

**SHIAWASSEE HEALTH AND WELLNESS
Specialized Residential
Annual Facility/Building Assessment**

Home: _____ Date: _____

Home Manager or Representative: _____

Directions:

Check the "OK" box if an inspection of the item indicates satisfactory compliance. Document discrepancies in the space provided at the end of each section. Any issues that may affect the safety of the residents must be addressed immediately.

I. Review documentation (verified inspections and/or testing):

NA OK

- 1. Furnace System Preventative Maintenance. Date completed: _____
a. Air filter is checked and replaced quarterly at a minimum, or as needed.
- 2. Air conditioning unit(s) Preventative Maintenance. Date completed: _____
- 3. City Sewer Septic System Date the septic system pumped out: _____
- 4. Well pump/City water. Is the system in good working order? Yes No
- 5. Water heater Gas Electric Leaks: _____
- 6. Emergency Generator. Weekly Test: Yes No
- 7. Emergency Lights and Exit Lights are inspected every 30 days for 30 second intervals, and annually for 90 minutes.
Date of monthly test: _____ Date of annual test: _____
- 8. Security Alarm System. Date of annual inspection: _____
Security Alarm Servicing Company: _____
- 9. Fire/Smoke Alarm System Inspection and Testing. Date of last inspection/test: _____
Does the fire alarm alert 911 automatically? Yes No NA Is the system integrated? Yes No
Batteries are replaced as needed or annually? Yes No
Fire Alarm Servicing Company: _____
- 10. Battery Operated Smoke Detectors are tested/inspected at least quarterly. Date: _____
Batteries are replaced at least annually. Date: _____
- 11. Carbon Monoxide Detectors are tested/inspected at least semi-annually. Date: _____
Batteries are replaced at least annually. Date: _____
- 12. Fire Sprinkler System. Date of last flow check: _____ Date of last annual inspection: _____
Sprinkler Servicing Company: _____
- 13. Fire Extinguishers are inspected monthly. Date of last annual inspection/maintenance: _____
Fire Extinguisher Servicing Company: _____
- 14. Refrigerators and freezers are equipped with a thermometer.

NA OK

- 15. First Aid Kits are checked at least annually.
- 16. Right to Know Information. Material Safety Data Sheets (MSDS's) are current and accessible to the staff.
- 17. Body Fluid Pickup Kits are available and restocked as needed.
- 18. Flashlights are tested monthly and batteries are replaced annually.

Comments: _____

II. Fire Prevention & Life Safety

NA OK

- 1. Fire evacuation route floor plans are posted in the appropriate locations.
- 2. Tornado shelter is indicated on the floor plan.
- 3. There is one ABC fire extinguisher on each floor.
- 4. Staff is aware of how the fire alarm system functions.
- 5. Quarterly Fire Drills are conducted.
 - 4- 6 residents: 1 per quarter per shift
 - 1 – 3 residents: 4 times a year. 2 of the 4 drills done during sleeping hours

	Date/Time of Day	Length of Drill
Dates and times of last three 3rd shift drills:	_____	_____
	_____	_____
	_____	_____

- 6. Exit doors are equipped with positive latching upon egress locking hardware.
- 7. No Smoking Environment inside the home or Smoking is restricted to one designated area under direct supervision.
- 8. Cigarette butt receptacle is adequate and located a safe distance from the house or other buildings.
- 9. If oxygen is used in the home, the staff is trained to keep fire or flames away from where oxygen is used or stored. Staff prohibits smoking around consumers who use oxygen. Oxygen in Use signs are posted. Oxygen tanks are properly stored. Staff are trained on the hazards and proper use of oxygen.
- 10. No bulk storage of flammable material, unless in an approved storage area and in approved containers (No glass containers and contents are clearly marked). No flammables in the same room as furnace, water heater, or other flame producing appliances.

NA OK

- 11. Small appliances are unplugged when not in use. Only grounded extension cords are used for temporary use. Surge protectors may be used and a surge protector is never plugged into another surge protector. GFCI outlets are tested at least annually.
- 12. Portable heaters are not used.
- 13. Stovetop and oven is clean. Stovetop and oven are cleaned on a routine basis.
- 14. Dryer vents are cleaned out after each use.

Comments: _____

III. Emergency Procedures

NA OK

- 1. Emergency telephone numbers are posted.
- 2. Staff are trained in emergency preparedness procedures and checklists.
- 3. The home has emergency plans or checklists for at least the following emergencies:
 - Fire
 - Severe Weather/Tornado
 - Carbon Monoxide (toxic gas)
 - Loss of Utilities/Power Failure
 - Medical Emergency
 - Evacuation to Alternate Site
 - In-place sheltering (pandemic or external disaster)
- 4. The home has emergency plans or checklists for the following other emergencies:
 - Bomb Threat/Explosion
 - Workplace Violence
 - General Emergency Preparedness/Business Continuity
 - Pandemic Threat
 - Terrorism - Biological and Chemical Threat
 - Flood
 - Severe Winter Weather
- 5. Emergency checklists are reviewed at least annually (revised as necessary).
- 6. A Tornado Drill was completed once for each shift during the month of April. Date of drill: _____
- 7. The home is equipped with a portable Emergency Kit Bag, which includes the items recommended by MDHHS and SHW.
The supplies are checked for expiration and replenished as necessary.

Comments: _____

IV. Medical Equipment and Vehicles:

NA OK

1. Lifts are inspected according to the manufacturer's instructions.

Inventory of Lifts in Home:

2. A vehicle safety inspection process is established and records of inspections are maintained.
3. Each vehicle is equipped with an emergency kit. Drivers are provided with a cell phone while transporting consumers.

Comments: _____

V. General Safety

NA OK

1. Basement is clean and organized. No signs of water.
2. Storage closets are clean and organized.
3. Faucet temperature range is 105 to 120 degrees F and being checked and documented.
4. No insects, rodents, or pests noticed in the home. Pest Control Company: _____
5. Furnace rooms are not used for storage.
6. One person on each shift knows the location of the water shut-off.

Comments: _____

VI. Physical Plant Maintenance and Servicing:

OK

Floors

Walls

Ceiling

Woodwork and trim

Countertops and cupboards

Appliances

Sinks, toilets, showers, tubs, whirlpool tubs

Windows/Screens

Doors

OK

Vinyl

OK

Carpet

OK

Sidewalks, driveway, and patio. ADA accessible.

Grounds, fencing

Crawl space NA

Sump pump NA

Basement NA

Roof, gutters/downspouts

Siding

Garage Door/Door Opener NA

Comments: _____

VII. Plan for Improvement: _____

SHW Facilities Manager/ Provider Network/Contracts Manager

Date: _____