



Quality Indicator Survey – Worksheets, version 09/09  
Summary written/posted 12/01/09

In order to reflect the recent collapse of several Infection Control tags under F441, changes were made to three QIS electronic worksheets:

1. Dining Observation
2. Kitchen/Food Service Observation
3. Infection Control & Immunizations

These three worksheets are all located behind Tab 6 of the QIS Resource Manual and constitute Task 5 Facility-Level Mandatory Tasks.

The updates to the Dining Observation and Kitchen/Food Service Observation worksheets are technical in nature and do not reflect a practice or regulatory change. References to older tags have been replaced with F441.

The changes to the Infection Control & Immunizations worksheet are both technical and substantive in nature and reflect the recent changes to F441. For example the updated worksheet includes the new investigative protocols of F441.

These updated forms should eventually be available on the Agency for Health Care Administration's website in their electronic [QIS Resource Manual](#) or the [Division of Health Care Policy & Research](#) site.

A fully compiled, hardcopy of the QIS Resource Manual may be purchased for a nominal fee at [www.fhca.org](http://www.fhca.org); Online Store.

A handwritten signature in cursive script that reads "Lee Ann Griffin".

Lee Ann Griffin  
Director of Quality & Regulatory Services

### Dining Observation

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*This review should concentrate primarily on determining whether necessary staff is available to assist residents and if the facility promotes a positive dining experience. Meal times and dining room locations should be identified during the entrance conference. If the facility has more than one dining area or residents are eating in their rooms, observations should occur in all of these areas. While the bulk of the information is obtained through observation, the surveyor should ask residents questions to confirm or validate observations and to assess food palatability and temperature. Surveyors should include a discussion of these observations at their team meetings. Team members not specifically assigned the responsibility of completing Dining Observation task should surveyor initiate Dining in the QIS DCT and answer only questions pertaining to observations made.*

- Conduct a dining observation at the first full meal that occurs after the team enters the facility. The first full meal will be a meal that allows observations to occur from the start of meal service until residents have finished eating. Mark all areas of concern and follow up as needed with subsequent meal observations.
- Meal observations will also be conducted for Stage II sample residents who trigger because of related Quality of Care Indicators (e.g., weight loss, ADL decline, dehydration, etc.). Document these observations on the applicable resident's Critical Element Summary or Surveyor Notes Worksheet.
- Use this worksheet for each meal observation conducted throughout the survey. Findings on this worksheet should be entered into the QIS DCT on the Stage II—Critical Elements screen under the facility-level task, Dining.

<b>Dining Experience</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>
<b>Frequency of Meals</b>		
<p>1. <b>Are staff preparing, serving, and assisting with dining in the scheduled timeframes?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F353, F362</b></p> <p>2. <b>Does the facility provide meals that are no greater than 14 hours between the evening meal and breakfast (or 16 hours with approval of a resident group and provision of a substantial evening snack)?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F368</b></p> <p><u>If Question 1 or 2 is marked "No":</u> Interview residents and/or staff to determine how often meals are served beyond the posted serving times.</p>		

**Dining Observation**

<b>Dining Experience</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>
<b>Assistance at Mealtime</b>		
<input type="checkbox"/> Conduct staff interview to determine how the dining rooms and/or other locations where residents eat are monitored to assure the residents' needs are accommodated.  <b>3. Do residents receive timely and appropriate assistance with meals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F311, F312</b>		
<b>Meal Services</b>		
<p>Observe for proper handling techniques, such as:</p> <input type="checkbox"/> Preventing the eating surfaces of plates from coming in contact with staff clothing; <input type="checkbox"/> Handling cups/glasses on the outside of the container; and <input type="checkbox"/> Handling knives, forks, and spoons by the handles. <b>4. Does staff follow proper tableware handling techniques?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F371</b>		
<input type="checkbox"/> Observe whether staff used proper hygienic practices such as keeping their hands away from their hair and face when handling food. <b>5. Does staff utilize hygienic practices?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F371, F441</b>		
<input type="checkbox"/> Observe whether staff had any open areas on their skin, signs of infection or other indications of illness. <b>6. Are the staff who handle food products free of signs of infection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b>		
<b>NOTE: The F tag offered in the QIS DCT is not consistent with</b>		

