



Texas Board of Orthotics & Prosthetics
Mail Code 1982, P.O. Box 149347 • Austin, Texas 78714-9347
(512) 834-4520 • (512) 834-4518 fax
op@dshs.state.tx.us • <http://www.dshs.state.tx.us/op>

Inspection Report

Date of Inspection: _____

Name of Inspector _____

Name of Facility: _____

Name of Facility: _____
(Outside Signage)

License Number: _____

Physical Address: _____

Mailing Address: _____
(if change requested)

Practitioner in Charge: _____

Safety Manager: _____

Facility Owner: _____

Note: All inspections will include an inspection of patient files selected by the inspector and measurement of doorways and hallways accessible by patients for ADA compliance (32 to 36 inches wide).

I. License Displays, Public Information, and Advertisement

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(e)(3)** - An accredited facility must display the accreditation certificate in a prominent location in the facility where it is available for inspection by the public.

C ____ PD ____ D ____ N/A ____ R ____

2. **TAC §821.15(e)(12)** - An accredited facility must display the license certificates of its practitioners in a prominent location in the facility where it is available for inspection by the public.

Practitioner _____

Practitioner _____

Practitioner _____

Practitioner _____

Practitioner _____

C ____ PD ____ D ____ N/A ____ R ____

3. **TAC §821.15(e)(5)** - An accredited facility must be under the clinical on-site direction of a prosthetist, orthotist, or prosthetist/orthotist licensed by the board in the discipline in which the facility sought accreditation.

C _____ PD _____ D _____ N/A _____ R _____

4. **TAC §821.15(e)(7)** - A facility accredited under the Act shall always prominently display a sign containing the name, mailing address and telephone number of the board, a statement informing consumers that complaints against licensees of the facility may be directed to the board, and the toll-free telephone number for presenting complaints to the board about a person or facility regulated or requiring regulation under the Act.

C _____ PD _____ D _____ N/A _____ R _____

5. **TAC §821.15(e)(9)** - An accredited facility may advertise as a “Prosthetic and/or Orthotic Facility Accredited by the Texas Board of Orthotics and Prosthetics.” A facility which is exempt or which the board does not accredit may not advertise or hold itself out as a facility accredited by the Texas Board of Orthotics and Prosthetics.

C _____ PD _____ D _____ N/A _____ R _____

II. Facility Cleanliness

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(l)(1)** - Patient examination and treatment rooms shall be cleaned after each patient is seen.

C _____ PD _____ D _____ N/A _____ R _____
2. **TAC §821.15(l)(2)** - Hand soap, hand towels or hand dryers must be available at the sinks used by employees and patients.

C _____ PD _____ D _____ N/A _____ R _____
3. **TAC §821.15(l)(4)** - Appropriate gloves and disinfectants for disease control must be available in examination rooms and treatment areas.

C _____ PD _____ D _____ N/A _____ R _____

III. Patient Waiting Area

1. **TAC §821.15(m)(1)** - Patient waiting area must be separate from the other areas.

C _____ PD _____ D _____ N/A _____ R _____
2. **TAC §821.15(m)(2)** - Chairs with armrests must be provided in waiting room.

C _____ PD _____ D _____ N/A _____ R _____
3. **TAC §821.15(m)(3)** - A telephone must be made available for patient use.

C _____ PD _____ D _____ N/A _____ R _____

IV. Examination/Treatment Rooms

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(l)(3)** - Exam tables must have disposable covers or disinfected surfaces.

C _____ PD _____ D _____ N/A _____ R _____

2. **TAC §821.15(n)(1)** - Rooms in which patients are seen must maintain privacy and have permanent, floor-to-ceiling walls or dividers and rigid doors. Windows must assure privacy.

C _____ PD _____ D _____ N/A _____ R _____

3. **TAC §821.15(n)(2)** - At least one set of parallel bars and a mirror that is affixed to the wall or a mirror with a free standing base for patient ambulation trials must be provided in each facility.

C _____ PD _____ D _____ N/A _____ R _____

4. **TAC §821.15(n)(3)** - Chairs with armrests must be provided in examination/treatment rooms. Chairs without armrests or wheels must be provided upon patient request.

