

PLEASE NOTE: This form requires documentation/records that minimally will be reviewed during the survey process. The surveyor may request additional documentation/records as needed to complete the survey process in accordance with 10.12.04.07 B. Records and Reports.(1) A licensee shall maintain records and make reports as required by the Department.(2) The records and reports shall be open to inspection by the Department or any agency designated by the Department.(3) On request, a licensee shall immediately provide copies of records and reports, policies and procedures, including medical records of current participants, participants discharged within the last 6 months, personnel records of current staff, and those records and reports relating to quality assurance activities to the Department or any agency designated by the Department.(4) All other records and reports may be stored off-site, but shall be available to the Department within 24 hours of request.

ENTRANCE CONFERENCE:

Review information request sheet with the Director, Meal times and Center schedule:

Breakfast _____ Lunch: _____ Snack: _____ Days/Hrs Open: _____

INITIAL TOUR: (Minimally check for the following)

(.03) License posted Expiration date: _____ # of participants: _____

(.10) Hours of operation posted. (.19) CPR/First Aid Charts posted

(.41) Floor plan w/evacuation routes posted in each room

(.15) Activities schedule posted

(.19) Names and #'s of health care providers, ambulances and medical facilities posted.

(.28) Exits have working digital and/or alarm systems

(.41) All interior & exterior stairs & ramps have handrails

(.41) Stairs/ramps and interior floors have non slip surfaces.

(.30) Adequate furniture: chairs _____ tables _____ recliners _____ In good condition _____

(.30) Bed for participants

(.39) Adequate lighting

(.35) Laundry area

(.41) Chemicals, cleaning agents, pesticides, etc. are secured from participants.

(.34) Bathrooms: 1 toilet and sink for each 10 participants _____ Water temp _____ toilet paper _____
paper towels _____ trash receptacle _____

(.17) Nurses office: Door is locked when no one is present _____ Locked medication storage _____

Medication refrigerator: Thermometer _____ Temp _____ Temp logs _____

Schedule II drugs stored properly (double locked) _____ Schedule II drugs counted _____

Medications in original containers _____ Expired meds _____

Quarterly inspection logs of medication storage _____

(.19) First aid kits: Center _____ Vans _____ Quarterly inspection logs _____ (to include documentation that supplies have not expired and that an adequate level of supplies are maintained)

OBSERVATIONS: (Please note that this is not an all-inclusive list of observations that will be made during the survey)

Nursing: Medication pass; Treatment/Treatments

Activities: Activities occurring as scheduled; Activities appropriate for participants; Adequate supplies; Participants engaged; Staff assistance provided as needed.

Meal Service: Recording of food temps; Gloves used, as appropriate; hair restraints, as appropriate; Menu posted and food served as noted on the menu; Therapeutic diets served as ordered; Participants assisted as needed; Ample fluids served.

Staffing: Adequate staff on duty; Participants needs are met; Full time Director (if 35 or more participants) _____;
Full time RN: RN's Hours _____ Coverage for FT RN when off duty: _____;
FT staff: _____ PT Staff: _____

REVIEW: (Please note based on observations, surveyor may request additional records and/or documents)

Incident Reports: Reported appropriately; Handled appropriately.

Participant Records: (10% of average daily attendance.)

Employee Records: (4 randomly picked from new hires since last survey.)

Licenses of all licensed staff: Are they current?

CPR/First Aid Certification for Drivers, Nurses and other staff as required.

Daily staffing against participant attendance x 2 months

Staff training

Fire drills: Completed monthly _____ Fire inspection completed annually _____

Emergency Disaster Plan; Documentation of Emergency Disaster Drills

Contracts: Trash _____ Medical Waste _____ Housekeeping _____ Maintenance _____ Pest Control _____

All Consultants Contracts (as applicable): Dietician, Medical Director, Social Worker, etc

Transportation Logs

CLIA Waiver expiration date (if applicable)

Documentation of Annual Review of Policies and Procedures *

**(Minimally the following policies and procedures are to be reviewed annually: Annual review of P & P policy; Pillbox Policy; Smoking Policy; Governing Body/Organizational Chart; Physical Plant; Emergency Plan, Fire & Disaster Plan; Program Components; Required Services (Nurses, CNA's, Activities, Consultants); Staff Training 6+2)*

ADDITIONAL COMMENTS

ADDITIONAL COMMENTS (cont.)