

Environmental Observations

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

Environmental Observations is a task that is completed only if it is triggered from Stage 1 family or resident interviews or resident observations. If the survey team identifies concerns outside of the prescribed Stage 1 review, initiate the task for the facility and answer the applicable CE. Complete the section(s) or question(s) applicable to the Stage 1 information that triggered the task as indicated in the table below. If concerns are identified, review the facility's policies, procedures and systems.

Triggered From Stage 1:	Corresponding Question(s) to be Completed:
<input type="checkbox"/> QP140 Resident Care Equipment	1 and 2
<input type="checkbox"/> QP229 Ambulation, Transfer and Therapy Equipment [Resident Use]	1 and 2
<input type="checkbox"/> QP151 Bedroom Privacy	3
<input type="checkbox"/> QP152 Clean Linens Available	4 – 8
<input type="checkbox"/> QP221 Room Odors	9 and 10
<input type="checkbox"/> QP222 Room Furnishings	11 - 13
<input type="checkbox"/> QP223 Lighting Levels	14
<input type="checkbox"/> QP224 Comfortable Room Temperatures Maintained	15
<input type="checkbox"/> QP225 Comfortable Sound Levels Maintained	16
<input type="checkbox"/> QP226 Pest Control	17
<input type="checkbox"/> QP228 Electric Cords and Outlets	18
<input type="checkbox"/> QP230 Bathing Safety Equipment	19
<input type="checkbox"/> QP231 Functioning Call System	20
<input type="checkbox"/> QP267 Call Light in Reach	21
<input type="checkbox"/> QP268 Chemical/Hazards in Room	22
<input type="checkbox"/> QP269 Unsafe Hot Water	23
<input type="checkbox"/> QP270 Lack of Hot Water	24
<input type="checkbox"/> QP271 Homelike Environment	25
<input type="checkbox"/> QP147 Room Accommodations	26
<input type="checkbox"/> QP201 Clean Building	13
<input type="checkbox"/> QP248 Clean Building	13
<input type="checkbox"/> QP273 Lighting Levels	14
<input type="checkbox"/> QP277 Lighting Levels	14
<input type="checkbox"/> QP272 Comfortable Room Temperatures Maintained	15
<input type="checkbox"/> QP276 Comfortable Room Temperatures Maintained	15

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<input type="checkbox"/> QP274 Comfortable Sound Levels Maintained	16
<input type="checkbox"/> QP278 Comfortable Sound Levels Maintained	16
<input type="checkbox"/> QP275 Other Identified Issues	13, 25 and 26
<input type="checkbox"/> QP279 Other Identified Issues	13, 25 and 26

Observations/Interview/Record Review	Notes
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Resident Care Equipment QP140 QP229
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<p>1. Is resident care equipment clean and properly stored (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><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
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<p>2. Is resident care equipment in safe operating condition? <input type="checkbox"/> Yes <input type="checkbox"/> No F456</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
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Bedroom Privacy QP151

<p>3. Are resident bedrooms equipped to assure full visual privacy (e.g., curtains, moveable screens, private rooms etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No F460</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
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Linens QP152

<p>4. Are there clean bed and bath linens in good condition available for the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No F254</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
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Laundry QP152

<p>5. Is the area clean where laundered items are handled? <input type="checkbox"/> Yes <input type="checkbox"/> No F253</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
<p>6. Does the facility maintain their own laundry equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, SKIP 7 & 8)</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	

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Laundry (Maintained by Facility) QP152	
<p>Answer Questions 7 and 8 <u>only</u> if Question 6 = Yes (the facility maintains their own laundry equipment).</p> <p>7. Is the laundry equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No F456 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p> <p>8. Is the equipment clean? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Odors QP221	
<p>9. Is there adequate ventilation in all areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F467 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p> <p>10. Are all areas free from odors? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Furnishings QP201 QP222 QP275 QP279	
<p>11. Are handrails accessible and securely affixed to the walls? <input type="checkbox"/> Yes <input type="checkbox"/> No F468 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p> <p>12. Are handrails free from splinters or jagged edges? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p> <p>13. Are all areas (e.g., walls, floors, ceilings, drapes, or furniture) clean and in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Lighting Levels QP223 QP273 QP277	
<p>14. Are proper lighting levels maintained in all areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F256 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	

