

Appendix G

Environmental Checklist: Room and Bath

ENVIRONMENTAL CHECKLIST-- RESIDENT ROOM & BATH

1a. Room Type:

Room configuration vis-a-vis roommate(s).

- 1- Private room -2- Double room -3- More than 2 residents

Number of Residents in Room

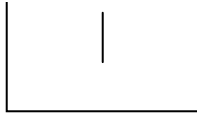
1b. Room configuration:

Circle the number corresponding to the diagram that best describes the room. If you circle **Aother@**, please draw configuration.

1. Standard



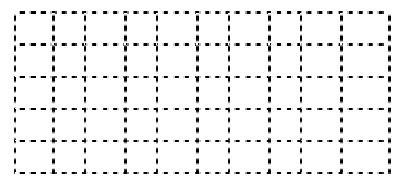
(2) Half-wall dividers



(3) L- shaped



(4) Other Use Grid

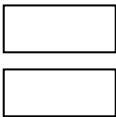


FURTHER DESCRIPTION

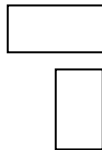
3. Bed Arrangement

If double or multiple bed room has no major division or is L-shaped, how are beds arranged? Circle the number corresponding to the diagram that best describes the bed arrangement. If you circle **Aother@**, please draw bed arrangement. (PRI) **Private room ± Go to 5**

1. Side by Side



2. Perpendicular



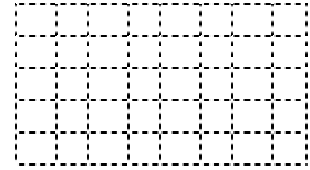
3. head to head



4 Toe to toe



5 other use grid



FURTHER DESCRIPTION

4. Traffic patterns in multiple occupancy rooms.

If double or multiple bed room, are any of the following present:

Yes No

- 1- -2- a. Decorative screens or other dividers (DON'T COUNT PRIVACY CURTAIN SURROUNDING THE BED)
- 1- -2- b. R can walk to entry door without crossing cross roommate=s space?
- 1- -2- c. R can get to bathroom without crossing roommate=s space?
- 1- -2- d. R can get to closet without crossing roommate=s space?
- 1- -2- e. There is a window in each resident=s section of the room?
- 1- -2- f. Only one window, R can see view through window without looking across roommate=s bed?
- 1- -2- g. Foyer or shared entrance space separating the two sleeping areas?

5. Room Size:

Calculate square footage of room (excluding toilet & closet space):

$$\frac{\text{Length of room}}{\text{Length of room}} \times \frac{\text{Width of room}}{\text{Width of room}}$$

If there is an alcove, or room is L-shaped, calculate square footage

$$\frac{\text{Length of alcove}}{\text{Length of alcove}} \times \frac{\text{Width of alcove}}{\text{Width of alcove}}$$

6. Room Entrance

- 1- -2- a. Signage identifying R=s name in 5/8@ or larger letters .
- 1- -2- b. Signage identifying R=s name in raised or recessed letters

Yes No

- 1- -2- c. Personalization of wall or door of residentBe.g. photos, biographies, or unique objects
- 1- -2- d. Doorbell or knocker
- 1- -2- e. Lever type hardware, push-release hardware, or other hardware that passes the Afist test@
- 1- -2- f. Entry door locks from inside
- 1- -2- g. Level change at threshold is less than 1/4 inch

7. Resting/Sleeping Space

- 1- -2- a. 4-feet of clearance on either side of R=s bed (excluding head or foot of bed)
- 1- -2- b. R=s bed is larger than single bed
- 1- -2- c. Mats or mattress on floor adjacent to bed (Can be picked up during day)
- 1- -2- d. 2-walls large enough to accommodate bed in room or resident=s section of room.
- 1- -2- e. A view of natural environment from R=s bed while reclining, or while seated, (e.g., sky, trees, plants, hills, flowers, forest, clouds, sun, animals, birds, grass, lake, fields, natural landscaping, etc.)
- 1- -2- f. R has night stand by bed
- 1- -2- g. Call button within R=s reach from bed (e.g., pull cord, switch, pendant, or wrist alarm within 18 inches of pillow or top 2 feet of mattress)

