

Appendix H

Environmental Checklist: Nursing Unit

Note: This protocol has been modified for display purposes by elimination of spaces for comment and elimination of extra pages to assess multiple lounges, dining rooms/areas, and/or shower/tub rooms, if they were present.

Environmental Checklist: Nursing Unit Level
(Completed for each unit in study)

1. General

- a. Number of beds _____
- b. Number of private rooms _____
- c. On what floor is this unit.
 - ___ 1. ground floor
 - ___ 2. 2nd floor
 - ___ 3. 3rd floor
 - ___ 4. 4th floor or higher
 - ___ 5. below ground floor

2. Configuration

Yes No

- 1- -2- a. The unit is configured with double-loaded corridors on all hallways
- 1- -2- b. The unit is configured with single loaded corridors on all hallways
- 1- -2- c. The unit has a mixture of double-loaded and single-loaded corridors
- 1- -2- d. The unit is configured with bedrooms off a central living area
- 1- -2- e. The unit is configured in clusters
- f. Number of clusters per unit _____
- g. Number of beds per cluster _____
- 1- -2- h. Other configuration.

Describe configuration briefly regardless of answer above. Indicate general shape of unit.

Draw it, if desired. _____

3. Nursing Station/Staff space

Yes No

- ___ ___ a. Is there a nursing station? If no nursing station per se, or completely unconventional. Describe what is done instead e.g., where are charts kept, where do staff sit when writing, etc.
- ___ ___ b. Type of Nurses Station
 - ___ 1. Nurses Station behind counter
 - ___ 2. Nurses Station in alcove
- ___ ___ c. Nurses station in open area, middle of room (e.g., desk in public area)
- ___ ___ d. Unconventional Other (Describe)

Describe where nurses= station is relative to rest of space on unit. _____

- 1--2-c. All corridors visible from nursing station.

4. Shower/Tub Room(s)

How many rooms with showers, tubs or combinations are there on unit (excluding those in individual resident rooms)

- _____ 1. Room(s) with tub/s only
- _____ 2. Room(s) with shower only
- _____ 3. Room(s) with tub/shower combination

4.a. Shower/Tub Room 1

a. . What is the tub/shower configuration of **this** room (Check all that apply)

- _____ 1. Room with tub/s only
- _____ 2. Room with tub/shower combination
- _____ 3. Room with shower only **± GO TO C**

b. Types of bathtubs (Check all types or combinations in this room)

Yes No

- 1- -2- 1. Hemiplegic tub (swing door)
- 1- -2- 2. Platform tub (tub at height of wheelchair seat for ease of transfer(19 in.)
- 1- -2- 3. Jacuzzi Whirlpool tub (Ask if available)
- 1- -2- 4. Standard residential bathtub with grab bars on side
- 1- -2- 5. Hoyer lift available with tub (either attached or adjacent)
- 1- -2- 6. Tub can be raised or lowered
- 1- -2- 7. Tub tilts
- 1- -2- 8. Other _____

- 1- -2- c. Sink located in tub/shower room **IF NO SINK± GO TO G**
- 1- -2- d. Clearance below sink for wheelchair access of at least 29" from floor
- 1- -2- e. Wall mirror that works for wheelchair user, bottom of mirror is 29" from floor or if tilted can be 40" from floor
- 1- -2- f. Sink has lever faucet that meets the Afist test@
- g. What is floor covering in tub/shower room?
 - 1- -2- 1. sheet vinyl
 - 1- -2- 2. composite tile
 - 1- -2- 3. ceramic tile
 - 1- -2- 4. raised rubber
 - 1- -2- 5. terrazzo
 - 1- -2- 6. other SPECIFY: _____
- 1- -2- h. Floor covering is well maintained (not stained or dirty)
- 1- -2- i. Is there a floor drain (do not include shower or bathtub drain)
- j. What is wall covering treatment? (Check all that apply)
 - 1- -2- 1. painted sheetrock/plaster
 - 1- -2- 2. partially or completely papered (count borders as wall paper)
 - 1- -2- 3. painted concrete blocks
 - 1- -2- 4. ceramic tile
 - 1- -2- 5. other SPECIFY: _____
- 1- -2- k. Wall finish is well maintained (not stained, torn, or dirty)
- 1- -2- l. More than one tub or shower in the room **IF NO ± GO TO O**
- 1- -2- m. Individual enclosures for each tub or shower (not privacy curtain)
- 1- -2- n. Each shower or bathroom enclosure locks from inside
- 1- -2- o. Shelves for temporary storage of personal items

