

Quality of Care Rounds

Unlike the Mock Survey/Self-Assessment section which is usually used once or twice a year, the following forms can be used on a daily, weekly, or monthly basis. To ensure quality you've got to monitor current systems and take corrective action as needed. Be sure that your corrective action includes documentation in your Quality Assurance Committee Meetings with plans to correct and monitor for continued compliance. Assign different tasks to employees that normally wouldn't take care of that area - seeing things from a "fresh" perspective will help you improve your outcomes.

The following pages include a variety of tools - use all or some of them. Remember, if you find any deficient practices be sure you bring it to your Quality Assurance Meetings, document your findings, and come up with a workable plan to correct the problem.

LONG-TERM CARE SURVEY MANUAL PREPARED BY MU NHA CONSULTANT

SECTION 4 - QUALITY OF CARE ROUNDS

Quality of Care Rounds - *In order to be survey ready, the MU NHA Consultant recommends that NH leadership, managers, and staff perform rounds of the nursing home on a scheduled basis. NH staff needs to be informed of the process to take when repairs are needed. New employees need to be oriented to the process also. The key to rounds is having a process in place that documents follow up when Federal standards are not met.*

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QUALITY OF CARE ROUNDS

Directions: Place a check (✓) in the corresponding unshaded column if the standard is met. If not place an (x) in the unshaded column and enter comment. Enter "NA" if no observation is made.									
RR = Resident Rights		SS = Safety and Security		PE = Physical Environment		IC = Infection Control		EP = Employee Practice	
RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments		
NURSING STATION									
					F260	Nursing station is clean and orderly	1.		
					F176	Confidential resident information is not in view of visitors (i.e., charts, care plans)	2.		
					F502	A system in place to assure that each CNA receives a specific resident care assignment	3.		
						Unit meeting held at least monthly and documented with signed attendance; minutes are available for staff not attending	4.		
						Staff dressed in clean uniforms per facility dress code	5.		
						Nursing staff are wearing name tag with current title	6.		
					F387	System established to provide regular or emergency care when the attending physician is unavailable; posted at the station or in the resident's record	7.		
						Weekend/evening call list is posted	8.		
						Emergency phone list is present at nursing station, which includes list of current management staff	9.		
						Resident Roster is current and accurate (utilize during resident/room visit)	10.		

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
						<i>The following manuals (current and approved by the Resident Care Committee) are present at each nursing unit:</i>	
					F509	1. Nursing Policy and Procedure Manual	11.
					F509	2. Infection Control Manual	12.
					F509	3. Pharmacy Manual	13.
					F492	4. Exposure Control Plan Manual	14.
					F492	5. Fire and Disaster Plan/Manual	15.
					F509	6. Diet Manual	16.
						<i>The following references are available on each nursing unit:</i>	
						1. Current Drug Reference; i.e., PDR	17.
						2. Current Care Plan Manual	18.
						3. Restorative Manual	19.
					F265	Noise level is acceptable	20.
CLEAN UTILITY							
					F260	Clean Utility Room is safe, sanitary, orderly, nothing stored under sink	21.
					F433	Nourishment refrigerator is clean, thermometer present at 35°-45°, food covered, labeled, dated	22.
					F333	Portable ice chest is sanitized daily, and stored clean and dry, when not in continuous use	23.
					F333	Resident water pitchers are sanitized at least 2x/week per Infection Control Manual	24.
					F339	Emergency resuscitator and airway is accessible, covered and ready for use	25.
					F338	Suction machine is accessible. covered and ready for use	26.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
					F339	Emergency Oxygen is accessible, covered and ready for use with gauge and mask/cannula attached	27.
					F339	Oxygen tanks are secured by stands, carts or chains	28.
SOILED UTILITY							
					F260	Soiled Utility Room is safe and orderly with nothing stored under sink. <u>Only</u> soiled items stored in room	29.
					F260	Hoppers are clean and orderly; rinsed hoses are hung properly	30.
					F492	Gloves/goggles/aprons (PPE) available and accessible to staff on units	31.
					F447	Infectious waste is handled appropriately, and is covered and marked biohazardous waste receptacle	32.
					F492	Hazardous Products are locked when not in use and under constant direct visual supervision when being used	33.
					F492	“Right to Know” information present on nursing units; MSDS accessible to employees	34.
MEDICATION/TREATMENT							
					F433	Medication keys to med room and med cart are in possession of authorized personnel at all times	35.
					F433	Medication room is locked at all times	36.
					F433	Medication room is clean and orderly; and free of staff personal belongings	37.
					F433	Refrigerator is clean, thermometer present at 35 ⁰ - 45 ⁰ , food covered, labeled, dated	38.
					F433	Medication carts are locked when out of view or unattended	39.
					F433	Medication carts are clean and orderly	40.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
					F334	Needles and syringes are disposed of in suitable puncture-resistant container which is firmly attached to a surface and out of resident's reach	41.
					F334	Used needles are not broken or recapped by hand	42.
					F433	Treatment carts are locked when not in use or unattended	43.
					F433	Treatment carts are clean and orderly	44.
					F433	Supplies in treatment carts are stored individually for each resident requiring treatment (plastic bag may be used)	45.
					F441	Open pour bottles of sterile solution (e.g., normal saline, sterile water) are dated, timed and initialed when opened; and discarded at least 72 hours after opening	46.
SHOWER/TUB ROOM							
					F260 F329	Shower/tub room is clean and free of cracked or missing tiles	47.
					F329	Grab bars for tub, showers and toilet are present and secure	48.
					F260	Room is odor free	49.
					F260	Shower chairs available and clean	50.
					F241	Privacy is provided to residents (i.e., shower curtain available)	51.
					F260	Free of resident care items unless in locked cabinet	52.
					F260	Free of clutter, i.e., improperly stored items, furniture	53.
					F447	Clean linen is covered or in a cabinet. Soiled linen is in a covered container; stored in an appropriate container	54.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
HALL/CORRIDOR							
					F532	Fire Evacuation Plan on nursing unit indicating evacuation route, location of fire extinguisher, manual alarm stations, and "You Are Here"	55.
					F260	Halls uncluttered, all items on one side of the hall	56.
					F260 F329	Hand rails on both sides of the halls are clean, secure	57.
					F260 F329	Floors are clean, buffed or vacuumed and in good repair	58.
					F260 F329	Walls are clean and in good repair	59.
					F260 F329	Ceiling/tiles intact, stain free	60.
					F260	Areas are free of unpleasant odors, i.e., urine, feces	61.
						Name tag on resident's door is present and legible for all residents	62.
					F339	"Oxygen, No Smoking" signs are visible to all personnel, and posted on appropriate doors of rooms where oxygen tanks or concentrators are present or in use	63.
					F176	All staff knock or announce entry prior to entering room	64.
					F354	Call lights are answered between 3-5 minutes. Emergency call lights are answered immediately	65.
					F241	Staff to resident interactions are appropriate, i.e., residents are treated with respect	66.
					F317	Residents are dressed appropriately for location	67.
						Staff to staff interaction is appropriate. Prompt action taken when needed	68.
					F446	Hands washed between direct resident care	69.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
					F447	Soiled linen is handled correctly; carried away from body; transported in a covered container, not found on floor, separated from clean linen by at least 3 feet, and bagged before placed in chute	70.
					F447	Clean linen Is carried away from body; clean linen carts are covered	71.
					F333	Ice distribution – ice passing technique is conducted in a sanitary manner, ice scoop is covered when not in use	72.
						Gait belts present and used by staff upon transferring residents	73.
ROOM/MEAL SERVICE							
					F354	Residents are readied for meal (i.e., toileted, positioned, protectors, if appropriate are in place)	74.
					F354	Nursing staff present while residents are eating, provide assistance to residents	75.
					F377	Door to food cart remains closed when unattended	76.
					F377	Uncovered food trays are not carried more than two doorways from the food cart	77.
					F377	Clean trays on food cart are not cross-contaminated	78.
RESIDENT ROOM							
					F176	Resident is afforded privacy, i.e., curtain closed during care, staff knocks on door prior to entering room, only authorized staff present during care and treatments	79.
					F176	Privacy curtain present (except in private room), clean and in good repair	80.
					F472	Call light is operative, visible and accessible to resident, staff and others	81.
					F477	Room is adequately furnished; allows resident to engage in activities (chair, dresser, closet present	82.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
					F478	Sufficient space to accommodate resident's needs; can move about room, access space safety, does not appear crowded	83.
					F260 F329	Walls and ceilings are clean, free of satins and in good repair	84.
					F260 F329	Floors are clean, buffed or vacuumed	85.
					F260 F329	Furniture is dust free and in good repair	86.
					F483	No evidence of pest infestation observed; unit, rooms are pest- free	87.
					F260	Bathroom is clean and free of persistent odors	88.
					F260 F329	Bathroom fixtures are clean and in good repair	89.
					F329	Grab bars are present and secure	90.
					F441	Shared bathrooms are free of personal care items and bar soaps	91.
					F446	Liquid soap, paper towels available for hand washing	92.
					F454A	No flammable products observed	93.
					F260	Rooms are individualized, homelike with presence of personal articles to encourage link with past	94.
					F253	Physical environment adapted to residents' needs, i.e., reorienting devices such as clocks, calendars, commode seat elevated	95.
					F468	Mattress is correct size for the resident; clean, comfortable, in good condition	96.
					F262	Bed linen is in good condition (i.e., in good repair), clean and stain free	97.

