

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.

Note: Upon recognizing a situation that may constitute Immediate Jeopardy, proceed with the investigation process. Follow Appendix Q guidelines to determine whether circumstances pose Immediate Jeopardy to an individual's health and safety (e.g., nonfunctioning, lack of emergency equipment or power source, incidents such as electrical shock or fire).

| | | |
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| Review Stage 1 information. Why was this task triggered? | | |
| Resident Observation Questions: | | |
| <input type="checkbox"/> Bathing Safety Equipment | <input type="checkbox"/> Ambulation, Transfer, Therapy Equipment (Resident Use) | |
| <input type="checkbox"/> Bedroom Privacy | <input type="checkbox"/> Clean Linens Available | |
| <input type="checkbox"/> Comfortable Room Temperatures Maintained | <input type="checkbox"/> Comfortable Sound Levels Maintained | <input type="checkbox"/> Electric Cords and Outlets |
| <input type="checkbox"/> Functioning Call System | <input type="checkbox"/> Lighting Levels | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Resident Care Equipment | <input type="checkbox"/> Room Accommodations | <input type="checkbox"/> Room Furnishings |
| <input type="checkbox"/> Room Odors | | |
| Resident Interview Questions: | <input type="checkbox"/> Building and Environment | |
| Family Interview Questions: | <input type="checkbox"/> Building and Environment | |

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| Observations | Notes |
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| Required Posted Information | |
| <ul style="list-style-type: none"> • Are Medicare and Medicaid information prominently displayed? • Are the names, addresses, and telephone numbers of advocacy groups and the State survey agency posted? • Is a statement that the resident may file a complaint with the survey agency displayed? <p>1. Is required information prominently displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No F156</p> <p>2. Is nurse staffing information posted and/or readily accessible to residents and visitors and in a readable form? <input type="checkbox"/> Yes <input type="checkbox"/> No F356</p> <p>3. Are the survey results readily accessible to residents and/or in a readable form? <input type="checkbox"/> Yes <input type="checkbox"/> No F167</p> | |

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| Resident Areas | |
| 4. Is the facility free of signs of insects or rodents? <input type="checkbox"/> Yes <input type="checkbox"/> No F469 | |
| 5. Is there adequate ventilation in the common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F467 | |
| 6. Does the facility equip corridors with firmly secured handrails on each side? <input type="checkbox"/> Yes <input type="checkbox"/> No F468 | |
| 7. Are handrails accessible and free from splinters or jagged edges? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 | |
| 8. Are common areas and resident rooms free from odors? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 | |
| 9. Are the fixtures/furnishings clean and in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 | |
| 10. Is there adequate space and/or furnishing in the activity areas to accommodate all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No F464 | |
| 11. Are potentially hazardous chemicals or other poisons inaccessible to residents? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 | |
| 12. Are proper lighting levels maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F256 | |
| 13. Are comfortable and safe temperatures maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F257 | |

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| 14. Are comfortable sound levels maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No F258 | |
| 15. Are snack/nourishment refrigerators on the unit generally clean? <input type="checkbox"/> Yes <input type="checkbox"/> No F465 | |
| 16. Are snack/nourishment refrigerators on the unit maintained so as to prevent the potential for food-borne illness? <input type="checkbox"/> Yes <input type="checkbox"/> No F371 | |
| 17. Are proper snack/nourishment refrigerator temperatures maintained and are food items dated/labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No F371 | |
| Common Use Bathing Areas | |
| 18. Are call systems in common bathing and resident toilet areas functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No F463 | |
| 19. Are water temperatures within acceptable ranges? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 | |
| 20. Is there adequate safety equipment (e.g., grab bars, non-slip surface) in the common bathing areas? <input type="checkbox"/> Yes <input type="checkbox"/> No F323 | |
| 21. Is resident privacy during bathing maintained (i.e., residents cannot be seen by persons [residents, staff] other than direct caregivers)? <input type="checkbox"/> Yes <input type="checkbox"/> No F164 | |

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| Water Temperatures in Resident Rooms | |
| <p>Check water temperature in two resident rooms (on opposite sides of the hall) per unit/wing/pod.</p> <ul style="list-style-type: none"> • Target resident rooms closest to hot water tanks/kitchen areas and resident rooms belonging to residents who use sinks/bathtubs/showers independently. • Water temperature at hand sinks or bathtubs should be taken using a thermometer if there is concern that water is too hot and could potentially scald or harm residents. <p>22. Are water temperatures within acceptable ranges in the resident rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No F323</p> | |
| Resident Care Equipment | |
| <p>23. Is common use resident care equipment clean (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>24. Is common use resident care equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No F456</p> | |
| Laundry (Maintained by Facility) | |
| <p>25. Is the laundry equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No F456 <input type="checkbox"/> NA, the facility does not maintain its own laundry equipment.</p> <p>26. Is the equipment clean? <input type="checkbox"/> Yes <input type="checkbox"/> No F253 <input type="checkbox"/> NA, the facility does not maintain its own laundry equipment.</p> | |

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| Disaster Planning | |
| <p>27. Does staff (nursing, dietary, laundry, housekeeping, administrative, etc.) know what to do in an emergency situation (locale-dependent: fire, tornadoes, hurricanes, missing residents, bomb scares, chemical spills/hazards, or biological hazards)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No F518</p> | |
| <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> | |
| <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>28. Is there a working emergency generator? <input type="checkbox"/> Yes <input type="checkbox"/> No F455</p> <p><input type="checkbox"/> NA, the facility does not use a life support system.</p> <p>29. Is there a functional emergency power system? <input type="checkbox"/> Yes <input type="checkbox"/> No F455</p> <p>30. 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</p> | |