

## CPT Therapy Department Safety/Compliance Checklist

REVIEW AREA	SCORE:(M, IP, N/A)	COMMENTS
EQUIPMENT/DEPARTMENT/ OTHER		
No Broken or damaged equipment is in the treatment area and/or in use		
All therapy equipment inspections/calibrations are up to date (Inspection stickers present and current)		
Thermometers are in place, in working condition and are utilized for the hydrocollator, refrigerator, cold packs and freezer		
Adequate padding is utilized during hot pack application and skin integrity is monitored before/after hot pack procedures		
Hydrocollator and hot packs are inaccessible to residents		
Temperature is maintained between 160-165 degrees and temperature logs for hydrocollator, refrigerator, cold packs and freezer are current and posted near the equipment		
All equipment are cleaned and cleaning logs are accessible		
Water level is maintained appropriately(Hot packs are fully submerged)		
Hot packs are in good condition		
Department wheelchairs, canes, walkers, parallel bars, weights and mats are clean and functioning properly (maintenance is notified in a timely fashion regarding needed repairs)		
Equipment cleaning schedule is maintained		
<i>Optima Doc Due Report is utilized daily to ensure timely documentation</i>		

<i>EOM (end of month) insurance re-verification completed</i>		
<i>Monthly screens completed, scanned and emailed to regional</i>		
<i>OPN/patient centered communication is utilized for goals/concerns/revised goals</i>		
TOTAL NUMBER OF Ms		
TOTAL NUMBER OF IPs		
TOTAL NUMBER OF N/As		
Did your facility receive its Annual Survey this month? Indicate "yes" or "no" in the box to the right and if "yes" answer the question below.		
Were there any rehab related citations? Indicate "yes" or "no" in the box to the right and if "yes" provide details of the tag received.		

**SCORING:**

**M= MET**

**IP=IN PROCESS (MUST PROVIDE PLANNED COMPLETION DATE IN COMMENTS)**

**N/A (MUST EXPLAIN IN COMMENTS)**