RR	SS	PE	IC	EP	F-Tag	Observations	Standards/Comments
					F261	Personal care items available, clean, stored properly, i.e., comb/brush clean, toothbrush stored separately and covered. Night stand, dresser, closet are clean and orderly	98.
					F261	Resident equipment is clean and in good repair, i.e., suction machine, feeding pumps, oxygen equipment, IV stands, WC, geri-chairs, etc.	99.
					F261	Bedpans, urinals, graduates for measuring output are clean, and stored appropriately	100.
					F260	Piston/bulb syringes are clean, washed after each use, sanitized (per facility policy – at least every 24 hours), and are stored covered in a clean and sanitary manner. May be stored in a barrel	101.
					F260	Food items in resident’s room are stored properly, in sealed containers	102.
					F333	Fresh water, covered container and drinking utensil available at all times to resident	103.
					F333	Medications stored at bedsides have Physician’s Order and are labeled appropriately	104.
RESIDENT							
					F317	Resident is well groomed and appropriately dresses for location	105.
					F351	Identification band is on resident’s person; contains at least resident’s name and admission number	106.
					F319	Resident (in or out of bed) is positioned in good body alignment to prevent skin breakdown/contractures	107.
					F319	For “Resident at Risk” preventative measures are used (i.e., mattress overlay, wheelchair cushion, heel cuffs, foot supports)	108.
					F221	Restraints are applied correctly and released every two (2) hours	109.
					F322	Foley catheter/tubing positioned correctly for straight drainage, bag is below level of bladder, tubing and bag not touching the floor, catheter is secure to body	110.
					TOTAL FOR EACH CATEGORY		

CLINICAL VISIT ASSESSMENTS

Facility: _____

Date: _____

Circle type of evaluation: 30 day 60 day 90 day Other

Name of Evaluator: _____

PHYSICAL PLANT & ENVIRONMENT	Ratings		“U” = Unsatisfactory	“S” = Satisfactory
ENTRANCE/LOBBY	“U”	“S”	COMMENTS	
Parking lot in good repair/free of liter				
Landscape maintained/free of liter				
Exterior/trim of building maintained				
Sign is maintained in good repair				
No “odor” is noted upon entering building				
Lobby is neat/maintained-free of clutter				
Office area neat/maintained-free of clutter				
CORRIDORS/COMMON AREAS	“U”	“S”	COMMENTS	
Floors are maintained/clean/no tiles missing				
Corners clean/no build up				
Walls/ceiling are clean/stain free				
Light fixtures covered/working/clean				
Furniture in good repair & adequate				
Corridors are free of obstruction				
Free of pests				

Exit lights			
RESIDENT ROOMS	“U”	“S”	COMMENTS
Drapes/blinds are clean and maintained/fire retardant			
Cubicle curtain provides full privacy & clean			
Resident chairs maintained/adequate #			
Other furniture in good repair/adequate			
Bathrooms are clean, in good repair			
Soap & towels available, free of clutter			
Bathroom ventilation adequate/vent clean			
Toilet anchored, set in good repair/clean			
Sink secure, fixtures clean, no leaks			
Walls/ceilings in good repair			
Bed is dust free and in good repair			
Call light in reach, working properly			
A/C and heating unit operable and clean			
Adequate lighting			
Waste basket, fire retardant, available			
GENERAL BATH AREAS	“U”	“S”	COMMENTS
Ventilation is adequate, vents clean			
Curtains adequate length, stain free			
Tile in good repair, walls/ceiling clean			

Toilet area with adequate privacy curtain			
Toilet, sink, tub, showers in good repair			
Lighting adequate/covered and working			
Free of soiled linen, clutter & personal items			
Supplies/chemicals stored properly			
Soap, towels available			
Grab bars securely mounted			
Shower heads clean and free of lime build up			
Heating unit operable and clean			
Thermometer available & used			
Sanitizing procedure posted			
DINING ROOM	“U”	“S”	COMMENTS
Tables are proper height for wheelchairs			
Tables are in good repair and clean			
Adequate # of chairs available and clean			
Chairs are in good repair			
Floor in good repair and clean. No stains			
Room is free of clutter, dishes			
Napkins available instead of clothing protectors			
Pre-post meal grooming materials available			
Residents can choose where to sit			

OTHER AREAS	“U”	“S”	COMMENTS
Laundry machinery is clean and operating			
Housekeeping carts are clean			
Mechanical room is kept locked			
Chemicals are properly stored			
Generator tested weekly. Records indicate routine testing/maintenance			
Water temperature logs are maintained (check for accuracy)			
Separate clean and soiled linen			
SAFETY	“U”	“S”	COMMENTS
Review OSHA 300 log, 5 years on file with signature			
Check for MSDS in each department			
Records indicate employees are trained on use of chemicals/documentation on file			
Complete book of MSDS's on file in ED office			
All chemicals used are labeled properly			
Chemicals are stored correctly/all departments			
Employees are informed on Hepatitis B (check personnel files for documentation)			
Exposure Control plan written and inserviced			
Alarm system in good repair/staff inserviced			
Housekeeping carts are in view of worker			
Wet floor/caution signs being used			

Hazardous waste stored correctly/door to room marked appropriately			
Gait belt policy enforced			
Proper use of protective material in laundry			
OSHA sharps container in appropriate places			
Designated eye wash stations per OSHA policy			
PERSONNEL RECORDS	“U”	“S”	COMMENTS
Yearly physical, PPD/chest x-ray on file			
Health records kept for 30 years + length of employment. In separate file			
Hepatitis B consent/decline form filed			
Job description categorized per OSHA rules			
Orientation check list signed			
1-9 immigration form in separate file			
Verification of CNA training/certificate			
Verification of current license (proof)			
Reference checks completed on all applicants			
DIETARY	“U”	“S”	COMMENTS
Refrigerator, freezer temps checked & documented			
Dish machine temp checked/documented daily			
Food/steam table checked/recorded in each meal			
Foods in refrigerator covered/labeled/dated			

Thawing foods put in refrigerator correctly			
Menus posted and followed each meal			
Substitutes posted in dining room			
Substitutes freely offered by staff/all meals			
Therapeutic diets served per M.D.'s order			
Stock stored correctly/rotated			
Disaster stock labeled/adequate			
Cleaning procedures adequate/followed			
3 compartment sink used correctly/written policy			
Dishes/pots dried correctly. No cloths			
Garbage stored/removed properly			
Dumpster area clean/doors closed			
Consultant reports on file			
Follow-up documentation available			
Yearly hood inspection available			
LAUNDRY/HOUSEKEEPING	“U”	“S”	COMMENTS
Linen in good repair/adequate amount			
Linen available on 11-7 shift			
System to “rag” out linen			
Check par level/if linen appears low			
Soiled linen handled properly by staff			

Clean linen stored properly/covered			
Residents' satisfied with laundry service			
Check closets for storage/neatness			
Appropriate number of workers available			
Cleaning schedules posted and followed			
Chemicals used and stored correctly			
Carts have locked boxes for chemicals			
Infection control procedures followed			
Caution signs used when buffing floors			
Check electric cords in hallways			
Wet floor signs clean/used correctly			
Personnel folders complete/accurate			
Personal clothing and bibs washed separately			
SOCIAL SERVICES	“U”	“S”	COMMENTS
Progress notes current/adequate (quarterly)			
Psycho-social needs are being met (resident interviews)			
Resident Council active with documentation			
Check written responses/minutes			
Interview Resident Council President			
Active Family Council (if applicable)			
Admission packet reviewed and signed by resident			

SS follows upon discharge needs of resident			
Documentation on anticipated discharge form and care plan			
Advance directive orders in compliance with State			
Self Determination Act policies in place			
Current list of living wills and durable POAs' on health care maintained			
Grievance procedure in place/used			
ACTIVITIES	“U”	“S”	COMMENTS
Progress notes current/adequate (quarterly)			
Program has variety and meets the needs of all types of residents. Evening activities available			
Out of facility events being offered			
All staff support attendance at programs			
A volunteer program is provided			
Room visits/one on one visits documented			
Calendar is current in resident's room			
Community & Family involvement encouraged			
INSERVICE/NURSE AIDE TRAINING	“U”	“S”	COMMENTS
Review CNA training program			
Mandatory inservices posted/offered (calendar)			
Attendance is documented/sign in sheets			
Required training hours documented			

Disaster drills scheduled and completed			
Question staff on “procedures”			
Fire drills held quarterly/each shift			
Question staff on “procedure”			
Inservices content available			
NURSING ADMINISTRATION	“U”	“S”	COMMENTS
Full time designated Nurse Manager (DON) in building			
QA stats being maintained			
Review current stats			
Staffing is appropriate for level of care			
Full time RN staffed minimum one shift per day on certified unit			
High-risk residents identified appropriately/staff aware of high- risk residents			
DON has regular staff meetings			
Procedure to review consultants reports in place			
Nursing P/P’s reviewed yearly			
Daily rounds by DON completed			
Adequate supplies available to staff			
Central Supply charge system in place/used appropriately			
RESTORATIVE PROGRAMS	“U”	“S”	COMMENTS
Rehab potential assessed on all residents			
Appropriate programs in place			

- re-feeding/walk and dine			
- bowel/bladder retraining			
- ambulation			
- range of motion			
- turning/positioning			
- grooming			
Therapy providers screening all residents, recommendation noted			
Restorative program includes use of handrolls, positioning devices, adaptive eating equipment			
CARE PLANS AND MDS	“U”	“S”	COMMENTS
Resident assessment schedule in place & current			
Meetings are scheduled and attended/all disciplines			
MDS’s current and signed by all departments			
Quarterly reviews being handled correctly			
Significant changes identified and addressed through new MDS			
Resident and/or family invited to care plans and documented			
Problems and goals realistic and measurable			
Nurses notes address status of care plan goals			
CNA’s aware of care plan goals			
PRESSURE ULCERS	“U”	“S”	COMMENTS
Skin assessments done weekly and documented			

Documentation in nurses notes describes ulcers			
All pressure ulcers are care planned (size, stage, etc.)			
High-risk residents identified and monitored			
Preventative methods being used/available			
Wound care protocols in place			
Weekly & Monthly stats monitored			
RESTRAINTS	“U”	“S”	COMMENTS
Evaluation for least restrictive device completed			
MD order, type, reason, duration & consent completed			
Therapy involved in determining type			
Restraint release schedule in place/used			
Restraints are maintained/adequate			
Restraint reduction program in place/effective			
TUBE FEEDING	“U”	“S”	COMMENTS
MD order = nutrient, type of tube, amt/24 hour total (caloric total), cc's/24 hours, cc's to flush			
Hydration needs being met			
RD consultant has assessed all tube feeders & recommendations on chart and addressed			
Bags labeled as order is written			
Procedure to change bags daily in place			
Nutritional needs being met (weight stable)			

Pumps/poles and equipment clean			
WEIGHT VARIANCE	“U”	“S”	COMMENTS
Weight variance being addressed			
Active “Nutrition at Risk” committee/weekly			
Weight loss/gain addressed on care plan			
Current height/weight recorded on chart			
RD recommends interventions as needed			
Notification of MD & Family per policy/timely			
MEDICARE	“U”	“S”	COMMENTS
Nurses notes address need for skilled care			
Notes are written daily			
Certifications are current and signed			
Staffing meets needs of residents (2:1 ratio)			
Procedure in place to review stay/coverage			
Therapy notified of orders promptly			
Therapy notes current and on chart			
Medicare sign-in sheets being used			
Assignments reflect certified rooms for sign-in sheets			
INFECTION CONTROL	“U”	“S”	COMMENTS
Policy and Procedures current & reviewed annually			
Surveillance log current and updated on an ongoing basis during the month			

Clusters identified and appropriate measures taken			
Monthly stats of nosocomial infection rate			
Protocol in place for MRSA residents			
Abnormal cultures addressed timely			
LABORATORY SERVICES	“U”	“S”	COMMENTS
Policy and procedures current/reviewed			
Lab waiver on file for simple tests – CLIA			
Blood Glucose log in place and used			
Lab protocol adequate for facility			
Current lab on chart			
Abnormal labs addressed promptly			
MEDICATIONS	“U”	“S”	COMMENTS
Medication pass audit conducted on 10% of residents with less than 5% error rate			
Medications have reason			
Psychoactive flow records used/accurate			
Pharmacy consultant reviews flow sheets			
Consultant reports reviewed and addressed			
Med carts clean, in good repair and locked			
Applesauce is in covered container, dated			
Water pitcher is clean, covered			
Medication rooms neat, orderly, locked			

