

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

JCAHO ENVIRONMENT OF CARE HEALTH AND SAFETY INSPECTION CHECKLIST (HSIC)

NAME OF FACILITY: _____

LOCATION: _____

OWNER/OPERATOR: _____

INSPECTOR: D. Cepeda DATE: _____

TYPE OF FACILITY: _____

NO. of CONSUMERS: M _____ F _____ TOTAL: _____

	Outdoor Area	Objective Met	Objective Partially Met	Objective' Not Met
1	Sign(s) are posted stating no other enterprise is to be conducted on premises during hours of operation and no business is observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Free from excessive noise and traffic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Adequate outdoor space that is free from litter and other hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Outdoor space is fenced or protected and area is easily supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Outside faucets of ¾ “.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Outdoor areas are well drained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	When permitted, smoking is only in designated areas outside and away from entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A shaded area is available outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Adequate sewage disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Indoor and outdoor areas are free of poisonous plants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Gates and hand rails are in good operable condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Facility has clean, orderly, and sanitary surroundings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	No excessive amount of dust or traffic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	All balls and recreation equipment put away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Garage, porch, carport, and sidewalks swept and free of trash, leaves, and debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Trash secured and disposed of in dumpster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Van clean inside and out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Indoor Area			
18	Protection and maintenance against flies, roaches, mosquitoes, and rodents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Adequate lighting and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Adequate indoor space for daytime recreation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Walls, ceilings, doors, and storeroom areas in good condition, free of holes and other damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Vent covers are clean and AC filters checked and changed if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Home free of water stains and indicators of water leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Gates at the head of stairs and handrails on stairways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Doors and windows can be secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Security system engaged at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Adequate emergency lighting in hallways and living/dining areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	All light fixtures have covers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	A fire extinguisher with at least 10 lbs pressure is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Fire extinguishers are clearly identified, inspected at least monthly and maintained at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Floor mats are fire retardant and without mildew.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Outlet covers in all outlets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33	Cords, wires, extensions protected, covered or out of traffic areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	No broken furniture and other broken items found on premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Smoke detector(s) are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Facility is free of strong odors and smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Facility has clean walls, ceilings, and storerooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Equipment is found to be neat, clean, and sanitary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	All surfaces dusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Windows and doors are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Window sills are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Mini-blinds are free of dust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Corners and ceilings free of cobwebs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	All trash cans and lids clean inside and out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Floors free of trash and debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Floors swept and mopped with disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Living Room Area			
47	The home is decorated in a way that creates a homey, comfortable and inviting atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Standard first aid equipment is properly maintained, no expired dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Standard first aid equipment is stored in a central location and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Medical emergency paperwork available for each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Adequate supply of protective gloves, face shields and protective resuscitation devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Fire drills are done once per quarter and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Smoke detector devices are tested annually and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	A current sanitary permit is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	A current health certificate is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Current Emergency Plan posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Current Evacuation Plan posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Flashlight and weather band radio available and in working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	All staff items stored in locked areas (Not in medication closet) and removed after shift change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Keys stored in locked area or on staff person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Stains on carpets cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Carpets free of stains, tears, and holes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Carpet is vacuumed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Vacuumed under all furniture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Cushions are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Cushions free of stains, tears, and holes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathroom Areas			
67	Hot and cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	One toilet and wash basin installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Water closet and wash basin are at suitable height and size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Adequate supply of soap and towels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Facility has clean and disinfected bathrooms, including toilets, sinks, counter, shower, tub, walls, and floors with a documented schedule that shows daily cleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Soap scum and mildew eliminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Bath mats and shower curtains are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Bathrooms have toilet paper, soap, and paper towels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bedroom Areas			
75	Adequate night-time care, separate beds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76	Beds neatly and fully made (pillow, pillowcase, fitted sheet, flat sheet, and blanket/comforter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Each consumer has adequate personal space for his/her use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	All client belongings organized, neatly folded, and labeled as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	All client hygiene boxes clean, organized, and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Dirty laundry stored in basket and off of floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Client toothbrush and soap stored to protect against infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Storage Areas			
82	Flammable items stored away from hot water heater.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	All areas around hot water heater, AC vents and range vent clean and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	All poisonous, dangerous chemicals (i.e. pesticides, cleaners, etc.), cleaning equipment, and supplies are stored in a locked closet or cabinet out of consumers' reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Mop and mop bucket stored in position that allows air circulation for drying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Washer and dryer filters/hoses free of lint and debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Laundry completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Facility has clean blanket and towels with a documented schedule of cleaning at least twice a week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Items used by all clients are cleaned and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Soiled items stored away from other laundry and laundered in hot water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Adequate medical waste storage area is provided and kept secured. Door to storage areas is labeled with OSHA biohazard symbol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Containers are properly labeled with the name of the universal waste and the accumulation start date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Specimens of blood or other potentially infectious materials are placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Trash is properly segregated into solid waste and infectious waste. It is placed into separate bags (with red biohazard bags clearly identified, dated, and secured).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	The sharps container is puncture proof and is clearly labeled with a biohazard symbol and stored in a locked area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	The sharps container is puncture proof and emptied before it gets to be ¾ full.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	The sharps container is closed immediately prior to removal from area of use to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Records, documents, and procedures indicate that Universal Waste are not stored or accumulated on site for longer than one year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kitchen Area			
99	Telephone or other means of communication is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Kitchen with hood, vents, or exhaust fans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Food storage and a preparation area with adequate lighting and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Adequate garbage containers with lids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Adequate water supply from a safe, sanitary source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Refrigeration/Heating equipment to store/warm up food is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Thermometers visible in freezer and refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Freezer and refrigerator temperatures documented on menu and within acceptable range.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107	No leftovers more than 4 days old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Everything not in original container labeled and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Cereals, chips, and bread sealed, labeled, and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	All staples stored in labeled plastic containers using intended lid or in Ziploc bags.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	All liquids stored in airtight containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Food items stored off of floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Food items separated from non-food items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	6-8 bottles of water available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	Emergency food supply available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	All knives and sharp utensils locked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Knobs off of range top and locked if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Oven, stove, and hood cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Microwave, sink, counter, table, chairs, and utensils cleaned, sanitized, dried, and free of residue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Facility has clean food storage, preparation, and serving area protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Utensils are stored in a clean, dry place protected from contaminants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Refrigerator and freezer cleaned and neatly organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	All shelves, cabinets, and drawers wiped down and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	All items on shelves and in cabinets, drawers and closets neatly organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

SAFETY OFFICER'S SIGNATURE: _____ Date: _____