

**MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES SURVEY TOOL**

FACILITY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE/S: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ TASK/WORK ORDER #: \_\_\_\_\_

SURVEYOR/S: \_\_\_\_\_ E-Mail/Web: \_\_\_\_\_ License #: \_\_\_\_\_

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.313 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: COMMUNICABLE DISEASE CONTROL</u> (1) All health care facilities shall develop and implement an infection prevention and control program. At a minimum, the facility must develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control which must include but are not limited to:</p> <p>(a) procedures to identify high risk individuals; and</p> <p>(b) the identification of methods used to protect, contain, or minimize the risk to patients, residents, staff, and visitors.</p> <p>(2) The administrator or infection control officer will be responsible for the direction, provision, and quality of infection prevention and control services.</p>	<p>RULE INTENT: To protect public health and human safety within a health care setting by requiring an infection control program that is comprehensive, current, and implemented.</p> <p align="center"><u>GUIDELINES</u></p> <p>(1): Review facility policies and procedures for Infection Control content. Do they address the specifics required in this rule?</p> <p>Is there evidence of an annual review?</p> <p>Note specific requirements of the facility infection control policies. During the survey process, through observation, interviews, etc., determine if the policies are implemented. Is there documented evidence that the individual required by (2) is involved in the infection control program?</p>			
<p><u>37.106.314 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: MEDICAL</u></p>	<p>RULE INTENT: To ensure the safe maintenance and storage of medical</p>			

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<p><b>RECORDS</b> (1) A health care facility must initiate and maintain a safe, secure, and confidential medical record for each patient, resident, or client.</p> <p>(2) A health care facility, excluding a hospital, shall retain a patient's, resident's, or client's medical records for no less than six years following the date of the patient's, resident's, or client's discharge or death, or upon the closure of the facility.</p>	<p>records within a health care setting.</p> <p align="center"><u>GUIDELINES</u></p> <p>(1): Observe medical records systems. How is the documentation secured?</p> <p>(2): Request closed records to determine the length of time files are maintained,</p> <p>Be aware that facility specific rules may have different requirements for record storage. For example, assisted living facility rules require resident record retention for three (3) years following resident discharge / death. Facility specific requirements are to be followed in case of conflict with Minimum Standards.</p>			
<p><u>37.106.315 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: EMPLOYEE FILES</u></p> <p>(1) The facility is responsible for maintaining a file on each employee and substitute personnel. Employee files may be inspected by the department at any time. If the file is not maintained at the facility it must be available to the department within 24 hours of request.</p> <p>(2) At a minimum, the employee file must contain:</p> <p>(a) the employee's name;</p> <p>(b) a job description signed by the employee;</p> <p>(c) documentation of employee orientation, signed by the employee; and</p> <p>(d) a copy of current credentials, certification,</p>	<p>RULE INTENT: To protect the patients / residents / clients of a health care facility by ensuring that all staff and volunteers of a health care facility have documentation evidencing identity, qualifications, and orientation / training.</p> <p align="center"><u>GUIDELINES</u></p> <p>(1): If files are not available at the time of the survey, they must be made so within 24 hours by surveyor revisit, or by facility arrangement as needed</p>			

