

HEALTHCARE

EMPLOYER GUIDE

UNIT PROFILE & SPACE MAINTENANCE/STORAGE EVALUATION

1	Directions: Describe unit/wing, including # of beds, room configurations (private, semi-private, 4-bed, etc.)
# of rooms- private (1 bed) _____ # of rooms with 2 beds: _____ Other: _____ Bathrooms: In room: _____ Community: _____ Use tub: _____ Shower Chair: _____ Other: _____	
2	Describe current storage conditions and problems you have with storage. If new equipment is purchased, where would it be stored?
3	Identify anticipated changes in the physical layout of your unit, such as planned unit renovations in the next two years.
4	Describe space constraints for resident care tasks & use of portable equipment; focus on resident rooms, bathrooms, shower/bathing areas. Are typical doorways narrow or wide?
5	Describe any routine equipment maintenance program or process for fixing broken equipment. What is the reporting mechanism/procedure for identifying, marking, and submitting broken equipment for repair.
6	If potential for installation of overhead lifting equipment exists, describe any structural factors that may influence this installation, such as structural load limits, lighting fixtures, protruding sprinkler heads, other ceiling fixtures, AC vents presence of asbestos, etc.