C _____ PD _____ D _____ N/A _____ R _____

V. Safety

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(o)(1)** - Safety equipment (safety glasses or goggles and dust masks) must be available to persons working in an accredited facility.

C _____ PD _____ D _____ N/A _____ R _____

2. **TAC §821.15(o)(2)** - Proper machine use and training must be provided.

C _____ PD _____ D _____ N/A _____ R _____

3. **TAC §821.15(o)(3)** - Safety guards on machines must be in place.

C _____ PD _____ D _____ N/A _____ R _____

4. **TAC §821.15(o)(4)** - Lab/Fabrication area must be separated from other areas by walls and/or rigid doors and have adequate ventilation and lighting.

C _____ PD _____ D _____ N/A _____ R _____

5. **TAC §821.15(o)(5)** - If smoking is permitted, appropriate policies and procedures are required to control smoking materials.

C _____ PD _____ D _____ N/A _____ R _____

6. **TAC §821.15(o)(6)** - A minimum of one licensee or registrant must be assigned to each facility to act as safety manager. The safety manager is responsible for developing, carrying out, and monitoring the safety program.

C _____ PD _____ D _____ N/A _____ R _____

VI. Business Office Area

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(p)(1)** - Patient records must include accurate and current progress notes.

C _____ PD _____ D _____ N/A _____ R _____

2. **TAC §821.15(p)(2)** - Patient records must be kept private.

C _____ PD _____ D _____ N/A _____ R _____

3. **TAC §821.15(p)(3)** - Patient records shall not be made available to anyone outside the facility without the patient's signed consent or as required by law.

C _____ PD _____ D _____ N/A _____ R _____

4. **TAC §821.15(p)(4)** - Records must be kept a minimum of five years.

C _____ PD _____ D _____ N/A _____ R _____

VII. General

C - Compliant
PD - Present but Deficient
D - Deficient
N/A - Not Applicable
R - Recurrent

1. **TAC §821.15(q)(1)** - Americans with Disabilities Act compliant restroom and hand washing facilities must be safe and accessible to the patient.

C _____ PD _____ D _____ N/A _____ R _____

2. **TAC 821.15(q)(2)** - Facility must have the equipment, tools, and materials to provide casting, measuring, fitting, and major repairs and adjustments.

C _____ PD _____ D _____ N/A _____ R _____

Deficiencies

Rule Citation: _____

Reason for Deficiency: _____

Rule Citation: _____

Reason for Deficiency: _____

Rule Citation: _____

Reason for Deficiency: _____

Rule Citation: _____

Reason for Deficiency: _____

Attestation of Orthotic & Prosthetic Facility Inspection

I certify that the contents of this report have been discussed with me and it accurately reflects the answers I gave to the questions I was asked by the inspector. I also understand that unless otherwise noted, I will have (30) calendar days from the date of inspection to correct all deficiencies and to mail a response of the corrective action and supporting documentation to the Department. _____ (Initial)

No noted deficiencies. _____ (Initial)

This document lists observations made by the DSHS representative(s) during the inspection of your facility and may not be a complete listing of objectionable conditions. They are inspectional observations and do not represent a final Board determination regarding your compliance.

- I have _____ (Initial) received a copy of this inspection report at the close of this inspection.
- I have not _____ (Initial) received a copy of this inspection report at the close of this inspection.

(If you have not received a copy at the time of inspection, a copy will be mailed to you upon the inspector's return to DSHS offices)

Name of Owner/Representative: _____

Signature of Owner/Representative: _____

Date of Inspection: _____

Start Time: _____

End Time: _____

Name of Inspector: _____

Signature of Inspector: _____

Texas Board of Orthotics & Prosthetics
Mail Code 1982, P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4520 phone
(512) 834-4518 fax
op@dshs.state.tx.us
<http://www.dshs.state.tx.us/op>

Patient File Review Sheet

Facility Name _____

Inspection Date _____

Patient Name _____

Patient DOB _____

First Treatment Date _____

Prescription Date _____

Device Delivery Date _____

Practitioner _____

Device _____

HCPC Code _____

Manufacturer _____

Prescribing Physician _____

Physician Contact Information _____

Inspector Initials _____