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<p>or professional licenses required to perform the duties described in the job description.</p> <p>(3) Volunteers may be utilized at a health care facility, but may not be included in the facility staffing plan in lieu of employees. All volunteers who are performing duties which are commonly performed by facility staff must have a file which is maintained at the facility and documents the following:</p> <p>(a) orientation to the facility and its residents; and</p> <p>(b) orientation to and training of the duties to be performed.</p>	<p>(e-mail, fax, in-person delivery, etc.). Ensure that the manner in which the files are provided maintains confidentiality, in such a manner that unauthorized individuals would not be able to gain access to the files.</p> <p>(2) and (3): Request employee / volunteer files from a variety of staff positions, i.e. nursing, housekeeping, physician, dietary, support staff, etc. Does each contain the information required?</p>			
<p><u>37.106.320 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: PHYSICAL PLANT AND EQUIPMENT MAINTENANCE</u> (1) Each facility must have a written maintenance program describing the procedures to keep the building, grounds, and equipment in good repair and free from hazards.</p> <p>(2) A health care facility must provide housekeeping services on a daily basis.</p> <p>(3) All electrical, mechanical, plumbing, fire protection, heating, and sewage disposal systems must be kept in operational condition.</p> <p>(4) Floors must be kept clean and in good repair at all times.</p> <p>(5) Walls and ceilings must be kept in good repair and be of a finish that can be easily cleaned.</p> <p>(6) Every facility must be kept clean and free of odors. Deodorants may not be used for odor control in lieu of proper ventilation.</p> <p>(7) The temperature of hot water supplied to</p>	<p>RULE INTENT: To protect human safety by requiring environmental safety within a health care facility.</p> <p align="center"><u>GUIDELINES</u></p> <p>(1): Review maintenance P &amp; Ps, and survey to ensure the P&amp;Ps are followed.</p> <p>Observe building &amp; equipment for any repair or hazards.</p> <p>Observe facility throughout survey for (4) through (6).</p> <p>(7): Measure the hand washing &amp; bathing facility water temperatures. If multiple hot water heaters / boilers are used, test the hot water supplied by</p>			

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<p>hand washing and bathing facilities must not exceed 120°F.</p>	<p>each hot water heater / boiler.</p> <ul style="list-style-type: none"> <li>• <b>Step One – Testing:</b> Fill a glass with equal parts cold water and ice cubes to make an ice slush mixture. Insert the instant read probe into the centre of the mixture being sure not to touch the sides or bottom of the glass. If the thermometer does not read 0 degrees celsius (or 32 degrees fahrenheit) move on to step two. Otherwise, clean the probe and put it away.</li> <li>• <b>Step Two – Calibrating:</b> Turn the thermometer so that the face is away from you. On the underside of the thermometer, look for the nut that attaches the probe to the casing that holds the face. Use a small adjustable wrench to turn this nut gently. Retest the temperature and readjust the nut until you get the appropriate reading. <b>Note:</b> Many models have a wrench built right into the same holder that keeps the probe clean and protected!</li> </ul> <p>Be aware that standard tank hot water</p>			

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	<p>heaters (not boilers) do not have the ability to accurately set and maintain a specific water temperature. As such, a variance of 5°F degrees over 120°F is acceptable. Anything beyond this level is potentially dangerous and not considered compliant.</p>			
<p><u>37.106.321 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: ENVIRONMENTAL CONTROL</u> (1) A health care facility must be constructed and maintained so as to prevent entrance and harborage of rats, mice, insects, flies, or other vermin.</p> <p>(2) Hand cleansing soap or detergent and individual towels must be available at each lavatory in the facility. A waste receptacle must be located near each lavatory.</p> <p>(3) Cleaners used to clean bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats, and floors must contain fungicides or germicides with current EPA registration for that purpose.</p> <p>(4) Cleaning devices used for lavatories, toilet bowls, showers, or bathtubs may not be used for other purposes. Those tools used to clean toilets or urinals must not be allowed to contact other cleaning devices.</p> <p>(5) A minimum of 10 foot-candles of light must be available in all rooms and hallways, with the following exceptions:</p> <p>(a) all reading lamps must have a capacity to provide a minimum of 30 foot-candles of light;</p> <p>(b) all toilet and bathing areas must be provided with a minimum of 30 foot-candles of light;</p>	<p>RULE INTENT: To protect human safety by requiring environmental safety within a health care facility.</p> <p align="center"><u>GUIDELINES</u></p> <p>During the survey, observe for any construction / maintenance areas of disrepair.</p> <p>(2): Observe all lavatories for required supplies.</p> <p>(3): Observe housekeeping carts / closets. Interview staff as to which products are being used as fungicides and / or germicides. Inspect these products to verify an EPA registration. EPA registration is confirmed by an EPA registration number, which is found on the product label.</p> <p>(4): Interview staff as to which cleaning devices are used for what areas of the facility. Ensure that</p>			

