

Community Based Care of Brevard, Inc. Policy and Procedure Manual



Series: Property Management **COA:** ASE 4
CFOP: NA
Procedure Name: Maintenance Checks
Procedure Number: PM-716
Revision #/Date: N/A
Effective Date: 10/01/08

Applicable to: CBCB Center/Facility Managers, All CBCB Staff

SUBJECT: Maintenance Checks

PURPOSE: To ensure that all CBCB facilities provide a safe environment for all staff and visitors and stay in compliance with CBCB, state, and federal requirements.

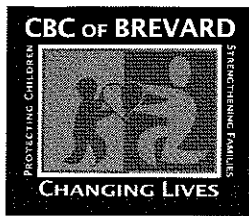
PROCEDURE:

- Center/Facility managers or their designee will conduct monthly and quarterly maintenance checks of their facilities to address the areas listed on the checklist (attached).
- Monthly Checks: The center managers/designees will inspect their facility by the 7th of each month to make sure everything is in order;
- Quarterly Checks: Once each quarter the items from the quarterly section of the checklist will be inspected in addition to the monthly items checked.
- It is the center manager's responsibility to ensure that any action needed has been completed.
- Maintenance checks will be completed by the 7th of the month and the original form sent to the Business Manager by the 10th. A scanned copy will be kept in an appropriate location on the share drive.
- The Health and Safety committee will review the checklists as part of their regular meetings.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
CBC of Brevard, Inc.

APPROVAL DATE: _____



Community Based Care of Brevard, Inc.
Facility Check List

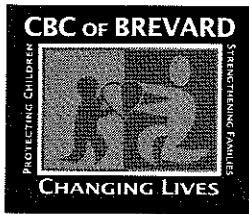
Monthly Check Quarterly Check Date Performed: _____

Facility: North Drive CCC NCC SCC

Facility checks must be completed by the 7th of each month. The original is to be sent to the Business Manager by the 10th of each month.

Monthly: The following items will be checked by the Center/Facility Manager or designee on a monthly basis to ensure all items meet CBCB standards. Check **Y** for items that pass inspection; Check **N** for items that do not pass inspection and mark the action needed for the item below. (Write NA for items that do not pertain to the location being inspected.)

ITEM	Y	N	ITEM	Y	N
Fire extinguishers – charged and in place.	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers are due to be recharged: _____ (mo/yr)	<input type="checkbox"/>	<input type="checkbox"/>
Fire evacuation plans are posted and up to date.	<input type="checkbox"/>	<input type="checkbox"/>	MSDS sheets- available, reviewed & current.	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detector batteries have been changed (April and October ONLY).	<input type="checkbox"/>	<input type="checkbox"/>	Visitor sign in logs have been pulled for the month and scanned.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits and hallways are clear of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	Employee sign in logs have been pulled for month and scanned.	<input type="checkbox"/>	<input type="checkbox"/>
All lights are functional.	<input type="checkbox"/>	<input type="checkbox"/>	Visitation rooms have electrical outlet plug covers.	<input type="checkbox"/>	<input type="checkbox"/>
Flooring – in generally good condition w/no big stains; no broken tiles or loose carpeting.	<input type="checkbox"/>	<input type="checkbox"/>	Visitation rooms have age appropriate toys.	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling tiles are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	Toys are clean and in good condition (none are broken).	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit – is complete and no items are expired or otherwise unusable.	<input type="checkbox"/>	<input type="checkbox"/>	Microwave(s) is/are clean and in working order.	<input type="checkbox"/>	<input type="checkbox"/>
Keys – no lost keys, keys returned from any changes in employees.	<input type="checkbox"/>	<input type="checkbox"/>	Coffee maker(s) is/are clean and in working order.	<input type="checkbox"/>	<input type="checkbox"/>
Sonitrol codes updated to reflect any changes in employees.	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator(s) is/are clean and in working order.	<input type="checkbox"/>	<input type="checkbox"/>
Sonitrol Access monthly report was reviewed. **	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory HR posters are in view.	<input type="checkbox"/>	<input type="checkbox"/>
All cipher locked doors are shut.	<input type="checkbox"/>	<input type="checkbox"/>	HIPAA, FL Relay & Client Rights notices are posted in reception area.	<input type="checkbox"/>	<input type="checkbox"/>
Server tapes have been changed in accordance with IT policy by Care Center staff	<input type="checkbox"/>	<input type="checkbox"/>	Occupant & Child Placing Agency Licenses are posted and current.	<input type="checkbox"/>	<input type="checkbox"/>



Community Based Care of Brevard, Inc.
Facility Check List

Air filters in air purifiers are clean or have been changed (if applicable to site).					
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** Cliff Strozier will access this report and forward to CCMs.

Vehicles: Due monthly.

ITEM	Y	N	ITEM	Y	N
Monthly logs have been reviewed and scanned.	<input type="checkbox"/>	<input type="checkbox"/>	Is any maintenance due or needed? Note it below.	<input type="checkbox"/>	<input type="checkbox"/>
Was any maintenance done? Note it below.	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle appears to be in good condition.	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly: Due in February, May, August, November unless otherwise specified. Quarterly checks will include all monthly items, plus quarterly items below.

ITEM	Y	N	ITEM	Y	N
Smoke alarm batteries changed - prompt for April & October.	<input type="checkbox"/>	<input type="checkbox"/>	Cipher lock code has been changed for all cipher locks.	<input type="checkbox"/>	<input type="checkbox"/>
Office Supply Purchase List checked against MSDS sheets to make sure sheets are current.	<input type="checkbox"/>	<input type="checkbox"/>	Weather radios are functional.	<input type="checkbox"/>	<input type="checkbox"/>
Paging system is functional	<input type="checkbox"/>	<input type="checkbox"/>	Flash lights are functional	<input type="checkbox"/>	<input type="checkbox"/>
Back up/Emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>	Trash bags for hurricane prep are available (and there are enough for location).	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Observations:

Actions Needed:

Date due:

Signature of Person completing this check

Date

Signature of Business Manager

Date