**Dining Observation**

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
<p><b>this worksheet. If the facility is not in compliance with this question, mark the CE in the QIS DCT as “No”, mark the offered F tag (F443) as “N/A”, and initiate F441.</b></p>		
<p><b>Dignity and Independence</b></p>		
<p>Observe whether staff:</p> <p><input type="checkbox"/> Waited for residents at a table to finish their meal before scraping food off of plates at that table;</p> <p><input type="checkbox"/> Talked with residents for whom they are providing assistance rather than conducting social conversations with other staff who are assisting other residents;</p> <p><input type="checkbox"/> Are allowing residents the time needed to complete eating their meal; and</p> <p><input type="checkbox"/> Are speaking with residents politely and respectfully.</p> <p>7. <b>Does staff act, or interact, with residents during meals in a manner to promote dignity?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F241</b></p> <p>8. <b>Are non-disposable cutlery and plates used and napkins available (e.g., plastic cutlery and paper/plastic plates are not used)?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F241</b></p> <p>9. <b>Are resident’s desires considered when using clothing protectors?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F241</b></p> <p>10. <b>Are assistive devices provided as needed to promote independence?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F369</b></p>		

**Dining Observation**

<b>Dining Experience</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>	<b>Dining Area/Room #: _____ Date: _____ Time: _____ Notes</b>
<b>Positioning</b>		
<p>11. Are residents positioned to maximize eating ability (i.e., wheel chairs fit under tables so residents can access food without difficulty and resident is positioned in correct alignment)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F310</b></p>		
<b>Dining Room Atmosphere</b>		
<p>12. Is the lighting adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b>            13. Is the ventilation adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b>            14. Do noise levels promote socialization? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F258</b>            15. Are dining areas (including resident rooms) free of offensive odors? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F253</b></p> <p><u>If any one of Questions 12–15 is marked "No":</u>  <input type="checkbox"/> Are there concerns with lighting, noise, ventilation, or furnishings that are negatively affecting the residents?</p>		
<b>Meal Substitutes</b>		
<p>16. Are meal substitutes offered when foods are refused?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F366</b></p>		

**Dining Observation**

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
<b>Furnishings and Space</b>		
<p>Observe table height to determine if it provides the residents with easy visibility and access to food.</p> <p>17. <b>Are the dining areas adequately furnished to meet residents' physical and social needs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b></p> <p>18. <b>Do the dining areas have sufficient space to accommodate all activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F464</b></p> <p><u>If Question 17 or 18 is marked "No":</u></p> <p><input type="checkbox"/> Can mobile residents enter and exit the dining room independently without staff needing to move other residents out of the way;</p> <p><input type="checkbox"/> Could residents be moved from the dining room swiftly in the event of an emergency; and</p> <p><input type="checkbox"/> Would staff be able to access and assist a resident who is experiencing an emergency, such as choking?</p>		
<b>Food Quality</b>		
<p>19. <b>Does the facility serve the meals in an attractive manner (Foods not combined together, variety of textures/colors)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F364</b></p>		

**Dining Observation**

Dining Experience	Dining Area/Room #: _____ Date: _____ Time: _____ Notes	Dining Area/Room #: _____ Date: _____ Time: _____ Notes
<b>Liquids at Mealtimes</b>		
<p>20. <b>Does the facility provide the residents with sufficient liquids and provide assistance when needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F327</b></p> <p><u>If Question 20 is marked "No," conduct staff interview(s) for additional information to determine staff awareness of the need for maintaining adequate fluid intake:</u></p> <p><input type="checkbox"/> Were liquids provided?</p> <p><input type="checkbox"/> Were liquids within the resident's reach?</p> <p><input type="checkbox"/> Were the residents encouraged (or reminded) to consume liquids?</p> <p><input type="checkbox"/> When residents refuse liquids offered, does staff offer different beverages and/or foods with high fluid content (e.g., soup or broth, ice cream)?</p> <p><input type="checkbox"/> Are residents assisted with their liquids as needed (e.g., cued to drink, handed glasses, offered a variety of fluids)?</p>		
<b>Additional Notes:</b>		

### Infection Control & Immunizations

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor \_\_\_\_\_

*Each team member should make observations of infection control practices throughout the survey. Use this worksheet to direct observations, record information, and mark any areas of concern for questions 1 -7. Enter narrative documentation in the Notes section for all areas of concern. Team members not specifically assigned the responsibility of completing the Infection Control task should surveyor initiate Infection Control in the QIS DCT and answer only the questions pertaining to the concerns identified.*

