



**MEDICAL DISABILITY EXAMINATION OFFICE (MDEO)  
CONTRACT VENDOR CLINICAL/MOBILE UNIT  
SITE VISIT CHECKLIST**

Date:

Name of Vendor:

☐ LSGS ☐ OSHS ☐ QTC ☐ VES

Types of Examinations Conducted:

	YES	NO	N/A
Subcontracted clinic location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per Diem/Traveling Provider Location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor Facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, Location of Mobile Unit:			
Name of Medical Provider/Facility Inspected:	Address:		
Telephone:	City/State:	Zip Code:	
<input type="checkbox"/> Initial Site Visit	<input type="checkbox"/> Follow-up Site Visit		
<input type="checkbox"/> Other (state reason for Site Visit)			

Site Visit Team/ Attendees (include Names and Titles):

**1. LOCATION**

	YES	NO	N/A	COMMENTS
1. Provider/Clinic location identified with ease and signage is readable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Accessible parking available? (Min. 1 accessible parking space per 25 total spaces, sign that includes intl. symbol of accessibility at least 60" above ground, accessible route to building entrance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Location entrance wheelchair accessible? (accessible ramp/route at least 36" wide, accessible door hardware, appropriate handrails if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If applicable, stairways clear and unblocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If applicable, handrails, handholds in place and secure, with a diameter of 1.25 to 2"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Flooring safe, and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Clinic furniture in good repair, and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Common areas (bathrooms, waiting rooms) clean, free of dust, uncluttered, and well-maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Accessible front counter space 28" – 36" above the ground available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Clear and accessible route to/from exam room with no objects that protrude more than 4" along route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Accessible bathroom with International Symbol of Accessibility, clear turning space, grab bars 33"-36" from floor, and accessible sink no more than 34" above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Exit signs clearly visible, lit if electric, and lead to an appropriate exit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Hallways and emergency exit clear and free of obstacles/obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Evacuation plan posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. INTAKE PROCESS AND VETERAN MEDICAL RECORDS

	YES	NO	N/A	COMMENTS
1. Appropriate process in place to verify Veteran identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Veteran check-in process provides for privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Veteran records properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. System in place to ensure the provider receives Veteran's records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Facility has a procedure for reporting appointment attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Staff has knowledge of VA MDE program, and importance of the Veteran's experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. STAFF SAFETY AND PROTECTIVE EQUIPMENT

	YES	NO	N/A	COMMENTS
1. Facility has an incident reporting plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. PPE available and utilized, as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Portable fire extinguisher mounted on brackets or in wall cabinet with annual maintenance check tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. First Aid Kit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Appropriate hand sanitation stations available? (Sink & soap and/or hand sanitizer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Appropriate waste disposal (bio-hazard/sharps containers) available, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 4. EXAMINATION ROOMS

	YES	NO	N/A	COMMENTS
1. At least 1 accessible examination room available for people using wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Patient examination rooms ensure privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Appropriate hand sanitation protocol followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Single use PPE (gloves, masks, face masks) available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. GENERAL MEDICAL CLINICAL EQUIPMENT AND SUPPLIES				
	YES	NO	N/A	COMMENTS
1. At least 1 examination table available that is accessible to all patients (adjustable height and support systems) and sanitary (disposable examining table paper or clean bed sheets used)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Medical supplies (adhesive bandages, antiseptic wipes, cotton swabs, tongue depressors, gauze, paper towels, tissues) available and stored hygienically (e.g., in drawers, cabinets, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical instruments (blood pressure monitor, stethoscope, otoscope and tips, ophthalmoscope, reflex hammer, goniometer etc.) available and in good repair/functional state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Accessible diagnostic equipment if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. AUDIOLOGY CLINICAL EQUIPMENT AND SUPPLIES				
	YES	NO	N/A	COMMENTS
1. Is sound booth accessible or boothless test environment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Calibration documents verifying date (within one year) available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cerumen management protocol and supplies available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Single use speculum, probe tips, inserts, and earphone covers available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. OPHTHAMOLOGY CLINICAL EQUIPMENT AND SUPPLIES				
	YES	NO	N/A	COMMENTS
1. Tonometer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Visual Field Perimeters available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Slit lamp available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. DENTAL CLINICAL EQUIPMENT AND SUPPLIES				
	YES	NO	N/A	COMMENTS
1. Dentist Chair available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Dental mirrors available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. PROTECTING VULNERABLE VETERANS				
	YES	NO	N/A	COMMENTS
1. Protocol in place should a Veteran be identified as suicidal/homicidal, or become aggressive/violent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Procedure in place to provide Veterans Crisis Line number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. MOBILE UNITS				
	YES	NO	N/A	COMMENTS
MU ONLY - Generator/back-up battery system to power mobile unit in case of power failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MU ONLY - Levelling/stabilizing feature to prevent unit from shifting when parked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MU ONLY - Blinds, drapes, and/or privacy tint to prevent view of interior from outside the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

**REQUIRED CORRECTIONS FOR SECTIONS 1-9**

**Note:** All deficiencies should be noted in this area with detailed findings to support final report, and a follow-up plan.

SECTION #	DESCRIPTION	DATE COMPLETED

**Observations/Best Practices/Comments:**

**Facility Pictures (Will include ability to directly upload pictures in this section)**



Last Revised – August 2024