4.a. Shower/Tub Room 1 (continued from previous page)

Yes No

- 1- -2- p. Hooks for temporary storage of personal items
- 1- -2- q. Toilet located in tub/shower room **IF NO ± GO TO S**
- 1- -2- r. Toilet in tub/shower room is in separate enclosure (Not just a curtain)
- 1- -2- s. Vertical and/or horizontal grab bars in shower **IF NO SHOWER ± GO TO T**
- 1- -2- t. Heat lamp for heating in ceiling
- 1- -2- u. Main bathing room door locks from inside
- 1- -2- v. Threshold level change into shower is 2" or less **IF NO SHOWER ± GO TO 4b**

Comments _____

4b. Shower/tub room 2

a. . What is the tub/shower configuration of **this** room (Check all that apply)

- _____ 1. Room with tub/s only
- _____ 2. Room with tub/shower combination
- _____ 3. Room with shower only **IF NO ± GO TO C**

Yes No

b. Types of bathtubs (Check all types or combinations in this room)

- 1- -2- 1. Hemiplegic tub (swing door)
- 1- -2- 2. Platform tub (tub at height of wheelchair seat for ease of transfer(19 in.)
- 1- -2- 3. Jacuzzi Whirlpool tub (Ask if available)
- 1- -2- 4. Standard residential bathtub with grab bars on side
- 1- -2- 5. Hoyer lift available with tub (either attached or adjacent)
- 1- -2- 6. Tub can be raised or lowered
- 1- -2- 7. Tub tilts
- 1- -2- 8. Other _____
- 1- -2- c. Sink located in tub/shower room **IF NO ± GO TO G**
- 1- -2- d. Clearance below sink for wheelchair access of at least 29" from floor
- 1- -2- e. Wall mirror that works for wheelchair user, bottom of mirror is 29" from floor or if tilted can be 40" from floor
- 1- -2- f. Sink has lever faucet that meets the Afist test@
- g. What is floor covering in tub/shower room
 - 1- -2- 1. sheet vinyl
 - 1- -2- 2. composite tile
 - 1- -2- 3. ceramic tile
 - 1- -2- 4. raised rubber
 - 1- -2- 5. terrazzo
 - 1- -2- 6. other SPECIFY: _____
- 1- -2- h. Floor covering is well maintained (not stained or dirty)
- 1- -2- i. Is there a floor drain (do not include shower or bathtub drain)
- j. What is wall covering treatment? (Check all that apply)
 - 1- -2- 1. painted sheetrock/plaster
 - 1- -2- 2. Partially or completely papered (count borders as wall paper)
 - 1- -2- 3. painted concrete blocks
 - 1- -2- 4. ceramic tile
 - 1- -2- 5. other SPECIFY: _____
- 1- -2- k. Wall finish is well maintained (not stained, torn, or dirty)

4b. Shower/tub room 2

Yes No

- 1- -2- 1. More than one tub or shower in the room **IF NO ± GO TO O**

4b. Shower/tub room 2 (continued from previous page)

Yes No

- 1- -2- m. Individual enclosures for each tub or shower (not privacy curtain)
- 1- -2- n. Each shower or bathroom enclosure locks from inside
- 1- -2- o. Shelves for temporary storage of personal items
- 1- -2- p. Hooks for temporary storage of personal items
- 1- -2- q. Toilet located in tub/shower room **IF NO ± GO TO S**
- 1- -2- r. Toilet in tub/shower room is in separate enclosure (Not just a curtain)
- 1- -2- s. Vertical and/or horizontal grab bars in shower **IF NO SHOWER ± GO TO T**
- 1- -2- t. Heat lamp for heating in ceiling
- 1- -2- u. Main bathing room door locks from inside
- 1- -2- v. Threshold level change into shower is 2" or less **IF NO SHOWER ± GO TO 5a**

Comments _____

5. Lounge/Social Spaces

- 1- -2- a. Not applicable - no lounge/social space ± **GO TO 6**
- b. Number of lounge areas on unit for resident and family use _____

5a. Lounge Space #1 REPEAT TO DESCRIBE ALL LOUNGES

- a. Purpose of this lounge/social space
 - _____ 1. Multipurpose room (combines multiple functions, e.g., snacks, activities, sitting)
 - _____ 2. Separate activity room
 - _____ 3. Separate sitting room/Parlor/Living room (not used for formal/planned activities or dining)
 - _____ 4. Other (Describe) _____
- b. Describe location and features of this lounge/social space _____
- c. Number of chairs available for seating? _____
- d. Number of 2 person sofas available for seating? _____
- e. Number of 3 person sofas available for seating? _____
- f. Number of seating arrangements? _____
- g. Number of chairs with arms? _____
- h. Number of chairs that pass the ATip@ test? _____
- i. Number of chairs with seat height of 16"-19" ? _____

Yes No

- 1- -2- j. Some moveable seating is supplied, allowing residents or families to create their own arrangements
- 1- -2- k. Choice of one, two, or multiple person seating
- 1- -2- l. Strong color contrast between all chairs and floor
 - m. Total number of tables in lounge area ? _____
 - n. Number of accent tables with minimum height of 28" from floor? _____
 - o. Number of activity or dining tables with 29" clearance from floor? _____
- 1- -2- p. Single chair adjacent to table with lamp

5a. Lounge Space #1 (continued from previous page)

Yes No

- 1- -2- q. Current daily newspaper for shared use
- 1- -2- r. At least one piece of reading material is in large print
- 1- -2- s. Television
- 1- -2- t. One seating area in room without TV (MA)
- 1- -2- u. Television not on when no one is watching it (CMF)
- 1- -2- v. Large clock with large lettering (MA)
- 1- -2- w. Window with view to outdoors (ENJ)
- 1- -2- x. Orientation board that communicates day and date such as a large calendar, holiday hangings or posted sign with day, month, and year
- 1- -2- y. Flowers in lounge area (natural or artificial)
- 1- -2- z. Living plants in lounge area
- 1- -2- aa. Fireplace
- 1- -2- bb. Kitchenette in lounge area (refrigerator, sink, microwave/cooktop or oven)
- cc. Evidence of equipment for activities (Check all)

Yes No

- 1- -2- 1. Games and/or cards
- 1- -2- 2. Arts and crafts
- 1- -2- 3. Large motor skill equipment (e.g., huge beach balls, bowling)
- 1- -2- 4. Exercise equipment (treadmill, bike, etc.)
- 1- -2- 5. Musical instruments & other equipment (e.g., CD player, tape deck)
- 1- -2- 6. Popcorn machine
- 1- -2- 7. Other - Specify _____
- dd. What is floor covering? (Check all)

Yes No

- 1- -2- 1. carpet, low pile (ie .industrial pile)
- 1- -2- 2. carpet, high pile
- 1- -2- 3. sheet vinyl
- 1- -2- 4. composite tile
- 1- -2- 5. rubber
- 1- -2- 6. terrazzo
- 1- -2- 7. other SPECIFY: _____
- 1- -2- ee. Floor covering is well maintained (not stained or dirty)
- 1- -2- ff. Floor avoids a high-contrasting pattern
- gg. What is wall covering treatment? (Check all that apply)
- 1- -2- 1. painted sheetrock/plaster
- 1- -2- 2. partially or completely papered (count borders as wall paper)
- 1- -2- 3. paneling
- 1- -2- 4. brick
- 1- -2- 5. painted concrete blocks
- 1- -2- 6. other SPECIFY: _____
- 1- -2- hh. Wall covering is well maintained (not stained, torn, or dirty) (DIG)
- ii. Provide dimensions of major areas of lounge/day room space (ENJ, MA) wXl

Comments _____

6. Dining Area in Unit

Yes No

- 1- -2- a. Not applicable, no dining, continental breakfasts, or snacks occur in unit except trays in resident's room **± GO TO 7**
- b. Number of dining room(s) on unit? _____
- c. Purpose of this dining space
- _____ 1. Dining room **only**
 - _____ 2. Multipurpose room (combines multiple functions, e.g., dining, activities, sitting).
- d. Number of tables in dining room by capacity (Possible number of place settings)
- _____ 1. One person table
 - _____ 2. Two person table
 - _____ 3. Three person table
 - _____ 4. Four person table
 - _____ 5. Five person table
 - _____ 6. Six person table
 - _____ 7. Seven person table
 - _____ 8. Eight person table
 - _____ 9. Nine person table
 - _____ 10. Ten person table
 - _____ 11. Ten + person table
- e. Number of horseshoe or circular feeding tables? _____
- f. Number of tables with underneath clearance of 29" from floor? _____
- g. Total number of chairs available for seating? _____
- h. Number of chairs that pass the Atip@ test? _____
- i. Number of chairs with arms? _____