8. Personal and Social Space

- 1- -2- a. Chair or chairs in R=s sleeping area for own or visitor use
If No chairs ± Go to 7d.
Number of chair(s) in R=s part of room: _____
- 1- -2- b. At least one of the R=s chairs has armrests
- 1- -2- c. Table or shelf unit adjacent to at least one chair
- 1- -2- d. R has horizontal work surface at least 30@ wide and 16@ deep (e.g., table or fixed work counter) (Not food trays or adjustable rolling stands)
- 1- -2- e. Respondent has own television
- 1- -2- f. Two or more beds with more than one TV present
- 1- -2- g. Respondent has radio, cassette, phonograph, and/or CD player with external speaker next to bed. (head-sets don=t count) is present
- 1- -2- h. Two or more beds with more than one radio, cassette, phonographs, and/or CD player
- 1- -2- i. R has private closet type storage in room (closet space is subdivided into sections or separate compartments for each resident)
- 1- -2- j. Total area of closet space dedicated to respondent
_____ (Width of Closet x Depth of Closet)

8. Personal and Social Space (Continues from previous page)

- | Yes | No | |
|-----|-----|---|
| -1- | -2- | k. R has own drawer type storage (e.g., in bureau or cabinet) |
| -1- | -2- | l. R has own lockable storage in room (e., closet, or cupboard, or drawer with lock) (Ask if can=t see) |
| -1- | -2- | m. Some closet rods located 3 to 4 feet from floor |
| -1- | -2- | n. R has own telephone in room (Count also if chargeable portable phone can be dialed from anywhere in room). |
| -1- | -2- | o. R can operate heating (e.g. thermostat) or air conditioning. |
| -1- | -2- | p. R=s room is air-conditioned |

9. Lighting

- | | | |
|-----|-----|--|
| -1- | -2- | a. Fixed task lighting provided at R=s bed (e.g., wall or ceiling mounted light fixture directly overhead or attached to wall adjacent to bed) |
| | | b. Number of ceiling-mounted light fixtures in R=s room _____ |
| | | c. Number of wall-mounted light fixtures in R=s room _____ |
| -1- | -2- | d. On/off switch for fixed task lighting at bed located within 18 inches of R=s pillow or top 2 feet of mattress |
| -1- | -2- | e. Moveable task lighting (e.g., floor, table or desk lamp) provided at R=s bed |
| -1- | -2- | f. On/off switch for moveable task lighting located within 18 inches of R=s pillow or top 2 feet of mattress |
| | | g. Number of moveable lamps _____ |
| -1- | -2- | h. One or more lighting fixtures or lamps on a dimmer switch, rheostat or 3-way switch |
| -1- | -2- | i. Night light in R=s room |
| -1- | -2- | j. Illuminated light switches in R=s room |
| -1- | -2- | k. Pressure or rocker type wall switches (as opposed to conventional toggle switches) |

10. Furnishings, Personalization, Decoration

- | Yes | No | |
|-----|-----|--|
| -1- | -2- | a. Resident has brought own bed (Not a hospital bed) |
| -1- | -2- | b. Resident has brought own bureau |
| -1- | -2- | c. Resident has brought one or more chairs |
| -1- | -2- | d. Resident has brought lamp(s) |
| -1- | -2- | e. Resident has individualized bedspread (different than roommate) |
| -1- | -2- | f. Blinds, shades or curtains to obscure view from outside present on all windows. |
| -1- | -2- | g. Window treatment as above can be adjusted to permit varying degrees of view from outside. |
| -1- | -2- | h. Window can be opened |
| -1- | -2- | i. Resident=s drapes/blinds individualized |
| -1- | -2- | j. Wall has paintings, photos, or other items displayed that are individual to resident |
| Yes | No | |
| -1- | -2- | k. Signs of hobbies or interestsBe.g. beanie babies, card table, books, knitting |
| -1- | -2- | l. Display space for personalizationBe.g. shelves, window ledges, bulletin board |
| -1- | -2- | m. Resident has flowers (natural or artificial) |
| -1- | -2- | n. Resident has living plants |
| -1- | -2- | o. Resident has personal computer |
| -1- | -2- | p. Resident has a fish tank in room |