No expired medications on hand			
Sharps disposed of correctly			
Med destruction handled appropriately			
Opening dates on all bottles			
Narcotic records maintained/accurate			
Stock meds rotated/adequate			
Medication refrigeration used appropriately			
All stock meds labeled when applicable			
MEDICAL RECORDS	“U”	“S”	COMMENTS
Face sheet current and legible			
Physician’s orders reviewed and signed			
Physician’s progress notes current			
Alternate visit schedule documented			
Nurses notes current and adequate			
Cumulative weight sheet on chart			
Current level of care documented			
Intake/Output sheets totaled and accurate			
Adequate documentation left on chart			
Labeling of charts accurate, legible			
Medical records provide ongoing audits			

DELIVERY OF DIRECT CARE	“U”	“S”	COMMENTS
Residents able to be out of bed at times/adequate length of time			
Residents appear neat, well groomed			
Bedfast residents are neat, well groomed			
All residents are encouraged to go to D.R.			
Dignity/privacy is promoted, provided			
Residents are provided autonomy			
At least 10% of residents interviewed to determine satisfaction of delivery of care			
Staff aware of needs of assigned residents			
ACCOMMODATION OF NEEDS	“U”	“S”	COMMENTS
Wheelchairs in good repair, available in adequate number/geri- chairs			
Over bed tables available to any resident being fed in bed. Clean/in good repair			
Adaptive feeding equipment available/used			
Private use of phone available to residents			
Residents aware of smoking policies/areas			
Equipment appropriate for individual resident			
ACCIDENTS/INCIDENTS	“U”	“S”	COMMENTS
Safety program promoted by staff			
Incident reports reviewed daily and logged with appropriate follow-up and investigation as needed			

Medical Director review of all report/signature			
Analysis report being completed/reviewed monthly			
Interview staff for awareness of safety rules			
Safety inservices current/attended			
Accidents causing injury to residents reported to appropriate state agencies			
Employee injuries reviewed. Appropriate action taken if injury caused by failure to follow safety procedures			
CLOSED CHART/MEDICAL RECORDS	“U”	“S”	COMMENTS
Designated medical records person			
Work area uncluttered & organized			
Sufficient storage space			
Records are audited and organized timely			
Necessary dates and signatures are available			
Discharge & post discharge plans are available			
Discharge order written			
Final nurses notes			
Disposition of personal effects and medication			
Discharge summary with final diagnosis			
INCONTINENCE/FOLEY CATHETER	“U”	“S”	COMMENTS
Residents have been assessed			
Appropriate residents are on B&B program			

There is an incontinence management program			
There is a medical reason for all catheters			
There are MD orders with size, frequency of change, and catheter care available			
State of continence, catheters, etc., is on the MDS and Care Plan			
OTHER	“U”	“S”	COMMENTS
IV Therapy			
Policy and Procedures in place			
Staff trained			
MD order – type, cc’s/hour, duration			
Proper documentation			
Acceptable technique			
Specialty Services (Vents, Shunts, TPN, etc.)			
Policy and Procedures in place			
Staff trained			
Applicable MD orders			
Proper documentation			
Acceptable technique			

MDS/CARE PLAN TRACKING FORM

Name: _____

Room #: _____

MR#: _____

Done

To be done by

Fall Risk Assessment Form

Braden Score Assessment

AIMS test

Medication Restraint Consents (quarterly)

Physical Restraint Consents (quarterly)

Activity Note

Dietary Note

Social Services Note

Physical Therapy Note – OT-PT Notes

Care Plan

CAAS Care Planned

Raps Done

Measurable Goals

Old Goals Resolved/Updated

Changes Made On MDS

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

Significant Change: _____

Date to Re-Evaluate: _____

DIETARY INFECTION CONTROL AND SAFETY CHECKLIST

Facility _____

Month / Yr.: _____

PLACE A CHECK UNDER THE YES OR NO COLUMN APPROPRIATELY WRITE "N/A" IF A QUESTION DOES NOT APPLY TO YOUR FACILITY	YES	NO
PERSONAL HYGIENE		
Employees wear clean and proper uniform including shoes and no excessive jewelry.		
Effective hair restraints are properly worn and all wear hair nets.		
Fingernails are short, unpolished and clean.		
Hands are washed properly, frequently at appropriate times and gloves are worn at all times when serving food.		
Burns, wounds, sores, scabs, splints and water-proof bandages on hands are bandaged and completely covered with a foodservice glove while handling food.		
Eating, drinking, chewing gum, smoking or using tobacco are allowed only in designated areas away from preparation, service, storage and ware washing areas.		
Employees use disposable tissues when coughing or sneezing and then immediately wash hands.		
Hand sinks are unobstructed, operational and clean.		
Hand sinks are stocked with soap, disposable towels and warm water.		
A hand washing reminder sign is posted.		
Employee restrooms are operational and clean.		
FOOD PREPARATION		
All food stored or prepared in facility is from approved sources.		
Food equipment, utensils and food contact surfaces are properly washed, rinsed and sanitized before every use.		
Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state, or in cold running water.		
Thawed food is not refrozen.		
Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.		
Food is tasted using the proper procedure.		
Procedures are in place to prevent cross-contamination.		
Food is handled with suitable utensils such as single use gloves or tongs.		
Food is prepared in small batches to limit the time it is in the temperature danger zone.		
Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils or floor.		
Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer.		
The internal temperature of food being cooked is monitored and documented.		
Handles of pans are turned toward the back of the range.		
Flames are tuned off when removing pans from the range.		
Dry potholders are available and used routinely.		
Fellow workers are warned when pans are hot.		
Steam equipment is in proper working order.		
Hot water is regulated to prevent scalding.		
Lids are lifted cautiously to avoid steam burns.		
Venting is adequate, hoods, filters and vent ducts are clean.		
Grease traps are clean with satisfactory waste grease disposal.		
Ovens and ranges are clean and free of food and grease.		
Hood works, free of grease, lights work, extinguisher nozzles free of grease/dust and filters are clean.		

HOT HOLDING		
Hot holding unit / steam table is clean.		
Food is heated to the required safe internal temperature before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods.		
Hot holding unit is pre-heated before hot food is placed in unit.		
Temperature of hot food being held is at or above 135°F.		
Food is protected from contamination.		
COLD HOLDING		
Refrigerators are kept clean and organized.		
Temperature of cold food being held is at or below 41°F.		
Food is protected from contamination.		
REFRIGERATOR, FREEZER AND MILK COOLER		
Thermometers are available and accurate.		
Freezer temperature reads _____. (Should be 0° F or below)		
Refrigerator thermometer reads _____. (Should be 40° F or below)		
Food is stored 6 inches off floor in walk-in cooling equipment, floors dry, fans clean and lighting is covered		
Refrigerator and freezer units are clean and neat.		
Proper chilling procedures are used.		
Only pasteurized eggs are served “soft cooked”.		
Raw meat and eggs are stored on bottom shelf of refrigerator to prevent juices dripping on other foods.		
All food is properly wrapped, labeled and dated.		
All opened food is labeled/dated, in-date, wrapped completely with plastic film (not foil).		
There are no smudges, fingerprints, dried food particles on refrig/freezer outside surfaces.		
The FIFO (First In, First Out) method of inventory management is used.		
Ambient air temperature of all refrigerators and freezers is monitored and documented at the beginning of each shift.		
FOOD STORAGE AND DRY STORAGE		
Temperature of dry storage area is between 50°F and 70°F or State public health department requirement.		
All food and paper supplies are stored 6 – 8 inches off the floor on sanitizable shelves and 12” from the ceiling,		
All food is labeled with name and received date.		
Open bags of food are stored in containers with tight fitting lids and labeled with common name.		
The FIFO (First In, First Out) method of inventory management is used.		
There are no bulging or leaking canned goods.		
Food is protected from contamination.		
All food surfaces are clean.		
Chemicals are clearly labeled and stored away from food and food-related supplies.		
There is a regular cleaning schedule for all food surfaces.		
Food is stored in original container or a food grade container.		
CLEANING AND SANITIZING		
3-compartment sink is properly set up for ware washing.		
Dish machine is working properly (such as gauges and chemicals are at recommended levels).		
Water is clean and free of grease and food particles.		
Water temperatures are correct for wash water (150° or state reg) and rinse (water is 180°).		
If heat sanitizing, the utensils are allowed to remain immersed in 171°F water for 30 seconds.		

If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentrations.		
("WASH" temp is 120 degrees F) ("RINSE" 50ppm Chlorine)		
Smallware and utensils are allowed to air dry.		
Wiping cloths are stored in sanitizing solution while in use.		
UTENSILS AND EQUIPMENT		
All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.		
Small equipment and utensils are washed, sanitized and air-dried.		
Broken dishes are promptly disposed of properly.		
Knives are stored in the slotted case provided for them.		
Knives are not put into the sink when soiled.		
Work surfaces and utensils are clean.		
Work surfaces are cleaned and sanitized between uses.		
Thermometers are cleaned and sanitized after each use.		
Thermometers are calibrated on a routine basis.		
Can opener is clean and blade not badly worn.		
Drawers and racks are clean.		
Clean utensils are handled in a manner to prevent contamination of areas that will be in direct contact with food or a person's mouth.		
Employees are instructed in proper use of pressurized cookers.		
LARGE EQUIPMENT		
Food slicer is clean.		
Food slicer is broken down, cleaned and sanitized before and after every use.		
A safety hood is over the slicer after use/cleaning.		
Safety devices are provided on slicers and choppers.		
Slicer and mixer bowl are covered when not in use.		
Exhaust hood and filters are clean.		
GARBAGE STORAGE AND DISPOSAL		
Kitchen garbage cans are clean and kept covered.		
Garbage cans are emptied as necessary.		
Boxes, containers and recyclables are removed from the site.		
Loading dock and area around dumpsters are clean and odor-free.		
Dumpsters are clean.		
Loading docks, ramps and stairways are in good repair.		
There are separate waste receptacles for garbage, trash and glass.		
PEST CONTROL		
Outside doors have screens, are well-sealed and are equipped with a self-closing device.		
No evidence of pests is present.		
There is a regular schedule of pest control by a licensed pest control operator.		
SAFETY MISCELLANEOUS		
All electrical cords are in proper repair with sufficient outlets for equipment in use.		
Corridors and aisles are free of debris and adequate for personnel and materials.		
All work surfaces and shelving is in good repair and not rusting or splintered. Articles on shelves are placed securely.		