Yes No

- 1- -2- j. Dining room has pictures or decorations on wall, etc.
- 1- -2- k. Flowers or centerpiece on table
- 1- -2- l. Tablecloths at table setting
- 1- -2- m. Place mats at table setting (paper or cloth)
- 1- -2- n. Strong visual color contrast between dishes and table top
- 1- -2- o. Menu posted on wall or placed on table
- 1- -2- p. Menu with lettering a minimum of 5/8" in size
- 1- -2- q. Chairs without or with only two casters
- 1- -2- r. Kitchen that includes refrigerator, sink, microwave/cooktop, or oven
- 1- -2- s. Window(s) in dining room **IF NO WINDOW ± GO TO 7**
- 1- -2- t. Are curtains, shades, horizontal blinds or other devices present to cut glare?
- _____ 1. All windows have devices
 - _____ 2. Some windows have devices: some don=t
 - _____ 3. No windows have devices
- 1- -2- u. Other _____

7. Corridors within Unit

- a. Distance from farthest resident bedroom to entrance of unit? _____ Feet
- b. Distance from farthest resident bedroom to main activity/dining/social area on unit
_____ Feet
- c. Distance from farthest resident bedroom to bathing area _____ Feet
- d. Distance from unit entrance to main front entrance _____ Feet
- e. Distance from unit entrance to facility main dining room _____ Feet

IF NO MAIN DINING ROOM ± GO TO F

- f. Distance from unit entrance to facility chapel _____ Feet

IF NO CHAPEL ± GO TO G

- g. Which of the following methods are in place for assisting cognitively intact resident exit from the unit? (Check all that apply)
 - 1--2- 1. No door separating unit from other areas of facility
 - 1--2- 2. Resident egress assisted by staff (Staff opens door for resident)
 - 1--2- 3. Door openers are low enough to be accessible (48" maximum from floor)
 - 1--2- 4. Lever type hardware, push-release hardware, or other hardware that passes the Afist test@

 - 1--2- 5. Power door opener activated by staff with remote control
 - 1--2- 6. Power door opener activated by Push Plate, Push Button or key pad
 - 1--2- 7. Elevator off unit
 - 1--2- 8. Other _____

- h. Which of the following methods are in place for controlling unauthorized resident exit from unit? Check all that apply
 - 1--2- 1. Unit unlocked, resident egress restricted by staff monitoring
 - 1--2- 2. Alarm which can be disengaged using a keypad or similar device
 - 1--2- 3. Alarm which is triggered by device worn by residents
 - 1--2- 4. Doors with locking device triggered by resident approach (resident wears electronic trigger)
 - 1--2- 5. Elevators monitored by staff
 - 1--2- 6. Alarm which sounds with all entries/exits
 - 1--2- 7. Exit doors are disguised so they are not clearly identifiable (Door knobs are partially hidden or disguised, etc.)
 - 1--2- 8. Other _____

- 1- -2- i. Window view to outside directly from corridor
- 1- -2- j. Art work or wall hangings on corridor walls
- 1- -2- k. Wall finishes differ between corridors on unit
- 1- -2- l. Floor finishes differ between corridors on unit
- 1- -2- m. Handrails on both sides of corridors
- 1- -2- n. Handrails continue around corners
- 1- -2- o. Handrails contrasting color with walls
- 1- -2- p. Seating along corridors
- q. What is floor covering in corridors (Check all that apply)
 - 1- -2- 1. carpet, low pile (ie .industrial pile)
 - 1- -2- 2. carpet, high pile
 - 1- -2- 3. sheet vinyl
 - 1- -2- 4. composite tile

- 1- -2- 5. rubber
- 1- -2- 6. terrazzo
- 1- -2- 7. other SPECIFY: _____
- 1- -2- r. Floor covering is well maintained (not stained or dirty)
- 1- -2- s. Floor is not a high-contrasting pattern
- 1- -2- t. Dull finish floors (No glare)
- 1- -2- u. Color contrast between walls & floors
- 1- -2- v. What is wall covering treatment? (Check all that apply)
 - 1- -2- 1. painted sheetrock/plaster
 - 1- -2- 2. partially or completely papered (count borders as wall paper)
 - 1- -2- 3. paneling
 - 1- -2- 4. brick
 - 1- -2- 5. painted concrete blocks
 - 1- -2- 6. other SPECIFY: _____
- 1- -2- w. Wall covering is well maintained (not stained, torn, or dirty)
- 1- -2- x. Cleaning or medical equipment present in corridors that are **unattended**.
(Check all)
 - 1- -2- 1. Hoyer lifts, commodes, medical equipment
 - 1- -2- 2. Laundry carts
 - 1- -2- 3. Housekeeping carts or equipment (vacuum, broom,pails, mops)
 - 1- -2- 4. Linen carts
 - 1- -2- 5. Large trash containers (waste baskets don=t count)
 - 1- -2- 6. Incontinence product disposal
 - 1- -2- 7. Food trays
 - 1- -2- 8. Weight scales
 - 1- -2- 9. Medicine cart
 - 1- -2- 10. Other clutter (Specify)
- 1- -2- y. Number of resident doors that are closed? _____

