	_____ % Diagnostic Imaging	
_____ % Other (specify): _____		

Number of residents in each age range:    0-17    18-35    36-65    66+

## Risk Management

Are you accredited by any accrediting organizations?  Yes  No

If yes, provide details: \_\_\_\_\_

Explain your Quality Assurance and Risk Management Program: \_\_\_\_\_

\_\_\_\_\_

List the associations in which you are a member: \_\_\_\_\_

Are background checks performed for all employees, independent contractors, and volunteers?  Yes  No

If yes, what level or type are the criminal background checks:

Country     State     Federal     Sexual Offender Registry

If no, provide details: \_\_\_\_\_

Are all employees, independent contractors and volunteers screened for drugs and alcohol?  Yes  No

If yes, how often are screens performed? \_\_\_\_\_

Does each patient have their own attending physician?  Yes  No

If no, provide details: \_\_\_\_\_

Describe your procedures for matching staff to patients. Who does the matching/assigning of staff to client, and what is his/her experience?

Who does the supervising of staff, and what is his/her experience?

Are you equipped with an emergency 24-hour telephone call line for all staff and patients?  Yes  No

Do you maintain a written clinical record showing the total number of visits by each category or staff for each patient?  Yes  No

Do you have a policy in place to prevent sexual abuse or allegations of sexual abuse?  Yes  No

If yes, explain and advise how often it is reviewed: \_\_\_\_\_

### Medication and Procedures

Do you have a standard system to handle patients'/ clients' complaints or suggestions?  Yes  No

In case of emergency, is management available 24 hours a day, 7 days a week?  Yes  No

Do you have policies and procedures in place regarding medications?  Yes  No

Are nursing charts maintained regularly?  Yes  No

Do you have a supervision plan in place that monitors staff in daily relationships with clients?  Yes  No

### Non-Owned Auto Information

Does your business own any vehicles?  Yes  No

What types of non-owned autos are used in your business? \_\_\_\_\_

How are they used? \_\_\_\_\_

Are non-owned autos used for transporting clients or patients?  Yes  No

If yes, please explain: \_\_\_\_\_

Are employees/contractors required to carry their own auto liability insurance?  Yes  No

If yes, what are the minimum limits required? \_\_\_\_\_

Are MVRs checked for all drivers?  Yes  No

If yes, how frequently?