# 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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#### **CLINICAL VISIT ASSESSMENTS**

Facility:				Date:	
Circle type of evaluation:	30 day	60 day	90 day	Other	
Name of Evaluator:					

PHYSICAL PLANT & ENVIRONMENT	Rating	gs.	"U" = Unsatisfactory "S" = Satisfactor		
ENTRANCE/LOBBY	"U"	"S"	COI	MMENTS	
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"	COI	MMENTS	
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			
Sanitizing procedure posted  DINING ROOM	"U"	"S"	COMMENTS
	"Џ"	"S"	COMMENTS
DINING ROOM	"U"	"S"	COMMENTS
DINING ROOM  Tables are proper height for wheelchairs	"П"	"S"	COMMENTS
DINING ROOM  Tables are proper height for wheelchairs  Tables are in good repair and clean	"U"	"S"	COMMENTS
DINING ROOM  Tables are proper height for wheelchairs  Tables are in good repair and clean  Adequate # of chairs available and clean	"U"	"S"	COMMENTS
DINING ROOM  Tables are proper height for wheelchairs  Tables are in good repair and clean  Adequate # of chairs available and clean  Chairs are in good repair	"U"	"S"	COMMENTS
DINING ROOM  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	"U"	"S"	COMMENTS
DINING ROOM  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	"U"	"S"	COMMENTS

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

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	"Џ"	"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
		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	"Џ"	"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	"П"	"S"	COMMENTS
Residents have been assessed			
Appropriate residents are on B&B program			

		1	
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#:	
	<u>Done</u>	To be done by	
Fall Risk Assessment Form			
Braden Score Assessment	<del></del>		
AIMS test	<del></del>		
Medication Restraint Consents (quarterly)			
Physical Restraint Consents (quarterly)			
Activity Note			
Dietary Note			
Social Services Note			
Physical Therapy Note – OT-PT Notes			
<u>Care Plan</u>			
CAAS Care Planned			
Measurable Goals			
Old Goals Resolved/Updated			
Changes Made On MDS			
	to_		
	to		
		-	
Significant Change:			
Date to Re-Evaluate:			

#### DIETARY INFECTION CONTROL AND SAFETY CHECKLIST

Facility Month / Yr.:		
PLACE A CHECK UNDER THE <b>YES</b> OR <b>NO</b> COLUMN APPROPRIATELY WRITE "QUESTION DOES NOT APPLY TO YOUR FACILITY	'N/A" IF A 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 time	es when serving food.	
Burns, wounds, sores, scabs, splints and water-proof bandages on hands are bandaged and with a foodservice glove while handling food.	completely covered	
Eating, drinking, chewing gum, smoking or using tobacco are allowed only in designated a preparation, service, storage and ware washing areas.	areas away from	
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 sanitize	zed 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.	44	
Preparation is planned so ingredients are kept out of the temperature danger zone to the ex	tent 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 dryi floor.		
Food is cooked to the required safe internal temperature for the appropriate time. The tempa calibrated food thermometer.	perature is tested with	
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 unites 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 $0^{\circ}$ 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 inserviced 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:
YesN	0	Floor is clean and free of debris and does not have any slip, trip or fall hazards.
YesN	lo	Wall, ceilings and vents are clean.
YesN	lo	Soap and paper towel dispensers are full.
YesN	lo	Wastebaskets are lined with a plastic bag emptied daily and are non-combustible.
Yes N	To	All doorknobs are disinfected daily.
Yes N	lo	All bathrooms are cleaned daily according to house-keeping's policy.
YesN	lo	Hallways and hallway handrails are cleaned and disinfected.
YesN	lo	Mop water and mop heads are changed every 4 rooms or as needed.
YesN	lo	Regulated waste is handled per facility policy.
YesN	lo	Garbage receptacles have covers and are cleaned and emptied daily in the dining room,
		utility rooms and medication rooms.
YesN	lo	The smoking area is clean and free of debris.
Yes N	To	Ash trays and ash cans are noncombustible and free of paper and plastic.
Yes N	lo	Carpets appear clean and spot free.
Yes N	To	Utility gloves are worn and washed with soap and water
Yes N	No	Personal protective equipment such as gloves, goggles and gowns are used when
		handling potentially hazardous chemicals, acids, detergents
YesN	lo	Housekeeping employees are in-serviced annually and understand and follows
		Standard Precautions / Infection Control and Safety Rules.
Yes N	lo	Housekeeping carts are locked when not in sight.
YesN	lo	Cleaning supplies are not easily accessible to cognitively impaired residents.
YesN	lo	Chemicals are properly labeled, safely arranged and stored in a closed, locked area and
		staff is properly trained in their use.
YesN	lo	Housekeeping employees can locate blood spill kit and verbalize correct usage of kit.
YesN	lo	Employees have been instructed on proper lifting and handling techniques.
Yes N	lo.	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	e action and/or foll	ow-up required:

#### INFECTION CONTROL AND SAFETY SURVEILLANCE: DIETARY

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".
YesNo	Raw meat and eggs are stored on bottom shelf of refrigerator to prevent juices
	dripping on other foods.
YesNo	Bulk storage areas are clean, orderly and well arranged.
YesNo	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)
YesNo	Food in steam table reads
YesNo	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.
YesNo	All tables and chairs in the dining rooms are clean and free
105110	of food particles.
Vac Na	Dish washing machine "wash" water is 150-165 degrees.
Yes No Yes No	Dish machine "rinse" water is 180 degrees.
YesNo	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.

