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|  | RESIDENTIAL CARE GENERAL OBSERVATIONS OF THE FACILITY State Form 53721 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | |
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| Name of facility | | | | Facility number | |
| Name of surveyor | | Identification number of surveyor | | Date of observation *(month, day, year)* | |
| Potential concerns from offsite preparations | | | | | |
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| 1. CLEANLINESS: How clean is the environment (walls, floors, drapes, furniture)? | | | Yes  No | | **R0144** |
| 1. FURNISHINGS: Are dining, activity, and lounge areas adequately furnished? | | | Yes  No | | **R0190** |
| 1. ODORS: Is the facility free of objectionable odors? Are resident areas well ventilated? | | | Yes  No | | **R0178 / R0148** |
| 1. SPACE: Sufficient space to accommodate dining, activity, and lounge needs of residents without interference? | | | Yes  No | | **R0190** |
| 1. HAZARDS: Is the facility as free of accident hazards as possible? Are water temperatures safe and comfortable? Oxygen, if available, stored safely? | | | Yes  No | | **R0148 / R0153 / R0144 / R0145** |
| 1. CALL SYSTEM: Is there a method by which each resident may summons a staff person at any time? | | | Yes  No | | **R0185** |
| 1. LINEN: Is clean and soiled line handled, stored, processed, and transported in a safe and sanitary manner that will prevent the spread of infection? | | | Yes  No | | **R0152** |
| 1. EQUIPMENT *(Excluding kitchen)*: Equipment and supplies in safe and operational condition and in sufficient quantity to meet the needs of the residents? (e.g., boiler room equipment, unit refrigerators, laundry equipment) | | | Yes  No | | **R0145** |
| Has the heating and ventilating system been inspected at least yearly? | | | Yes  No | | **R0148** |
| 1. SURVEY REPORT: Is the most recent annual survey and any POC readily accessible and posted? Any subsequent surveys posted? Notice of availability posted? | | | Yes  No | | **R0042** |
| 1. INFORMATION POSTED: Information for contacting advocacy agencies posted in an area accessible to residents and kept updated. | | | Yes  No | | **R0033** |
| Copy of residents’ rights available in a publicly accessible area in 12-point font. | | | Yes  No | | **R0026** |
| 1. EMERGENCY: Review the facility written fire and disaster preparedness Plan.   Interview two (2) staff related to fire and disaster preparedness. | | |  | |  |
| Names of staff | | |  | |  |
| Are fire drills conducted quarterly on each shift (12 drills per year)? Has the facility attempted to conduct a fire and disaster drill at least every six (6) months in conjunction with the local fire department**?** | | | Yes  No | | **R0092** |
| 1. PESTS: Is the facility pest free? | | | Yes  No | | **R0149** |
| 1. WASTE: Is waste contained in cans, dumpster, or compactors including contaminated waste? | | | Yes  No | | **R0155** |

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| **SURVEYOR NOTES** |
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