



**Facility Walk-Through Check Sheet**

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Once the Licensee has successfully completed the review process, the Licensure and Training Consultant shall, schedule a walk-through of the facility. Below is a check sheet used during the walk-through.

<b>Hot Water</b>		
<i>Hot water that is accessible to clients must be maintained between 100-116 degrees Fahrenheit</i>		
Room	Temperature	Notes

<b>Medication Storage</b>	Yes	No	NA	Notes
Securely locked				
Separate storage for each client				
Storage for refrigerated medication				

<b>Other Storage</b>	Yes	No	NA	Notes
Hazardous Chemical Storage Areas(s)				
Client Records storage in a confidential area				

<b>Conspicuous (Visible) Postings in Public Area</b>	Yes	No	NA	Notes
DHSR Hotline Number (1-800-624-3004)				
No Smoking Signs				
Emergency Diagrams clearly documenting evacuation routes and meeting place(s) where headcount is performed				

<b>Fire Extinguishers <sup>1</sup></b>	Yes	No	NA	Notes
Operable Fire Extinguisher				

<sup>1</sup> Per Section 906.8 of the NC Fire Prevention Code, fire extinguishers can be in areas that are locked if they are subject to malicious use or damage (staff must have keys to the locked area).



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**MANDY COHEN, MD, MPH** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

*Facility must be furnished when walk-through is conducted*

<b>Furniture</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Residential				
Bed(s)				
Bedding/linen(s)				
Bedside table(s)				
Personal storage for personal belongings				
Day/Periodic Programs				
Furnished reception area				
Furnished group rooms				
Other furnishings (per service category)				

<b>Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
The surrounding area is in a safe and healthy environment				
Unobstructed hallways				
Unobstructed doorways				
Safe and clean conditions on the exterior of the facility				
Safe and clean conditions in the interior of the facility				

<b>Additional Requirements</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Designated operable phone				
First Aid kit available for facility				
First Aid kit available for vehicle				
Physical location of the disaster plan in the facility				