

SYSTEMS CHECK LIST

1) NURSING

- ___ 24 HOUR REPORT PROCESS
- ___ ALERT CHARTING
- ___ FORMS MANAGEMENT
- ___ EVALUATION PROCESS
- ___ DISCIPLINARY PROCESS
- ___ NURSING MANUAL REVIEWED ANNUALLY
- ___ MONTHLY MEETING/RISK MANAGEMENT SCHEDULE/CALENDAR
 - ___ DAILY STAND-UP
 - ___ DEPARTMENT HEAD MEETING
 - ___ LICENSED STAFF MEETING
 - ___ C.N.A. BY SHIFT
 - ___ CARE PLAN CONFERENCE
 - ___ WEEKLY UTILIZATION REVIEW
 - ___ RESTRAINT
 - ___ PSYCHOTROPIC MEDICATIONS
 - ___ WEIGHT MANAGEMENT
 - ___ RESTORATIVE PROGRAM
 - ___ MONTHLY QUALITY INDICATOR/ASSURANCE
 - ___ ALL STAFF
 - ___ SAFETY COMMITTEE
 - ___ MARKETING MEETING
- ___ RA PROGRAM PROTOCOL/SYSTEM
- ___ RECAPITULATION PROCESS
- ___ ASSISTIVE DEVICES PROTOCOL/SYSTEM
- ___ HAZARDOUS WASTE PROTOCOL
- ___ CENTRAL SUPPLY RECOVERY PROCESS
- ___ MEDICAL RECORD AUDIT FOLLOW UP PROCESS/NOTEBOOK
- ___ TIMELINE SCHEDULE FOR: MDS/RAPS/ASSESSMENT/CARE PLAN
- ___ UR MEETING
 - ___ COMMUNICATION/AUTHORIZATION SYSTEM
 - ___ PPS/RUG UTILIZATION
 - ___ PPS
 - ___ NOTEBOOK REVIEW
 - ___ ADMISSIONS PROTOCOLS
 - ___ LENGTH OF STAY REVIEW: NURSING/REHABILITATION
- ___ CONTRACT BOOK (HOSPICE/DIALYSIS/HMO/VENDOR)
- ___ LAST THREE ANNUAL SURVEYS/ IDENTIFY F-TAG TRENDS
- ___ MOCK SURVEY PROCESS AND FOLLOW-UP
- ___ STANDARD PRECAUTIONS
- ___ COMPLEX MEDICAL ADD-ON WEEKLY REPORT/CHARTING COMPLIANCE (OREGON)
- ___ EQUIPMENT MAINTENANCE
 - ___ CBG MACHINE/CALIBRATION
 - ___ ALL PUMPS
 - ___ OXYGEN CONCENTRATORS
 - ___ EMERGENCY CART MANAGEMENT
 - ___ SUCTION MACHINE
- ___ INCIDENT/ACCIDENT REPORTING & INVESTIGATION PROCESS

- ___ CONSULTANT REPORTS AND FOLLOW THROUGH

2) PHARMACY

- _____ EMERGENCY BOX SYSTEM
- _____ CONTROLLED SUBSTANCE PROTOCOLS
- _____ ACCESS (KEY) MANAGEMENT
- _____ RX REFILL/REORDER SYSTEM
- _____ PHARMACY CONTRACT
- _____ PHARMACY MANUAL/IV MANUAL
- _____ MEDICATION DELIVERY SYSTEM
- _____ MEDICATION ROOM ORGANIZATION
- _____ CLEANING SCHEDULE/MED ROOM AND CARTS
- _____ PHARMACY REPORTS & AUDITS - FOLLOWTHROUGH
- _____ MEDICATION RETURN PROCESS
- _____ MEDICATION SENT WITH RESIDENT ON DISCHARGE SYSTEM
(MEDICARE/NARCOTIC)
- _____ HOUSE SUPPLY/DRUGS MEDICAID AUTHORIZATION SYSTEM
- _____ PREVENTATIVE MAINTENANCE ON PHARMACY EQUIPMENT