Step ladders are sturdy and in good repair.		
Mops are hung-up; brooms, etc. are stored properly.		
Lighting is adequate to facilitate work.		
Fire extinguishers are adequate and routinely checked.		
Gas pipes are free of leads and are routinely checked.		
Eyewash area is clearly marked and equipment is adequate.		
Floor surfaces are clear of trash/food particles, clean, dry and free of cracks or holes and grates over the floor drains.		
Walls are free of splatters, damage, chips and/or peeling paint. Papers are all in covers on clean bulletin board.		
Ceiling is in good repair and appears clean, with clean, unbroken light fixtures – bulbs working/bulbs covered.		
Food carts are clean (including wheels) and disinfected, in good working order and easily moved.		
Food is covered or wrapped during transport.		
Dietary employees understand and follow Standard Precautions/Infection Control and Safety Rules and are in-serviced annually.		
Dietary employees can locate blood spill kit and verbalize correct usage of kit.		
Dietary employees have been instructed and follow proper lifting techniques.		
All machines are securely anchored and properly guarded.		
Dietary employees are trained in use of fire extinguishers.		
MSDS and Safety Manuals are available in the dietary department.		
Floors do not have any slip, trip or fall hazards.		
Sharp tools are correctly handled and safely stored.		
Lighting is adequate in all work and storage areas.		
Worktables are substantial and sufficient in size.		
Hand trucks and dollies are properly used, maintained and stored.		
Employees report unsafe conditions to their supervisor.		
Sewage and plumbing meet state or local law.		
Manager's office is free of clutter/organized.		

If a deficiency is indicated, list action to correct: _____

Completed by _____ Date _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:**HOUSEKEEPING**

Responsible Person: _____ Date: _____

- Yes____ No____ Floor is clean and free of debris and does not have any slip, trip or fall hazards.
- Yes____ No____ Wall, ceilings and vents are clean.
- Yes____ No____ Soap and paper towel dispensers are full.
- Yes____ No____ Wastebaskets are lined with a plastic bag emptied daily and are non-combustible.
- Yes____ No____ All doorknobs are disinfected daily.
- Yes____ No____ All bathrooms are cleaned daily according to house-keeping's policy.
- Yes____ No____ Hallways and hallway handrails are cleaned and disinfected.
- Yes____ No____ Mop water and mop heads are changed every 4 rooms or as needed.
- Yes____ No____ Regulated waste is handled per facility policy.
- Yes____ No____ Garbage receptacles have covers and are cleaned and emptied daily in the dining room, utility rooms and medication rooms.
- Yes____ No____ The smoking area is clean and free of debris.
- Yes____ No____ Ash trays and ash cans are noncombustible and free of paper and plastic.
- Yes____ No____ Carpets appear clean and spot free.
- Yes____ No____ Utility gloves are worn and washed with soap and water
- Yes____ No____ Personal protective equipment such as gloves, goggles and gowns are used when handling potentially hazardous chemicals, acids, detergents
- Yes____ No____ Housekeeping employees are in-serviced annually and understand and follows Standard Precautions / Infection Control and Safety Rules.
- Yes____ No____ Housekeeping carts are locked when not in sight.
- Yes____ No____ Cleaning supplies are not easily accessible to cognitively impaired residents.
- Yes____ No____ Chemicals are properly labeled, safely arranged and stored in a closed, locked area and staff is properly trained in their use.
- Yes____ No____ Housekeeping employees can locate blood spill kit and verbalize correct usage of kit.
- Yes____ No____ Employees have been instructed on proper lifting and handling techniques.
- Yes____ No____ Handles of tools are free of splinters and rough surfaces.

- Yes_____ No_____ Buckets, tubs and pans are in good repair.
- Yes_____ No_____ Vacuum cleaners, buffers and scrubbers are in good repair.
- Yes_____ No_____ Electric tools are properly grounded.
- Yes_____ No_____ Broken glass is properly and safely handled and disposed.
- Yes_____ No_____ Tools, carts and mop handles are placed to prevent interference with normal operations or tripping hazards.
- Yes_____ No_____ Spillages are wiped up immediately.
- Yes_____ No_____ “Wet Floor” caution signs are used when appropriate.
- Yes_____ No_____ A dry passage is maintained when mopping.
- Yes_____ No_____ Equipment room is clean and orderly.
- Yes_____ No_____ MSDS & Safety Manuals are available in each department.
- Yes_____ No_____ Floors do not have any slip, trip or fall hazards.
- Yes_____ No_____ Employees are trained in the use of fire extinguishers.

Corrective action and/or follow-up required: _____

Responsible Person: _____ Date: _____

- Yes____ No____ Refrigerator is clean and food within is dated and covered.
- Yes____ No____ Refrigerator thermometer reads _____. (should be 40 degrees F or below)
- Yes____ No____ Only pasteurized eggs are served "soft cooked".
- Yes____ No____ Raw meat and eggs are stored on bottom shelf of refrigerator to prevent juices dripping on other foods.
- Yes____ No____ Bulk storage areas are clean, orderly and well arranged.
- Yes____ No____ Food containers are stored off of the floor.
- Yes____ No____ Shelving is in good repair and not rusting or splintered.
- Yes____ No____ Ovens and ranges are clean and free of food and grease.
- Yes____ No____ Freezer temperature reads _____. (should be 0 degrees F or below)
- Yes____ No____ Food in steam table reads _____.
- Yes____ No____ Hood filters are clean.
- Yes____ No____ Food slicer is clean and free of food particles.
- Yes____ No____ Floor surfaces are clean, dry and free of cracks or holes and grates over floor drains.
- Yes____ No____ Walls and ceiling are free of chipped and/or peeling paint.
- Yes____ No____ Food carts are clean and disinfected, in good working order and easily moved.
- Yes____ No____ Food is covered or wrapped during transport.
- Yes____ No____ All tables and chairs in the dining rooms are clean and free of food particles.
- Yes____ No____ Dish washing machine "wash" water is 150-165 degrees.
- Yes____ No____ Dish machine "rinse" water is 180 degrees.
- Yes____ No____ For chemical sanitizer "wash" temp is 120. Final "rinse" 50ppm hypochlorite (chlorine)
- Yes____ No____ Logs are completed every shift for chemical titration.
- Yes____ No____ Dishwasher chemical readings recorded per policy.
- Yes____ No____ All chemicals properly labeled and stored away from food.

- Yes ____ No ____ Cleaning schedules posted and followed.
- Yes ____ No ____ Dietary Personnel wash hands appropriately and wear gloves when serving food.
- Yes ____ No ____ All hand washing facilities are properly stocked with soap and paper towels.
- Yes ____ No ____ Hair nets are worn by all dietary employees and uniforms are clean.
- Yes ____ No ____ Food temps are taken daily and logged and are within acceptable range:
 Hot foods > 140 degrees;
 Cold foods = or < 41 degrees
- Yes ____ No ____ All garbage containers and dumpsters in good condition with no leaking and waste
is contained with lids closed.
- Yes ____ No ____ Kitchen and dining area are pest free.
- Yes ____ No ____ Dietary employees are in-serviced annually and understand and follow Standard
Precautions / Infection Control and Safety Rules.
- Yes ____ No ____ Dietary employees can locate blood spill kit and verbalize correct usage of kit.
- Yes ____ No ____ Employees have been instructed on proper lifting and handling techniques.
- Yes ____ No ____ All machines are securely anchored and properly guarded.
- Yes ____ No ____ Sharp tools are correctly handled, cleaned and stored
- Yes ____ No ____ Loading docks, ramps and stairways are in good repair.
- Yes ____ No ____ There are separate waste receptacles for garbage, trash and glass.
- Yes ____ No ____ Employees are trained in use of fire extinguishers.
- Yes ____ No ____ MSDS & Safety Manuals are available in each department.
- Yes ____ No ____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

REHABILITATION DEPARTMENT

Responsible Person: _____ Date: _____

- Yes _____ No _____ All work areas are cleaned and disinfected after each resident's use.
- Yes _____ No _____ Service area is clean and free of peeling paint, chips, and cracked equipment/.
- Yes _____ No _____ All equipment is cleaned and disinfected after each resident's use.
- Yes _____ No _____ Linens or towels are cleaned and stored in a cupboard when not in use.
- Yes _____ No _____ Sink is cleaned and disinfected after each resident's use.
- Yes _____ No _____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes _____ No _____ Proper hand washing is performed after each procedure.
- Yes _____ No _____ Rehab employees are in-serviced annually and understand and follow Standard Precautions/Infection Control and Safety Rules.
- Yes _____ No _____ Gloves, gowns and eye protection are used appropriately.
- Yes _____ No _____ Rehab employees can locate blood spill kit and verbalize correct usage of kit.
- Yes _____ No _____ MSDS & Safety Manuals are available in each department.
- Yes _____ No _____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:**NURSING DEPARTMENT**

Responsible Person: _____ Date: _____

- Yes____ No____ Hand washing is followed per policy.
- Yes____ No____ Isolation precautions are followed per policy.
- Yes____ No____ Treatment cart is clean, stocked and well organized and disinfected as needed and locked when not in sight of nurse.
- Yes____ No____ Top of cart is free of equipment, i.e. BP cuff, stethoscope.
- Yes____ No____ Gloves and/or gowns are used appropriately. Hands are washed after removal of gloves.
- Yes____ No____ Gloves are available and disposed of in resident's room or plastic bag on dirty linen barrel.
- Yes____ No____ Nurses dispose of contaminated dressings in biohazard containers.
- Yes____ No____ Catheter care observed and completed correctly according to policy and procedure.
- Yes____ No____ Tracheotomy care observed and completed according to policy and procedure.
- Yes____ No____ Medication pass observed and completed correctly.
- Yes____ No____ Medication cart is clean and locked when not in sight of nurse.
- Yes____ No____ Tube feeding procedure observed and completed correctly. Tube feeding equipment changed per protocol.
- Yes____ No____ Oxygen tubing changed per protocol.
- Yes____ No____ Policy and procedure for handling oxygen equipment is followed correctly.
- Yes____ No____ Cultures are obtained according to policy and procedure.
- Yes____ No____ Work areas are kept free of food and drink.
- Yes____ No____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes____ No____ Nursing employees are in-serviced annually and understand and follow Standard Precautions / Infection Control and Safety Rules.
- Yes____ No____ Nursing employees can locate blood spill kit and verbalize correct usage of kit.
- Yes____ No____ Items in bedside table drawer are separated and bagged.

- Yes_____ No_____ Bedpans, urinals and wash basins present, clean and bagged if not stored in resident's bedside table.
- Yes_____ No_____ No perishable food is present in bedside tables.
- Yes_____ No_____ Resident's personal refrigerator clean and temp is = or < 40 degrees.
- Yes_____ No_____ No medication in bedside table (except for self-medicate with proper assessment and documentation).
- Yes_____ No_____ Wheelchairs clean.
- Yes_____ No_____ Bedside commodes clean.
- Yes_____ No_____ IV poles clean.
- Yes_____ No_____ Tube feeding pump and pole clean, bottles dated, tubing changed every 24 hours.
- Yes_____ No_____ Nursing employees are in-serviced annually and understand and follow Standard Precautions / Infection Control, Safety Rules and Fire and Evacuation Plan.
- Yes_____ No_____ Nursing staff understands and uses standard precautions appropriately.
- Yes_____ No_____ Nursing employees can locate blood spill kit and verbalize correct usage of kit.
- Yes_____ No_____ Gloves, goggles and masks are used appropriately.
- Yes_____ No_____ Hallways are unobstructed.
- Yes_____ No_____ Exits are not locked or blocked.
- Yes_____ No_____ Employees wear proper clothing and footwear.
- Yes_____ No_____ Employees have been instructed on proper lifting and transferring techniques including mechanical and electrical lifts.
- Yes_____ No_____ Gait belts are available and used.
- Yes_____ No_____ There is a method of identifying residents requiring 2 or 3 person transfer or mechanical lift.
- Yes_____ No_____ Proper lifting equipment is utilized.
- Yes_____ No_____ Combative residents are identified.
- Yes_____ No_____ Proper footwear is worn.
- Yes_____ No_____ All maintenance problems are reported for repair.

