



Route Copy to: _____

QUALITY ASSURANCE RESIDENTIAL SITE CHECK

SITE ADDRESS: _____ SURVEYOR: _____ DATE: _____

PART I: STRENGTHS/IMPROVEMENTS NOTED

1. _____
2. _____
3. _____
4. _____

PART II: CRITICAL DEFICIENCIES

1. _____
2. _____
3. _____
4. _____

PART III: HEALTH AND SAFETY

ITEM	YES	NO	COMMENT
Water Temp. Location Temp. _____ Location Temp. _____			
Home Free of Safety Hazards			
Adequate Lighting			
Personal Protective Equipment Sufficient, Exposure Plan Accessible, Protocol and Schedule Posted			
Initial Nursing Assessments			
45 Day Nursing Visits Current			
Medications Locked			
Medications Given as Ordered			
Medications Correctly Stored			
Food Matches Regular Menu			
Food Matches Special Diets			

PART IV: PAPER WORK

ITEM	YES	NO	COMMENT
MAR - All Blocks Written In			
MAR - All Circles Explained			
MAR - Orders Correctly Posted			
MAR - All Monitors Identified			
Menu - Posted and Current			
Menu - From Approved List			
Special Menu - Posted			
DCF - Current Data			
BMP - Current Data			
90 Day - Current			
Physical & Dental - Current			

PART V: HOUSE KEEPING

ITEM	YES	NO	COMMENT
Common Areas Neat			
Common Areas Clean			
Common Areas Free of Bad Odor			
Bedrooms Clean			
Bedrooms Free of Bad Odor			
Closets Neat			
Dresser Drawers Neat			
Common Areas Decorated			
Bedrooms Personalized			

PART VI: MAINTENANCE

ITEM	YES	NO	COMMENT
Common Areas in Good Repair (Building)			
Common Areas Furniture/Furnishings in Good Repair			
Bedrooms in Good Repair (Building)			
Bedroom Furniture/Furnishings in Good Repair			

Current Staff:

_____	_____	_____
_____	_____	_____
_____	_____	_____