

E Auditor # \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time \_\_\_\_\_ AM / PM  
Facility Number **04 / 08** \_\_\_\_\_  
Facility Location (City/State) \_\_\_\_\_

Facility undergoing construction/renovations at the time of audit.  Yes

Patient

### Exterior of Facility

1. Parking area is free of trash. (N/A for facilities leasing space within a building.)  Yes  No  N/A
2. Entrance to facility is free of trash and debris.  Yes  No  N/A
3. Entrance to building appears in good repair and building supports HEALTHSOUTH image.  Yes  No  N/A
4. Facility has a sign identifying it as a HEALTHSOUTH facility.  Yes  No  N/A  
If no, note reason and when facility was acquired. \_\_\_\_\_

Respect

### Lobby/Waiting Area

5. Overall appearance is organized and neat.  Yes  No  N/A
6. Magazines appear neat and orderly.  Yes  No  N/A
7. Furniture appears in good repair.  Yes  No  N/A
8. Chairs/Seating have no stains, lint or broken parts.  Yes  No  N/A

Integrity

### Receptionist

9. Patients/Visitors are greeted upon entry.  Yes  No  N/A
10. Receptionist has a friendly and helpful attitude.  Yes  No  N/A
11. Proper telephone etiquette is used.  Yes  No  N/A
12. Work area in patient/visitor view is organized and neat.  Yes  No  N/A
13. "HEALTHSOUTH receipts are issued to all patients making a payment at our facility" sign is displayed at receptionist desk.  Yes  No  N/A

Service

### Treatment/Examination Areas

Answer items 14, 15 and 16 ONLY if patients are in the facility during the audit.

14. Staff is attentive to patients.  Yes  No  N/A
15. Staff exhibits a caring and professional attitude toward patients.  Yes  No  N/A
16. Patient privacy is respected at all times.  Yes  No  N/A
17. Carpet or flooring appears clean and in good repair.  Yes  No  N/A
18. Ceiling is free of stains.  Yes  No  N/A
19. Ceiling heating/cooling vents are free of dust accumulation.  Yes  No  N/A
20. Walls are free of stains and marks.  Yes  No  N/A  
If no, note areas needing attention. \_\_\_\_\_
21. Equipment appears in good working condition.  Yes  No  N/A
22. Equipment has no dust or rust.  Yes  No  N/A
23. Pool/Whirlpool is free of stains.  Yes  No  N/A
24. Facility has adequate lighting.  Yes  No  N/A
25. Doors to storage areas are closed to public view.  Yes  No  N/A
26. Music is at a level for holding conversations without raising voices.  Yes  No  N/A
27. CLEAN laundry is neatly folded and stored in a designated area.  Yes  No  N/A
28. SOILED laundry is stored in a covered container.  Yes  No  N/A

Teamwork

Impression

No hassle

Extra mile



**P**atient

**Public Restrooms (located inside facility only)**

- 29. Floors are free of trash.  Yes  No  N/A
- 30. Floors, walls and toilet areas are free of stains.  Yes  No  N/A
- 31. Overall appearance is sanitary.  Yes  No  N/A

**R**espect

**Financial**

- 32. Facility is using the "One-Write" system for issuing patient receipts.  Yes  No  N/A
- 33. Over-the-counter collections are stored in a LOCKED safe or cash box overnight until forwarded to RBO/CPC or deposited in the bank.  
If no, note where money is stored. \_\_\_\_\_  Yes  No  N/A
- 34. Three people or less have a key to cash box or the safe combination.  
List names and titles: \_\_\_\_\_  Yes  No  N/A
- 35. Throughout facility, assets are tagged with HEALTHSOUTH fixed asset tags.  
Note one asset description and tag #: \_\_\_\_\_  Yes  No  N/A

**I**ntegrity

Obtain patient schedule for ONE business day prior to the audit and select three medical charts for patients treated on that date.

- 36. Procedure(s) is(are) documented for the date under review.  Yes  No  N/A
- 37. Patient has signed consent to treat form.  
Note problems with 36 and 37. \_\_\_\_\_  Yes  No  N/A

**S**ervice

**General**

- 38. Facility business license is framed and displayed publicly.  Yes  No  N/A
- 39. Select three personnel files. Evidence of Completion form for Module One is on file. If no, note employee's name and date of hire.  
\_\_\_\_\_  Yes  No  N/A

**T**eamwork

- 40. Throughout facility, all trash receptacles have liners.  
If no, note location. \_\_\_\_\_  Yes  No  N/A
- 41. Throughout facility, all employees are identified by name/ID badges or HEALTHSOUTH apparel.  Yes  No  N/A

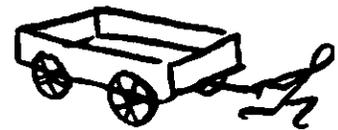
**I**mpression

- 42. There are NO taped signs (handwritten or printed) on walls, doorways or equipment throughout facility.  Yes  No  N/A
- 43. HEALTHSOUTH merchandise brochure is displayed publicly.  Yes  No  N/A
- 44. "PULLING THE WAGON" poster is displayed publicly in the facility.  Yes  No  N/A
- 45. "WE'VE ADDED OUR 50TH STATE" poster is displayed publicly in facility.  Yes  No  N/A
- 46. "INTEGRITY IN ACTION" poster is displayed in area accessible to employees only.  Yes  No  N/A

**N**o hassle

- 47. Soda vending machines located in facility distribute Coca-Cola products. (N/A for facilities without vending machines inside the facility.)  Yes  No  N/A
- 48. Throughout facility, employee work areas are organized and neat.  Yes  No  N/A
- 49. Throughout facility, storage areas are organized and neat.  Yes  No  N/A
- 50. Overall attitude of the facility is courteous and professional.  Yes  No  N/A

**E**xtra mile



**Pristine Factor**

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