- Yes ___ No ___ Electric cords for lights, radio, TV, etc. are safely placed.
- Yes ___ No ___ No electrical extension cards are in use.
- Yes ___ No ___ Bed adjustment handles are kept turned inward.
- Yes ___ No ___ Chemicals are safely stored and handled.
- Yes ___ No ___ Contaminated needles/sharps are disposed of in a puncture proof container.
- Yes ___ No ___ Proper instructions are given and applied when handling or using oxygen and other flammable gases.
- Yes ___ No ___ “No Smoking” is enforced in rooms where oxygen is being administered.
- Yes ___ No ___ Oxygen tanks are secured at all times.
- Yes ___ No ___ Smoking is only allowed with proper supervision in designated areas.
- Yes ___ No ___ MSDS & Safety Manuals are available in each department.
- Yes ___ No ___ Floors do not have any slip, trip or fall hazards.
- Yes ___ No ___ Employees are trained in the use of fire extinguishers.
- Yes ___ No ___ All wandering alarm bracelets are checked for placement and functioning daily and documented.
- Yes ___ No ___ All door alarms are checked for functioning and documented weekly.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

SHOWER / WHIRLPOOL ROOM

Responsible Person: _____ Date: _____

- Yes____ No____ Shower chairs are disinfected after each resident's use.
- Yes____ No____ Tubs and whirlpool are disinfected and cleaned according to facility policy. Policy is posted in Shower room.
- Yes____ No____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes____ No____ Resident's personal items are labeled.
- Yes____ No____ Privacy curtains are in place and used.
- Yes____ No____ Room is well ventilated.
- Yes____ No____ Shower room is clean, odor free and no dust is present.
- Yes____ No____ Sharps container readily available, capped when ¾ full and NOT accessible to residents.
- Yes____ No____ Shower floor is free of hazards and grates over floor drains.
- Yes____ No____ MSDS & Safety Manuals are available in each department.
- Yes____ No____ Floors do not have any slip, trip or fall hazards.
- Yes____ No____ Bathing facilities have non-slip surfaces.
- Yes____ No____ Water temps are taken weekly and logged and within acceptable range.
(NOT to exceed 110 degrees).

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

LAUNDRY

Responsible Person: _____ Date: _____

- Yes____ No____ Clean linen is covered during transport.
- Yes____ No____ All clean linen is kept separate from soiled linen.
- Yes____ No____ All soiled linen is stored in a designated area.
- Yes____ No____ Contaminated linen (blood soaked) is adequately marked, kept separate from soiled linen and washed separately.
- Yes____ No____ Laundry appliances are cleaned according to Laundry’s Cleaning Policy.
- Yes____ No____ Rubber gloves and water resistant gowns are worn during sorting of soiled laundry.
- Yes____ No____ Washing machine wash temperature is maintained at ____degrees (may vary with concept program).
- Yes____ No____ Dryer temperature is maintained at 160 degrees (may vary with concept program).
Lint is removed as needed.
- Yes____ No____ Soiled linen containers are lined with plastic bags.
- Yes____ No____ Soiled lined barrels are cleaned per schedule.
- Yes____ No____ Laundry employees are in-serviced annually and understand and follow Standard Precautions / Infection Control and Safety Rules and safe handling techniques of contaminated laundry.
- Yes____ No____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes____ No____ Laundry employees can locate blood spill kit and verbalize correct usage of kit.
- Yes____ No____ Linen is **NOT** stained, torn or thread bare and there is a system in place to remove this type of linen.
- Yes____ No____ Employees have been instructed on proper lifting and handling techniques.
- Yes____ No____ Proper sorting and loading techniques are used, monitored and reinforced.
- Yes____ No____ All V-belts, chain drives, gears or sprockets are guarded.
- Yes____ No____ All electrical wiring is in conduit and safely fused with no evidence of corrosion.
- Yes____ No____ Laundry carts are free of jagged edges.

- Yes_____ No_____ All castered or wheeled equipment is in good repair.
- Yes_____ No_____ Laundry floors are free of cracks and foreign matter and grates over floor drains.
- Yes_____ No_____ Pilot light areas on dryers are kept free of combustible build up.
- Yes_____ No_____ Eye and hand protection is used when using acids, bleaches, soaps and detergent.
- Yes_____ No_____ Chemical feed tubes are cleaned and maintained properly.
- Yes_____ No_____ Laundry area has adequate ventilation.
- Yes_____ No_____ Portable air fans safely arranged and guarded.
- Yes_____ No_____ Fire emergency instructions are posted.
- Yes_____ No_____ Laundry employees are trained in use of fire extinguishers.
- Yes_____ No_____ MSDS & Safety Manuals are available in each department.
- Yes_____ No_____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

ACTIVITIES / SOCIAL SERVICES

Responsible Person: _____ Date: _____

- Yes _____ No _____ All work areas are cleaned and disinfected after each resident's use.
- Yes _____ No _____ All reusable equipment/supplies are cleaned and disinfected after resident's use.
- Yes _____ No _____ Area is clean and free of peeling paint, chips, cracked furniture or equipment.
- Yes _____ No _____ Activities/Social Services employees are in-serviced annually and understand and follow Standard Precautions/Infection Control.
- Yes _____ No _____ Volunteers have been in-serviced on prevention and potential sources of infection.
- Yes _____ No _____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes _____ No _____ Activities/Social Services employees can locate blood spill kit and verbalize correct usage of kit.
- Yes _____ No _____ Gloves and/or gowns are used appropriately.
- Yes _____ No _____ MSDS & Safety Manuals are available in each department.
- Yes _____ No _____ Floors do not have any slip, trip or fall hazards.
- Yes _____ No _____ Activity employees are trained in use of fire extinguishers.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

BEAUTICIAN / BARBER SERVICES

Responsible Person: _____ Date: _____

- Yes____ No____ All work areas are cleaned and disinfected after each resident’s use.
- Yes____ No____ Service area is clean and free of peeling paint, chips, and cracked equipment.
- Yes____ No____ All reusable equipment (brushes, combs, clips, curlers) are cleaned and disinfected after each resident’s use.
- Yes____ No____ Capes and towels are cleaned and stored in a cupboard when not in use.
- Yes____ No____ Sink is cleaned and disinfected after each resident’s use.
- Yes____ No____ Hair is removed from the floor after each resident’s haircut.
- Yes____ No____ Chemicals are properly labeled and stored in a closed locked area.
- Yes____ No____ Proper hand washing is performed after each procedure.
- Yes No Beautician and barber are in-serviced annually and understand and follow Standard Precautions/ Infection Control.
- Yes____ No____ Beautician and barber can locate blood spill kit and verbalize correct usage of kit.
- Yes____ No____ Gloves and/or gowns are used appropriately.
- Yes____ No____ MSDS & Safety Manuals are available in each department.
- Yes____ No____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

UTILITY ROOM

Responsible Person: _____ Date: _____

- Yes____ No____ Dirty utility hopper sink is clean and in working order.
- Yes____ No____ Dirty linen barrels remain covered and emptied when necessary.
- Yes____ No____ No linen barrels on floor at mealtime.
- Yes____ No____ Barrels cleaned per facility schedule and policy.
- Yes____ No____ Utility room clean and neat at end of each shift.
- Yes____ No____ Dirty utility room is odor free.
- Yes____ No____ Gloves, gowns and face protection available in the dirty utility room and used appropriately.
- Yes____ No____ Disinfectant is stocked and available.
- Yes____ No____ Chemicals are properly labeled and stored in a closed, locked area.
- Yes____ No____ Potential sources of infection are appropriately reported to Infection Control Officer / QA Committee.
- Yes____ No____ MSDS & Safety Manuals are available in each department.
- Yes____ No____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

**PHARMACY / MED ROOM /
MEDICATION CART**

Responsible Person: _____ Date: _____

- Yes_____ No_____ All work areas are cleaned and disinfected as needed.
- Yes_____ No_____ Sink is cleaned and disinfected.
- Yes_____ No_____ Floor is clean and free of debris.
- Yes_____ No_____ Garbage receptacles have covers, are lined with a plastic bag and emptied daily or as needed.
- Yes_____ No_____ Medicine receptacles (i.e. soufflé cups, plastic med cups) and water cups are stored in a clean and dry area.
- Yes_____ No_____ Outside and inside of medication cart is clean.
- Yes_____ No_____ Stock meds are stored in cabinets free from dust.
- Yes_____ No_____ Med carts do not enter resident rooms.
- Yes_____ No_____ Top of med cart is free of medication.
- Yes_____ No_____ Oral and topical medications are separated in med cart.
- Yes_____ No_____ Refrigerator clean and organized with a thermometer.
- Yes_____ No_____ Refrigerator temps are taken and documented daily and are between 36 - 45 degrees.
Refrigerator temp is _____.
- Yes_____ No_____ Sharps containers are readily available, capped when ¾ full and not accessible to residents.
- Yes_____ No_____ MSDS & Safety Manuals are available in each department.
- Yes_____ No_____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

CENTRAL SUPPLY

Responsible Person: _____

Date: _____

- Yes_____ No_____ All work areas are cleaned and disinfected as needed.
- Yes_____ No_____ Sink is cleaned and disinfected.
- Yes_____ No_____ Floor is clean and free of debris.
- Yes_____ No_____ Garbage receptacles have covers, are lined with plastic bag and emptied daily.
- Yes_____ No_____ All reusable equipment is cleaned, disinfected and properly stored after each resident's use.
- Yes_____ No_____ All supplies are stored in an organized and neat manner.
- Yes_____ No_____ Storage area is clean and free of peeling paint, chips, and cracked equipment.
- Yes_____ No_____ Personal Protective Equipment (gloves, gowns, masks) is readily available and easy to locate.
- Yes_____ No_____ Safety sharps devices (retractable syringes and lancets, and needleless IV supplies) are only used and are readily available and easy to locate.
- Yes_____ No_____ No supplies are stored directly on the floor.
- Yes_____ No_____ MSDS & Safety Manuals are available in each department.
- Yes_____ No_____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

HAZARDOUS WASTE

Responsible Person: _____ Date: _____

Yes _____ No _____

Sharps containers are readily available, capped when ¾ full and are NOT accessible to residents.

Yes _____ No _____

Soiled utility rooms have biohazard signage.

Yes _____ No _____

Regulated waste containers are closable, leak proof, clearly marked and located in the soiled utility room.

Yes _____ No _____

Nurses dispose of contaminated dressings by double bagging.

