

**New Jersey Department of Health
Division of Health Facility Survey and Field Operations**

FACILITY INSPECTION WORKSHEET

Resident Rights, Physical Plant and Environment, Safety, Dietary Services

(ALL REFERENCES ARE TO N.J.A.C. 8:36)

License Name	Facility ID No.	Date of Survey
Address	Bed Capacity	
Facility Representative	Telephone Number	

Subchapter 16	PHYSICAL PLANT AND ENVIRONMENT
8.36 16.3	<p>VENTILATION</p> <p>Does every habitable room have means of ventilation (window or mechanical ventilation)? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.4	<p>Small passageways, aisles and corridors maintain an unobstructed minimum of 44 inches. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are all exits unobstructed? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.5	<p>AUTOMATIC FIRE DETECTION SYSTEM</p> <p>Do all residents' bedrooms, living rooms, and studio apartments have smoke detectors? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.7	<p>INTERIOR FINISH REQUIREMENT</p> <p>Are interior walls, ceiling and floor finishes free of any major damage? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are stairs and hallways free from hazards and obstructions? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are ceiling tiles in place and free from stains? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.8	<p>GENERAL RESIDENTIAL UNIT REQUIREMENTS</p> <p>Is the Residential Unit lockable? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.9	<p>TOILETS, BATH, AND HAND WASHING SINK</p> <p>Does the unit have a bathroom with a toilet, bathtub and a shower? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are additional toilets in areas other than residents' units? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.11	<p>COMMUNITY SPACE</p> <p>Adequate space for Common Areas? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>

**FACILITY INSPECTION WORKSHEET
(Continued)**

Subchapter 16	PHYSICAL PLANT AND ENVIRONMENT
8.36 16.12	<p>LAUNDRY EQUIPMENT – ALR (CPCH)</p> <p>When commercial type laundry equipment is utilized:</p> <p>Is the laundry room protected by a fire separation assembly of at least one-hour rated construction? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Does the facility have at least one washer and dryer for residents' use? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are all dryers vented to the outside of the building? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.14	<p>ADMINISTRATION AND PUBLIC</p> <p>Wheelchair access <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Interview space <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Mailboxes <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Offices for records and staff possessions..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.15	<p>FIRE EXTINGUISHER SPECIFICATIONS</p> <p>Are all fire extinguishers unobstructed, properly labeled and secure? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Adequate number and type? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8.36 16.16	<p>SOUNDING DEVICES</p> <p>Sounding device Alarm or self-locking doors? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>

Subchapter 14	EMERGENCY SERVICES AND PROCEDURE
8.36 14.1 (d)	<p>EMERGENCY PLANS AND PROCEDURE</p> <p>AED Onsite? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Location: _____</p>
8.36 14.3	<p>DRILLS</p> <p>*Does all staff participate at least annually? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>* Interviews</p>

**FACILITY INSPECTION WORKSHEET
(Continued)**

Subchapter 17	PROVISION OF SERVICE GENERAL SAFETY, BUILDING AND GROUND
<p>8:36 17.1-17.2</p>	<p>HOUSEKEEPING</p> <p>Are all furnishings clean and in good repair? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are thermometers located within refrigerator and freezers?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are Residential Units clean to sight and smell, clutter free?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Adequate pest control? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Does facility utilize a “call bell system?” <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If Yes:</p> <p>Does facility have a policy on responding to “call bells”?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>On interview, are there any complaints about slow response time?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>8:36 17.3 (a) (8)</p> <p>8:36 17.3 (b) (4)</p> <p>8:36 17.3 (b) (5)</p> <p>8:36 17.3 (b) (8) (i – ii)</p>	<p>RESIDENT ENVIRONMENT</p> <p>Are articles in storage elevated from the floor? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are all poisonous and toxic materials identified, labeled and stored in a locked cabinet or room? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are combustible materials stored in accordance with Fire Safety requirements specified in the NJ Uniform Code N.J.A.C. 5:70?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are electrical outlets free from damage? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are electrical cords used? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
<p>8:36 17.5</p> <p>8:36 17.5 (a) (2)</p> <p>8:36 17.6 (b)</p>	<p>HEATING AND AIR CONDITION</p> <p>Resident areas fully air-conditioned and heated? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are portable heaters in use? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Is the domestic hot water temperature range between 105° F and 120° F?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is the water temperature monitored?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Are discrepancies in the log addressed by maintenance? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If Yes, how? _____</p>