3) QUALITY ASSURANCE/COI PROGRAM

- _____ MONTHLY QUALITY ASSURANCE REPORT REVIEW (HOME OFFICE REPORT)
- _____ MONTHLY QUALITY INDICATOR REPORT REVIEW (MDS ACCURACY/CODING)
- _____ INCIDENT/ACCIDENT REPORTING
 - _____ INCIDENT LOG
 - _____ MONTHLY QA
 - _____ QUARTERLY QA
- _____ SKIN
 - _____ WEEKLY PRESSURE ULCER AND OTHER TYPE OF SKIN ISSUE REPORT
 - _____ MONTHLY SKIN REPORT SUMMARY
 - _____ QUARTERLY SKIN REPORT SUMMARY
- _____ INFECTION CONTROL
 - EMPLOYEE
 - _____ MONTHLY SUMMARY
 - _____ QUARTERLY SUMMARY
 - RESIDENT
 - _____ INFECTION EVENT LOG
 - _____ MONTHLY SUMMARY
 - _____ QUARTERLY SUMMARY
 - _____ FLU VACCINE/PNEUVAX LOG AND PROTOCOL
- _____ COMPLAINTS - GREIVANCES SUMMARY
- _____ LOST OR STOLEN ITEMS SUMMARY
- _____ ENVIRONMENTAL AUDIT SUMMARY
- _____ RESIDENT AUDITS
- _____ MEDICATION PASSES AUDITS
- _____ MEDICATION ROOM AUDIT
- _____ CQI PROCESS/REPORT
- _____ CUSTOMER SATISFACTION SURVEYS
- _____ QUARTERLY QUALITY ASSURANCE MEETING

4) CENTRAL SUPPLY

- ___ VENDORS (CONTRACT/PRICE LIST/UTILIZATION)
- ___ INVENTORY SYSTEM IN CENTRAL SUPPLY
- ___ BAR CODING SYSTEM/STICKER SYSTEM
- ___ SOFTWARE SYSTEM
- ___ REMOTE AREAS
 - ___ INVENTORY/PAR LEVELS/TREATMENT CART
 - ___ ORGANIZATION
 - ___ STOCKING PROCESS
- ___ RECOVERY PROCESS/SYSTEM
- ___ PART B SUPPLIES (ENTERAL/UROLOGICAL/WOUNDS)
- ___ MANAGED CARE SUPPLIES
- ___ BUDGET/STANDARD AND SPEND DOWN SHEET
- ___ ROUTINE PERSONAL CARE CHARGES (MONTHLY)

5) BOOKKEEPING

- ___ TIMELINE SCHEDULE
- ___ LIMITS OF AUTHORITY
- ___ CAPITAL EXPENDITURE
- ___ KRA REPORTS
- ___ A/P INVOICES/CHART OF ACCOUNTS
- ___ PETTY CASH
 - ___ RESIDENT
 - ___ FACILITY
- ___ PAYROLL
 - ___ OVERTIME
 - ___ VACATION TRACKING SYSTEM
 - ___ WELL TIME/SICK TIME TRACKING SYSTEM
 - ___ SPECIAL DEALS
 - ___ RAISES/STATUS CHANGE FORM
- ___ MANUAL CENSUS
- ___ TRIPLE CHECK PROCESS
- ___ BILLINGS ACCURATE
- ___ ACCOUNTS RECEIVABLE REVIEW PROCESS
- ___ BAD DEBT WRITE OFF
- ___ RESIDENT TRUST ACCOUNTS
- ___ P & L REVIEW
 - ___ VARIANCE REPORT MONTHLY
- ___ CONSULTANT REPORTS AND FOLLOW THROUGH

6) DIETARY

- _____ DIETARY MANUAL
- _____ VENDORS
 - _____ FOOD ORDER PROCESS
 - _____ SUPPLEMENT UTILIZATION
 - _____ DAIRY
 - _____ CLEANING
 - _____ UTENSILS
- _____ TRAY DELIVERY SYSTEM
 - _____ KITCHEN VERSUS ON UNIT SERVICE
 - _____ FOOD TEMPS
- _____ TRAY CARD SYSTEM
- _____ MONTHLY STAFF MEETING
- _____ WEIGHT MEETING
 - _____ RESIDENTS WEIGHT/SYSTEM
 - _____ SUPPLEMENT UTILIZATION
- _____ TRAY LINE SYSTEM
- _____ CUSTOMER SATISFACTION SURVEYS
- _____ SNACKS/SNACK CART/DELIVERY PROCESS
- _____ CLEANING SCHEDULE
 - _____ DAILY
 - _____ WEEKLY
- _____ ANNUAL HOOD CLEANING
- _____ WEEKLY FOOD PPD REPORT
- _____ BUDGET STANDARDS
 - _____ FOOD MONTHLY PPD
 - _____ SUPPLEMENT PPD
 - _____ CLEANING SUPPLIES PPD
 - _____ CHEMICALS & MSDS
- _____ FORMS MANAGEMENT
- _____ CONSULTANT REPORTS & FOLLOW THROUGH