Yes _____ No _____

Trash / garbage (non-contaminated) is **not** placed in the biohazard container.

Yes _____ No _____

Only safety sharps devices, such as retractable syringes and lancets, and needleless IV supplies are used.

Yes _____ No _____

Biohazard waste is picked up and disposed of by an outside source in a timely manner.

Yes _____ No _____

Disposal log is up to date and accurate.

Yes _____ No _____

MSDS & Safety Manuals are available in each department.

Yes _____ No _____

Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

ADMINISTRATIVE

Responsible Person: _____ Date: _____

- Yes ___ No ___ TB records and logs of residents and employees are to date.
- Yes ___ No ___ Flu vaccines and Pneumovax are offered annually with proper consent obtained.
- Yes ___ No ___ Sharps injury log is up to date.
- Yes ___ No ___ Employee physicals are up to date, if applicable.
- Yes ___ No ___ Hepatitis B declination and/or vaccinations are complete and documented in the employee's personnel file.
- Yes ___ No ___ Annual in-services on Infection Control and Standard Precautions and Safety have been held, are on file and have employee signatures indicating attendance.
- Yes ___ No ___ Policies and procedures regarding Occupational Exposure are reviewed annually and updated to reflect new or modified tasks or procedures.
- Yes ___ No ___ Exposure Control plan, Safety Manual and MSDS Sheets are accessible to employees.
- Yes ___ No ___ Facility has an up to date disaster plan which is available to all departments.
- Yes ___ No ___ Facility has a written protocol that defines the source of water for the facility to ensure water is available when there is a loss of normal water supply.
- Yes ___ No ___ Employees have been instructed on proper lifting and handling techniques.
- Yes ___ No ___ Employee files have documentation of infection control and safety orientation.
- Yes ___ No ___ Handrails provided and are securely fastened.
- Yes ___ No ___ Furniture and fixtures are free of splinters or sharp edges.
- Yes ___ No ___ Desk and file drawers easily operated and anchored to prevent tipping.
- Yes ___ No ___ All electric cords, plugs, switches are in good repair.
- Yes ___ No ___ Smoking is allowed only in the designated areas which are posted.
- Yes ___ No ___ Storage areas are kept clean and orderly.
- Yes ___ No ___ All machines and heating elements are turned off at the end of office hours, or when not in use.
- Yes ___ No ___ All door alarms are checked weekly for functioning and logged.

Corrective action and/or follow-up required: _____

INFECTION CONTROL AND SAFETY SURVEILLANCE:

MAINTENANCE

Responsible Person: _____ Date: _____

- Yes____ No____ Employees have been instructed on proper lifting and handling techniques.
- Yes____ No____ Work areas are clean, orderly, and safely arranged.
- Yes____ No____ Hand rails are securely fixed to the wall and have no sharp edges or splinters.
- Yes____ No____ All hand tools are in good repair, properly stored.
- Yes____ No____ No electrical appliances have frayed wires.
- Yes____ No____ All electric and gasoline powered equipment are well maintained.
- Yes____ No____ Point of operation guards are provided and used.
- Yes____ No____ Eye protection is provided and used where required.
- Yes____ No____ Elevated platforms, step ladders and extension ladders are well constructed and in good repair.
- Yes____ No____ All ladders are provided with non-slip base.
- Yes____ No____ Work areas are isolated or barricaded to prevent outside interference.
- Yes____ No____ Electrical switch lockouts / tagouts are used when making repairs on machinery.
- Yes____ No____ Warning signs or barricades are placed when work creates a hazard to others.
- Yes____ No____ Loose tools and materials are located so tripping hazards are not created.
- Yes____ No____ Safety lines are used when working above ground level.
- Yes____ No____ All ropes, cables, chains, etc. are inspected and adequate for the job.
- Yes____ No____ Safe methods are used when replacing burned out lights and tubes
- Yes____ No____ All electrical motors, machines, etc. on a preventive maintenance schedule.
- Yes____ No____ All electrical plugs, switches, cords in good repair.

- Yes_____ No_____ All wandering bracelets are checked daily for functioning and logged on MAR.
- Yes_____ No_____ Proper type and number of fire extinguishers are available.
- Yes_____ No_____ Employees are trained to use extinguisher.
- Yes_____ No_____ Employees are instructed in fire reporting and emergency duties.
- Yes_____ No_____ Departmental surveys are being reviewed and prompt action initiated on any safety hazards.
- Yes_____ No_____ Annual Safety Objectives are on timetable for completion.
- Yes_____ No_____ Workers' Compensation claims are reviewed.
- Yes_____ No_____ Resident incidents are reviewed in safety meetings.
- Yes_____ No_____ Discipline procedures are being followed if employee violates safety rules.
- Yes_____ No_____ List of residents who require 2-3 person or Hoyer lift is posted on assignment sheet and care plan.
- Yes_____ No_____ Areas non-accessible to residents (mechanical rooms, oxygen storage, janitor's closets, etc.) properly marked and locked to prevent sight impaired or confused residents from entering.
- Yes_____ No_____ MSDS & Safety Manuals are available in each department.
- Yes_____ No_____ Floors do not have any slip, trip or fall hazards.

Corrective action and/or follow-up required: _____

Administrator's Daily Kitchen Rounds

Area	In Compliance	Out of Compliance	Corrective Action
Milk, Eggs, Poultry, Fish, Meat stored and Handled properly			
Containers stored off of the floors			
Daily and Weekly Cleaning Schedules are Posted and Followed			
Temperature Logs for Freezers and Coolers Posted and Documentation is Complete			
All Food is covered, Labeled, and dated			
No personal items in Coolers or Freezers			
Dish Machines reach appropriate temp: Low Temp at 140 degrees or High Temp at 180 degrees with rinse			
Menu's are followed with Menu changes documented with RD signature			
Meal temp's are recorded on the Menu			
Meal Looks appealing with appropriate garnish			
Exhaust Hood clean with appropriate documentation			
Chemicals are stored away from food prep area			
Hair Nets			

Extended menus available			
Dumpster lid closed			
When not in use, Garbage pails are closed and stored away from food prep area			
Ceiling is in good repair and appears clean with clean, unbroken light fixtures, all bulbs working and all bulbs covered			
Hood is free of grease, operational lights work, extinguisher nozzles free of grease and dust and the filters are clean			
Walk-in floors dry, fans clean, covered lighting			
Food transport prevents contamination			
Frozen foods are thawed properly			
Slicer and mixer bowl are covered when unused			
All refuse containers are covered, clean and adequate			
There is no sign of pest infestation			
Non-food and chemicals are stored away from food			

Environmental Services Tool

Cleaning Procedures for Residents Rooms

Policy: The resident rooms will be cleaned on a daily basis.

1. Are housekeepers using gloves and safety glasses when needed /as well removing gloves as appropriate? YES/NO. If NO – EXPLAIN:
2. Are housekeepers knocking before entering resident’s room? YES/NO. If NO – EXPLAIN:
3. Are employees cleaning all horizontal surfaces of bed side tables, over-bed tables, foot and headboards, side rails, desk, chairs, and resident’s personal belongings, TV, telephones, picture frames, etc. and all other furniture in the room? YES/NO. If NO – EXPLAIN:
4. Is housekeeping dust mopping and wet mopping the entire floor? YES/NO. If NO – EXPLAIN:
5. Are housekeepers using wet floor signs at appropriate times? YES/NO. If NO – EXPLAIN:
6. How often is mop water being changed/per procedure every three rooms or more often as needed? YES/NO. If NO – EXPLAIN:
7. Do housekeepers know the procedures when cleaning a transferred or discharged resident's room? YES/NO. If NO – EXPLAIN:

Cleaning Procedures for Restrooms

Policy: Restrooms are to be cleaned daily and as needed

1. Are the housekeepers cleaning from high to low areas within the restroom? YES/NO. If NO – EXPLAIN:
2. Are housekeepers cleaning the following areas daily/using proper disinfectant/cleaner: walls, wall hangers, shelves, lights, mirror doors and frames, kick-plates, switch-plates, sink and faucet, any exposed pipes; toilet should be the last item in the restroom cleaned? YES/NO. If NO – EXPLAIN:
3. Replenish supplies - paper towels, toilet paper, and hand soap when needed? YES/NO. If NO – EXPLAIN:
4. Sweep and wet mop restroom floor; place wet floor sign down until floor is dry? YES/NO. If NO – EXPLAIN:

Housekeeping Carts, Equipment, and Housekeeping Closets

Policy: The materials and supplies used by the custodians are to be maintained on a daily basis and appropriate equipment shall be placed on a preventative maintenance schedule.

1. Housekeeping carts and equipment are cleaned at the end of shift? YES/NO. If NO – EXPLAIN:
2. Cart and all shelves on the cart? YES/NO. If NO – EXPLAIN:
3. Mop bucket, mop wringer, mop handle and all wet floor signs? YES/NO. If NO – EXPLAIN:
4. Scrubbers and buffers are disinfected? YES/NO. If NO – EXPLAIN:
5. Pads removed and cleaned and allowed to air dry? YES/NO. If NO – EXPLAIN:
6. Plungers are disinfected and put inside of a clean trash bag? YES/NO. If NO – EXPLAIN:
7. All equipment checked for any damages? YES/NO. If NO – EXPLAIN:
8. No food or drinks are kept on housekeeping carts or equipment? YES/NO. If NO – EXPLAIN:
9. Are housekeeping carts locked when unattended for any period of time? YES/NO. If NO – EXPLAIN:
10. Are housekeeping carts being stored in a safe area throughout the day? YES/NO. If NO – EXPLAIN:
11. Are chemicals stored and locked inside of housekeeping carts and not on top of carts? YES/NO. If NO – EXPLAIN:
12. Are janitor closets kept locked? YES/NO. If NO – EXPLAIN:
13. Are all chemical bottles labeled clearly and stored properly? YES/NO. If NO – EXPLAIN:
14. Are all aerosol cans that are not being used by housekeeping staff, stored in a fireproof cabinet? YES/NO. If NO – EXPLAIN:
15. Are there MSDS sheets for all chemicals used within the facility? YES/NO. If NO – EXPLAIN:
16. Does staff know where to locate the MSDS sheets? YES/NO. If NO – EXPLAIN:

Laundry Procedures -Personal Protective Equipment

1. Are PPE available to laundry staff? YES/NO. If NO – EXPLAIN:
2. Are laundry staff using PPE while handling soiled linen and residents' personals and loading washers? YES/NO. If NO – EXPLAIN:
3. Is staff removing their Fluid Resistant Gown after handling soil linen and using a new one each time they sort linen? YES/NO. If NO – EXPLAIN:
4. Is staff washing their hands before leaving the soiled area? YES/NO. If NO – EXPLAIN:

Cleaning of Laundry Equipment

Policy: The laundry department staff shall ensure that all laundry equipment/areas are properly cleaned and disinfected on a regularly schedule basis.

