

**New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing**

**FACILITY INSPECTION
PHYSICAL PLANT AND ENVIRONMENT AND
PROVISION OF SERVICE-GENERAL SAFETY, BUILDING AND GROUND
(ALL REFERENCES ARE TO N.J.A.C. 8:36)**

License Name:	Date of Survey
Address	Bed Capacity
Facility Representative	Telephone Number

Subchapter 16	PHYSICAL PLANT AND ENVIRONMENT
	VENTILATION
8.36 16.3	Does every habitable room have means of ventilation (window or mechanical ventilation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.36 16.4	In exit access small passageways, aisles and corridors maintain an unobstructed minimum of 44 inches. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are all exits unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	AUTOMATIC FIRE DETECTION SYSTEM
8.36 16.5	Do all residents bedrooms, living rooms, and studio apartments have smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is Fire Detection System installed and maintained in accordance with Uniform Construction Code N.J.A.C. 5:70 and NFPA 72E? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	FIRE SUPPRESSION SYSTEM
8.36 16.6	The facility shall provide and maintain a Fire Suppressor System. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Wet or Dry Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Kitchen Suppressor System <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	INTERIOR FINISH EQUIPMENT
8.36 16.7	Are interior walls, ceiling and floor finishes free of any major damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are stairs and hallways free from hazards and obstructions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are ceiling tiles in place and free from stains? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	GENERAL RESIDENTIAL UNIT EQUIPMENTS
8.36 16.8	Does the Residential Unit provide a minimum of 150 square feet of clear and useable floor area for one resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If unit is occupied by ore than one resident: Is there an additional 80 square feet for each additional occupant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is the Residential Unit lockable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	TOILETS, BATH, AND HANDWASHING SINK
8.36 16.9	Does the unit have a bathroom with a toilet, bathtub and a shower? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are additional toilets in areas other than residents' units? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**FACILITY INSPECTION
(Continued)**

Subchapter 16	PHYSICAL PLANT AND ENVIRONMENT
	KITCHENETTES
8.36 16.10	Does each residential kitchenette contain a small refrigerator, a cabinet for food storage, a sink, and space with electrical outlets for small cooking appliances, toaster, microwave or two burner cooktop?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	COMMUNITY SPACE
8.36 16.11	Adequate space for Common Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	LAUNDRY EQUIPMENT
8.36 16.12	When commercial type laundry equipment is utilized:..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is the laundry room protected by a fire separation assembly of at least one-hour rated construction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Does the facility have at least one washer and dryer for residents' use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are all dryers vented to the outside of the building/..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	ADMINISTRATION AND PUBLIC
8.36 16.14	Administration and Public Areas:
	wheelchair access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	interview space <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	mailboxes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	offices for records and staff possessions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	FIRE EXTINGUISHER SPECIFICATIONS
8.36 16.15	Are all fire extinguishers unobstructed properly labeled and secure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Adequate number and type? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	SOUNDING DEVICES
8.36 16.16	Sounding device Alarm or self-locking doors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Subchapter 6	RESIDENT CARE POLICIES AND PROCEDURE
8.36 6.1 (a) 8	Control of smoking in facility?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Subchapter 14	EMERGENCY SERVICES AND PROCEDURE
	EMERGENCY PLANS AND PROCEDURE
8.36 14.2	Written Emergency Plan (power failures, fire, natural disasters) evacuation procedure?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Provision of Services General Safety, Building and Grounds..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.36 14.1 (d)	AED Onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No

**FACILITY INSPECTION
(Continued)**

Subchapter 14	EMERGENCY SERVICES AND PROCEDURE
8:36 14.3	<p>DRILL AND TEST</p> <p>*Does all staff participate at least annually? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>*Does the facility do at least one emergency drill other than a fire annually?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>*Does the facility have an Evacuation plan? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>*Does the facility conduct at least one Fire Drill every month?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>*Fire drill on each shift? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>

Subchapter 17	PROVISION OF SERVICE GENERAL SAFETY, BUILDING AND GROUND
8:36 17.1-17.2	<p>HOUSEKEEPING</p> <p>Are all furnishings clean and in good repair? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are thermometers located within refrigerator and freezers?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are Residential Units clean to sight and small, clutter free?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Adequate pest control? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.3 (a) (8)	<p>RESIDENT ENVIRONMENT</p> <p>Are articles in storage elevated from the floor? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.3 (b) (4)	<p>Are all poisonous and toxic materials identified, labeled and stored in a locked cabinet or room? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.3 (b) (5)	<p>Are combustible materials stored in accordance with Fire Safety requirements specified in the New Jersey Uniform Code N.J.A.C. 5:70? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.3 (b) (8) (i – ii)	<p>Does the facility have electrician licensed in accordance with N.J.A.C. 13:31 do an Annual Inspection?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are electrical outlets free from damage?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Are electrical cords used? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.5	<p>HEATING AND AIR CONDITION</p> <p>Resident areas fully air-conditioned and heated? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.5 (a) (2)	<p>Are portable heaters in use? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>
8:36 17.6 (b)	<p>Is the domestic hot water temperature range between 105° F and 120° F?..... <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p> <p>Is hot water monitored? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A</p>

**FACILITY INSPECTION
(Continued)**

Subchapter 17	PROVISION OF SERVICE GENERAL SAFETY, BUILDING AND GROUND
8:36 17.7	BUILDING AND GROUNDS MAINTENANCE
	Are handrails present and secure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are ventilation grills clean and unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Exit lights are unobstructed and lit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Do emergency lights work when tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Self-closing doors are not obstructed or held open with wedge, chairs, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	When fire doors are closed, do they close all the way into the frame and latch shut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Do double smoke doors have a gap less then 1/8 inch when closed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are cylinders secured in carts, stands or chained to the wall? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there an 18" clearance under sprinkler heads? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8:36 17.8	LAUNDRY SERVICE
	Soiled and clean laundry shall be kept separated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If laundry services provided on-site, is there an area for receiving, sorting and holding with a handwashing sink? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

