

APPENDIX ZS

CLINIC AND PERSONNEL CHECK LIST

NEW MEXICO REGULATIONS FOR OPIOID TREATMENT PROGRAM

AGENCY: _____

DATE OF SITE VISIT: _____

SOTA: _____

OTHER: _____

YES NO COMMENTS

| | | | |
|---|--|--|--|
| 1. Dates and times of operation posted. | | | |
| 2. SOTA name and contact information are prominently displayed. | | | |
| 3. Obtain a list of current counseling staff with licensure held. | | | |
| 4. Obtain a list of each counselors work schedule (days and hours). | | | |
| 5. Obtain a list of current pts being treated and check for staff/pt ratio. | | | |
| 6. Observe for safety concerns inside the clinic (loitering, interactions, orderly, soliciting, bx, language etc). | | | |
| 7. Observe for safety concerns outside the clinic (loitering, interactions, orderly, soliciting, bx, language etc). | | | |
| 8. Observe for interactions between staff and patients (respectful, professional, efficient etc) | | | |
| 9. Security guard on premises? | | | |

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|--|--|--|--|
| 10. General appearance, atmosphere, cleanliness acceptable (incl. bath rooms for pt and staff use and UA's). | | | |
| 11. Is the director present? If not, identify who is in charge. | | | |
| 12. Review current licenses: DEA, CARF, CSAT, Business and State Posted. | | | |
| 13. Review current liability insurance covering program and employees. | | | |
| 14. Review all current and past medical personnel records for required licensure, including, medical director, nursing and pharmacy. | | | |
| 15. Review all current and past counseling personnel records for required licensure accepted for OTP counseling. | | | |
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