*The surveyor assigned overall responsibility for completion of this task will use the Investigative Protocol at tag F441 to review the infection control program on all surveys and complete Question 8. In addition, use the Investigative Protocol at tag F334 to complete Question 9 on all surveys.*

**NOTE:** *This revised worksheet incorporates changes made by CMS to the infection control tags with a 9/30/2009 effective date. CMS has collapsed all of the infection control tags into F441. Because of the changes, the tags offered in the QIS DCT are not consistent with the CMS changes. Until the next change to the QIS DCT, surveyors should complete the Infection Control worksheet and follow the guidance below.*

*After completing this worksheet, answer all of the CEs in the QIS DCT for Infection Control, marking each as Yes or No. Any findings for CE1-8 will be cited under F441.*

*If CE1 (F444 in the QIS DCT), CE4 (F443 in the QIS DCT), CE6 (F445 in the QIS DCT) or CE7 (F442 in the QIS DCT) are marked “No” in the QIS DCT, mark the corresponding F tag offered by the QIS DCT as “NA” and initiate F441 for the Facility to document findings related to CE1, CE4, CE6, or CE7.*

Observations	Notes
<p>1. Are proper hand-washing techniques followed by the staff?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p>	
<p>2. Are gloves worn if there is contact with blood, specimens, tissue, body fluids, or excretions?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p>	
<p>3. Are gloves changed between resident contacts?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p>	
<p>4. Are staff who are providing direct care free from communicable diseases or infected skin lesions?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p>	

**Infection Control & Immunizations**

<p>5. Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p>6. Are linens and laundry handled or transported in a manner to prevent the spread of infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p>7. Are isolation precautions implemented when it is determined that a resident needs isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><b>Review</b></p>	<p><b>Notes</b></p>
<p>Follow the Investigative Protocol contained in tag F441 to complete a review of the infection control program.</p> <p><i>The facility is in compliance with 42 CFR 483.65 Infection Control if:</i></p> <ul style="list-style-type: none"> <li>• The infection prevention and control program demonstrates ongoing surveillance, recognition, investigation and control of infections to prevent the onset and the spread of infection, to the extent possible;</li> <li>• The facility demonstrates practices to reduce the spread of infection and control outbreaks through transmission-based precautions (e.g., isolation precautions);</li> <li>• The facility demonstrates practices and processes (e.g., intravenous catheter care, hand hygiene) consistent with infection prevention and prevention of cross-contamination;</li> <li>• The facility demonstrates that it uses records of incidents to improve its infection control processes and outcomes by taking corrective action;</li> <li>• The facility has processes and procedures to identify and prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease;</li> <li>• The facility consistently demonstrates appropriate hand hygiene (e.g., hand washing) practices, after each direct resident contact as indicated by professional practice; and</li> <li>• The facility demonstrates handling, storage, processing and transporting of linens so as to prevent the spread of infection.</li> </ul>	

### Infection Control & Immunizations

<p><b>8. Does the facility establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent development and transmission of disease and infection?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>F441</b></p>	
<p><i>Note: During the Entrance Conference, the team coordinator requested the Influenza/-Pneumococcal Immunization - Policy and Procedures.</i></p> <p><i>Note: Residents are selected from the Stage I Census Sample Report; however, sampling and review can occur during Stage II.</i></p> <ul style="list-style-type: none"><li>• For surveys conducted during influenza season (October 1 – March 31), select five (5) residents from the Census Sample Report, or</li><li>• For surveys conducted outside influenza season, select five (5) Census Sample Report residents who resided in the facility during the previous influenza season.</li><li>• Follow the Procedure section in the Investigative Protocol contained in F tag F334 to complete a review of the implementation of the facility's immunization policies and procedures for influenza and pneumococcal pneumonia.</li></ul> <p><b>9. Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F334</b></p>	

### Kitchen/Food Service Observation

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*Complete the initial kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for food borne illness. Make additional observations throughout the survey process in order to gather all information needed. Mark any areas of concern identified under each General Category (e.g., Storage Temperatures, Food Storage, etc.). Enter additional documentation in the 'Notes' section for all areas of concern. Enter findings from this review in the QIS DCT's Stage II—Critical Element screen.*

