



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 November 2024

PCNS APPLICATION QUESTIONNAIRE SUB-ACUTE FACILITY

This document is to be submitted together with the Application form; supporting documents and completed criteria to pcns_admin@bhfglobal.com

ANNEXURE D

QUESTIONNAIRE TO BE COMPLETED BY A PRIVATE SUB-ACUTE FACILITY APPLYING FOR ACCREDITATION (TO BE USED IN CONJUNCTION WITH CRITERIA)

Name of Facility : _____

Name/s of Owner/s : _____

Physical Address : _____

Telephone No. : _____

Facsimile No : _____

Emergency Tel No : _____

E-Mail Address : _____

PROPRIETOR

Person in Charge : _____

Qualifications : _____



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CONTACT DETAILS:

Name of Person Completing Questionnaire: _____

Designation : _____

Date of Completion : _____

The answers to this questionnaire will be used by the inspection team evaluating your facility as per the guidelines as set down in the Manual of Standards and Criteria for a private sub-acute facility.

The items in the questionnaire are to be regarded as essential elements. Failure to comply with these items may result in the applying facility being refused recognition.

Recommendations by the inspecting team can only be made following an on-site inspection of your facility.

1. Documentation

The following original documentation should be in your possession and must be available to the inspection team at the time of inspection:

	Yes/No	Original Seen
(i) * Current Certificate of Compliance from the Department of Health in accordance with the R158 Document
* Temporary Certificate of Registration.....
* Letter of authorisation.....
(ii) Certificate of Occupation.....
(iii) Electrical Clearance Certificate.....
(iv) Fire Department Clearance Certificate.....
(v) Oxygen Clearance Certificate.....
(vi) Vacuum Clearance Certificate.....

2. Schedule of Fees to be attached.

3. Registration

A. THE FACILITY

	Yes/No	Confirm
3.1 Does your facility comply with the Regulations of the R158 in Government Gazette 5832 dated 1 February 1980, with the exclusion of theatres, ICU, high care, emergency unit and maternity unit? An X-ray unit and pharmacy is not a requirement but may be included		



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3.2 Has the facility been granted any exemptions from compliance with these Regulations?
3.3 Date of original Registration with the Department of Health _____		.....

B. THE NURSING STAFF

	Yes/No	Confirm
3.1 Do you have: <ul style="list-style-type: none">Sufficient nursing staff on duty to maintain an average of 4 hours nursing care per occupied bed per day? ..... A registered nurse physically in charge and responsible for each nursing unit 24 hours per day?
3.2 Are all staff currently covered by an indemnity policy e.g. Denosa/Hospersa?
3.3 Are all staff currently registered/enrolled with SANC?

Please attach copies of above records to this document.

Resubmit on an annual basis **and** when new staff are engaged.

INSPECTION TEAM COMMENTS:

4. Ward Accommodation

	Number	Confirm
4.1 Bed Numbers (Total)
Number of beds in general wards
Number of beds in semi-private wards.....
Number of beds in private wards
Number of cots
Number of cribs
	Yes/No	Confirm



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4.2	Do you admit to your nursing home:		
	Adults
	Children
	All Races?
		Yes/No	Confirm
4.3	Category of services rendered		
	Surgical .....	.....	.....
	Medical .....	.....	.....
	Maternity: Post Confinement/Caesarean Section .....	.....	.....
	Paediatric .....	.....	.....
	Psychiatric .....	.....	.....
	Rehabilitation – short-term, sub-acute only .....	.....	.....
	Day Accommodation .....	.....	.....
	Other .....	.....	.....
5.	Staffing of Units	Number	Confirm
5.1	Staffing during day shift:		
	Number of RN's (Registered Nurses) .....	.....	.....
	Number of EN's (Enrolled Nurses) .....	.....	.....
	Number of ENA's (Enrolled Nursing Auxiliary) .....	.....	.....
	Care Workers .....	.....	.....
		Number	Confirm
5.2	Staffing during night shift:		
	Number of SRN's .....	.....	.....
	Number of SEN's .....	.....	.....
	Number of ENA's
	Care Workers

INSPECTION TEAM COMMENTS:

GENERAL REQUIREMENTS

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Must conform to all relevant legislations.

