



WHERE ABILITY MEETS OPPORTUNITY

September 28, 2020

Laura S. Veuhoff, LTC Supervisor  
Division of Long-Term Care Services  
Office of Licensure and Certification  
Virginia Department of Health  
9960 Mayland Drive, Suite 401  
Henrico, Virginia 23233-1485

RE: VersAbility Resources  
Saunders House  
149 Saunders Rd.  
Hampton, VA. 23666  
Provider Number: ICF/IID 49G007

Dear Ms. Veuhoff,

Enclosed is the Plan of Correction for Saunders House including the completed form CMS-2567 which was received on September 22, 2020.

Please contact me at (757) 896-8431 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Linda R. Kerns, LCSW".

Linda R. Kerns, LCSW  
Chief Community Living Officer

cc: Kasia Grzelkowski, President CEO  
Joyce Cofield, Assistant Director Community Living  
Rosilyn Dodson, Assistant Director Operations of Community Living  
Erica Jones, Community Living Manager  
Tiffani Bradley, Lead RN, Community Living

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VERSABILITY RESOURCES SAUNDERS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>149 SAUNDERS AVE HAMPTON, VA 23666</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000	W104 Facility staff failed to ensure the living environment was safe and sanitary.	
W 000	INITIAL COMMENTS  An unannounced Emergency Preparedness survey was conducted 9/10/20 through 9/11/20 and 9/14/20 through 9/16/20. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey.	W 000	1. Saunders floor repairs were initially identified by VersAbility Resources Facility Dept. in July, 2020. They were identified as a Moderate priority. However, on 9/16/20, Saunders floor repairs were upgraded to "High Priority" by VersAbility Resources' Facilities Department. (Reference Attachment #1: Community Living Projects FY21) Estimates are expected by 9/25/20 and date of completed will be no later than 10/21/20. In addition, the Manager of Saunders met with facility staff to discuss issues with cleanliness and then revised the daily shift duties at the facility to ensure monitoring will occur on a regular basis and consistently across shifts. (Reference Attachment #2: Saunders House Shift Duties Check-Off Sheet) Also, a checklist was developed for Managers/Asst. Managers to oversee cleanliness of their facilities on a weekly basis. (Reference Attachment #3: Weekly Physical Internal Environmental Review Checklist).	9/16/20 10/21/20
W 104	GOVERNING BODY CFR(s): 483.410(a)(1)  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility staff failed to ensure the living environment was safe and sanitary.	W 104	2. All Community Living ICF-IID Facilities were assessed by VersAbility Resources' Facilities Department prior to the agency's fiscal year (July 2020). Three ICF-IID facilities (which includes Saunders ICF-IID) were identified as being in need of floor repairs (Moderate level priority). All 3 were changed to High Priority status on 9/16/20 and a Contractor was obtained. (Reference Attachment #1: Community Living Projects FY21) Estimates are expected by 9/25/20. An anticipated date of completed is 10/21/20 at Saunders.  3. The ICF-IID Manager, Chief Community Living Officer and VersAbility Resources Facility Department will continue to communicate the needs of the facility regularly and address safety needs per occurrence.	9/25/20 9/25/20 9/16/20 10/21/20 10/30/20 9/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sandra K. Kuma, LCSW* TITLE Chief Community Living Officer (X6) DATE 09/28/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1  The findings included:  During the course of the survey, observations revealed multiple torn and/or buckling areas to the vinyl floor covering in the dining room near the chairs and the table, making the floorings hazardous and creating a risk for falls as individuals transferred to the table for meals and activities. As Individuals were seated at the table their feet rested on the buckled and torn vinyl areas.  Further environmental observations revealed thick dark dust to the baseboards and the vents in the living room.  On 9/16/20 at approximately 2:15 p.m., the above information was shared with the Program Director, two Registered Nurses and the Residential Manager. The Program Director stated they are aware of the multiple torn and/or buckling floor covering in the dining room and a priority work orders had been submitted for replacement of the flooring. The Program Director also stated they're expecting installation of the new flooring very soon.	W 104	4. VersAbility Resources' Facilities Department, along with the Chief Community Living Manager will continue to monitor the status of projects related to ICF-IID facilities at least quarterly and will upgrade their status to "High Priority" when safety hazards, or other health/safety criteria are identified.  The Managers at all ICF-IID Facilities operated by VersAbility Resources will re-evaluate shift duties to ensure staff are checking for cleanliness and incorporate the use of the Shift Duties Check-Off Sheet as it relates to their facility. In addition, all ICF-IID Facility Managers, or designees, will begin using the Weekly Physical Internal Environment Review Checklist to conduct on-site inspections of their facilities and maintain this form on file. (Reference Attachment #3: Weekly Physical Internal Environmental Review Checklist). Facilities Staff will continue to maintain cleanliness within the facility by conducting daily cleaning assignments per shift. (Reference Attachment #2: Saunders House Shift Duties Check-Off Sheet)  W440 Facility staff failed to conduct an evacuation drill at least quarterly on each shift.	9/16/20 Ongoing  9/25/20
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to conduct an evacuation drill at least quarterly on each shift. Only 3	W 440	1. The Manager of Saunders ICF-IID facility will meet with the facility staff to discuss the process for administering drills, which includes alternating drills per shift each month after discovering that two drills were completed on the same shift within one quarter. Facility staff will follow current system in place to track and report all fire and safety drills. A copy of the signature sheet for this meeting will be maintained on file.  2. No other individuals or ICF-IID programs were affected by this deficient practice.	9/28/20  9/16/20

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W 440	<p>Continued From page 2</p> <p>fire/evacuation drills were conducted in 2019 on the 7 A.M.-3 P.M. shift.</p> <p>The findings included:</p> <p>A review of the fire/evacuation drills indicated the following: For the 7 A.M.-3 P.M. shift, fire drills were conducted on 6/29/19 at 12:23 P.M., 9/28/19 at 12:11 P.M... and 12:29/19 at 7:13 A.M. There were only three quarterly fire drills conducted during the year on the 7 A.M.-3 P.M. shift.</p> <p>A review of the facility's policy and procedures for Conducting Fire/Safety Drills up-dated 2/18 indicated:</p> <p>Policy- It is the policy of the ICF/IID Program to conduct Fire drills at the facility once per month and Safety drills quarterly. The Community Living Manager and staff will be responsible for conducting, monitoring, and documenting each drill including putting the fire alarm system in and out of test.</p> <p>Procedures: 1. A Fire and Safety Drill will be conducted monthly, on varying shifts, during varying times, and during various weather conditions (e.g. rain, snow, cold, hot, etc.).</p> <p>During an interview with the Community Living Manager on 9/16/20 at 1:45 P.M. she stated the staff failed to conduct a fire drill on each shift every quarter.</p>	W 440	<p>3. All ICF-IID facilities operated by VersAbility Resources will electronically submit a copy of their emergency drills to VersAbility Resources' Facilities Department monthly. The Assistant Director of Community Living will review and approve all emergency drills electronically and will assist the Manager in reviewing drills to assure they comply with policy. Instructions will be provided to Managers to clarify procedures for completing and submitting Emergency Drills, (Reference Attachment #4: Emergency Drill Report Instructions) Managers will also assure facility staff are conducting drills as outlined on the Emergency Drill schedule and will assign the shifts accordingly.</p> <p>4. All ICF-IID facility Managers, or designees, will be responsible for monitoring monthly emergency drills to assure drills are occurring as instructed (e.g. alternating shifts). They will also complete the Quality Assurance Fire/Safety Drill Report (Reference Attachment #5: Quality Assurance Quarterly Fire/Safety Drill Report) and submit this document to the Assistant Director, or designee quarterly for additional monitoring. Issues of non-compliance will be reported to the Chief Community Living Officer for additional follow-up.</p>	9/28/20	9/28/20

**Attachment #1**  
**Community**  
**Living Projects**  
**FY 21**  
**(1 page)**

Priority	Time Table	Location	Work Description	Vendor
Moderate	Nov-20		Roof and Gutter replacement	TBD
Moderate	Sep-20		additional exterior driveway lighting	TBD
Moderate	Apr-21		Window replacement	TBD
Moderate	Mar-21		Replacement HVAC unit for front area	In-house
High	Oct-20	ICF Facility #2	Living room flooring	TBD
Moderate	Dec-20		Roof and Gutter replacement	TBD
Moderate	Sep-20		Toilet floor mounting repair	TBD
High	Oct-20	ICF Facility #3	Kitchen & dining room flooring	TBD
Moderate	Sep-20		Exterior driveway lighting	TBD
Moderate	2020-12/20		Additional driveway expansion	TBD
High	Sep-20		additional exterior driveway lighting	TBD
Moderate	Sep-20		additional exterior driveway lighting	TBD
Moderate	TBD		HVAC replacement	In-house
Completed	TBD		Chimney sealing	TBD
High	Oct-20	SAUNDERS ICF #1	Office, dining room and kitchen floor replacement	TBD
Moderate	Sep-20		additional exterior driveway lighting	TBD

Legend:

High
Moderate
Low
Completed

**Attachment #2**  
**Saunders House**  
**Shift Duties**  
**Check-Off Sheet**  
**(5 pages)**

WEEK OF: \_\_\_\_\_

SAUNDERS HOUSE SHIFT DUTIES CHECK-OFF SHEET  
6A-9A

TASK	SUN	MON	TUE	WED	THUR	FRI	SAT
<i>Task to be completed daily unless instructed otherwise</i>							
Upon arrival, read the staff log and check for special announcements and tasks in office							
Shower and dress KT							
Check KT's helmet for cracks, rips or tears							
Check KT's hipsters for rips or tears							
Make sure KT has on her gait belt, helmet, ted socks and hipsters							
Make sure KT's bedroom floor is free of debris							
Make sure KT's books & magazines are neat and tidy							
Make sure KT's DVDs are neat and in place							
Provide support with feeding at breakfast as needed							
Complete all scheduled supports, to include toileting for KT							
Checklists, data sheets, support log, incident reports, etc. are completed for KT							
Support KT with loading van & securing seatbelt on the vehicle (M-F)							



**SAUNDERS HOUSE SHIFT DUTIES CHECK-OFF SHEET  
7A-3P Medication/Breakfast (Mon-Fri)**

<b>TASK</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>
<i>Task to be completed daily unless instructed otherwise</i>							
House accepted in good order							
Upon arrival, read the communication log and check for special announcements and tasks							
Count controlled meds at start of shift							
Administer & Document medications							
Discard empty A.M bubble pack (last day of the month)							
Clean medication area (wipe down cart, shelves, empty trash, sanitize pill crusher etc.)							
Prepare breakfast according to menu							
Clean all appliances (can opener, toaster, Keurig etc.)							
Clean stove top (burners & drip pans)							
Wipe out oven							
Clean out microwave							
Wipe down "Lazy Susan" shelves							
Unload dishwasher							
Make sure food is properly stored and labeled/dated before it is placed in the refrigerator and/or cabinet							
Ensure that all leftover food is discarded							
Sweep kitchen floor after breakfast							
Check fluids and do vehicle inspection							
Transport individuals to day support program (M-F)							
Accompany individuals on medical appointments (M-F)							
Make copies at Fishing Point							
Deliver mail to/from Fishing Point and if needed, to the administration building							
Send all mileage sheets to Facilities on the 7th of the month							
Put gasoline in both vehicles on Fridays (as needed throughout week)							
Shop/pick up groceries							
Assist with completion of morning household laundry							
Clean ceiling fans throughout house (Monday & Friday)							
Ensure that bathroom 2 is clean and stocked with soap, toilet paper, & paper towels							
Ensure that bathroom 2 paper towel and soap dispensers are working properly							
Ensure that bedrooms are neat and tidy							
Ensure that the ramp and driveway entries are free of debris							
Ensure that dishwasher is unloaded, kitchen sink & utility sink is clean, kitchen trash is emptied, and kitchen/dining area is clean by the end of your shift							
Complete ISP checklists, data sheets, charts/logs, and support logs for all 6 individuals							
Complete ISP checklists (medication, med appts, transportation) for all 6 individuals							
Document safety drills, if needed							
Retrieve garbage/recycle pails from curb on MONDAY; Wednesday, if preceding a holiday							
Inventory/log-in new meds that arrive on site if needed							

WEEK OF: \_\_\_\_\_

<b>TASK</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>
<b><i>Task to be completed daily unless instructed otherwise</i></b>							
Count controlled meds at end of shift							
Ensure that controlled meds are double-locked and that all locks are working properly							
Document in communication log for your shift							
Report any meds that need to be ordered (5-Day Rule),							
Document all calls to nurse in Nursing Contact Log							
Any other assigned duties							

**SAUNDERS HOUSE SHIFT DUTIES CHECK-OFF SHEET  
11P-9A/12A – 10A (MEDS/MAR Review)**

<b>TASK</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>
<b><i>Task to be completed daily unless instructed otherwise</i></b>							
Upon arrival, read the communication log and check for special announcements and tasks in office							
Ensure that controlled meds are double-locked and that all locks are working properly							
Count controlled meds upon your arrival							
Verify med counts during 7am morning medication administration, complete MAR Review							
Administer medications if needed							
Document all calls to nurse in Nursing Contact Log							
Report any meds that need to be ordered (5-Day Rule), injuries, or medical issues to on-call nurse							
Submit work orders for any safety and/or maintenance concerns							
Clean and defrost medication refrigerator (Sat)							
Conduct bed checks every 30 min.							
Prepare lunches according to menu (Sun-Thu)							
Clean/sanitize refrigerator (Sun & Thu)							
Iron clothing for assigned individuals as needed							
Check & document water temperatures before showers (assigned individuals)							
Sanitize dining room table & chairs/sweep area							
Sweep & mop living room floor							
Clean & sanitize bathroom 3 baseboards, fixtures, sink, showers, and toilet							
Check paper towel & soap dispensers in bathroom 3 are working properly							
Replenish tissue, paper towels and soap as needed							
Dust/wipe down kitchen & office area blinds (Sun & Thu)							
Remake beds. Check mattresses, bed frames, and bedding for signs of bed bug infestation							
Complete showers for assigned individuals							
Shave assigned individuals							
Check toothbrush covers on toothbrushes							
Implement A.M outcomes. Complete checklists, data sheets, support log, incident reports, etc.							
Check appearance of individuals prior to leaving shift							
Assist with putting individuals on the van to transport to day support and/or appointments (M-F)							
Document in communication log for your shift							
Cleaning supplies, mops, buckets, and brooms are properly put away prior to leaving your shift							
Empty trash cans and replace trash bags at the end of the shift							
Check yard for trash and other debris							

## SAUNDERS HOUSE SHIFT DUTIES CHECK-OFF SHEET

## 11P-9A /12A-10A Water Temperature

TASK	SUN	MON	TUE	WED	THUR	FRI	SAT
Upon arrival, read the communication log and check for special announcements and tasks in office							
Pull next day's meat from freezer and place in refrigerator for thawing							
Dispose of perishable 3-day old and unlabeled food							
Make sure food is properly stored and labeled/dated before it is placed in the refrigerator and/or cabinet							
Ensure that all leftover food is discarded							
Wipe counters, appliances, inside/outside of microwave, inside of drawers, and walls in kitchen							
Clean outside of kitchen trash can							
Clean wall and wipe down baseboard behind kitchen trash can							
Clean stovetop and all surfaces of stove							
Sweep and mop kitchen and dining room floors and wipe down baseboards							
Thoroughly clean and sanitize kitchen sink							
Sweep laundry area and sanitize the inside and outside of washer and dryer							
Sanitize shower curtains/liners bathroom 1 (Wed)							
Empty trash in bathroom 1							
Clean and sanitize baseboards, fixtures, sink, showers, and toilet in each bathroom							
Ensure that bathrooms are stocked with soap, toilet paper, and paper towels							
Straighten linen closet							
Check the posted menu and pack lunches according to the individuals' diets (Sun-Thu)							
Notify on-call manager of the need for menu substitutions and document changes on menu							
Record water temperature of sinks/showers before each hygiene session							
Complete AM hygiene/ADLs for assigned individuals							
Make sure bedroom floors are free of debris, dressers are neat and tidy, and beds are neatly made							
Check mattresses, bed frames, and bedding for signs of bed bug infestation							
Assist with breakfast monitoring							
Report any safety, and/or facility concerns to the on-call manager and facilities department							
Verify med counts during morning medication administration, if needed							
Document all calls to nurse in Nursing Contact Log							
Assist with putting individuals on the van en route to day support (M-F). DAY PROGRAM CLOSED DUE TO COVID-19							
Checklists, data sheets, support log, incident reports, etc. are completed							
Cleaning supplies, mops, buckets, and brooms are properly put away prior to leaving your shift							

# **Attachment #3**

**Weekly Physical  
Internal Environmental  
Review Checklist**

**(6 pages)**



Community Living
Weekly Physical Internal Environment Review Checklist

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

Reviewer: \_\_\_\_\_ Date of review: \_\_\_\_\_

Staff on site: \_\_\_\_\_

LIVING ROOM

Satisfactory Unsatisfactory

- Checklist items for Living Room: Ceiling fan clean/dusted, Baseboards & vents clean and dust free, Furniture dust free and in good condition, Blinds & windowsills clean & free of debris and dust, Floor swept/mopped and free of debris, Flooring/tile in good condition.

KITCHEN

Satisfactory Unsatisfactory

- Checklist items for Kitchen: Food dated & stored properly, Refrigerator clean & organized, Freezer clean & organized, Thermometer in refrigerator & freezer, Pantry organized, Kitchen drawers clean and organized, Pots & pans organized in cabinet, Microwave clean, Appliances clean & sanitary, free of food particles, Kitchen cabinets dust free, Stove top clean and free of grease & food particles, Drip pans clean & in good condition, Oven clean and free of grease & food particles, Knives kept in locked cabinet, Chemicals/cleaning supplies kept in locked cabinet, Baseboards & vents clean and dust free.



**Community Living**  
**Weekly Physical Internal Environment Review Checklist**

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

Satisfactory Unsatisfactory (*Kitchen cont.*)

_____	_____	Flooring/tile in good condition
_____	_____	Floor swept/mopped and free of debris
_____	_____	Blinds & windowsills clean & free of debris and dust

**DINING ROOM**

Satisfactory Unsatisfactory

_____	_____	Dining room table clean & sanitized
_____	_____	Dining room chairs clean & sanitized
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Flooring/tile in good condition
_____	_____	Blinds & windowsills clean & free of debris and dust

**BEDROOM #1**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust



Community Living  
Weekly Physical Internal Environment Review Checklist

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

**BEDROOM #2**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust

**BEDROOM #3**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust





Community Living  
Weekly Physical Internal Environment Review Checklist

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

**BEDROOM #4**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust



Community Living  
Physical Internal Environment Review Checklist

**BEDROOM #5**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust



Community Living

Weekly Physical Internal Environment Review Checklist

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

**BEDROOM #6**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bedroom furniture dust free and in good condition
_____	_____	Bed & pillow have clean linen
_____	_____	Ceiling fan clean/dusted
_____	_____	Dresser drawers organized
_____	_____	Closets organized
_____	_____	Hygiene box clean and organized
_____	_____	Blinds & windowsills clean & free of debris and dust

**BATHROOM #1**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bathroom fixtures clean & sanitized
_____	_____	Shower clean and sanitized
_____	_____	Shower curtain in good condition
_____	_____	Towel dispenser refilled & operating properly
_____	_____	Soap dispenser refilled & operating properly

**BATHROOM #2**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free



**Community Living**  
**Weekly Physical Internal Environment Review Checklist**

Review to be conducted weekly by Manager /Covering Manager/Assistant Manager

Satisfactory Unsatisfactory (Bathroom #2 cont.)

_____	_____	Floor swept/mopped and free of debris
_____	_____	Bathroom fixtures clean & sanitized
_____	_____	Towel dispenser refilled & operating properly
_____	_____	Soap dispenser refilled & operating properly

**BATHROOM #3**

Satisfactory Unsatisfactory

_____	_____	Flooring/tile in good condition
_____	_____	Baseboards & vents clean and dust free
_____	_____	Floor swept/mopped and free of debris
_____	_____	Bathroom fixtures clean & sanitized
_____	_____	Shower clean and sanitized
_____	_____	Shower curtain in good condition
_____	_____	Towel dispenser refilled & operating properly
_____	_____	Soap dispenser refilled & operating properly

# Attachment #4

Emergency Drill Report  
Instructions

(1 page)

## Emergency Drill Report Instructions

- Follow the monthly schedule for fire (varying shifts each month (A, B, C,)) and safety drills.
- E-scores fire drills, cannot, substitute for the monthly drill, unless, the scheduled months drill is on C-shift.
- Drills need to be executed at varying times, and weather when possible.
- Complete the drill report in the Versanet's safety folder.
- Complete all required areas.
- Select review by, and select (Rosilyn Dodson, Assistant Director)
- Select submit.
- Complete on-site drill report checklist
- Any follow up due to missing or inaccurate information will be addressed by the Assistant Director.
- Print and place a copy in the appropriate binder each month.

# **Attachment #5**

Quality Assurance  
Quarterly Fire/Safety  
Drill Report

(2 pages)

Versability Resources

COMMUNITY LIVING PROGRAM

Quality Assurance Quarterly Fire/Safety Drill Report

Program: \_\_\_\_\_

Date of Review \_\_\_\_\_

Month	Type of Drill	Drill occurred during month indicated (Y) or (N)	Drill occurred on varying shifts (Y) or (N) Please indicate shift	Drill occurred randomly (different day and time, etc.) (Y) or (N)	Drill occurred during different weather conditions (Y) or (N)
January	Medical Emergency/CI CPR				
	Fire				
February	OSHA/MSDS/Chemical Spill				
	Fire				
March	Vehicle Mishap				
	Fire				
April	Tornado				
	Fire				
May	Hail				
	Fire				
June	CPI Non-Violent Crisis Intervention				
	Fire				
July	Excessive Heat / Loss of A/C				

	<b>Fire</b>				
August	<b>Hurricane-Nor'easter</b>				
	<b>Fire</b>				
September	<b>Workplace Violence</b>				
	<b>Fire</b>				
October	<b>Blood Borne Pathogens</b>				
	<b>Fire</b>				
November	<b>Bomb Threat</b>				
	<b>Fire</b>				
December	<b>Blizzard</b>				
	<b>Fire</b>				

**Comments:**

\_\_\_\_\_  
**Reviewer Signature**

\_\_\_\_\_  
**Date of Report**

*Note: This form should be submitted to Asst. Director or representative for review quarterly.*