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ALBERTA PROFESSIONAL SERVICES, INC.

Service Manual	Approved by/Date:
Facility Environmental Inspection (all facility types, except AFLs)	Section 4.9.1, Page 3 of 5
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21. No unsafe conditions that would cause a trip or fall were observed? O O
22. As needed, there is evidence that observable steps have been taken to ensure safety & security (e.g. locks, alarms etc.) O O
23. As appropriate to the population there were NO items in evidence that could easily be used as a weapon? O O
24. Rubber gloves are available to staff and clients for cleaning activities? O O
25. For all items where circle for NO is filled in please list item and provide Plan of Correction.

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☐ **FACILITY ENVIRONMENTAL INSPECTION FORM**

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26. Do all items in the freezer have a date item put in freezer and ID label? O O
27. If required by program population, are knives and other sharp implements in locked area? O O
28. Are refrigerator and freezer operation properly? O O
29. Is there any mixed storage? (Food/cleaning supplies/etc.) If yes, provide plan of correction. O O
30. Is available food sufficient in quantity and is there a reasonable selection of food items? O O
31. Are all food items stored properly? No expired food found? O O
32. Dining area is clean, well decorated, comfortable and has sufficient seating for all residents? O O
33. For all items where circle is NO is filled in please list item and provide Plan of Correction.

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34. Case records are maintained in secure areas and, when not in use, are secured locked cabinet? O O
35. Electronic information is appropriately fire walled and pass worded? Computers are logged off if not in use? O O
36. Clients/staff understand issues of confidentiality regarding client privacy (knock on doors) & client information? O O
37. There is NO evidence of client information available to observers? O O
38. For all items where circle is NO is filled in please list item and provide Plan of Correction.

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39. Appropriate security measures observed? Key control policies followed? O O



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40. Medication Policies and Procedures in place? Policy present prohibiting use of drug samples without prescription? O O
41. Protocol is present for the administration of OTC medications? No unapproved OTC meds in site? O O
42. **Informed consent** is found in records for all medication (including OTC medications)? O O
43. Medication records (MAR) are up to date and accurate? O O
44. OTC medications are properly stored and dispensed? O O
45. Narcotic medication stored with a double lock? O O
46. No out dated medication found? All stored medication for a current client? O O
47. Where appropriate, containers are available for syringes and medical waste? O O
48. Medication storage are clean & locked and cabinet locked? O O
49. For all items where circle for NO is filled in please list item and provide Plan of Correction.

☐ FACILITY ENVIRONMENTAL INSPECTION FORM

50. Bathroom is clean, free from mold and free from odors? O O
51. All plumbing is in working order, free from leaks and drains properly? O O
52. Soap and paper towel dispensers are mounted and filled? O O
53. All toilet stalls have doors, paper dispensers/paper present? O O
54. Tiles on floors and walls are all present? No chips? O O
55. Trash can available and not overflowing? Covered waste can available in bathrooms used by females? O O
56. No unapproved chemicals, cleaners or other items stored? Hazardous items such as toilet bowl cleaners not present? O O
57. A non –slip mat is available for tub/shower, both inside and outside & clean? O O
58. In client bathrooms, personal items stored appropriately or kept elsewhere? (No shared cake of soap, razors, tweezers, etc.) O O
59. Bathrooms have proper ventilation? O O
60. Night available for evening/night use? O O
61. For all items where circle for NO is filled in please list item and provide Plan of Correction.



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62. Number of clients in bedrooms meets regulatory standards? Furniture clean and in good condition and per client includes a bed, dresser, and hanging storage space? O O
63. Appropriate linens are present, clean and neatly on beds? O O
64. Clients have a safe place to store personal belongings and valuables? O O
65. Bedroom areas are clean and are personalized (age/developmentally appropriate) by clients? O O
66. Space provides for appropriate privacy for clients and windows have screens and shades or other privacy cover? O O
67. Bedrooms have sufficient ventilation and are free from odor? O O
68. Bedrooms including closets are free from clutter? (no clothes/trash on floors). Clients have sufficient storage Space? O O
70. . For all items where circle for NO is filled in please list item and provide Plan of Correction.

71. Any accessibility issues?

72. Comments

Signature/Title

Date