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Temperature Levels QP224 QP272 QP276	
<p>15. Are comfortable and safe temperatures maintained in all areas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No F257</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Sound Levels QP225 QP274 QP278	
<p>16. Are comfortable sound levels maintained in all areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F258</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Pest Control QP226	
<p><input type="checkbox"/> Observe for signs of pests and rodents throughout the building</p> <p><input type="checkbox"/> Review the facility's pest control program</p> <p><input type="checkbox"/> Review documentation of pest control intervention (e.g., commercial contractor)</p> <p>17. Does the facility maintain an effective pest control program so that the facility is free of pests and rodents? <input type="checkbox"/> Yes <input type="checkbox"/> No F469</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Electric Cords and Outlets QP228	
<p>18. Are electric cords, extension cords, and outlets in good repair and used in a safe manner?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Bathing Safety Equipment QP230	
<p>19. Is there adequate safety equipment (e.g., grab bars, non-slip surface) in all areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	

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Call System QP231 QP267	
<p>20. Are call systems in all areas functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No F463 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p> <p>21. Are call lights in reach for residents capable of using it? <input type="checkbox"/> Yes <input type="checkbox"/> No F246 <input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	
Chemical/Hazards in Room QP268	
<p>22. Are potentially hazardous chemicals, other poisons, or any other hazards inaccessible to residents? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> <p><input type="checkbox"/> N/A, this question did not cause the task to trigger</p>	

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Unsafe Hot Water QP269	
23. Are water temperatures within acceptable ranges? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 <input type="checkbox"/> N/A, this question did not cause the task to trigger	
Lack of Hot Water QP270	
24. Are water temperatures comfortable? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 <input type="checkbox"/> N/A, this question did not cause the task to trigger	
Homelike Environment QP271 QP275 QP279	
25. Are the residents allowed to have personal belongings, to the extent possible, creating a homelike environment? <input type="checkbox"/> Yes <input type="checkbox"/> No F252 <input type="checkbox"/> N/A, this question did not cause the task to trigger	
Room Accommodations QP147 QP275 QP279	
26. Does the resident's environment accommodate individual needs and preferences? <input type="checkbox"/> Yes <input type="checkbox"/> No F246 <input type="checkbox"/> N/A, this question did not cause the task to trigger	
Disaster and Emergency Preparedness	
<p><i>If no concerns related to disaster and emergency preparedness have been identified either offsite or brought to the surveyor's attention during survey, mark Questions 27 - 32 as N/A.</i></p> 27. Does staff know what to do in an emergency situation? <input type="checkbox"/> Yes <input type="checkbox"/> No F518 <input type="checkbox"/> N/A, no information suggests a concern with this question 28. Does the facility have policies and procedures in place for emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No F517 <input type="checkbox"/> N/A, no information suggests a concern with this question <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>	

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<ul style="list-style-type: none"> • <i>When the Health and LSC survey take place simultaneously or within 7 days of each other, use the results of the LSC survey, which looks at the generator and emergency power systems of a nursing home. If the LSC surveyor has made a compliance determination regarding the generator and emergency power system by the time the health survey is completed, the health survey team may use the LSC surveyor's findings to complete the related Environmental Observations questions.</i> • <i>If the surveys are more than 7 days apart, the Health surveyors will have to make a determination regarding compliance. The facility does not have to run the generator for a surveyor to make the determination. Ask for the generator test/maintenance records, which should show weekly inspection of the generator and monthly runs under load.</i> <p>29. Does the facility use a life support system? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, SKIP 30 and 31) <input type="checkbox"/> N/A, no information suggests a concern with this question</p> <p>30. Is there a working emergency generator? <input type="checkbox"/> Yes <input type="checkbox"/> No F455 <input type="checkbox"/> N/A, no information suggests a concern with this question</p> <p>31. Is there a functional emergency power system? <input type="checkbox"/> Yes <input type="checkbox"/> No F455 <input type="checkbox"/> N/A, no information suggests a concern with this question</p> <p>32. 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 F466 <input type="checkbox"/> N/A, no information suggests a concern with this question</p>	
Other Environmental Conditions	
<p><i>If <u>no concerns</u> related to other environmental conditions have been identified either offsite or brought to the surveyor's attention during survey, mark Questions 33 as N/A.</i></p> <p>33. Does the facility provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public? <input type="checkbox"/> Yes <input type="checkbox"/> No F465 <input type="checkbox"/> N/A, no information suggests a concern with this question</p>	