

Environmental Observations

Environmental Observation: Complete this review if environmental concerns were identified through observation, or resident or representative interviews. Investigate the CE(s) applicable to the Initial Pool information that triggered the task as indicated in the table below. If concerns are identified, review the facility's policies, procedures, and systems.

Triggered From the Initial Pool Process:	CE(s) to be Completed:
☐ Accommodation of Needs (Physical) – RI, RRI, RO	1
☐ Call Device Functioning – RI, RRI, RO	2
☐ Sounds Levels – RI, RRI, RO	3
☐ Temperature Levels – RI, RRI, RO	4
☐ Lighting Levels – RI, RRI, RO	5
☐ Clean Building – RI, RRI, RO	6
☐ Building and Equipment Good Condition – RO	7 and 8
☐ Homelike – RO	9
☐ Lack of Hot Water – RI, RRI, RO	10
☐ Linens – RI, RRI, RO	11
☐ Pest Control – Review if concerns are identified onsite	12
☐ Ventilation – Review if concerns are identified onsite	13
☐ Handrails – Review if concerns are identified onsite	14
☐ Other Environmental Conditions – Review if concerns are identified onsite	15

Accommodation of Needs: Review this CE if there are concerns regarding the resident's accommodation of needs by the resident, representative, or through observations.

☐ Interview staff regarding the identified concern to determine how the facility has addressed the concern:

- Room set up so the resident can get around easily, get to and from the bathroom, use of the sink, or accessing drawers and closets.
- Roommate's personal items taking over the resident's space.
- Call **device** in reach in the resident's room, toilet, and bathing facilities, and the appropriate type used.
- Enough light in the resident's room to do what the resident wants.
- Adaptive equipment available and used.

1. Do residents receive services with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents? ☐ Yes ☐ No **F558** ☐ NA

Call **Devices Functioning:** Review this CE if there are concerns with the call **devices** not functioning by the resident, representative, or through

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observations.

☐ Interview staff if the resident or representative complained about the call *devices* not functioning or observations that the call system is not functioning to determine how the facility has addressed the concern.

☐ *Is the system device accessible to residents while in their bed or if they are using other sleeping accommodations in their room?*

☐ *Are the emergency calling devices accessible to the resident at each toilet, bath or shower and would it be accessible to a resident if the resident was lying on the floor in those specific areas?*

2. Are call systems in all areas functioning properly? ☐ Yes ☐ No **F919** ☐ NA

Sound Levels: Review this CE if there are concerns by the resident, representative, or through observation of uncomfortable sound levels.

☐ Interview staff if the resident or representative complained about *un*comfortable noise levels or observations revealed uncomfortable sound levels to determine how the facility has addressed the concern.

3. Are comfortable sound levels maintained in all areas? ☐ Yes ☐ No **F584** ☐ NA

Temperature Levels: Review this CE if there are concerns by the resident, representative, or through observations with comfortable temperature levels maintained

☐ Interview staff if the resident or representative complained about *un*comfortable temperatures or observations revealed uncomfortable room temperatures (too cool or too warm) to determine how the facility has addressed the concern.

4. Are comfortable and safe temperatures maintained in all areas? ☐ Yes ☐ No **F584** ☐ NA

Lighting Levels: Review this CE if there are concerns by the resident, representative, or through observations with adequate lighting levels.

☐ Interview staff if the resident or representative complained about proper lighting or observations revealed inadequate lighting to determine how the facility has addressed the concern.

5. Are proper lighting levels maintained in all areas? ☐ Yes ☐ No **F584** ☐ NA

Clean Building: Review this CE if there are concerns with the cleanliness of the building by the resident, representative, or through observations.

☐ Interview staff if the resident or representative complained about the cleanliness of their room or building (e.g., walls, floors, ceilings, drapes,

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resident care equipment, or furniture), or observations revealed an unclean room or building to determine how the facility has addressed the concern.

6. Are all areas clean? ☐ Yes ☐ No **F584** ☐ NA

Building and Equipment Good Condition: Review this CE if there are concerns with the building being in disrepair through observations.

☐ Interview staff if observations revealed the resident's room, equipment, or building (e.g., transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers, furniture) being in disrepair to determine how the facility has addressed the concern.

7. Are all areas or equipment in good repair? ☐ Yes ☐ No **F584** ☐ NA

8. Is resident care equipment in safe operating condition? ☐ Yes ☐ No **F908** ☐ NA

Homelike: Review this CE if there are concerns with the resident's room being homelike through observations.

☐ Interview staff if observations revealed the resident's room is not homelike to determine how the facility has addressed the concern.

9. Are the residents allowed to have personal belongings, to the extent possible, creating a homelike environment?

☐ Yes ☐ No **F584** ☐ NA

Lack of Hot Water: Review this CE if there are concerns by the resident, representative, or through observations with the hot water being too cool.

☐ Interview staff if the resident or representative complained about the hot water being too cool or observations revealed the hot water in the resident's room, bathroom, or bathing facilities is too cool to determine how the facility has addressed the concern.

10. Are water temperatures comfortable? ☐ Yes ☐ No **F584** ☐ NA

Linens: Review this CE if there are concerns by the resident, representative, or through observations with the linens being soiled.

☐ Interview staff if the resident or representative complained about the linens being soiled or observations revealed soiled linens to determine how the facility has addressed the concern.

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☐ Refer to the Incontinence or Infection Control pathways, as needed, for additional investigative guidance.

11. Are there clean bed and bath linens in good condition available for the resident? ☐ Yes ☐ No **F584** ☐ NA

Pest Control: Review this CE if concerns are identified onsite.

- ☐ Interview staff if there are signs of pests or rodents throughout the facility to determine how the facility has addressed the concern.
- ☐ Review the facility's pest control program.
- ☐ Review documentation of pest control intervention (e.g., commercial contractor).

12. Does the facility maintain an effective pest control program so that the facility is free of pests and rodents?

☐ Yes ☐ No **F925** ☐ NA

Ventilation: Review this CE if concerns are identified onsite.

- ☐ Interview staff if there are odors throughout the facility to determine how the facility has addressed the concern.

13. Is there adequate ventilation in all areas? ☐ Yes ☐ No **F923** ☐ NA

Handrails: Review this CE if concerns are identified onsite.

- ☐ Interview staff if there are concerns with handrails being accessible and securely affixed to the walls throughout the facility to determine how the facility has addressed the concern.

14. Are handrails accessible and securely affixed to the walls? ☐ Yes ☐ No **F924** ☐ NA

Other Environmental Conditions: Review this CE if concerns are identified onsite.

- ☐ Interview staff if there are concerns with the environment being safe, functional, sanitary, and comfortable for residents, staff, and the public to determine how the facility has addressed the concern.

15. Does the facility provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public?

☐ Yes ☐ No **F921** ☐ NA