

**Inspection of
Residential Care Facility**
(For facilities, as defined, with
not more than 12 residents)

Demerit Score: _____

Health Department _____

Date of Insp/Chg _____

Current Facility ID _____

Status Code: _____

Old Facility ID _____

Water Supply: <input type="checkbox"/> 1 Community	<input type="checkbox"/> 3 Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 Transient Non-Community	<input type="checkbox"/> 4 Non-Public Water Supply	
Wastewater System: <input type="checkbox"/> 1 Community	<input type="checkbox"/> 2 On-Site System	<input type="checkbox"/> 1 Inspection
		<input type="checkbox"/> 2 Re-Inspection
		<input type="checkbox"/> 3 Name Change
		<input type="checkbox"/> 4 Verification of Closure
		<input type="checkbox"/> 5 Visit
		<input type="checkbox"/> 6 Status Change

Name of Establishment: _____ **Permittee:** _____

Location Address: _____ **Number of Residents:** _____

_____ **Mailing Addr.** _____

City: _____ **State:** NC **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____

Classification:

Approved (20 or less demerits, and no 6-point demerits) Disapproved (More than 40 demerits or failure to improve provisional classification)

Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)

Demerits

COMMENTS

1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)** _____

2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)** _____

3. FOOD SUPPLIES AND PROTECTION:

Supplies: All food clean, wholesome, no spoilage 6 (.1619) _____

Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620) _____

4. **FOOD SERVICE UTENSILS AND EQUIPMENT:** Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6;** disposable items properly stored and handled, used only once 2 (.1618) _____

5. **FOOD SERVICE PERSONS:** Clean clothes, hands, and work habits 4 (.1621) _____

6. **DRINKING WATER FACILITIES: ICE HANDLING:** Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612) _____

7. **HOT AND COLD WATER:** Adequate hot and cold water piped to points of use 4 (.1611) _____

8. **TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES:** Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610) _____

9. **BEDS: LINEN: FURNITURE:** All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617) _____

10. **STORAGE: MISCELLANEOUS:** Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616) _____

11. **FLOORS:** In good repair 1; kept clean 2 (.1607) _____

12. **WALLS AND CEILINGS:** In good repair 1; kept clean 2 (.1608) _____

13. **LIGHTING AND VENTILATION:** Windows and fixtures in good repair 1; kept clean 2 (.1609) _____

14. **VERMIN CONTROL: PREMISES:** Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615) _____

15. **SOLID WASTES:** Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614) _____

Rept Received by: _____ **TOTAL DEMERIT SCORE** _____

Inspection by: _____ **EHS I.D.#** _____ **Comment Sheet Attached** Yes No

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: **1.** Original to the person in charge. **2.** One copy for the supervising agency (or more as requested). **3.** Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)