Observations	Notes
<b>Initial Brief Tour of the Kitchen</b>	
<p>The intent of this <b><u>initial brief tour</u></b> is to identify any practices that might indicate potential for food borne illness. Observations during this tour may also help identify additional areas of concern listed on this worksheet.</p> <p>Observe for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Potentially hazardous foods, such as beef, chicken, pork, etc. thawing at room temperature;</li> <li><input type="checkbox"/> Food items in the refrigerator(s) that are unlabeled or undated and not scheduled to be served at the next meal;</li> <li><input type="checkbox"/> Potentially hazardous foods like uncooked meat, poultry, fish and eggs that are not stored separately from other foods (e.g., meat is thawing so that juices are dripping on other foods); and</li> <li><input type="checkbox"/> Appropriate hand washing facilities, with soap and water that are not convenient for dietary staff use.</li> </ul> <p><b>1. Are foods stored under sanitary conditions?</b>                      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F371</b></p> <p>Observe for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff not practicing hand washing when necessary during food preparation activities;</li> <li><input type="checkbox"/> Cracked eggs that are used in foods that are not fully cooked (per observation or interview);</li> <li><input type="checkbox"/> Food that is not prepared, cooked or stored under appropriate temperatures and with safe food handling techniques;</li> <li><input type="checkbox"/> Staff not washing hands to prevent cross contamination (e.g., between handling raw meat and other foods); and</li> <li><input type="checkbox"/> Staff not utilizing hygienic practices (e.g., touches hair, face, nose etc. and then handles food).</li> </ul>	

### Kitchen/Food Service Observation

Observations	Notes
<p><b>2. Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F441</b></p> <p><b>NOTE: The F tag offered in the QIS DCT is not consistent with this worksheet. If the facility is not in compliance with this question, mark the CE in the QIS DCT as “No”, mark the offered F tag (F443) as “N/A”, and initiate F441.</b></p> <p><b>3. Are foods prepared under sanitary conditions?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F371</b></p> <p><i>If staff are preparing food: proceed with observations. If not, answer the remaining items in future trips to the kitchen (see related sections below).</i></p>	
<b>Follow-up Visit(s) to the Kitchen</b>	
<b>Storage Temperatures</b>	
<p>Observe for:</p> <p><input type="checkbox"/> Refrigerator temperatures that are at or below 41° Fahrenheit (check temperatures between meal service activities to allow for stable temperatures).*</p> <p><input type="checkbox"/> Freezer temperatures maintained at a level to keep frozen food solid.</p> <p><input type="checkbox"/> Internal temperatures of potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges of 41° Fahrenheit or lower.</p> <ul style="list-style-type: none"> <li>▪ What are the temperatures?</li> <li>▪ What foods are involved?</li> </ul> <p><i>*Cited food temperatures are target temperatures from the current FDA Food Code.</i></p> <p><b>4. Is the food stored at the appropriate temperatures?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F371, F456</b></p>	
<b>Food Storage</b>	
<p>Observe for:</p> <p><input type="checkbox"/> Frozen foods thawing at room temperature;</p> <p><input type="checkbox"/> Foods in the refrigerator/freezer that are not covered, dated, and shelved to allow circulation;</p> <p><input type="checkbox"/> Foods stored in direct contact with soiled surfaces or rust;</p> <p><input type="checkbox"/> Canned goods with a compromised seal (e.g., punctures);</p> <p><input type="checkbox"/> Staff touching food when accessing bulk foods;</p>	

### Kitchen/Food Service Observation

Observations	Notes
<p> <input type="checkbox"/> Containers of food stored on the floor or on surfaces that are not clean;  <input type="checkbox"/> Signs of water damage from sewage lines and/or pipelines;  <input type="checkbox"/> Signs of negative outcome (i.e., freezer burn, foods dried out, foods with a change in color);  <input type="checkbox"/> Raw meat stored so that juices are dripping onto other foods; and  <input type="checkbox"/> The facility's policy for food storage, including leftovers. Does staff follow the policy?  <b>5. Are foods stored under sanitary conditions?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F371</b> </p>	
<b>Food Preparation and Service</b>	
<p>Observe for:</p> <p> <input type="checkbox"/> Hot foods not held at 135° Fahrenheit or higher on the steam table;*  <input type="checkbox"/> Food service that is not started within 30 minutes after food is placed on the steam table;  <input type="checkbox"/> Cold foods that are not held at 41° Fahrenheit or lower; and*  <input type="checkbox"/> Food surfaces that are not thoroughly cleaned after preparation of fish, meat, or fowl.  <input type="checkbox"/> Cutting surfaces that are not sanitized between uses;  <input type="checkbox"/> Improper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:           <ul style="list-style-type: none"> <li>▪ Poultry and stuffed foods - 165 degrees F;</li> <li>▪ Ground meat (e.g., ground beef, ground pork), ground fish, and eggs held for service - at least 155 degrees F;</li> <li>▪ Fish and other meats - 145 degrees F for 15 seconds;</li> <li>▪ Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking;- 145 degrees F for 15 seconds; until the white is completely set and the yolk is congealed (or, is facility using <b>pasteurized</b> eggs for residents who want soft-cooked eggs?); and</li> <li>▪ When cooking raw animal foods in the microwave, foods should be rotated and stirred during the cooking process so that all parts of the food are heated to a temperature of at least 165 degrees F, and allowed to stand covered for at least 2 minutes after cooking to obtain temperature equilibrium.</li> <li>▪ Fresh, frozen, or canned fruits and vegetables are cooked to a hot holding temperature (135 degrees F) to prevent the growth of pathogenic bacteria that may be present.</li> </ul> </p>	

