DS Storage - Debbie Lupton Revised 03-09 mma - Lotus Notes\Senior Living\Countrywide.

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| ASSISTED LIVING SURVEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insured Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Representative: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Position: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | Web Site Address: | | | | | | |  | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STAFFING/TRAINING ISSUES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Give length of service with the facility for the following positions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Individual | | | | | | | | | Number of Years with Facility | | | | | | | | | | | | | | | | | | | Number of Years Total Experience | | | | | | | | | | |  | | | | | |
|  | | DON | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Administrator | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Medical Director | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| 2. | Number of employees on duty: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | Individual | | | | | | | | | Days | | | | | | | | | | | | | | | | | | | Evening | | | | | | | | | | | Night | | | | | |
|  | | Administration | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | RN | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | LPN | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | CNAs | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Non-CNAs | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Social Services | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Dietary | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Maintenance | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | | Other (i.e., CMT) | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| 3. | Total number of employees: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 4. | How many employees are trained in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Handling/administering medications? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Dietary? | | | | |  | | | | | |  | | | |
| 5. | What is your employee turnover percentage? | | | | | | | | | | | | | | | | | | | | | | | % | | | | | | | |  | | | | | | | | | | | | | | |
|  | Provide details if needed. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. | Is staff awake during all shifts? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 7. | Are criminal background checks done on all employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 8. | Are professional licenses and nurses aides' certifications confirmed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 9. | Does facility have a lifting policy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If no, please explain why. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If yes, what is the lifting policy? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | What aides are utilized? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Do job descriptions include lifting requirements? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 10. | Provide a copy of the orientation program used for employees or provide an outline of the program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Included in submission | | | | | | | | | | | | | | | | | | | Need to obtain and forward to Underwriting | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RESIDENT ISSUES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of Residents | | | | | | Number of Ambulatory | | | | | | | | | | | | Number of Dev. Disabled | | | | | | | | | | Number of Mentally Ill | | | | | | Number of Alzheimer's/Dementia | | | | | | | | Number of Non-Elderly | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | |
| 11. | Are all the nonambulatory residents on first floor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If yes, skip to Question 12. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, please explain why. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. | Number of total units: | | | | | | | |  | | | | | | | | | | Number of units with cooking stoves: | | | | | | | | | | | | | | | |  | | | Number of bedroom‑style units: | | | | | | |  | |
| 13. | Is personal care provided to residents? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 14. | Is any nursing care provided to residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | Ifyes**,** provide details on the type of nursing care and the total number of hours per week care is given. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15. | Does your facility accept or retain Alzheimer's/dementia/wandering residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If no, skip to Question 16. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ifyes, does your facility have a separate wing or designated area for Alzheimer's/dementia/wandering residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If yes, how is it secured? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If no, what procedures or devices are in place to prevent wandering/elopement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| 16. | Does facility develop care assessments? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Are assessments completed prior to admission? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | Does the facility include a fall and elopement risk assessment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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|  | Is a doctor or RN involved in developing care plan? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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|  | How often are assessments updated or revised? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 17. | What type of ongoing health monitoring is done for each resident? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18. | Who provides the ongoing monitoring? (Example: Staff, RN, LPN, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 19. | Does facility have a **WRITTEN** discharge policy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If yes, does the written discharge policy address when a resident needs care beyond what the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | facility can provide? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 20. | Have you ever needed to discharge a resident? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If yes, describe circumstances: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21. | Are there protocols for contacting the family and physician of a resident if injured at the facility? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 22. | Are incident reports and follow-up actions documented? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
| 23. | What is the average number of falls in one month: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 - 5 | | | | | | 6 - 10 | | | 11 - 15 | | 15 + | | |
| 24. | Are you trending resident falls/incidents that occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If no, please explain. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 25. | Are fall/incident reports being reviewed regularly to implement preventative fall measures? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | |
|  | If yes, skip to Question 26. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, please explain why. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEDICATION ISSUES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. | Medication distribution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Number of resident(s) who self administer/supervised medications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Number of resident(s) whose medications are administered by staff: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 27. | Are medications unit dose packaged (i.e., bubble pack)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | If no, who is responsible for packaging and what is his/her training in medication delivery? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| 28. | Are medication logs reviewed daily? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | If yes**,** skip to Question 29. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, please explain why. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 29. | Where are medications stored? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 30. | Are there any controlled substances (i.e., narcotics) or refrigerated medications at the location? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | Are controlled substances double locked? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | Are refrigerated medications stored in a locked compartment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| **SAFETY ISSUES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. | If the resident is receiving outside services, are there contracts between the resident and the third‑party provider? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | If yes, skip to Question 32. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, please provide details. | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 32. | Other services provided by the facility: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Home Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Respite Care: | | | | | | | | Residents per month: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | At Facility? | | | | | | | | | | | | | | | | Yes | | | | | No | | | |
