

**Assisted Living Infection Control Audit Checklist**

**Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Screening** | **Y/N** | **Comments/Corrections** |
| **All those entering the facility on all shifts complete screening.**  |  |  |
| **Visitors are properly screened and temperatures are taken.** |  |  |
| **Temperature checks and symptom questionnaires are reviewed by designated manager for overnight shifts.** |  |  |
| **Hand hygiene stations are available upon entry and after completion of screening process.** |  |  |
| **Individual screening sheets are utilized and are completed by individual staff member/guest.** |  |  |
| **Clean/Dirty pen receptacles are present at screening table and utilized correctly.**  |  |  |
| **Staff with positive answers to questions on screening tool are referred to the ED or RCD and are sent home as required. Those with temperature above 100.0 are not permitted to enter ALR.** |  |  |
| **Six foot social distancing is maintained throughout the screening process and while waiting to be screened.** |  |  |

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| **PPE** | **Y/N** | **Comments/Corrections** |
| **Staff has been educated on the most recent PPE guidance.**  |  |  |
| **Face masks, pulled over the nose and mouth, are worn in the building.** |  |  |
| **Signage is present on resident doors that indicates if additional PPE is needed (COVID positive or PUI).** |  |  |
| **Adequate amounts of PPE is available.** |  |  |
| **Staff has access to disinfection supplies for eyewear.** |  |  |

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| **Hand Hygiene** | **Y/N** | **Comments/Corrections** |
| **Staff has had in-service(s) on the need for frequent hand hygiene.**  |  |  |
| **Staff are observed during the delivery of care for proper hand hygiene.**  |  |  |
| **Staff are able to state the process and benefit of frequent hand hygiene upon interview.** |  |  |
| **Staff assist residents with hand hygiene throughout the day especially before/after meals, activities and visitation.** |  |  |

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| **Environmental Cleaning** | **Y/N** | **Comments/Corrections** |
| **Resident’s apartments are cleaned weekly with emphasis on high touch areas.**  |  |  |
| **Housekeeping staff are educated on any PPE changes.** |  |  |
| **Resident apartments are terminally cleaned after a move out occurs.** |  |  |
| **Proper disinfection is observed between/after family visits in designated visit areas.** |  |  |
| **Proper disinfection is observed between meal service in the dining room.** |  |  |
| **Proper disinfection is observed between small group activities.** |  |  |
| **Correct cleaning agents are in use. Housekeepers are aware of cleaning agent contact time.** |  |  |
| **Hand sanitizer dispensers are operational and full.** |  |  |

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**Auditor’s Signature**

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**Reviewed by ED or RCD (signature)**