

# COVID -19 FRONT OF THE HOUSE QA AUDIT

Community: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Consultant: \_\_\_\_\_

| <b>FRONT OF THE HOUSE</b>   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| <b>MAIN ENTRANCE/LOBBY AREA</b>   |            |           |
| Self-service coffee/water stations not present or only served by staff  |            |           |
| High touch areas, (coffee, water handles) disinfected often   |            |           |
| No reusable beverage containers   |            |           |
| Comments:   |            |           |
|   |            |           |
| <b>DINING ROOM / RESTAURANT</b>   |            |           |
| Alcohol based hand sanitizer (ABHS) at door of dining room  |            |           |
| PC, Single Service Condiments used at meals time  |            |           |
| Residents hands cleaned and sanitized before meal service   |            |           |
| Staff washing hands before meal service and between tasks   |            |           |
| Tables 6 feet apart from one another, 1 resident per table  |            |           |
| Staff seated while assisting residents in dining room   |            |           |
| Staff using PPE (if resident coughing)  |            |           |
| Staff does not touch ready to eat foods with bare hands   |            |           |
| High touch areas disinfected at each meal – tables, chairs, menus, POS, light switches, door, plates, handles, serving counter etc. |            |           |
| Comments:   |            |           |
|   |            |           |
| <b>BISTRO / KIOSK</b>   |            |           |
| See Dining Room / Restaurant  |            |           |
| Grab & Go, To Go items only   |            |           |
| No bulk, self-service items   |            |           |
| Staff stand 6 feet apart  |            |           |
| Comments:   |            |           |
|   |            |           |
| <b>IN ROOM DINING</b>   |            |           |
| Additional Staff present to assist w/ room tray delivery  |            |           |
| Staff washed hands prior to assisting w/ meal tray service  |            |           |
| Trays organized by room order, delivered timely   |            |           |
| All items covered, beverages, silverware  |            |           |
| Room Tray delivered timely to keep Hot Food Hot   |            |           |
| Room Tray Cart Time Delivered: _____ Time Completed: _____  |            |           |
| Staff sanitizing hands after exiting room and before next tray  |            |           |
| Soiled items or returned items placed on soiled cart  |            |           |
| No cross contamination of soiled and clean trays  |            |           |
| Isolation trays – universal precautions followed or per facility policy   |            |           |
| Dirty isolation tray bagged prior to leaving room   |            |           |
| Comments:   |            |           |
|   |            |           |
| <b>NOURISHMENT REFRIGERATORS</b>  |            |           |
| Temperatures logged   |            |           |
| All food covered, dated, and labeled  |            |           |
| Food from outside source – transferred into facility container, then labeled & dated  |            |           |
| Comments:   |            |           |
|   |            |           |

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