### Kitchen/Food Service Observation

Observations	Notes
<ul style="list-style-type: none"> <li><input type="checkbox"/> Food items that are not reheated to the proper temperatures:                             <ul style="list-style-type: none"> <li>▪ The PHF/TCS food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 degrees F for at least 15 seconds before holding for hot service.</li> <li>▪ Ready-to-eat foods that require heating before consumption are best taken directly from a sealed container (secured against the entry of microorganisms) or an intact package from an approved food processing source and heated to at least 135 degrees F for holding for hot service.</li> </ul> </li> <li><input type="checkbox"/> Food that is not covered during transportation and distribution to residents;</li> <li><input type="checkbox"/> Food that is not cooked in a manner to conserve nutritive value, flavor, appearance and texture;</li> <li><input type="checkbox"/> Nourishments and snacks held at room temperature and not served within 4 hours of delivery. Potentially hazardous foods (e.g., milk, milk products, eggs) must be held at appropriate temperatures;</li> <li><input type="checkbox"/> Staff that do not properly wash hands with soap and water to prevent cross contamination (i.e., between handling raw meat and other foods);</li> <li><input type="checkbox"/> Staff who does not utilize hygienic practices (e.g., not touch hair, face, nose etc. and then handle food);</li> <li><input type="checkbox"/> Staff who serve food to residents after collecting soiled plates and food waste, without proper hand washing;</li> <li><input type="checkbox"/> Leftovers that are not cooled quickly and promptly in shallow pans in the refrigerator or freezer;</li> <li><input type="checkbox"/> Potentially hazardous foods that are not cooled from 135° Fahrenheit to 70° Fahrenheit within 2 hours; from 70° Fahrenheit to 41° Fahrenheit within 4 hours; the total time for cooling from 135° to 41° Fahrenheit should not exceed six hours.*</li> <li><input type="checkbox"/> Food that is not procured from vendors that meet federal, state or local approval;</li> <li><input type="checkbox"/> The time food is put on the steam table and when meal service starts. If unable to observe, determine per interview with the cook;</li> <li><input type="checkbox"/> How staff routinely monitors food temperatures on the steam table (review temperature logs);</li> <li><input type="checkbox"/> When staff starts cooking the food. If unable to observe, determine per interview with the cook;</li> </ul>	

### Kitchen/Food Service Observation

Observations	Notes
<p><input type="checkbox"/> What cooking methods are available and used (e.g., steamer, batch-style cooking); and</p> <p><input type="checkbox"/> Staff who compromise food safety when preparing modified consistency (e.g., pureed, mechanical soft) PHF/TCS foods.</p> <p><i>*See F371. Cited food temperatures are target temperatures from the current FDA Food Code.</i></p> <p><b>6. Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F441</b></p> <p><b>NOTE: The F tag offered in the QIS DCT is not consistent with this worksheet. If the facility is not in compliance with this question, mark the CE in the QIS DCT as “No”, mark the offered F tag (F443) as “N/A”, and initiate F441.</b></p> <p><b>7. Was food procured from approved or satisfactory sources and prepared and served under sanitary conditions and in a manner that conserves nutritive value, flavor, and appearance?</b>      <input type="checkbox"/> Yes   No   <input type="checkbox"/> F364, F371</p> <p><b>NOTE: Question #7 in the QIS DCT is not consistent with language on this worksheet. Pending a revision to the QIS DCT and as an interim procedure, if the facility is not in compliance with the procurement of food, cite F371.</b></p>	
<b>Dinnerware Sanitization and Storage</b>	
<p>Observe for:</p> <p><input type="checkbox"/> Dishwasher temperatures that are not at 150° Fahrenheit wash, 180° Fahrenheit rinse OR 120° Fahrenheit wash + 50 ppm (parts per million) Hypochlorite;</p> <p><input type="checkbox"/> The manual method – After washing and rinsing, dishes are sanitized by immersion in either:</p> <ul style="list-style-type: none"> <li>▪ Hot water (at least 171 degrees F) for 30 seconds; or</li> <li>▪ A chemical sanitizing solution. If explicit manufacturer instructions are not provided, the recommended sanitation concentrations are as follows: <ul style="list-style-type: none"> <li>– Chlorine: 50 – 100 ppm minimum 10 second contact time</li> <li>– Iodine: 12.5 ppm minimum 30 second contact time</li> <li>– QAC space (Quaternary): 150 – 200 ppm concentration and contact time per manufacturer’s instructions (Ammonium Compound)</li> </ul> </li> </ul> <p><input type="checkbox"/> Dishes, food preparation equipment, and utensils that are towel dried (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross contamination.);</p>	

