

**Montgomery County Office of Public Health
LONG TERM CARE INSPECTION CHECKLIST**

1. FACILITY

Name _____

Address _____

Township _____

Telephone Number _____ Fax Number _____

Licensing Agency _____ License #: _____

2. CONTACT PERSONS

Administrator _____

Admin Email _____

Director of Nursing _____

DON Email _____

Infection Control Nurse _____

ICN Email _____

Medical Director _____

Medical Director Email _____

3. UNIT INFORMATION

Beds (total capacity) _____ # Empty Beds _____

Residents ill: _____ # Residents hospitalized: _____ # Resident deaths: _____

List Wings by name and classification of unit (i.e. A Wing / Rehabilitation)

1 _____ # beds total _____ ill _____

2 _____ # beds total _____ ill _____

3 _____ # beds total _____ ill _____

4 _____ # beds total _____ ill _____

5 _____ # beds total _____ ill _____

4. STAFFING

A. Staff to Patient Ratio _____ :

B. Shifts (describe) _____

C. Employees

of Total Employees _____ ill: _____

# RN's and LPN's	_____	ill_____
# Dietary	_____	ill_____
# Health Aides	_____	ill_____
# Maintenance	_____	ill_____
# Activities	_____	ill_____
# Administrative	_____	ill_____

5. RECORD OBSERVATIONS OF ILLNESS

Earliest known onset date: ____/____/____

Observed symptoms: _____

Other Notes-

6. LABS

Rapid Flu tests: positives: ____ total: ____ Type of rapid test: A: ____ B: ____ both: ____

Cultures to BOL: Yes ____ No ____ Any other pertinent tests: (CXRs, etc): _____

7. MEDS

Prescribing Physician's Name: _____

Phone Number: _____

Treatment for residents/employees (what med?): _____

Prophylaxis for residents/employees (what med?): _____

8. VACCINE HISTORY

Residents vaccinated (#, out of total #, when?): _____/_____ When? _____

Employees vaccinated (#, out of total #, when?): _____/_____ When? _____

9. GUIDELINES AND RECOMMENDATIONS

Isolation of ill patients -- restricted to room	Yes ____ No ____
Visitors to be limited	Yes ____ No ____
No new admissions to facility	Yes ____ No ____
Ill staff excluded from work	Yes ____ No ____
Monitor residents and staff for illness	Yes ____ No ____