

N.C. Department of Health and Human Services  
 Division of Public Health  
 Environmental Health Section  
**Inspection of Hospitals, Nursing Homes, Adult  
 Care Homes and Other Institutions**

Score: \_\_\_\_\_ Health Department \_\_\_\_\_  
 Date of Insp/Chg \_\_\_\_\_ Current Facility ID \_\_\_\_\_  
 Status Code: \_\_\_\_\_ Old Facility ID \_\_\_\_\_

<b>Water Supply:</b> <input type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	<b>Water sample taken today?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Inspection <input type="checkbox"/> Name Change <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Visit <input type="checkbox"/> Status Change
<b>Wastewater System:</b> <input type="checkbox"/> Community <input type="checkbox"/> On-Site Systems	

**Name of Establishment:** \_\_\_\_\_ **Permittee:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_ **Mailing Addr.:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** NC **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

		Deduction Full/Half (Circle One)			Deduction Full/Half (Circle One)
<b>FLOORS, WALLS AND CEILINGS:</b> [.1309, .1310]			<b>MISCELLANEOUS:</b> [.1318]		
1. Floors easy to clean, no obstacles, drains where needed.....	2	1	28. Adequate storage, area clean, items properly stored.....	1	.5
2. Floors clean, carpet clean, dry, odor free.....	2	1	29. Mop sinks provided and used.....	1	.5
3. Walls and ceilings cleanable, clean, good repair.....	2	1	30. Medication carts clean, sharps containers affixed, food and utensils handled properly.....	2	1
<b>LIGHTING, VENTILATION, MOISTURECONTROL:</b> [.1311]			31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions.....	2	1
4. Lighting at least 10 foot candles 30 inches above floor.....	2	1	<b>FURNISHINGS AND PATIENT CONTACT ITEMS:</b> [.1319, .1312]		
5. Ambient air temperature 65° to 85° F, equipment clean.....	2	1	32. Furniture clean and in good repair. Mattresses clean, dry, odor free.....	2	1
6. No evidence of microbial growth.....	3	1.5	33. Linen changed when soiled. Soiled linen handled properly.....	2	1
7. Indoor smoking limited to dedicated smoking rooms.....	2	1	34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately.....	2	1
<b>TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES:</b> [.1312]			35. Patient contact items in good repair, properly stored, cleaned and disinfected.....	1	.5
8. Facilities conveniently located, clean and in good repair.....	2	1	<b>FOOD SERVICE UTENSILS AND EQUIPMENT:</b> [.1320]		
9. Toilet rooms free of storage, handwash signs posted.....	1	.5	36. Approved utensils and equipment, cleaned and sanitized.....	2	1
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected.....	1	.5	37. Activity kitchens used only for approved activities.....	1	.5
11. Hand sinks used only for intended purpose.....	2	1	38. Handwash lavatory provided wherever food is handled.....	2	1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device.....	3	1.5	<b>FOOD SUPPLIES AND PROTECTION:</b> [.1321, .1322, .1323]		
13. Lavatory and bathing hot water between 100° and 116° F.....	2	1	39. Food supply complies with 15A NCAC 18A .2600.....	4	2
14. Disinfectant accessible, properly used.....	2	1	40. Food brought by employees or visitors handled properly.....	1	.5
<b>WATER SUPPLY:</b> [.1313]			41. Milk and milk products comply with 15A NCAC 18A .1200.....	2	1
15. Approved water supply, no cross-connections.....	4	2	42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control.....	4	2
16. Quantity and hot water sufficient, backup water supply plan.....	2	1	43. Food storage units with thermometers, maintain temperatures....	1	.5
<b>DRINKINGWATERFACILITIES, ICEHANDLING:</b> [.1314]			44. Food stored above floor.....	1	.5
17. Water fountains clean, good repair, properly regulated.....	2	1	45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals.....	2	1
18. Drinking utensils properly handled.....	2	1	<b>EMPLOYEES:</b> [.1324]		
19. Ice protected, dispensed, equipment clean, in good repair.....	2	1	46. Clothing clean, no tobacco used while handling food.....	1	5
<b>LIQUID AND SOLID WASTES</b> [.1315, .1316]			47. Hands properly washed or decontaminated.....	3	1.5
20. Wastewater disposed of properly.....	4	2	48. Persons with infections excluded from food service work.....	2	1
21. Solid waste stored properly, areas clean, facilities for cleaning...4	2	2	<b>TOTAL</b> _____		
22. Solid waste disposed of frequently, no insect breeding or nuisance.....	2	1			
23. Medical wastes handled and disposed of properly.....	2	1			
<b>VERMIN CONTROL, PREMISES:</b> [.1317]					
24. Vermin excluded.....	3	1.5			
25. Approved pesticides properly stored and handled.....	2	1			
26. Premises clean, no breeding places or rodent harborage.....	2	1			
27. Pet areas clean, veterinary records available.....	2	1			

Rept. Received by: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspection by: \_\_\_\_\_ EHS I.D.# \_\_\_\_\_ Comment Sheet Attached  Yes  No  
 Environmental Health Section

**INSTRUCTIONS: Purpose:** General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)