

Weekend Manager Checklist

Date: _____ Time: _____

ROUNDS (Conduct 1x on day shift and 1x at beginning of afternoon shift)

Main Entrance	Hallways
<input type="checkbox"/> Free of trash and debris	<input type="checkbox"/> Odor-free
<input type="checkbox"/> Windows/ glass doors clean	<input type="checkbox"/> No unnecessary clutter (ONLY Med/TX Carts, linen carts, hampers/barrels, lifts)
<input type="checkbox"/> Mats/ floors clean	<input type="checkbox"/> Med/TX Carts locked
<input type="checkbox"/> Signage in place to direct inquiries/visitors	<input type="checkbox"/> Hampers/barrels covered
<input type="checkbox"/> Lobby clean	<input type="checkbox"/> Residents are not lined up in hallways
<input type="checkbox"/> Public restrooms clean and well-stocked	<input type="checkbox"/> Floors clean
<input type="checkbox"/> Entrance and lobby odor-free	<input type="checkbox"/> Shower room/break room doors closed
Dining/ Activity Rooms	Nurses Stations
<input type="checkbox"/> No trash, food left out	<input type="checkbox"/> Confidential information not visible to public
<input type="checkbox"/> Furniture cleaned & straightened	<input type="checkbox"/> No food or beverages present
<input type="checkbox"/> Floors cleaned	<input type="checkbox"/> Organized and neat
Staff	Activities
<input type="checkbox"/> Staff wearing appropriate uniforms and nametags	<input type="checkbox"/> Occurring on times as per schedule
<input type="checkbox"/> Attending to residents and call-lights timely	<input type="checkbox"/> Activity staff appear energetic
<input type="checkbox"/> Not exhibiting inappropriate behaviors	<input type="checkbox"/> Residents actively participating
Dietary	Residents & Resident Rooms
<input type="checkbox"/> Meals served at scheduled times	<input type="checkbox"/> Residents clean, in clean clothes, clean-shaven, hair groomed
<input type="checkbox"/> Posted menu items served	<input type="checkbox"/> Teeth/dentures clean
<input type="checkbox"/> Alternates available & offered	<input type="checkbox"/> Fingernails cleaned
<input type="checkbox"/> Beverages available	<input type="checkbox"/> Resident's equipment is clean (wheelchairs, walkers, etc.)
<input type="checkbox"/> Food temperatures appropriate	<input type="checkbox"/> Odor free room
<input type="checkbox"/> Condiments available	<input type="checkbox"/> Bed is made, room appears neat/organized, call light within reach
<input type="checkbox"/> Food presents well	<input type="checkbox"/> Floors clean, bedside table clean