**FACILITY INSPECTION WORKSHEET
(Continued)**

Subchapter 17	PROVISION OF SERVICE GENERAL SAFETY, BUILDING AND GROUND
<p>8:36 17.7</p>	<p>BUILDING AND GROUNDS MAINTENANCE</p> <p>Are handrails present and secure?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are ventilation grills clean and unobstructed? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Exit lights are unobstructed and lit?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Do emergency lights work when tested? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Self-closing doors are not obstructed or held open with wedge, chairs, etc.? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>When fire doors are closed, do they close all the way into the frame and latch shut?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Do double smoke doors have a gap less then 1/8 inch when closed? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are cylinders secured in carts, stands or chained to the wall? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Is there an 18" clearance under sprinkler heads? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
<p>8:36 17.8</p>	<p>LAUNDRY SERVICE</p> <p>Soiled and clean laundry shall be kept separated. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>If laundry services provided on-site, is there an area for receiving, sorting and folding with a hand washing sink? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>

Subchapter 10	DIETARY SERVICES
<p>8:36 10.5(a)</p>	<p>REQUIREMENTS FOR DINING SERVICES</p> <p>The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>Does facility kitchen have a commercial dishwashing machine? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p> If yes: Sanitizing Solution used: _____</p> <p> Does it reach maximum hot water temperature? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Does facility use a 3-compartment sink? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p> If yes: Are they using the 3 compartments appropriately?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p> Sanitizing Solution used: _____</p> <p>Does the facility have a food temperature log in the kitchen? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Are staff taking food temperatures prior to serving? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>On interview, do the residents complain about food temperatures? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p> If yes: Review log and take food temperatures with digital thermometer:</p> <p> _____</p> <p>Hot = at least 140 degrees F; Cold = 45 degrees F. or below.</p>

**FACILITY INSPECTION WORKSHEET
(Continued)**

Subchapter 10	DIETARY SERVICES
8:36 10.5(c)	Are menus posted in kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, does facility give menu to each resident daily/weekly? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the kitchen staff use appropriate measured utensils, i.e., spoodles, cups, etc. to portion the food onto the plates? <input type="checkbox"/> Yes <input type="checkbox"/> No

Subchapter 2 and Subchapter 4	LICENSURE PROCEDURES AND RESIDENT RIGHTS POSTING AND DISTRIBUTION OF STATEMENT OF RESIDENT RIGHTS
8:36 2.5(c) 4.1(a)(38) (40)	Are these posted in conspicuous places in the facility? <ul style="list-style-type: none"> • Facility's current license? <input type="checkbox"/>Yes <input type="checkbox"/>No • Resident Rights?..... <input type="checkbox"/>Yes <input type="checkbox"/>No • Phone numbers for the Ombudsman, NJDOH and County Agencies? <input type="checkbox"/>Yes <input type="checkbox"/>No

Subchapter 5	GENERAL REQUIREMENTS
8:36 5.11(a)1-7	Is notice posted that the following are available for review during normal business hours? <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> • Waivers; • Copy of last inspection report; • Policies regarding Resident Rights; • Business Hours of facility; • Policies and Procedures regarding maintaining security of the facility; • Toll-free hot line number of the Department; • Telephone numbers of county agencies; • Telephone numbers of the State of NJ, Office of the Ombudsman; and • The names of, and a means to formally contact, the owner and/or members of the governing authority.

Name of Surveyor Completing Form	Date Completed
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