



Assisted Living Facility Environmental Observations

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
ENTRANCE DATE	LICENSOR NAME

Inspection Type: Full Follow up Complaint: Number _____

Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.

A. Quality of Life / Resident Rights

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Staff to resident interaction(s), responsiveness and meeting resident needs |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff speaking over residents in another language |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate staff communication with residents |
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptive equipment available, clean and in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident grooming, hygiene, and dress and/or delivery of care completed |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognition of cultural diversity and preferences |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room) |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of restraints |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication system |
| <input type="checkbox"/> | <input type="checkbox"/> | Homelike |

NOTES

B. Physical Environment – Interior

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Information posted |
| <input type="checkbox"/> | <input type="checkbox"/> | CRU Hotline posted |
| <input type="checkbox"/> | <input type="checkbox"/> | Current ALF license posted |
| <input type="checkbox"/> | <input type="checkbox"/> | Ombudsman Hotline posted |
| <input type="checkbox"/> | <input type="checkbox"/> | Last full inspection, cover letter and report, posted |

NOTES

Assisted Living Facility Environmental Observations

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
ENTRANCE DATE	LICENSOR NAME

Inspection Type: Full Follow up Complaint: Number _____

C. Maintenance and Housekeeping

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Furnishing, floors, walls, and ceilings |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of objectionable odors |
| <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping supply area |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry – separate areas for clean and soiled linen |
| <input type="checkbox"/> | <input type="checkbox"/> | Infection control practices of staff |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand washing |
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature (68°+ wake hours / 60°+ sleep hours) |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation in resident rooms and common areas |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting in resident rooms and common areas |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness and maintenance of resident equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe water temperature in resident rooms and sinks utilized by residents |

Water temperature: °F; (date and time); (location)

Water temperature: °F; (date and time); (location)

Water temperature: °F; (date and time); (location)

NOTES

D. Common Bathrooms

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Common bathrooms are: <ul style="list-style-type: none"> Safe / clean / adequate lighting / grab bars (if applicable for resident needs) Adequately ventilated Accessible for all resident / privacy available |

NOTES

Assisted Living Facility Environmental Observations

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
-------------------------------	----------------

ENTRANCE DATE	LICENSOR NAME
---------------	---------------

Inspection Type: Full Follow up Complaint: Number _____

E. Safety

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention of resident access to storage of: <ul style="list-style-type: none"> • Cleaning supplies • Cleaning carts • Storage closet • Toxic materials • Medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Access to outdoors including dementia care unit <ul style="list-style-type: none"> • Safe walking areas • Walking areas protected from the elements • Can summon staff in an emergency |
| <input type="checkbox"/> | <input type="checkbox"/> | System to inform and permit exit without sounding alarm |
| <input type="checkbox"/> | <input type="checkbox"/> | Secure outdoor space <ul style="list-style-type: none"> • Accessible to residents without staff • Surrounded by walls or fences at least 72" high • Firm, stable walking surfaces and outdoor furniture |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency / disaster preparedness <ul style="list-style-type: none"> • Emergency lighting • First Aid supplies • Disaster plan • Staff responsibilities |

NOTES

F. Physical Environment - Outdoors

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Stairs / steps / ramps in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Handrails |
| <input type="checkbox"/> | <input type="checkbox"/> | Garbage / refuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of pests |
| <input type="checkbox"/> | <input type="checkbox"/> | General maintenance of sidewalks / walkways |

NOTES

Continue with Attachment N for further observations if the facility has a contract for AL, EARC, or EARC – Specialty Dementia Care.