



Williamson County and Cities Health District Site Evaluation Form

Date of Evaluation

Name of Evaluator

Site being evaluated (include address)

Site contact name and phone number

Initial impression of facility notes

Postings on doors present (control orders, letter to visitors, advisement of screening)

Number of staff

Number of residents

yes

no

Other

Screening station in place at entry

Facility Type

PPE counts (all masks, shields, goggles, gowns, gloves)

yes

no

Other

skilled nursing

assisted living

independent living

memory care

Name of staff monitoring screening forms daily

Common area evaluation

Detailed notes regarding Common Area Evaluation

Appropriate PPE noted on staff and residents

Access to appropriate PPE available to staff and residents

Hand washing stations and materials accessible

Hand sanitizer available to staff and residents

Common areas free of non-essential persons

Recommended social distancing being followed

Applicable documents and signage posted and available to staff

Other

Staff screening/monitoring

All staff monitored per CDC guidelines (twice per shift)

Facility has available list of staff who are employed at other facilities

Other

Non-staff monitoring being performed and limited to only essential persons

Detailed notes regarding staff and non-staff monitoring

yes

no

Resident Monitoring/Identification

All residents being monitored per CDC/DSHS guidelines and monitoring is being documented in PCR (once per shift)

Residents with "out of norm" finding that is consistent with virus/disease are being further screened and/or isolated

Notification of local health authority per appropriate guidelines for suspected cases

Appropriate PPE being utilized by staff for presumptive positive and positive residents

Other

Detailed notes regarding resident monitoring and identification

Facility preparation for potential outbreak

Plan in place to isolate positive cases

Designated area for deceased patients should an outbreak resulting in multiple deaths occur

Appropriate cleaning/decontaminating procedures being followed by facility

Detailed notes regarding Facility preparation

Staff safety regarding high risk procedures

Facility is limiting to the best of their ability the number of high risk procedures being performed

Appropriate PPE being donned and doffed for all high risk procedures

Facility limiting exposure of other residents should a high risk procedure be performed

Facility is prepared to expedite transport of any patient out of facility in an emergency

Procedure in place to notify receiving facility of the transfer/transport of a high risk patient

Detailed notes regarding high risk procedures

Materials provided to facility by evaluator

Guidance discussed by evaluator with facility

Further action to be taken by facility

Further action to be taken by evaluator

Follow up with facility

Follow up notes by evaluator