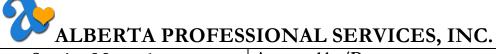
Service Manual	Approved by/Date:
Facility Environmental Inspection (all facility types, except AFLs)	Section 4.9.1, Page 1 of 5 Authority: 10A NCAC 27G. CARF BH 2013 1.H.13

This form is to be completed by all programs on a quarterly basis. Please neatly fill in the circle or the narrative sections. Do not make any other marks on paper. Please submit this form with the program's monthly report. Thanks for your cooperation with the timely completion of

Please note: In the process of your review you need to ask staff about their knowledge of the policy and procedure about many of the items of

this form. These questions will be asked by internal and external rev training.	riewers. Where there is a gap in knowledge please provide addition.
1. Date of Review	
2. Program Name	
3. Name of Reviewer	
4. Please fill the circle in tall of the items below that are four	nd in public area(s) of the facility that are accessible to clients.
O APS Mission and Values	O Client Rights and Responsibilities
O Emergency Contacts	O No Smoking Sign(s)
O Emergency Evacuation Plan/each floor	
5. For all items where circle not filled in please list item and pr	rovide Plan of Correction
6. Please fill in the circle in all of the item below that are found	•
O Emergency Contacts & Numbers (Confidential)	O Grievance Policy/Forms
O Poison Control Poster	O Menu
O OSHA Rights to Know Poster	O OSHA Bloodbourne Pathogens Posting
O OSHA Material Safety Data Sheet Book	O Universal Precaution Poster-Location of PPD/Spill Kit
O Federal/State Required Labor Postings	
7. For all items where circle not filled in please list item and	provide Plan of Correction



Service Manual	Approved by/Date:
Facility Environmental Inspection (all facility types, except AFLs)	Section 4.9.1, Page 2 of 5 Authority: 10A NCAC 27G. CARF BH 2013 1.H.13

□ FACILITY ENVIRONME	NTAL INSPECTION FORM		
L PACILITI EN VIRONWIE	NTAL INSTECTION FORM		
8. Please fill the circle in all of the items below that have to do wit	h the general feel of the facility		
O Facility is welcoming/furnishings appropriate age/develop.	O Outside areas are well maintained and haza	rd fre	e
O Facility air quality is good	O Internal facility lighting provides adequate	light	
O Facility is free of vermin and rodents	O All common areas & furnishings are clean		
O Adequate space for laundry, mtce, storage, hskp, admin	O Clocks and calendars are visible to clients		
O Facility temperature is comfortable	O Window coverings are present, clean and in	good	l repair
O No broken or cracked windows	O No evidence of smoking		
O Evidence of sufficient activities/reading materials	O All cords are secured and not in walk in are	as	
O There is a private area for clients to meet visitors	O Space provided for quiet activities, homewo	ork, et	tc.
9. For all items where item required and circle not filled in please list	titem and provide Plan of Correction.		
		Y	N
10. Is there a fire drill/evacuation drill book? Does book show comp  Where was last fire drill? How long for full 6	liance with requirements?	О	0
11. There are smoke alarms within audible/visual proximity to the cli	ients' bedrooms & are working properly?	О	О
12. There are fully charged and inspected fire extinguishers present living rooms etc.		О	O
13. All exits are labeled and, as needed lit. Emergency egress at all t	imes?	О	O
14. Are extension cords being used? Are there multiple plugs in one	receptacle?	О	О
15. Water and faucets under 116 degrees & water in heater under 14 was, water in hot water heater was	40 degrees? Water temperature in faucet(s)		
16. Electrical components (cords, switches, cords, etc) of large and st	mall appliances in good repair?	О	O
17. All storage/utility areas are locked? Separate areas for cleaning s	supplies and other supplies, particularly food?	О	О
18. All storage is 6" off the floor or on pallets, not on top of cabinets	or 18" from sprinklers?		
19. All hazardous materials are out of facility in a locked shed, in Fir	re Rated closet if needed? (Paint, fuel for grills)	О	O
20. All equipments, tools, and activity material are in safe & working	v ordor?	О	O

Service Manual	Approved by/Date:		
Facility Environmental Inspection	Section 4.9.1, Page 3	3 of 5	
(all facility types, except AFLs)	Authority: 10A NCAC 27G.		
	CARF BH 2013 1.I	H.13	
21. No unsafe conditions that would cause a trip or fall were observed.	erved?	O	O
22. As needed, there is evidence that observable steps have been alarms etc.)	n taken to ensure safety & security (e.g. locks,	О	0
23. As appropriate to the population there were NO items in evid	ence that could easily be used as a weapon?	О	O
24. Rubber gloves are available to staff and clients for cleaning a	ctivities?	О	О
25. For all items where circle for NO is filled in please list item	and provide Plan of Correction.		
☐ FACILITY ENVIRONMENTAL INSPI	ECTION FORM	Y	N
26. Do all items in the freezer have a date item put in freezer and ID la	bel?	О	О
27. If required by program population, are knives and other sharp impl	ements in locked area?	О	O
28. Are refrigerator and freezer operation properly?		O	О
29. Is there any mixed storage? (Food/cleaning supplies/etc.) If yes, p.	rovide plan of correction.	O	О
30. Is available food sufficient in quantity and is there a reasonable selection of food items?		О	О
31. Are all food items stored properly? No expired food found?		О	О
32. Dining area is clean, well decorated, comfortable and has sufficien	t seating for all residents?	О	O
33. For all items where circle is NO is filled in please list item and pro	vide Plan of Correction.		
34. Case records are maintained in secure areas and, when not in use, a	are secured locked cabinet?	О	О
35. Electronic information is appropriately fire walled and pass worded	d? Computers are logged off if not in use?	О	О
36. Clients/staff understand issues of confidentiality regarding client p	rivacy (knock on doors) & client information?	О	О
37. There is NO evidence of client information available to observers?		О	О
38. For all items where circle is NO is filled in please list item and provide Plan of Correction.			

Service Manual	Approved by/Date:
Facility Environmental Inspection (all facility types, except AFLs)	Section 4.9.1, Page 4 of 5 Authority: 10A NCAC 27G. CARF BH 2013 1.H.13
40. Madigation Policies and Procedures in place? Policy present prob	hiting use of drug complex without prescription?

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

Service Manual	Approved by/Date:
Facility Environmental Inspection (all facility types, except AFLs)	Section 4.9.1, Page 5 of 5 Authority: 10A NCAC 27G. CARF BH 2013 1.H.13

62.	Number of clients in bedrooms meets regulatory standards? Furniture clean and in good condition and per client a bed, dresser, and hanging storage space?	nt incl O	udes O
63.	Appropriate linens are present, clean and neatly on beds?	О	O
64.	Clients have a safe place to store personal belongings and valuables?	О	O
65.	Bedroom areas are clean and are personalized (age/developmentally appropriate) by clients?	О	O
66.	Space provides for appropriate privacy for clients and windows have screens and shades or other privacy cover?	О	O
67.	Bedrooms have sufficient ventilation and are free from odor?	О	O
68.	Bedrooms including closets are free from clutter? (no clothes/trash on floors). Clients have sufficient storage Space?	О	0
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		