7) MEDICAL RECORDS

- _____ MANUAL
- _____ TIMELINE SCHEDULE (AUDITS/FILING/MDS/RECAPITULATION)
- _____ VENDORS
- _____ FORMS MANAGEMENT MANUAL
- _____ FORMS CONTROL/ORDERING
- _____ AUDIT SYSTEM
 - _____ ADMIT
 - _____ QUARTERLY
 - _____ PHYSICIAN
 - _____ DISCHARGE
 - _____ FLOW SHEET
 - _____ CARE CONFERENCE SCHEDULE
- _____ RESIDENT IDENTIFICATION SYSTEM
- _____ SHREDDING PROTOCOL
- _____ ARCHIVING PROTOCOL
- _____ DISCHARGE CHART ORGANIZATION
- _____ OVERFLOW FILING SYSTEM
- _____ ADMISSION AND DISCHARGE LOG SYSTEM
- _____ COMPUTER SYSTEM/BACK-UP SYSTEM
- _____ PHYSICIAN ORDER FOLLOW-UP
- _____ PPS NOTEBOOK
 - _____ 700/701 FOLLOW-UP
 - _____ PHYSICIAN CERTIFICATION AND RECERTIFICATION PROTOCOL
- _____ CONSULTANT REPORTS AND FOLLOW THROUGH

8) HOUSEKEEPING

- _____ HOUSEKEEPING MANUAL
- _____ INFECTION CONTROL SYSTEM
- _____ ROUTINE ROOM CLEANING
- _____ DEEP CLEANING SCHEDULE
- _____ HOUSEKEEPING CART STANDARDS
- _____ CHEMICALS & MSDS
- _____ VENDORS
- _____ FLOOR CREW
- _____ MONTHLY MEETING
- _____ BUDGET AND SPEND DOWN SHEET
- _____ STAFFING SCHEDULE

9) LAUNDRY

- _____ VENDORS
- _____ CHEMICALS AND MSDS
- _____ EQUIPMENT
 - _____ PREVENTATIVE MAINTENANCE SCHEDULE
- _____ INFECTION CONTROL
- _____ PERSONAL CLOTHING SYSTEM
- _____ CLEANING SCHEDULE
 - _____ DAILY
 - _____ WEEKLY
 - _____ MONTHLY
- _____ MONTHLY MEETING SCHEDULE
- _____ BUDGET AND SPEND DOWN SHEET
 - _____ LINEN
 - _____ SUPPLIES
- _____ DISPOSABLE INCONTINENCE PRODUCT DISTRIBUTION
 - _____ FACILITY RESIDENT SIZING PROTOCOL
- _____ STAFFING SCHEDULE

10) SOCIAL SERVICES

- _____ ADMISSION FORMS AND PROCESS
- _____ COMPLAINT AND GREIVANCE PROCESS/NOTEBOOK
- _____ LOST OR STOLEN ITEM PROCESS/NOTEBOOK
- _____ TICKLER SYSTEMS FOR
 - _____ DME SUPPLIERS
 - _____ PHYSICIAN CLINICS
 - _____ DENTISTS
 - _____ PODIATRY
 - _____ VISION
 - _____ HMO/MANAGED CARE GROUPS
- _____ FAMILY COUNCIL MEETINGS/SCHEDULE/MINUTES
- _____ BEHAVIOR MONITORING & PSYCHO. MED. INTERVENTION
- _____ TRANSPORTATION COMMUNICATION SYSTEM
- _____ RESIDENT TRANSFERS AND DISCHARGE PROCESS
- _____ FORMS MANAGEMENT
- _____ MEDICAL RECORDS AUDIT FOLLOW THROUGH/SYSTEM
- _____ SOCIAL SERVICE MANUAL
- _____ CONSULTANT - REPORT FOLLOW THROUGH