10. Furnishings, Personalization, Decoration (Continues from previous page)

- 1- -2- q. Resident has a dog, cat, bird, or other pet
Specify _____
- 1- -2- r. Religious items in room Pictures, crosses, menorahs
- 1- -2- s. Resident has a refrigerator in room
- 1- -2- t. Other (i.e., cook-top, microwave, kitchen sink, food storage)
Describe _____

11. Floor and Wall Coverings

- 1- -2- a. What is floor covering in room (not bathroom).
 carpet, low (i.e. industrial) pile
 carpet, high pile
 sheet vinyl
 composite tile
 rubber
 terrazzo
 other (SPECIFY) _____
- 1- -2- b. Floor covering is well maintained (not stained or dirty)
- 1- -2- c. Carpet or tile flooring is a high-contrasting pattern (i.e., black & white check board pattern)
- 1- -2- d. What is the wall covering/treatment.
 painted sheetrock/ plaster
 partially or completely papered (count borders of wall paper)
 paneling
 brick
 painted concrete blocks
 other specify _____
- 1- -2- e. Wall covering is well maintained (not stained, torn, or dirty) (DIG)

12. Resident's Toilet Room

a. Calculate square footage of bathroom

$$\frac{\text{Length of room}}{\text{Width of room}} \times \text{_____}$$

b. Number of residents using bathroom. _____

- | Yes | No | | Number |
|-----|-----|--|--------|
| -1- | -2- | c. Bathroom inside respondent's room | |
| -1- | -2- | d. Bathroom situated between two resident rooms and used by residents in each room | |
| -1- | -2- | e. Bathroom door can be locked from inside | |
| -1- | -2- | f. Bathroom door is pocket door | |
| -1- | -2- | g. Bathroom door opens outward | |
| -1- | -2- | h. Bathroom door handle is lever type hardware, push-release hardware, or other hardware that passes the fist test | |
| -1- | -2- | i. Counter space surrounding or near sink for personalization | |
| -1- | -2- | j. Clearance below sink for wheelchair | |
| -1- | -2- | k. Sink has single lever faucet that meets the fist test. | |
| -1- | -2- | l. Wall mirror that works for wheelchair user, bottom of mirror is 29" from floor or if tilted can be 40" from floor | |
| -1- | -2- | m. Toilet seat about 17" high | |
| -1- | -2- | n. Grab bars adjacent to toilet | |

12. Resident's Toilet Room (Continues from previous page)

- 1- -2- o. Grab bars adjacent to toilet extend forward 24" to afford full downward pressure by arms during rising (FC)
- p. Number of feet between respondent=s bed and bathroom he/she would ordinarily use.
- _____
- Number of feet

- 1- -2- q. At least 3 feet adjacent or in front of toilet for transferring
- 1- -2- r. Cloth towels
- 1- -2- s. Soiled laundry in public view
- 1- -2- t. Evidence of hand wash (blouse or other clothing hanging)
- 1- -2- u. Residential fixtures Bglass, toothpaste holders, Kleenex holder
- 1- -2- v. Room has full bath B i.e., a shower or tub is also included
- 1- -2- w. Incontinence products are visible
- 1- -2- x. Enclosed storage space sufficient in size to store a supply of Depends (At least 2' x 2' x 2')
- 1- -2- y. Fixed task lighting provided at bathroom mirror (e.g., wall- or ceiling-mounted light fixture directly overhead or attached to wall adjacent to mirror)
- z. Number of ceiling-mounted lights in R=s bathroom _____
- aa. Number of wall-mounted light fixtures in R=s bathroom _____
- 1- -2- bb. Night light in R=s bathroom

- 1- -2- cc. Illuminated light switches in R=s bathroom
- 1- -2- dd. Pressure or rocker type wall switches (as opposed to conventional toggle switches)
- 1- -2- ee. Heat Lamp
- 1- -2- ff. Floor covered with ceramic tile
- 1- -2- gg. Bathroom is clean and well maintained (sinks and toilets are clean, room is generally in good repair)

Notes: