

**ENVIRONMENTAL ROUNDS**  
**REVIEWER:** \_\_\_\_\_

CHECKING IX A MONTH IN ALL AREAS		DATE:	
1. Hand Rails	Yes No	No	N/A
2. Exit Lights	Yes No	No	N/A
3. T Bars	Yes No	No	N/A
4. Emergency Lights	Yes No	No	N/A
5. Floor Lights	Yes No	No	N/A
6. Call Lights	Yes No	No	N/A

CHECK IX A WEEK IN ALL AREAS		DATE:		DATE:		DATE:		DATE:	
1. Floor mats are in good repair. No rips or tears	Yes No	No	N/A	Yes No	No	N/A	Yes No	No	N/A
2. Mechanical lifts are clean and free of debris	Yes No	No	N/A	Yes No	No	N/A	Yes No	No	N/A
3. Checking W/C Brakes and Cracks in Chairs	Yes No	No	N/A	Yes No	No	N/A	Yes No	No	N/A
4. Furniture in resident common area is in repair without rips and tears.	Yes No	No	N/A	Yes No	No	N/A	Yes No	No	N/A
5. Hallways and corridors clear of obstacles	Yes No	No	N/A	Yes No	No	N/A	Yes No	No	N/A

ANY IMMEDIATE SAFETY ISSUES NOTIFY PROPER SERVICE IMMEDIATELY

NOTES: \_\_\_\_\_

# ENVIRONMENTAL ROUNDS

## REVIEWER: \_\_\_\_\_

WEEKLY MONITOR ON 2 CLIENTS	DATE:		DATE:		DATE:		DATE:			
1. Is the toilet seat at a height that allows easy transfer?										
Client 1	R.S.	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
2. Are there grab bars next to the toilet or needed?										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
3. Do Slippers have no slip soles?										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
4. Patients clothing does not drag on the floor.										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
5. Does patient have footwear present?										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
6. Is there a 2 foot wide path for the patient to walk in or use w/c between a. Chair to Commode b. Bed to Chair c. Bed to Commode d. Door to Bed										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
7. Bedside table within reach										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
8. Bed in low position?										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
9. Floor is clear of free of tripping hazards, such as broken tiles or thresholds that are above the level of the floor.										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
10. Commode/seat lifts are properly installed and not loose.										
Client 1		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A

11. Is the Chair, Geri chair, wheelchair suitable?		DATE:		DATE:		DATE:		DATE:	
Client 1	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
12. Was the night light on?									
Client 1	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
13. Are the Door handles secure?									
Client 1	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
14. Is the floor clear of personal items or clutter?									
Client 1	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Client 2	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A

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