

Establishment Name: \_\_\_\_\_ Establishment ID: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: North Carolina

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Licensee: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: _____	Status Code: _____
Time In: _____	Time Out: _____
<input type="radio"/> Inspection	<input type="radio"/> Re-Inspection

**Wastewater System:**

- Municipal/Community     On-site System

**Water Supply:**

- Municipal/Community     Onsite Supply

**Deductions**

FLOORS: WALLS AND CEILINGS: [.1309, .1310]			
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1 0
2	Walls and ceilings clean, good repair	2	1 0
3	Ceiling attachments cleanable, clean, good repair	1	0.5 0
LIGHTING AND VENTILATION: [.1311]			
4	Lighting at least 10 foot candles, 30 inches above floor	1	0.5 0
5	Ventilation equipment clean, good repair	1	0.5 0
6	Ambient indoor air temperatures maintained	2	1 0
TOILET: HANDWASHING: AND BATHING FACILITIES: [.1312]			
7	Facilities provided, accessible, clean, good repair	2	1 0
8	Toilet rooms free of storage, handwash signs posted	1	0.5 0
9	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5 0
10	Handwashing facilities properly located and equipped	3	1.5 0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	1 0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	1.5 0
WATER SUPPLY: [.1313]			
13	Approved water supply	4	2 0
14	Bacteriological sampling current as required	2	1 0
15	No cross-connections observed	2	1 0
16	Hot water between 105°F and 116°F	3	1.5 0
17	Back-up water supply plan available and complete	1	0.5 0
DRINKING WATER FACILITIES: ICE HANDLING: [.1314]			
18	Drinking fountains clean, good repair	1	0.5 0
19	Multi-use utensils for service of ice and water cleaned, sanitized, good repair; single use utensils not reused	2	1 0
20	Ice protected and clean; dispensed properly; ice machines, scoops, containers; clean, good repair	2	1 0
LIQUID WASTES: [.1315]			
21	Approved sewage disposal	4	2 0
22	Mop basins or mop sinks used for mop waste	3	1.5 0
SOLID WASTES: PREMISES: MEDICAL WASTES: [.1316]			
23	Solid waste containers properly constructed, covered where required; good repair	1	0.5 0
24	Refuse, recyclables, and returnables properly stored	1	0.5 0
25	Containers and areas clean; sufficient capacity	1	0.5 0
26	Premises properly maintained	2	1 0
27	Medical waste properly handled and disposed of	2	1 0
PEST CONTROL: PESTICIDES: [.1317]			
28	No pest presence; effective pest control measures	1	0.5 0
29	Pesticides registered and approved for institutional use, properly handled	2	1 0

**Deductions**

MEDICAL SUPPLIES: [.1318]			
30	Medication carts clean; sharps containers attached; food, utensils, medication and medication dispensers properly handled	2	1 0
31	Feeding bags, tubes, syringes and oral suction catheters properly handled	2	1 0
FURNISHINGS AND LAUNDRY: [.1319]			
32	Furnishings clean and in good repair; mattresses dry, clean, good repair	1	0.5 0
33	Bed linens in good repair; soiled linens changed, properly handled, containers properly labeled	1	0.5 0
34	Linens provided by the institution properly cleaned and sanitized	3	1.5 0
35	Resident's personal laundry properly handled; containers properly labeled; combined resident's laundry properly handled	1	0.5 0
36	Laundry area and equipment kept clean	1	0.5 0
37	Wheelchairs, walkers, lifts, and other mobility equipment properly cleaned and sanitized	1	0.5 0
ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1320]			
38	Food service equipment and utensils clean, good repair	1	0.5 0
39	Utensils properly cleaned and sanitized; approved methods used	3	1.5 0
40	Handwash lavatory provided and properly equipped	2	1 0
41	Food contact surfaces of cooking and baking equipment clean	1	0.5 0
FOOD SUPPLIES: [.1321]			
42	Food and food supplies from approved sources; properly stored and handled	3	1.5 0
43	Food brought into the institution by employees or visitors of patients or residents properly stored, labeled and dated	1	0.5 0
FOOD PROTECTION IN ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1323]			
44	Time/Temperature Control for Safety (TCS) foods maintained as required	4	2 0
45	Hot and cold holding equipment provided; thermometers provided, accurate	1	0.5 0
46	Food properly stored and protected from contamination	1	0.5 0
47	No live animals where food is prepared or stored; proper measures to prevent contamination	2	1 0
EMPLOYEES: [.1324]			
48	Clean outer clothing	2	1 0
49	Hands washed when required	3	1.5 0
50	Hands properly washed or decontaminated	3	1.5 0
51	Proper use of restriction, exclusion, and reporting	4	2 0
52	Vomitus and diarrheal clean up supplies; written clean up procedures available and complete	2	1 0

**Total Deductions:** \_\_\_\_\_