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<p>(c) general lighting in food preparation areas must be a minimum of 50 foot-candles of light; and</p> <p>(d) hallways must be illuminated at all times by at least a minimum of five foot-candles of light at the floor.</p>	<p>findings comply with (4).</p> <p>(5): Observe quality/amount of lighting throughout facility. Foot-candles are the standard by how light is measured. A general rule is; If it seems too dark, it is. If it seems too dark, measure the light with a foot-candle meter. Foot-candle meters are available through the Department.</p>			
<p><u>37.106.322 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: DISASTER PLAN</u></p> <p>(1) All health care facilities must develop a written disaster plan as follows:</p> <p>(a) skilled nursing facilities (long-term care), outpatient centers for primary care, outpatient centers for surgical services, critical access hospitals, hospitals, residential hospice facilities, inpatient hospice facilities, and infirmaries must develop a written disaster plan in conjunction with other emergency services in the community;</p> <p>(b) these procedures must be developed such that they can be followed in the event of a natural or man-caused disaster.</p> <p>(2) The health care facilities identified in (1) must conduct a review or physical exercise of such procedures at least once a year. After a review or exercise a health care facility shall prepare and retain on file for a minimum of three years a written report including but not limited to the following:</p> <p>(a) date and time of the review or exercise;</p> <p>(b) the names of staff involved in the review or exercise;</p> <p>(c) the names of other health care facilities, if</p>	<p>RULE INTENT: To protect human life within a variety of healthcare settings by establishing facility-specific standards related to disasters and fire.</p> <p align="center"><u>GUIDELINES</u></p> <p>Rules (1)(a) and (1)(3) describe requirements for specific types of health care facilities. Ensure that the rule section utilized is specific to the facility type surveyed.</p> <p>Review facility disaster plan. Does it contain, at a minimum, the elements required?</p> <p>(1)(a): For facility types covered in (1)(a), does the annual review / drill have all the required elements documented? If the facility disaster policy/ plan has elements beyond those required by these minimum</p>			

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<p>any, which were involved in the review or exercise;</p> <p>(d) the names of other persons involved in the review or exercise;</p> <p>(e) a description of all phases of the procedure and suggestions for improvement; and</p> <p>(f) the signature of the person conducting the review or exercise.</p> <p>(3) Adult day care facilities, adult foster care homes, assisted living facilities, chemical dependency treatment centers, end-stage renal dialysis facilities, intermediate care facilities for the developmentally disabled, mental health centers, outdoor behavioral facilities, residential treatment facilities, retirement homes, and specialty mental health facilities must develop a written disaster plan for their facility, and conduct a documented review of the disaster plan with all facility staff annually. This documentation must be maintained at the facility for a minimum of three years. The disaster plan must include:</p> <p>(a) plans for remaining at the facility during and subsequent to the disaster. Plans must include such elements as acquisition of additional blankets, water, food, etc.; and</p> <p>(b) plans for resident evacuation and identification of at least one off-site evacuation point. A written agreement must be maintained in the facility record and updated annually.</p> <p>(4) Fire drills must be conducted at all health care facilities.</p> <p>(a) health care facilities that house patients or residents must conduct at least four fire drills annually, no closer than two months apart, with at least one drill occurring on each shift. Drill observations must be documented and maintained at the facility for at least two years. The documentation</p>	<p>standards, are those elements documented as well?</p> <p>(1)(3): For facility types covered in (1)(3), does the annual review / drill have all the required elements documented? If the facility disaster drill policy/plan has elements beyond those required by these minimum standards, are those elements documented as well?</p> <p>(4) Review documented fire drills to ensure that drills are being conducted as required. Be aware that facility specific rules may have different requirements for fire drills. For example, assisted living facility rules require two, as opposed to four, fire drills per year, no closer than four months apart. Facility specific requirements are to be followed in case of conflict with Minimum Standards.</p>			

