ENVIRONMENTAL ROUNDS RECOMMENDATIONS FOR NONCOMPLIANT, CORRECTIVE ACTION AND/OR FOLLOW-UP REQUIRED
LONG TERM CARE FACILITY

Facility Name: _____

Observers: _____ Date: _____

Criteria found to be noncompliant, needing corrective action and/or follow-up:	**Findings:**	**Recommendations:**

Manager/Supervisor: _____ Date: _____

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Criteria and findings to be noncompliant, needing corrective action, and/or follow-up: (criteria/findings from previous worksheet)	**Action Plan: (what steps are being taken to mitigate the findings, corrective action, and/or follow up date)**

Manager/Supervisor: _____ Date: _____