8. Noxious Stimuli:

- a. Noise - During the visit were any of the following noises present on the unit? (Check all that apply)
 - 1- -2- 1. Auditory Alarms
 - 1- -2- 2. Screaming or calling out by residents
 - 1- -2- 3. Loud yelling or calling out by staff
 - 1- -2- 4. TV/radio
 - 1- -2- 5. Intercom or paging
 - 1- -2- 6. Loudspeaker with background music (Musak)
 - 1- -2- 7. Machinery (eg., washer, dryer, dishwasher, ice machine, elevator motor, Mechanical system motor/blower, etc.)
 - 1- -2- 8. Other _____
- b. Olfactory - Are any of the following unpleasant odors/smells present? (Check all that apply)
 - 1- -2- 1. Cleaning solutions (e.g., ammonia, alcohol, pine-sol)
 - 1- -2- 2. Urine
 - 1- -2- 3. Feces
 - 1- -2- 4. Other bodily odors (e.g., infection)
 - 1- -2- 5. Garbage

8. Noxious Stimuli: (Continue from previous page)

Yes No

- 1- -2- 6. Musty or moldy smell
- 1- -2- 7. Other unpleasant or negative odor (specify)_____
- c. Are any pleasant odors/smells present?
 - 1- -2- 1. Food smells (eg., coffee, cookies, bread, popcorn)
 - 1- -2- 2. Other pleasant odors/aromas (Specify)_____

9. General Amenities:

- 1- -2- a. Staff lounge on unit
 - 1- -2- b. Separate examination/treatment room on unit
 - 1- -2- c. Private area for family consultations and care conferences on unit
 - 1- -2- d. Telephone on unit for resident or family use on unit
 - e. Is there direct access from the unit to any of the following outdoor amenities?
(check all that apply) **IF NO OUTDOOR SPACE ± GO TO F**
 - 1- -2- 1. Outdoor patio, deck, or courtyard (concrete, brick, or other hard surface not lawn or gravel)
 - 1- -2-2. Outdoor seating (e.g., benches, chairs)
 - 1- -2-3. Covered seating
 - 1- -2-4. Outdoor table
 - 1- -2-5. Covered outdoor table
 - 1- -2-6. Outdoor walking or wandering path at least 3' wide
 - 1- -2-7. Covered outdoor area (e.g., gazebo, umbrellas, trellis, etc.)
 - 1- -2-8. Enclosed or secured outdoor area (e.g., walled or fenced in courtyard)
 - 1- -2-9. Outdoor garden (e.g., flower beds, planters, lawn)
 - 1- -2-10. Raised garden planters (at least 36" from ground)
 - 1- -2- f. Sunroom or solarium on unit
 - 1- -2- g. Unit has a dog, cat, bird, or other pet. SPECIFY:_____
- Describe in detail any unusual or homelike spaces on unit. _____

10. Light Protocol

Time of readings _____

All readings taken @ 36"-42" above floor and measured in foot candles

- a. **Outside reading**
- b. **One Resident room:**
 - At head of bed with full illumination (all lights turned off)
- c. **One Resident bathroom:**
 - At front of lavatory sink with full illumination
- d. Above commode with full illumination
- e. **In Corridors on unit:**
 - Directly under typical lighting fixture
- f. Between typical lighting fixtures
- g. Lowest reading
- h. Highest reading
- i. **Dining room on unit:**
 - Directly under typical lighting fixture
- j. Between typical lighting fixtures
- k. Lowest reading
- l. Highest reading
- m. **Activity room on unit:**

- Directly under typical lighting fixture
- n. Between typical lighting fixtures
- o. Lowest reading
- p. Highest reading
- q. Nurses station on unit:**
 - Directly under typical lighting fixture
 - r. Between typical lighting fixtures
 - s. Lowest reading
 - t. Highest reading
- u. Shower/Bathing room on Unit:**
 - Directly under typical lighting fixture
 - v. Between typical lighting fixtures
 - w. Lowest reading
 - x. Highest reading

Comments: _____