

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0727 (SF) **Subject:** Facility Health and Safety
Effective Date: 04-30-08 **Last Revision:** 12-29-17
Person Responsible: Maintenance Department/
Health & Safety Coordinator

Approvals/Date: Brent Coban 1-4-18 _____
Superintendent, WCBDD Date Department Director Date

- The following definitions shall apply:
- ICF Facility** – Facility that requires residents with a level of care relying on continuous active treatment which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services directed toward the acquisition of the behaviors necessary for the consumer to function with as much self determination and independence as possible. Medicaid certified facility licensed by ODJFS, ODDD and the Ohio Department of Health.
1. Each facility owned, operated, or leased by the Wood County Board of DD shall be maintained in a healthy and safe manner at all times.
 2. Each facility shall be inspected both internally and externally, based on requirements of licensing bodies, as well as local, state, and federal code, law and rule. Furthermore, internally established safety guidelines and expectations are establish to ensure that healthy and safe environments are maintained above and beyond what is legally required by local, state, and federal code, law and rule.
 3. The Maintenance **Supervisor** shall insure that internal reviews, inspections, equipment review and testing occur based on the Maintenance Checklist. (Forms 03-ALL-ALL-0707 and 03-ALL-ALL-0708)
 4. The Health & Safety Coordinator will coordinate all external inspections/equipment review and be present during these inspections. The Health & Safety Coordinator will be present for all Licensure and Life Safety surveys during the initial walk thru. Following each inspection and equipment review, Health & Safety Coordinator shall document **the** completion of such inspection. If repairs are identified as necessary through an external vendor or inspection, the Health & Safety Coordinator will contact the Maintenance **Supervisor** to follow through with a work order and appropriate follow up.
 5. For WCBDD owned homes; the Maintenance Checklist will be completed monthly. The original will be maintained by the Maintenance **Supervisor**. For WCBDD facilities; the Maintenance Checklist will be completed monthly and retained by the Administrative Support Staff II in Maintenance/Transportation.
 6. The **Health & Safety Coordinator** will notify the staff member handling ALL-ALL procedures as changes are needed to the Maintenance Checklist as rules and expectations change.

Forms: 03-ALL-ALL-0707
03-ALL-ALL-0708

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