	No	Cleaning schedules posted and followed.
Yes1	No	Dietary Personnel wash hands appropriately and wear gloves when serving food.
Yes1	No	All hand washing facilities are properly stocked with soap and paper towels.
Yes N	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
Yes1	No	All garbage containers and dumpsters in good condition with no leaking and waste
		is contained with lids closed.
Yes1	No	Kitchen and dining area are pest free.
Yes1	No	Dietary employees are in-serviced annually and understand and follow Standard
		Precautions / Infection Control and Safety Rules.
Yes1	No	Dietary employees can locate blood spill kit and verbalize correct usage of kit.
Yes1	No	Employees have been instructed on proper lifting and handling techniques.
Yes1	No	All machines are securely anchored and properly guarded.
Yes1	No	Sharp tools are correctly handled, cleaned and stored
Yes1	No	Loading docks, ramps and stairways are in good repair.
Yes1	No	There are separate waste receptacles for garbage, trash and glass.
Yes N	No	Employees are trained in use of fire extinguishers.
Yes N	No	MSDS & Safety Manuals are available in each department.
	No	Floors do not have any slip, trip or fall hazards.

#### INFECTION CONTROL AND SAFETY SURVEILLANCE:

#### REHABILITATION DEPARTMENT

onsible Person:	Date:	
Yes No	All work areas are cleaned and disinfected after each resident's use.	
YesNo	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 Standa 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.	

#### 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.
YesNo	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.
YesNo	Gloves are available and disposed of in resident's room or plastic bag on dirty linen
	barrel.
YesNo	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.
YesNo	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.
YesNo	Cultures are obtained according to policy and procedure.
YesNo	Work areas are kept free of food and drink.
YesNo	Chemicals are properly labeled and stored in a closed, locked area.
YesNo	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.
YesNo	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.
Correcti	ve action and/or fo	ollow-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 fo	ollow-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 atdegrees (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 <b>NOT</b> 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 act	tion 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 f	follow-up required:	

### INFECTION CONTROL AND SAFETY SURVEILLANCE:

### **BEAUTICIAN / BARBER SERVICES**

Date:
All work areas are cleaned and disinfected after each resident's use.
Service area is clean and free of peeling paint, chips, and cracked equipment.
All reusable equipment (brushes, combs, clips, curlers) are cleaned and disinfected after each resident's use.
Capes and towels are cleaned and stored in a cupboard when not in use.
Sink is cleaned and disinfected after each resident's use.
Hair is removed from the floor after each resident's haircut.
Chemicals are properly labeled and stored in a closed locked area.
Proper hand washing is performed after each procedure.
Beautician and barber are in-serviced annually and understand and follow Standard Precautions/ Infection Control.
Beautician and barber can locate blood spill kit and verbalize correct usage of kit.
Gloves and/or gowns are used appropriately.
MSDS & Safety Manuals are available in each department.
Floors do not have any slip, trip or fall hazards.
ollow-up required:

### INFECTION CONTROL AND SAFETY SURVEILLANCE: UTILITY ROOM

onsible 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 use 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.
ctive action and/or follo	ow-up required:
	1 1

### INFECTION CONTROL AND SAFETY SURVEILLANCE:

# PHARMACY / MED ROOM / MEDICATION CART

Responsible Person:	Date:
YesNo	All work areas are cleaned and disinfected as needed.
YesNo	Sink is cleaned and disinfected.
YesNo	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 3/4 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 f	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.
YesNo	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 fol	llow-up required:
	• • ——

### INFECTION CONTROL AND SAFETY SURVEILLANCE: HAZARDOUS WASTE

Responsible Person:	Date:
Yes No	Sharps containers are readily available, capped when 3/4 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 <b>not</b> 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 fo	llow-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.				
Correct	tive action and/or f	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.
YesNo	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.
Correctiv	e action and/	or follow-up required:

## **Administrator's Daily Kitchen Rounds**

Area	In Compliance	Out of Compliance	<b>Corrective Action</b>
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			

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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
Tacility	Inspection Date	Aummstrator

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 sigs 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								
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 sigs in place when mopping floor?	3	
Plants and ornaments clean?	5		Walls painted/papered and free or 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	Room/	Possible	Room/		Possible	Room/
*	Score	Office	Score	Office		Score	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		1	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:	
- <u></u>	
Signature of Administrator:	Date:
Signature of Inspector:	
Date/Time Started:	Date/Time Completed: