

**Environmental Observations**

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*Environmental Observations is a task that is completed only if it is triggered from Stage I family or resident interviews or resident observations.*

Note: Upon recognizing a situation that may constitute Immediate Jeopardy, proceed with the investigation process. Follow Appendix Q guidelines to determine whether circumstances pose Immediate Jeopardy to an individual's health and safety, e.g., nonfunctioning, or lack of emergency equipment or power source, incidents such as electrical shock or fire.

Observations	Notes															
<p><b>Review Stage I information. Why was this task triggered?</b></p> <p><b>Resident Observation Questions:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bathing Safety Equipment</td> <td style="width: 33%;"><input type="checkbox"/> Ambulation, Transfer, Therapy Equipment (Resident Use)</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Bedroom Privacy</td> <td><input type="checkbox"/> Clean Linens Available</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Comfortable Room Temperatures Maintained</td> <td><input type="checkbox"/> Comfortable Sound Levels Maintained</td> <td><input type="checkbox"/> Electric Cords and Outlets</td> </tr> <tr> <td><input type="checkbox"/> Functioning Call System</td> <td><input type="checkbox"/> Lighting Levels</td> <td><input type="checkbox"/> Pest Control</td> </tr> <tr> <td><input type="checkbox"/> Resident Care Equipment</td> <td><input type="checkbox"/> Room Accommodations</td> <td><input type="checkbox"/> Room Odors</td> </tr> </table> <p><b>Resident Interview Questions:</b> <input type="checkbox"/> Building and Environment (Resident Interview)</p> <p><b>Family Interview Questions:</b> <input type="checkbox"/> Building and Environment (Family Interview)</p>		<input type="checkbox"/> Bathing Safety Equipment	<input type="checkbox"/> Ambulation, Transfer, Therapy Equipment (Resident Use)		<input type="checkbox"/> Bedroom Privacy	<input type="checkbox"/> Clean Linens Available		<input type="checkbox"/> Comfortable Room Temperatures Maintained	<input type="checkbox"/> Comfortable Sound Levels Maintained	<input type="checkbox"/> Electric Cords and Outlets	<input type="checkbox"/> Functioning Call System	<input type="checkbox"/> Lighting Levels	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Resident Care Equipment	<input type="checkbox"/> Room Accommodations	<input type="checkbox"/> Room Odors
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Observations	Notes
<b>Resident Areas</b>	
<p>4. Is the facility free of signs of insects or rodents? <input type="checkbox"/> Yes <input type="checkbox"/> No F469</p> <p>5. Is there adequate ventilation in the common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F467</p> <p>6. Are handrails accessible, securely affixed to the walls, and free from splinters or jagged edges? <input type="checkbox"/> Yes <input type="checkbox"/> No F468, F323</p> <p>7. Are common areas and resident rooms free from odors? <input type="checkbox"/> Yes <input type="checkbox"/> No F253</p> <p>8. Are the fixtures/furnishing clean and in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No F253</p> <p>9. Is there adequate space and/or furnishing in the activity areas to accommodate all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No F464</p> <p>10. Are potentially hazardous chemicals or other poisons inaccessible to residents? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p>11. Are proper lighting levels maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F256</p> <p>12. Are comfortable and safe temperatures maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F257</p> <p>13. Are comfortable sound levels maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F258</p> <p>14. Are snack/nourishment refrigerators on the unit clean? <input type="checkbox"/> Yes <input type="checkbox"/> No F371, F465</p>	
<p><i>Cite F465 for general issues with cleanliness of these refrigerators. Cite F371 if the issue is one with potential for food-borne illness.</i></p>	
<p><b>NOTE:</b> <i>The F tag selection, guidance, and language for question #14 is not consistent with question #14 in the QIS DCT. Pending a revision to the QIS DCT and as an interim procedure when CE 14 is answered "No":</i></p> <ul style="list-style-type: none"> <li><i>• If the concern is with general issues of cleanliness, mark F253 for question 14 in the QIS DCT as "N/A" and initiate F465.</i></li> <li><i>• If the issue is one with potential for food-borne illness, mark F253 for question 14 in the QIS DCT as "N/A" and initiate F371.</i></li> </ul>	
<p>15. Are proper snack/nourishment refrigerator temperatures maintained and are food items dated/labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No F371</p>	

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<b>Common Use Bathing Areas</b>	
<p>16. Are call systems in common bathing and resident toilet areas functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No F463</p> <p>17. Are water temperatures within acceptable ranges? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p>18. Is there adequate safety equipment (e.g., grab bars, non-slip surface) in the common bathing areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p>19. Is resident privacy during bathing maintained (i.e., residents can be seen by persons [residents, staff] other than direct caregivers)? <input type="checkbox"/> Yes <input type="checkbox"/> No F164</p>	
<b>Water Temperatures in Resident Rooms</b>	
<p>Check water temperature in two resident rooms (on opposite sides of the hall) per unit/wing/pod.</p> <ul style="list-style-type: none"> <li>• Target resident rooms closest to hot water tanks/kitchen areas and resident rooms belonging to residents who use sinks/bathtubs/showers independently.</li> <li>• Water temperature at hand sinks or bathtubs should be taken using a thermometer, if there is concern that water is too hot and could potentially scald or harm residents.</li> </ul> <p>20. Are water temperatures within acceptable ranges in the resident rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p>	
<b>Resident Care Equipment</b>	
<p>21. Is common use resident care equipment clean (e.g., mechanical lifts and transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers)? <input type="checkbox"/> Yes <input type="checkbox"/> No F253</p> <p>22. Is common use resident care equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No F456</p>	

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<b>Laundry</b>	
<p>23. Does the facility maintain their own laundry equipment?  <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, SKIP TO #26)</p>	
<b>Laundry (Maintained by Facility)</b>	
<p>Answer Questions 24 and 25 <u>only</u> if Question 23 = Yes (the facility maintains their own laundry equipment).</p> <p>24. Is the laundry equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F456</b></p> <p>25. Is the equipment clean? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F253</b></p>	
<b>Disaster Planning</b>	
<p>26. Does staff (nursing, dietary, laundry, housekeeping, administrative, etc.) know what to do in an emergency situation (locale-dependent: fire, tornadoes, hurricanes, missing residents, bomb scares, chemical spills/hazards, or biological hazards)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F518</b></p>	
<p>27. Does the facility use a life support system?  <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, SKIP TO #29)</p> <p><i>A life support system is defined as one or more electro-mechanical device(s) necessary to sustain life, without which the resident will have a likelihood of dying (e.g., ventilator suction machines if necessary to maintain an open airway). The determination of whether a piece of equipment is life support is a <u>medical determination</u> dependent upon the condition of the individual residents of the facility, e.g., suction machine may be required "life support equipment" in a facility, depending on the needs of its residents).</i></p>	
<p>Answer Questions 28 <u>only</u> if Question 27 = Yes (the facility uses a life support system).</p> <p>28. Is there a working emergency generator? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F455</b></p> <p>29. Is there a functional emergency power system? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F455</b></p> <p>30. Are procedures established to ensure water is available to essential areas when there is a loss of normal water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F466</b></p>	