|  |  Attachment I **Assisted Living Facility Environmental Observations** |
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| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| ENTRANCE DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Full **[ ]**  Follow up **[ ]**  Complaint: Number   |
| **Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.** |
| A. Quality of Life / Resident Rights |
| YES NO  [ ]  [ ]  Staff to resident interaction(s), responsiveness and meeting resident needs [ ]  [ ]  Staff speaking over residents in another language [ ]  [ ]  Appropriate staff communication with residents [ ]  [ ]  Adaptive equipment available, clean and in good repair [ ]  [ ]  Resident grooming, hygiene, and dress and/or delivery of care completed [ ]  [ ]  Recognition of cultural diversity and preferences [ ]  [ ]  Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room) [ ]  [ ]  Presence of restraints [ ]  [ ]  Communication system [ ]  [ ]  Homelike |
| NOTES |
| B. Physical Environment – Interior |
| YES NO  [ ]  [ ]  Information posted [ ]  [ ]  CRU Hotline posted [ ]  [ ]  Current ALF license posted [ ]  [ ]  Ombudsman Hotline posted [ ]  [ ]  Last full inspection, cover letter and report, posted |
| NOTES |
| C. Maintenance and Housekeeping |
| YES NO  [ ]  [ ]  Furnishing, floors, walls, and ceilings [ ]  [ ]  Presence of objectionable odors [ ]  [ ]  Housekeeping supply area [ ]  [ ]  Laundry – separate areas for clean and soiled linen [ ]  [ ]  Infection control practices of staff [ ]  [ ]  Hand washing [ ]  [ ]  Temperature (68o+ wake hours / 60o+ sleep hours) [ ]  [ ]  Adequate ventilation in resident rooms and common areas [ ]  [ ]  Adequate lighting in resident rooms and common areas [ ]  [ ]  Cleanliness and maintenance of resident equipment [ ]  [ ]  Safe water temperature in resident rooms and sinks utilized by residentsWater temperature: oF;  (date and time);  (location)Water temperature: oF;  (date and time);  (location)Water temperature: oF;  (date and time);  (location) |
| NOTES |
| D. Common Bathrooms |
| YES NO  [ ]  [ ]  Common bathrooms are:* Safe / clean / adequate lighting / grab bars (if applicable for resident needs)
* Adequately ventilated
* Accessible for all resident / privacy available
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| NOTES |
| E. Safety |
| YES NO  [ ]  [ ]  Prevention of resident access to storage of: |
|  | Cleaning supplies* Toxic materials
 | Cleaning carts* Medications
 | * Storage closet
 |
|  [ ]  [ ]  Access to outdoors including dementia care unitSafe walking areasWalking areas protected from the elementsCan summon staff in an emergency [ ]  [ ]  System to inform and permit exit without sounding alarm [ ]  [ ]  Secure outdoor spaceAccessible to residents without staffSurrounded by walls or fences at least 72” highFirm, stable walking surfaces and outdoor furniture [ ]  [ ]  Emergency / disaster preparedness |
|  | Emergency lighting* Disaster plan
 | First Aid supplies* Staff responsibilities
 |
| NOTES |
| F. Physical Environment - Outdoors |
| YES NO  [ ]  [ ]  Stairs / steps / ramps in good repair [ ]  [ ]  Handrails [ ]  [ ]  Garbage / refuse [ ]  [ ]  Presence of pests [ ]  [ ]  General maintenance of sidewalks / walkways |
| NOTES |
| **Continue with Attachment N for further observations if the facility has a contract for AL, EARC, or EARC – Specialty Dementia Care.**  |