

Safety/Environmental Rounds

Date: 3-2-10

Name of person conducting audit: Candy Rosmussen

Key: ✓=ok, Record Room # or location if Unsafe Condition found

		Comments:
Flooring in good condition with no trip hazards	✓	
Lifts checked and in good condition	✓	
Televisions free of flammable items stored on top	✓	
Handrails securely fastened to wall	✓	
Handrails free of splinters or rough areas	✓	Between 312-314 plastic covering under
Flammable material at least 6" from incandescent light bulbs	✓	
All storage items kept at least 15" from fire sprinkler heads	✓	
All hazardous chemicals kept in spaces non-accessible to residents	✓	
Call cord accessible to all areas the resident may sit	✓	
Clip attached to call cord	✓	
Resident with low bed requirement are in the low position while in.	✓	
Wiring intact and channels securely fastened to wall	✓	
Exit doors free of blockages	✓	
All fabric and straps on resident lift slings are in good condition	✓	
No potential entrapment areas exist on resident beds ie. Bolsters in place	✓	
Transfer rails on beds are securely fastened	✓	
Wet floor signs used appropriately in mopped areas	✓	
Spills on floors cleaned up immediately		Kitchen Steamer - pan on floor toilet water - parts were dried
Ice cubes not on dining room floor	✓	✓ in A.M.
Oxygen cylinders are secured when stored	✓	
NAR's carrying aide sheets & following POC	✓	asked 3 - 2 had 1 didn't
W/C brakes working properly and fastened securely	✓	
W/C anti-rollback devices lock properly	✓	
Resident room floors free of items that resident could trip over	✓	
Exit signs exist and are visible	✓	
Are wallways, corridors and rooms clear of obstacles	✓	East - 2 lifts - 2 lift South - 2 lifts - walker
Furniture and equipment is sturdy and wheels are locked	✓	
Commode/seat lifts are properly installed (not loose)	✓	
Door handles are secure	✓	
All lights are working properly and areas are well lit	✓	
Flooring is level and free of tripping hazards, such as broken tiles or thresholds that are above the level of the floor	✓	
Room furniture arranged to allow patient space when walking	✓	
Does patient have footwear present for walking/transfers	✓	
Do slippers have non-slip soles	✓	
Are there grab bars next to toilet? Are they loose?	✓	
All candles have wicks clipped	✓	
Call lights function appropriately from all contact points	✓	

④ Create one committee
now Safety / Fall

see monthly

Maintenance book -
Daily light out
claims of walking

SAFETY MEASURES FLOW SHEET

UPDATED: 6/1/10

	RESIDENT NAME	LOW BED	SELF RELEASE BELT	BED ALARM	CHAIR ALARM	WALKERS BY BEDSIDE	MAT ON FLOOR	PERIMETER	OTHER
EAST		X		X			X		
		X		X					
					X (in Rm, lobby, & W/C)		X	X	
			X	X		X			To alert for help in toileting Wanderguard
		X		X	X		X		Wanderguard
SOUTH									
		X		X	X		X	X	Wanderguard
		X		X	X (Pressure W/C alarm)		X		
		X		X			X		
				X	X				Wanderguard
		X		X			X		
		X		X	X		X	X	
WEST								X	
		X		X	X (Clip alarm)		X	X	
		X		X			X	X	
				X					
					X(NOC only)				To alert is up
		X		X			X	X	
			X	X					W/C locked @ bedside when in bed
			X (NOC only)					*To alert is up*	

DO NOT LEAVE ALONE IN W/C - IF USED PRN