|  | Adult Day Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. | What security measures are in place to prevent unauthorized entrance of non-residents (i.e., door alarm, doorbell)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 34. | Does each resident have a means of emergency notification which is operational (i.e., call bells ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | in bathroom and bedrooms that rings to a central station/nurse station? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | If no, how do residents notify staff help is needed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 35. | Do you have written disaster plans? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| 36. | Does disaster plan include alternative housing if facility is unusable? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| 37. | How often are fire drills conducted? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Are all floors and shifts covered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| 38. | Does the fire department survey the facility annually? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| 39. | Are fire exit plans posted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
| 40. | What is your smoking policy for staff and residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please describe your smoking policy. | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If allowed, who controls smoking materials of residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 41. | Do you keep resident funds or valuables? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | If yes, where are they kept? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RISK MANAGEMENT ISSUES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42. | Do you obtain resident's consent to take a photo and are photos taken of all residents within the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | first 6 hours of admission? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | Please explain. | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 43. | Is advance written consent from guardian for emergency treatment received? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | |
|  | Please explain. | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PROPERTY LOSS CONTROL CHECKLIST:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall maintenance/housekeeping is good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Exit doors unobstructed/egress outward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Two means of egress from each floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Corridors are unobstructed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Floors and carpeting even and maintained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Handrails present and secure in hallways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Garbage properly stored and disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Is garbage chute sprinklered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Pets are appropriately cared for and managed - Type | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | | |  | |
| Any evidence of water damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Is underground parking sprinklered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| If parking sprinklered, is there a fire division | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Swimming pool? If yes, provide pool survey. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **KITCHEN** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kitchen area is clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Refrigerators/freezers are clean and operable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Fire suppression system fully covers cooking area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Date inspected by professional service | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Ducts cleaned annually | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Pest control done on a regular basis by a professional service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BATHROOMS** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathrooms are free from clutter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Shower, tub, and fixtures are clean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Grab bars are available and secure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Access to tub/shower is easy or lift available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Bathtubs and showers equipped with non-slip surfaces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STORAGE/UTILITY/HOUSEKEEPING/LAUNDRY** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry area and equipment are clean and serviced periodically | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Front and back lint traps are cleaned routinely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Housekeeping/cleaning products kept in locked cabinet/room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Sprinkler heads open and unobstructed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FURNACE** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Furnace room free of clutter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Enclosed fireproof room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Door closed at all times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Free of combustibles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Serviced periodically | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUIPMENT** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building sprinklered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | Full | | | | | | | | | | Partial | | | | | | | | | | | | | | Date Inspected | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| If partial, what areas are sprinklered? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire alarm on premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | Central | | | | | | | | | | | | | Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire divisions (show all fire divisions and breaks on building diagrams) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Number of divisions | | | | | | |  | | | | Rating of fire doors: | | | | | | | | | | | | | | | | | | | | | | | | Hours | | | | |  | | | | Minutes | | | |  | |  | | | | | | | | | | | | | |
| Automatic fire closure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | | |
| Do fire divisions go through attic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | Fire Curtain | | | | | | | | | | | | | | | | | Firewall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire extinguishers on premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | |  | |
|  | | | | | | | | | | Fire extinguishers tagged | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | Date Inspected | | | | | | | | | | | |  | | | | | | | | | |
| Location of smoke detectors | | | | | | | | | | Common Areas | | | | | | | | | | | | | | | | | | | | Resident Rooms | | | | | | | | | | | | | | | Hallways | | | | | | | | | | | | | | | | | | |
| Type of smoke detectors | | | | | | | | | | Hard-wired | | | | | | | | | | | | | | | | | | | | Battery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit exit doors, hallway doors, and stairwell doors have automatic door closing apparatus on them | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Emergency lighting available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Exit lights operable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Burglar Alarm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | Central | | | | | | | | | | | | | Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standpipes (internal hydrants) in stairways or hallways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Number | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Lifting devices clean and properly operating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Elevator serviced annually | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | | N/A | |
| Wiring Type | | | | | | CB | | | | | | | | | | Fuse | | | | | | | | | | | | | | | | | Age of Wiring | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |
| Heating Type | | | | | | GFA | | | | | | | | | | Steam Boiler | | | | | | | | | | | | | | | | | Electric | | | | | | | | | | | Hot Water | | | | | | | | | Age of Heating | | | | | | | |  | | |
| If steam boiler, provide building numbers | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of contact person for inspection purposes | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone number of contact person | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roof Type | | | | | | Tar/Gravel | | | | | | | | | | Shingle | | | | | | | | | | | | | | | | | Metal | | | | | | | | | | | Rubber | | | | | | | | | Age of Roof | | | | | | | |  | | |
| Air Conditioning | | | | | | Central | | | | | | | | | | Window | | | | | | | | | | | | | | | | | Combination | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **OUTSIDE** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does water drain over walk areas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | | | | N/A |
| Are walkways and parking lots in good condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | | | | N/A |
| What are surrounding exposures to building | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Please provide any additional information that is applicable to the operation/history of the facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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