
GENERAL OBSERVATIONS OF THE FACILITY

Facility Name: _____ **Surveyor Name:** _____

Provider Number: _____ **Surveyor Number:** _____ **Discipline:** _____

Observation Dates: From _____ **To** _____

Instructions: Use the questions below to focus your observations of the facility. Include all locations used by residents (units, hallways, dining rooms, lounges, activity and therapy rooms, bathing areas, and resident smoking areas). Also check other areas that affect the residents, such as storage and utility areas. Initial that there are no concerns or note concerns and your follow-up in the space provided. Begin your observations as soon as possible after entering the facility and continue throughout the survey. Note, these tags are not all inclusive.

LIST ANY POTENTIAL CONCERNS FROM OFFSITE SURVEY PREPARATION. _____

1. **HANDRAILS:** Do corridors have handrails? Are handrails affixed to walls, intact, and free of splinters? (F468)
2. **ODORS:** Is the facility free of objectionable *odors*? Are resident areas well *ventilated*? Especially observe activity areas and the dining room during activities and lunch, when the residents are using them. Are nonsmoking areas smoke free? Do smoking areas provide good quality of life for residents who smoke? (F252)
3. **CLEANLINESS:** How *clean* is the environment (walls, floors, drapes, furniture)? (F252)
4. **PESTS:** Is the facility *pest free*? (F469)
5. **LINEN:** Is the linen processed, transported, stored and handled properly to *prevent the spread of infection*? (F445)
6. **HAZARDS:** Is the facility as free of *accident hazards* as possible? Are water temperatures safe and comfortable? Are housekeeping/hazards, compounds, and other chemicals stored to prevent resident access? (F252, 323)
7. **CALL SYSTEM:** Is there a functioning *call system* in bathing areas and resident toilets in common areas? (F463)
8. **SPACE:** Do the *space and furnishings* in dining and activity areas appear sufficient to accommodate all activities? (F464)
9. **FURNISHINGS:** Are dining and activity rooms *adequately furnished*? (F464)
10. **DRUG STORAGE:** Are *drugs* and biologicals *stored properly* (locked and at appropriate temperatures)? (F432)
11. **EQUIPMENT:** Is the resident equipment in common areas *sanitary, orderly, and in good repair*? (Equipment in therapy rooms, bathing rooms, activity areas, etc.) Are equipment and supplies appropriately stored and handled in clean and dirty utility areas (sterile supplies, thermometer, etc.)? (F253)
12. **EQUIPMENT CONDITION:** [*Excluding the kitchen*] Is *essential equipment* in safe and effective operating condition (e.g. boiler room equipment, nursing unit/medication room equipment, unit refrigerators, laundry equipment, therapy equipment)? (F456)
13. **SURVEY POSTED:** Are *survey results* readily accessible to residents? Are the survey results or a notice concerning survey results posted? (F167)
14. **INFORMATION POSTED:** Is information about Medicare, Medicaid and contacting advocacy agencies posted? (F156)
15. **POSITIONING:** Is correct posture and comfortable positioning and assistance being provided to residents who need assistance — especially check residents who are dining or participating in activities? (F246, 311, 318)
16. **EMERGENCY:** Are staff *prepared for an emergency or disaster*? Ask two staff and a charge nurse to describe what they do in emergencies (include staff from different shifts). Evaluate the responses to determine their correctness and preparedness. (F518)
17. **EMERGENCY POWER:** Is there *emergency power*? Are staff aware of outlets, if any, powered by emergency source? (F455)
18. **WASTE:** Is waste contained in properly maintained (no breaks) cans, dumpsters or compactors with covers? (F454, 371)

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) _____

Document concerns and follow-up on back of page:

