



NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____

Date: _____

RESIDENT ROOMS	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. General cleanliness?					
2. Equipment free of water leaks?					
3. Windows and screens in good repair?					
4. Curtain tracks in good order?					
5. Drapery rods in working order?					
6. Call buttons in working order?					
7. Drawers have stops?					
8. Electrical outlets free of paint and in good working condition?					
9. All resident-owned electrical equipment inspected?					
10. Drawers/doors closed?					
11. No extension cords in use?					
12. Pathways clear and unobstructed?					
13. Bed in good repair? a) Bed Wheels lockable? b) Bed cranks returned under bed? c) Bed rails marked per care plan?					
14. Do bathroom facilities meet requirements?					
15. Oxygen and infection control safety precautions posted? a) If O2 in use in room, have sign posted outside the door?					
16. Aerosols returned to storage?					
17. Room furnishings safely arranged?					
18. Electrical cords for radios, TV's, lights safely placed?					
19. Adequate lighting in all areas?					
20. Vases with water not set on TV or on the bed lights?					
21. TV's on secure stand (not over bed table)?					
22. Are floors, carpets in good repair, broken tile, seams loose?					
23. Are walls in good repair?					

24. Are ceiling tiles in good repair?					
25. Proper documentation of fire proofing on wall hangings (quilts, etc.)?					
26.					

Management Signature: _____

Date: _____