1. Are the washers and dryers fronts cleaned daily? YES/NO. If NO – EXPLAIN:
2. Are the folding tables and area cleaned daily? YES/NO. If NO – EXPLAIN:
3. All sinks and sink areas cleaned daily? YES/NO. If NO – EXPLAIN:
4. Soiled linen holding carts and cover-up containers cleaned daily or as needed? YES/NO. If NO – EXPLAIN:
5. Housekeeping, dietary and PT soiled containers cleaned daily or as necessary? YES/NO. If NO – EXPLAIN:
6. Are the washer and dry filters cleaned daily? YES/NO. If NO – EXPLAIN:
7. Is the soiled linen room cleaned daily? YES/NO. If NO – EXPLAIN:
 - Carts
 - Floor
 - Scales
8. Are following items/areas being cleaned and disinfected on a weekly basis? YES/NO. If NO – EXPLAIN:
 - Clean linen carts
 - Clean linen room racks
 - Shelves
 - Clothing delivery carts

Resident Clothing Delivery

Policy: residents Clothing shall be delivered to residents on a daily basis.

1. Is the laundry staff delivering residents clothes on a daily basis? YES/NO. If NO – EXPLAIN:

Facility Inspection

Facility _____ Inspection Date _____ Administrator _____

A. Entrance/Lobby/Sitting Room	Possible Score	SCORE	B. Corridors and Walls	Possible Score	SCORE	C. Equipment	Possible Score	SCORE
Walkway free of litter?	6		Corridors clean, waxed, polished and/or corridor carpets clean, free of spots?	30		Buffer clean?	3	
Cigarette urns clean and free of trash?	6		All decoration on walls free of dust?	3		Vacuums clean?	3	
Walkway free of cigarette butts?	6		Baseboards clean and polished?	3		All equipment in running order?	3	
Walk off mats clean and in proper location?	6		Ceiling lights clean and clear?	3		Mop buckets clean?	3	
Entrance glass free of finger prints?	6		Ceiling vents clean?	3		Chemicals stored appropriately?	3	
Lobby is odor free?	6		Corners neat and clean?	3		Correct labels in use?	3	
Corners clean?	6		Fire extinguishers clean?	3		No food or drink on Housekeeping cart?	3	
Floors (Carpets) clean of dirt, dust, litter?	6		Floor is free of marks left by wheelchairs, etc.?	3		Housekeeping carts clean and orderly?	3	
Floors clean, waxed, polished and/or carpet clean, fresh where applicable?	25		Corridors free of odors?	3		Closet free of all unnecessary items?	3	
Lights clean and clear?	5		Handrails clean and free of debris?	3		Floor sink and drain clean?	3	
Baseboards clean?	5		Kick plates shined?	3		Janitor closet clean and orderly	3	
Furniture clean and arranged neatly?	5		Walls clean and free of smudges?	3		Mops clean and stored appropriately?	3	
Visible ledges free of dust?	6		Wet floor signs in place when mopping floor?	3		Material Safety Data Sheets (MSDS) available?	3	
Plants and ornaments clean?	5		Walls painted/papered and free or damage?	3		Maintenance Room clean and orderly?	3	
Vents clean?	5							
Public rest rooms clean, free of trash?	4							
Total	108		Total	66			42	

Projects _____

Resident Rooms	Possible Score	Room #	Possible Score	Room #	Possible Score	Room #	Possible Score	Room #	Possible Score	Room #
Is room odor free?	6		6		6		6		6	
Is toilet bowel clean?	4		4		4		4		4	
Mirrors shined?	4		4		4		4		4	
Pipes clean and free of dust and dirt?	4		4		4		4		4	
Sink free of soap buildup (top & bottom)?	4		4		4		4		4	
Bathroom floor clean?	4		4		4		4		4	
Cubicle curtains, drapery, valances, clean?	4		4		4		4		4	
Floor clean or dirt, dust and litter?	10		10		10		10		10	
Floor finished with wax?	10		10		10		10		10	
Baseboards clean?	4		4		4		4		4	
Furniture clean?	4		4		4		4		4	
Ledges free of dust?	4		4		4		4		4	
Lights free of dust?	4		4		4		4		4	
Vents clean?	4		4		4		4		4	
Walls clean and free of spots?	4		4		4		4		4	
Waste basket clean and free of litter?	4		4		4		4		4	
Windows clean and free of finger prints?	4		4		4		4		4	
Total	82		82		82		82		82	

Departments/Offices	Possible Score	Room/ Office	Possible Score	Room/ Office	Possible Score	Room/ Office	Possible Score	Room/ Office	Possible Score	Room/ Office
Baseboards clean?	2		2		2		2		2	
Cabinet & Counters clean?	2		2		2		2		2	
Ceiling lights clean and clear?	2		2		2		2		2	
Corners neat and clean?	2		2		2		2		2	
Floor clean of dirt, dust and litter?	2		2		2		2		2	
Floor waxed or carpet clean?	2		2		2		2		2	
Furniture cleaned?	2		2		2		2		2	
Ledges free of dust?	2		2		2		2		2	
Nothing stored on floor?	2		2		2		2		2	
Vents and registers clean?	2		2		2		2		2	
Walls clean and free of smudges?	2		2		2		2		2	
Waste baskets clean and freshly lined?	2		2		2		2		2	
Window blinds free of dust?	2		2		2		2		2	
Windows clean and free of smudges?	2		2		2		2		2	
Waste basket clean and free of litter?										
Windows clean and free of finger prints?										
Total	31		31		31		31		31	

Facility Inspection Report

A. Entrance/Lobby/Sitting Room	Possible Score	SCORE	B. Corridors and Walls	Possible Score	SCORE
Walkway free of litter?	6		Corridors clean, waxed, polished and/or corridor carpets clean, free of spots?	30	
Cigarette urns clean and free of trash?	6		All decoration on walls free of dust?	3	
Walkway free of cigarette butts?	6		Baseboards clean and polished?	3	
Walk off mats clean and in proper location?	6		Ceiling lights clean and clear?	3	
Entrance glass free of finger prints?	6		Ceiling vents clean?	3	
Lobby is odor free?	6		Corners neat and clean?	3	
Corners clean?	6		Fire extinguishers clean?	3	
Floors (carpets) clean of dirt, dust, litter?	6		Floor is free of marks left by wheelchairs, etc.?	3	
Floors clean, waxed, polished and/or carpet clean, fresh where applicable?	25		Corridors free of odors?	3	
Lights clean and clear?	5		Handrails clean and free of debris?	3	
Baseboards clean?	5		Kick plates shined?	3	
Furniture clean and arranged neatly?	5		Walls clean and free of smudges?	3	
Visible ledges free of dust?	6		Wet floor signs in place when mopping floor?	3	
Plants and ornaments clean?	5		Walls painted/papered and free of damage?	3	
Vents clean?	5				
Public rest rooms clean, free of trash?	4				
Total	108		Total	66	

C. Equipment	Possible Score	SCORE	D. Dietary	Possible Score	SCORE
Buffer clean?	3		Appliances clean & in running order?	3	
Vacuums clean?	3		Range hood clean & in running order?	3	
All equipment in running order?	3		Counters & Cabinets clean?	3	
Mop buckets clean?	3		Floors/Mats clean?	3	
Chemicals stored appropriately?	3		Walls and backsplash clean?	3	
Correct labels in use?	3		Food labeled correctly?	3	
No food or drink on Housekeeping cart?	3		Barrels empty clean & lined appropriately?	3	
Housekeeping carts clean and orderly?	3		Pantry clean and orderly?	3	
Closet free of all unnecessary items?	3		Storage free of all unnecessary items?	3	
Floor sink and drain clean?	3		Floor sink and drain clean?	3	
Janitor closet clean and orderly	3		Coolers clean and orderly?	3	
Mops clean and stored appropriately?	3		Freezers clean and orderly?	3	
Material Safety Data Sheets (MSDS) available?	3		Chemicals stored appropriately?	3	
Maintenance Room clean and orderly?	3		Dishwasher water temp adequate?	3	
Total	42			42	

Notes _____

Facility Inspection Report

E. Resident Rooms	Possible Score	Room #		Possible Score	Room#		Possible Score	Room #
Is room odor free?	6			6			6	
Is toilet bowel clean?	4			4			4	
Mirrors shined?	4			4			4	
Pipes clean and free of dust and dirt?	4			4			4	
Sink free of soap buildup (top & bottom)?	4			4			4	
Bathroom floor clean?	4			4			4	
Cubicle curtains, drapery, valances, clean?	4			4			4	
Floor clean or dirt, dust and litter?	10			10			10	
Floor finished with wax?	10			10			10	
Baseboards clean?	4			4			4	
Furniture clean?	4			4			4	
Ledges free of dust?	4			4			4	
Lights free of dust?	4			4			4	
Vents clean?	4			4			4	
Walls clean and free of spots?	4			4			4	
Waste basket clean and free of litter?	4			4			4	
Windows clean and free of finger prints?	4			4			4	
Total	82			82			82	

F. Departments/Offices	Possible Score	Room/ Office		Possible Score	Room/ Office		Possible Score	Room/ Office
Baseboards clean?	2			2			2	
Cabinet and counters clean?	2			2			2	
Ceiling lights clean and clear?	2			2			2	
Corners neat and clean?	2			2			2	
Floor clean of dirt, dust and litter?	2			2			2	
Floor waxed or carpet clean?	2			2			2	
Furniture cleaned?	2			2			2	
Ledges free of dust?	2			2			2	
Nothing stored on floor?	2			2			2	
Vents and registers clean?	2			2			2	
Walls clean and free of smudges?	2			2			2	
Waste baskets clean and freshly lined?	2			2			2	
Window blinds free of dust?	2			2			2	
Windows clean and free of smudges?	2			2			2	
Waste basket clean and free of litter?								
Windows clean and free of finger prints?								
Total	31			31			31	

Notes _____

Facility Inspection Report

AREA	Score Available	Facility Score	Percent
A. Entrance/Lobby/Sitting Room	108		
B. Corridors and Walls	66		
C. Equipment	42		
D. Dietary	42		
E. Resident Rooms	82		
F. Departments/Offices	31		
Totals			

Projects:

Signature of Administrator: _____ Date: _____

Signature of Inspector: _____ Date/Time Started: _____ Date/Time Completed: _____
--

Figure A.7

Survey tag assignment

Tag description	Departmental responsibility	Team member name	Comments
F 150 Facility meets skilled nursing facility requirements			
F 151-156 Resident rights <ul style="list-style-type: none"> • Informed of changes • Informed of rights and responsibilities • Privacy • Personal funds • Exercise rights 			
F 152 Resident rights <ul style="list-style-type: none"> • Legal surrogate • Review resident deemed incompetent • Legal representative appointed 			
F 157 Notification of changes <ul style="list-style-type: none"> • Inform the resident • Inform the physician • Inform family or legal representative • Accidents • Condition change • Change in roommate • Transfer 			
F 157-162 Protection of resident funds <ul style="list-style-type: none"> • Funds of \$50.00 interest bearing account • Management of resident accounts • Conveyance upon death • Surety bond 			
F 163 Choice of physician			
F 164-170 Privacy <ul style="list-style-type: none"> • Full visual • Auditory • Resident records • Grievances • Resolution to grievances • Survey results • Work • Mail 			

Figure A.7**Survey tag assignment (cont.)**

Tag description	Departmental responsibility	Team member name	Comments
F 172-177 Access and visitation <ul style="list-style-type: none"> • Immediate access • Ombudsman system • Telephone • Personal property • Self administration of drugs • Refusal of transfer • Admission/transfer/discharge 			
F 201-208 Transfer and discharge <ul style="list-style-type: none"> • Notification of family/physician • Documentation • Advance notice • Bed hold • Equal access to care • Medicare/Medicaid rights 			
F 221-222 Restraints <ul style="list-style-type: none"> • Physical restraints • Chemical restraints • Use for discipline or convenience 			
F 223 Abuse <ul style="list-style-type: none"> • Free from physical, sexual, verbal, and mental abuse • Free from corporal punishment • Free from involuntary seclusion 			
F 224-226 Staff treatment of resident <ul style="list-style-type: none"> • Mistreatment, neglect, or misappropriation of property • Facility's implementation and development of policies and procedures • Employment of those convicted of abuse, neglect, and mistreatment 			
F 240-241 Quality of life and dignity <ul style="list-style-type: none"> • Dress and groom according to wishes • Activities of resident's choosing • Respect privacy and individuality • Promote independence in dining 			

Figure A.7

Survey tag assignment (cont.)