### Kitchen/Food Service Observation

Observations	Notes
<p><input type="checkbox"/> Clean and soiled work areas that are not separated; and</p> <p><input type="checkbox"/> Dishware that is not stored to prevent contamination. (In a clean, dry location, not exposed to splash, dust or other contamination and covered or inverted.)</p> <p>Ask staff:</p> <p><input type="checkbox"/> How do they test for proper chemical sanitization (observe them performing the test)?</p> <p><input type="checkbox"/> How do they monitor equipment to ensure that it is functioning properly? (Review temperature/chemical logs.)</p> <p><b>8. Were dishes and utensils cleaned and stored under sanitary conditions?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F371</b></p>	
<b>Equipment Safe/Clean</b>	
<p>Observe for:</p> <p><input type="checkbox"/> Refrigerators and freezers that are not clean and in safe operating condition;</p> <p><input type="checkbox"/> Fans in food prep areas that are not clean;</p> <p><input type="checkbox"/> Utensils/equipment that are not cleaned and maintained to prevent food borne illness; and</p> <p><input type="checkbox"/> Food trays, dinnerware, and utensils that are not clean and in good condition (e.g., not cracked or chipped, etc.).</p> <p><input type="checkbox"/> Lack of appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers);</p> <p>Ask staff:</p> <p><input type="checkbox"/> What is the facility's practice for dealing with employees who come to work with symptoms of contagious illness (e.g., coughing, sneezing, diarrhea, vomiting) or open wounds;</p> <p><input type="checkbox"/> How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems;</p> <p><input type="checkbox"/> Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment; and</p> <p><input type="checkbox"/> If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.</p>	

**Kitchen/Food Service Observation**

Observations	Notes
<p>9. <b>Is food preparation equipment clean and in safe operating condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F371, F456</b></p> <p>Cite F371 if the issue is sanitary conditions of food preparation equipment. Cite F456 if the issue is safe operating condition of the equipment.</p> <p><b>NOTE: The F tag selection for question #9 in the QIS DCT is not consistent with this worksheet. Pending a revision to the QIS DCT and as an interim procedure when question #9 is answered “No”:</b></p> <ul style="list-style-type: none"> <li>• <b>If the issue relates <u>only to the sanitary conditions</u> of the food preparation equipment, mark F456 for question 9 in the QIS DCT as “N/A” and initiate F371.</b></li> <li>• <b>If the issue relates <u>only to safe operating condition</u> of the equipment, cite F456.</b></li> <li>• <b>If the issue relates to <u>both sanitary conditions and safe operating condition</u> of the equipment, cite F456 and initiate F371.</b></li> </ul>	
<b>Refuse/Pest Control</b>	
<p>10. <b>Was garbage and refuse disposed of properly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F372</b></p> <p>11. <b>Food storage, preparation and service areas are free of visible signs of insects and/or rodents?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F469</b></p> <p>If Question 10 or 11 is marked ‘No’:</p> <p><input type="checkbox"/> Is there documentation of pest control services that have been provided?</p> <p><input type="checkbox"/> Is the facility aware of the current problem?</p> <p><input type="checkbox"/> If the facility is aware of the current problem, what steps have been taken to eradicate the problem?</p> <p><input type="checkbox"/> Notify team of observations and review other areas of the environment for pest concerns.</p>	