11) ACTIVITIES

- _____ MONTHLY CALENDAR
- _____ PROGRAMMING TO MEET COGNITIVE ACUITY OF RESIDENTS
- _____ ONE ON ONE PROGRAMS
- _____ VOLUNTEER PROGRAM
- _____ BUDGET AND SPEND DOWN SHEET
 - _____ SUPPLIES
 - _____ BUS TRIPS
 - _____ OUTSIDE PURCHASED SERVICES
- _____ RESIDENT COUNCIL
 - _____ MONTHLY MEETING/MINUTES
 - _____ FORMS AND FOLLOW UP
- _____ PHOTO POLICY
- _____ NEWSLETTER
- _____ FIELD TRIP PROTOCOL
- _____ INFECTION CONTROL
- _____ FORMS MANAGEMENT
- _____ ACTIVITY MANUAL
- _____ NEW CHAPTER EVENTS
- _____ CONSULTANT REPORT/FOLLOW THROUGH

12) HUMAN RESOURCE

- _____ STAFF SCHEDULING SYSTEM/POSTING
- _____ SHIFT ASSIGNMENTS
- _____ LIMITS OF AUTHORITY
- _____ COMMUNICATION SYSTEMS
- _____ RECRUITING / HIRING PROCESS
- _____ ORIENTATION PROGRAM
 - _____ JOB SPECIFIC
 - _____ GENERAL
- _____ PROGRESSIVE DISCIPLINARY PROCESS
- _____ INSERVICE TRAINING PROGRAM (FACILITY WIDE)
- _____ JOB DESCRIPTION MANUAL
- _____ CRIMINAL HISTORY FORM
- _____ SCHEDULING VACATION/WELL DAY PROCESS
- _____ PROCEDURE FOR CHANGING THE SCHEDULE
- _____ NEW EMPLOYEE HIRE FORMS/MANUAL
- _____ ATTENDANCE POLICY
- _____ MENTOR PROGRAM
- _____ TICKLER SYSTEM
 - _____ TB
 - _____ HEP B
 - _____ ATTENDANCE
 - _____ PERFORMANCE EVALS
 - _____ LICENCES
 - _____ CEU'S
 - _____ ABUSE AND NEGLECT TRAINING PROTOCOL
- _____ RETENTION PROGRAM

13) SAFETY

- _____ SAFETY MANUAL
- _____ SAFETY COMMITTEE
- _____ WORKERS COMPENSATION PROCESS
 - _____ INCIDENT REPORTING
 - _____ FORMS MANAGEMENT
 - _____ 801 FORMS
- _____ TRACKING A CLAIM
 - _____ PHYSICIAN
 - _____ CLAIM ADJUSTER
 - _____ EMPLOYEE
- _____ LIGHT DUTY PROTOCOL
- _____ INCENTIVE PROGRAMS
- _____ MSDS MANUALS

14) MAINTENANCE

- _____ PREVENTATIVE MAINTENANCE SCHEDULE ON ALL EQUIPMENT
- _____ LIST OF ALL VENDORS
- _____ MAINTENANCE LOG BOOK
- _____ ESTABLISH PRIORITY PROTOCOLS
- _____ SPEND DOWN SHEET
- _____ WHEELCHAIR CLEANING SCHEDULE
- _____ CALL LIGHT SYSTEM
- _____ FIRE SAFETY SYSTEM AND NOTEBOOK
 - _____ FIRE EXTINGUISHER
 - _____ SMOKE DETECTOR
 - _____ SPRINKLER SYSTEM
 - _____ ALARM SIGNAL/SYSTEM
 - _____ MONTHLY TRAINING SCHEDULE
- _____ DISASTER PLAN/NOTEBOOK
- _____ MONTHLY FIRE DRILLS
- _____ MONITORING/LOGGING WATER TEMPS

15) ADMINISTRATION

- _____ OPERATIONAL POLICY AND PROCEDURE MANUAL
- _____ WORKERS COMPENSATION
 - _____ OSHA 200 LOGS
 - _____ MODIFIED WORK
 - _____ REPORTING COMPLIANCE
- _____ CAPITAL EXPENDITURE REQUESTS
- _____ KRA
- _____ VARIANCE REPORT MONTHLY
- _____ MARKETING PLAN
- _____ ESTIMATING PROFIT/LOSS

FACILITY: _____

REVIEW DATE: _____

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