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<p>must include:</p> <ul style="list-style-type: none"> <li>(i) location of the drill;</li> <li>(ii) documentation that identifies participating staff;</li> <li>(iii) problems identified during the drill;</li> <li>(iv) steps taken to correct such problems; and</li> <li>(v) signature of the individual responsible for the day-to-day operation of the health care facility.</li> </ul>				
<p><u>37.106.330 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: WRITTEN POLICY AND PROCEDURE</u> (1) A current written policy and procedure manual that describes all services provided in the health care facility must be developed, implemented, and maintained at the facility. The manual must be available to staff, residents, resident family members, resident legal representatives, and the department and must be complied with by all facility personnel and its agents. Policies and procedures must be reviewed at least annually by either the administrator or the medical director with written documentation of the review.</p>	<p>RULE INTENT: To promote quality and continuity of patient care by comprehensive, current, and implemented policies and procedures.</p> <p><u>Guideline:</u>                      (1): Observe the location of the P &amp; Ps. The format (i.e. binder, CD, internet, etc.) of the P &amp; Ps is not a regulatory issue as long as they are available to all parties listed in this regulation.                      Have the P&amp;P been reviewed within the last 12 months? How is the review documented? Does the documentation include the approval of the facility administrator and / or medical director?</p>			
<p><u>37.106.331 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: LAUNDRY AND BEDDING</u> (1) If a health care facility processes its laundry on the facility site, it must:</p> <ul style="list-style-type: none"> <li>(a) use rooms solely for laundry purposes;</li> <li>(b) equip the laundry room with at least one mechanical washer and hot air tumble dryer, hand</li> </ul>	<p>RULE INTENT: To ensure that laundered items utilized by a health care facility are clean and in good condition.</p> <p><u>Guideline:</u>                      (1)(a): The intent of this rule is to</p>			



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<p>washing facilities, mechanical ventilation to the outside, a fresh air supply, and a hot water supply system which supplies the washer with water of at least 160°F (71°C) during each use. If the laundry water temperature is less than 160°F, chemicals and detergent suitable to the water temperature and the manufacturer's recommended product time of exposure must be utilized.</p> <p>(c) sort and store soiled laundry in an area separate from that used to sort and store clean laundry;</p> <p>(d) provide well maintained carts or other containers impervious to moisture to transport laundry, keeping those used for soiled laundry separate from those used for clean laundry;</p> <p>(e) dry all bed linen, towels, and washcloths in a manner that protects against contamination;</p> <p>(f) protect clean laundry from contamination; and</p> <p>(g) ensure that facility staff handling laundry cover their clothes while working with soiled laundry, use separate clean covering for their clothes while handling clean laundry, and wash their hands both after working with soiled laundry and before they handle clean laundry.</p> <p>(2) If laundry is cleaned off-site, the health care facility must utilize a commercial laundry which satisfies the requirements stated in (1)(a) through (g).</p> <p>(3) A health care facility with beds must:</p> <p>(a) keep each resident bed dressed in clean bed linen in good condition;</p> <p>(b) keep a supply of clean bed linen on hand sufficient to change beds often enough to keep them clean, dry, and free from odors;</p> <p>(c) supply each resident at all times with clean</p>	<p>prevent laundry processing from taking place in a kitchen, a resident bedroom, or in an area in which the processing would present an inconvenience, etc.</p> <p>(1)(b): Is there adequate hand washing facilities? Is the mechanical ventilation to the outside? Is there a fresh air supply?</p> <p>Be aware that a standard tank hot water heater does not have the ability to heat water to 160°F (only boilers can attain this temperature).</p> <p>(1)(d): What is being used for transporting laundry? Are these containers separate for dirty and clean?</p> <p>(1)(g): How is the clean laundry protected from contamination?</p> <p>Interview staff that handles laundry to ensure that separate gowns are being worn while handling clean and soiled laundry. The use of disposable gowns is acceptable, as long as they are not reused.</p> <p>(2): <b>IF:</b> Name of Laundry service _____</p>			

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<p>towels and washcloths;            (d) provide each resident bed with a moisture-proof mattress or a moisture-proof mattress cover and mattress pad; and            (e) provide each resident with enough blankets to maintain warmth while sleeping.</p>	<p>Location: _____</p> <p>Conduct on-site survey of service for compliance with (a) through (g).</p> <p>(3): Examine unused facility bed for moisture-proofing &amp; condition of bedding.</p> <p>Examine storage for available supply of bed linen, towel, and blankets.            Interview residents/patients and note any complaints of being cold at any time of day while at bed rest.</p>			