

## Assisted Living Facility Environmental Observations

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME

Inspection Type:  Initial  Full  Follow up  Monitoring  Complaint: Number \_\_\_\_\_

**Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.**

- | YES                      | NO                       | <b>Quality of Life/Resident Rights</b>   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Staff to resident interaction(s), responsiveness and meeting resident needs                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff speaking over residents in another language  |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate staff communication with residents   |
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptive equipment available, clean and in good repair   |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident grooming, hygiene, and dress and/or delivery of care completed                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognition of cultural diversity and preferences  |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room) |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of restraints   |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication system   |
| <input type="checkbox"/> | <input type="checkbox"/> | Homelike   |

NOTES

- | YES                      | NO                       | <b>Physical Environment – Interior</b>                |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Information posted                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | CRU Hotline posted                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Current ALF license posted                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Ombudsman Hotline posted                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Last full inspection, cover letter and report, posted |

NOTES

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- | YES                      | NO                       | <b>Maintenance and Housekeeping adequate</b>                             |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Furnishing, floors, walls, and ceilings                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of objectionable odors  |
| <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping supply area   |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry – separate areas for clean and soiled linen                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Infection control practices of staff                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand washing   |
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature (68°+ wake hours / 60°+ sleep hours)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation in resident rooms and common areas                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting in resident rooms and common areas                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe water temperature in resident rooms and sinks utilized by residents |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness of resident equipment maintained in good repair              |

NOTES

- | YES                      | NO                       | <b>Safety</b>  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention of resident access to storage of: <ul style="list-style-type: none"> <li>• Cleaning supplies      • Cleaning carts      • Storage closet</li> <li>• Toxic materials        • Medications</li> </ul>                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Access to outdoors including dementia care unit <ul style="list-style-type: none"> <li>• Safe walking areas</li> <li>• Walking areas protected from the elements</li> <li>• Can summon staff in an emergency</li> </ul>                  |
| <input type="checkbox"/> | <input type="checkbox"/> | System to inform and permit exit without sounding alarm  |
| <input type="checkbox"/> | <input type="checkbox"/> | Secure outdoor space <ul style="list-style-type: none"> <li>• Accessible to residents without staff</li> <li>• Surrounded by walls or fences at least 72" high</li> <li>• Firm, stable walking surfaces and outdoor furniture</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency / disaster preparedness <ul style="list-style-type: none"> <li>• Emergency lighting      • First Aid supplies</li> <li>• Disaster plan              • Staff responsibilities</li> </ul>  |

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<b>YES</b> <b>NO</b> <b>Common Bathrooms</b> <input type="checkbox"/> <input type="checkbox"/> Common bathrooms are: <ul style="list-style-type: none"> <li>Safe / clean / adequate lighting / grab bars (if applicable for resident needs)</li> <li>Accessible for all resident / privacy available</li> <li>Water temperature: _____ °F ; _____ (date and time); _____ (place)</li> <li>Water temperature: _____ °F ; _____ (date and time); _____ (place)</li> </ul>		
NOTES		
<b>YES</b> <b>NO</b> <b>Physical Environment - Outdoors</b> <input type="checkbox"/> <input type="checkbox"/> Stairs / steps / ramps in good repair <input type="checkbox"/> <input type="checkbox"/> Hand rails <input type="checkbox"/> <input type="checkbox"/> Garbage / refuse <input type="checkbox"/> <input type="checkbox"/> Presence of pests <input type="checkbox"/> <input type="checkbox"/> General maintenance of sidewalks / walkways		
NOTES		

**Use Attachment I – Environmental Observations and Attachment P- Food Service Observations for all full inspections.**

**Continue with Attachment O for further observations if the facility has a contract for AL, EARC, or EARC – Specialty Dementia Care.**