Tag description	Departmental responsibility	Team member name	Comments
F 242 Self-determination and participation <ul style="list-style-type: none"> • Activities, schedule, and healthcare consistent with resident's wishes • Interact with the community • Make significant decisions 			
F 243-245 Participation in resident and family groups and other activities <ul style="list-style-type: none"> • Resident's right to organize and participate • Family's right to private meetings • Staff member provided • Participation in social, religious, other activities 			
F 246-247 Accommodation of needs <ul style="list-style-type: none"> • Spaces large enough to meet needs • Functional bed and furniture • Notification of roommate change 			
F 248-249 Activities <ul style="list-style-type: none"> • Room-bound residents provided with activities • Qualified activities director 			
F 250-251 Social services <ul style="list-style-type: none"> • Medically related social services • Qualified social worker 			
F 252-258 Personal property and environment <ul style="list-style-type: none"> • Retain and use personal property • Home-like environment • Housekeeping and cleanliness • Closet space • Lighting • Comfortable temperature and sound level 			
F 271 Admission orders <ul style="list-style-type: none"> • Physician orders for immediate care 			
F 272-275 Resident assessment <ul style="list-style-type: none"> • Initial and periodic assessments • Use of RAI 			
F 276-286 Quality review assessment <ul style="list-style-type: none"> • State's quarterly review requirements • Maintain active record 			

Figure A.7**Survey tag assignment (cont.)**

Tag description	Departmental responsibility	Team member name	Comments
F 287 Automated data processing requirement <ul style="list-style-type: none"> • Transmittal • Data format 			
F 278 Accuracy of the assessment <ul style="list-style-type: none"> • Coordination and participation of appropriate parties • Certification 			
F 279-282 Comprehensive care plans <ul style="list-style-type: none"> • Status in RAP areas • Rationale for decisions • Resident participation • Services meet standards of quality 			
F 283-284 Discharge summary <ul style="list-style-type: none"> • Post-discharge plan of care 			
F 285 Preadmission screening <ul style="list-style-type: none"> • Assessment for mental illness and mental retardation 			
F 309 Quality of care <ul style="list-style-type: none"> • Highest practicable level of care • Care of skin ulcers and wounds 			
F 310-312 Activities of daily living <ul style="list-style-type: none"> • Bathing, dressing, and grooming • Ambulation and transfer • Toileting • Eating • Functional communication systems 			
F 313 Vision and hearing <ul style="list-style-type: none"> • Treatment and assistive devices 			
F 314 Pressure sores <ul style="list-style-type: none"> • Prevent development of pressure sores • Treatment to promote healing • Assessment • Monitoring 			

Figure A.7

Survey tag assignment (cont.)

Tag description	Departmental responsibility	Team member name	Comments
F 315 Urinary incontinence <ul style="list-style-type: none"> • Necessity of catheterization • UTI prevention • Bladder function improvement or maintenance 			
F 317-318 Range of motion <ul style="list-style-type: none"> • Prevent reduction in range of motion 			
F 319-320 Mental and psychosocial functioning <ul style="list-style-type: none"> • Appropriate treatment for adjustment difficulties • Clinical conditions • Unavoidability of development 			
F 321-322 Naso-gastric tubes <ul style="list-style-type: none"> • Maintain ability to eat without NG tube • Necessity of treatment • Minimize potential for complications 			
F 323-324 Accidents <ul style="list-style-type: none"> • Resident area free of accident hazard • Supervision and assistive devices 			
F 325-326 Nutrition <ul style="list-style-type: none"> • Body weight and protein levels • Therapeutic diet 			
F 327 Hydration <ul style="list-style-type: none"> • Sufficient fluid 			
F 328 Special needs <ul style="list-style-type: none"> • Injections • Parenteral and enteral fluids • Colostomy, Ureterostomy, or Ileostomy care • Tracheostomy care • Foot care • Prostheses 			
F 329-331 Unnecessary drugs <ul style="list-style-type: none"> • Monitor specific drugs • Avoid excessive dosage, duration • Usage of antipsychotics 			
F 332 Medication errors <ul style="list-style-type: none"> • Rate of 5% or less • No significant errors 			

Figure A.7**Survey tag assignment (cont.)**

Tag description	Departmental responsibility	Team member name	Comments
F 353-354 Nursing services <ul style="list-style-type: none">• RN at least 8 hours, 7 days• Full-time DON			
F 360-363 Dietary services <ul style="list-style-type: none">• Dietician and/or food services director• Sufficient support personnel• Meet the nutritional needs of residents• Preplanned menus			
F 363-367 Food <ul style="list-style-type: none">• Palatability• Attractiveness• Individualized meal plans• Substitutes• Appropriate therapeutic diets			
F 368 Frequency of meals <ul style="list-style-type: none">• 3x a day• Substantial evening meal• Nourishing snack before bed			
F 369 Assistive devices <ul style="list-style-type: none">• Devices to assist in independent eating			
F 370-372 Sanitary conditions <ul style="list-style-type: none">• Procure food from approved sources• Storage, preparation, distribution, and serving• Disposal			
F 385-389 Physician services <ul style="list-style-type: none">• Supervision of medical care of residents• Review residents total plan of care• Sign and date progress notes and orders• Frequency of visits• Availability for emergency care			
F 390 Physician delegation of tasks <ul style="list-style-type: none">• Within scope of state law• Delegates to PA, NP, CNS			

Figure A.7

Survey tag assignment (cont.)

Tag description	Departmental responsibility	Team member name	Comments
F 406 Specialized rehab services <ul style="list-style-type: none"> • Provide required service • Medical necessity/prescribed by a physician 			
F 411 Dental services <ul style="list-style-type: none"> • Routine and emergency services • Provide assistance to residents in scheduling/getting to appointments 			
F 425-430 Pharmacy services <ul style="list-style-type: none"> • Timeliness • Pharmaceutical services must meet needs of residents • Consultation by pharmacist • Records and receipts • Drug regime reviewed 1x month by pharmacist • Pharmacist reports irregularities to physician and DON • Report acted upon 			
F 431-432 Drugs and biologicals <ul style="list-style-type: none"> • Properly labeled • Locked, temperature controlled storage • Schedule II drugs stored separately 			
F 441-444 Infection control <ul style="list-style-type: none"> • Establish plan to investigate, control, and prevent infection • Maintain records • Observe staff practicing infection control • Isolate to prevent spread of infection • Prohibit employees with communicable disease from contact with residents • Handwashing 			
F 445 Linens <ul style="list-style-type: none"> • Handle, store, process, transport to prevent infection 			

Figure A.7

Survey tag assignment (cont.)

Tag description	Departmental responsibility	Team member name	Comments
F 454-456 Physical environment <ul style="list-style-type: none"> • Life safety code requirements • Emergency power system • Emergency generator for life support system • Equipment in safe operating condition 			
F 457-461 Resident rooms <ul style="list-style-type: none"> • No more than 4 residents per room • 80 square feet per resident in multiples rooms, 100 square feet per resident in singles • Direct access to exit corridor • Adequate privacy • Window, floor above grade 			
F 462 Toilet facilities <ul style="list-style-type: none"> • Room contains or is near toilet facilities 			
F 463 Resident call system <ul style="list-style-type: none"> • Nursing station is equipped for calls from rooms and bathrooms 			
F 464-469 Dining and resident activities <ul style="list-style-type: none"> • Rooms are well-lighted, well ventilated; adequate outside ventilation • Non-smoking areas identified • Adequately furnished • Sufficient space • Corridors have secure handrails • Effective pest-control 			
F 490 Administration <ul style="list-style-type: none"> • Effectively administered 			
F 491 Licensure <ul style="list-style-type: none"> • Under applicable state and local laws 			
F 492 Compliance with federal, state, and local laws and professional standards <ul style="list-style-type: none"> • Includes compliance with other HHS regulations 			
F 493 Governing body <ul style="list-style-type: none"> • Licensed by state • Responsible for management 			

Figure A.7

Survey tag assignment (cont.)

Tag description	Departmental responsibility	Team member name	Comments
<p>F 494-498 Training of nursing aides</p> <ul style="list-style-type: none"> • Employee of more than 4 months has completed training • Apply same rules to temps • Meet competency requirements • Registry verification • 12 hours of inservice/year 			
<p>F 499-507 Staff qualifications</p> <ul style="list-style-type: none"> • Professional staff must be licensed, certified, or registered in accordance with applicable state laws • Outside professional used for services that can't be met with facility staff • Medical director • Timely laboratory service • Resident transportation provided 			
<p>F 508-513 Radiology and other diagnostic services</p> <ul style="list-style-type: none"> • Meet the needs of residents • Meet applicable conditions of participation • Obtain services according to physician orders, notify physician of finds • Provide transportation • File in clinical record 			
<p>F 514-516 Clinical record</p> <ul style="list-style-type: none"> • Complete, accurate, readily accessible, systematically organized • Contains sufficient information to identify the resident • Contains record of assessments and care plans, services • Contains preadmission screening if required by state • Retained for specified period of time • Information protected from public, loss, destruction, unauthorized use 			

Figure A.7**Survey tag assignment (cont.)**

Tag description	Departmental responsibility	Team member name	Comments
F 517-518 Disaster and emergency preparedness <ul style="list-style-type: none">• Detailed, written plans for disasters and emergencies• Trained employees			
F 519 Transfer agreement <ul style="list-style-type: none">• Transfer agreement with hospital			
F 520-521 Quality assessment and assurance <ul style="list-style-type: none">• Committee includes DON, physician, and 3 other staff• Meets at least quarterly• Corrective plans of action			
F 522 Disclosure of ownership <ul style="list-style-type: none">• Notify state of changes			