1. Access

	Yes/No	Confirm
1.1 Do you have?		
• Suitable well lit, safe access for all able bodied as well as disabled persons?
• Doors that are easily opened and wide enough for wheelchairs, i.e. 1.2metres wide?
• Ramps and rails?
• Covered entrances?
1.2 Do you have a suitable covered ambulance entrance?		
• with doors wide enough for stretchers, i.e. 1.2 meters wide to allow for patients to be moved in and out
• Ramps for stretchers or trolley access?
(NB: May be combined)		
1.3 Do you have suitable and secure parking?

2. Signage

	Yes/No	Confirm
2.1 Do you have suitable clear signage to:		
• Advise the name of the facility on the outside of the building?
• Direct persons to the: Reception Wards Lifts etc.
• To warn persons of restricted areas.

3. Fire Protection

	Yes/No	Confirm
3.1 Are all the following clearly displayed and indicated:		
• Fire hydrants?
• Fire hoses?
• Fire extinguishers?
• Fire escapes?



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3.2 Do you have:		
<ul style="list-style-type: none"> Fire evacuation plans publicly displayed in all areas of the facility.
<ul style="list-style-type: none"> A written fire/emergency evacuation protocol in place in an accessible area for all staff?	.....	.....
3.3 Have all staff been instructed with the protocols?	.....	.....

4. <u>Building Requirements</u>	Yes/No	Confirm
4.1 Doors <ul style="list-style-type: none"> Are your doors 1.2m wide? h
4.2 Wall Protection <ul style="list-style-type: none"> Are all interior walls of a smooth hard plaster finish with rounded corners painted in a light coloured durable washable paint or satisfactorily covered with a similar impervious material? Are the walls behind all basins, sinks and slop hoppers protected by tiles or special impervious, washable protection 50cm above and 50cm each side?
4.3 Floors <ul style="list-style-type: none"> Are all floors in rooms and corridors: <ul style="list-style-type: none"> * concrete finished to a smooth washable surface? * concrete covered with a washable material?
4.4 Corridors <ul style="list-style-type: none"> Are all the corridors where patients are transported: <ul style="list-style-type: none"> * Unobstructed and allow access to all rooms? * Approximately 1.5m?
4.5 Ceilings <ul style="list-style-type: none"> Are all ceilings of dustproof smooth impervious material which is painted a light colour



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5. Lifts

	Yes/No	Confirm
5.1 Is your nursing home on the ground floor?
5.2 Does your nursing home have more than one floor?
5.3 Is there a suitable lift which will allow patient trolleys and beds to be carried?
• Is it connected to the emergency power supply?
• If you have orthopaedic patients, will a bed plus traction fit into the lift?

6. Disposal of Waste Matter

		Confirm
<u>Medical and Anatomical Waste</u>		
6.1 What provision have you made for the safe storage and disposal of:		
• Medical and Anatomical Waste?		
• Sharps?		
<u>Dry & Wet Waste</u>		
6.2 Do you have a municipal refuse collection service? If not:
• What provision have you made for the disposal of dry waste?		
• What provision have you made for the disposal of wet waste?		
<u>Sewerage Disposal</u>		
6.3 Do you have a:		



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<ul style="list-style-type: none">• Water-borne sewerage system?
<ul style="list-style-type: none">• Chemical system?
<ul style="list-style-type: none">• Septic tanks?

ENGINEERING AND ELECTRICAL SERVICES REQUIREMENTS

1. Ventilation

	Yes/No	Confirm
<ul style="list-style-type: none">• Do you have natural ventilation?
<ul style="list-style-type: none">• Does it comply with minimum standards of cross ventilation?
<ul style="list-style-type: none">• Do you have mechanical ventilation i.e. air conditioners in your nursing home?
<ul style="list-style-type: none">• Does it comply with the minimum standards?
<ul style="list-style-type: none">• What system is installed? _____
<ul style="list-style-type: none">• Is it a fixture? (mobile fans are not acceptable)

2. Hot Water Supply

	Yes/No	Confirm
<ul style="list-style-type: none">• What method is used to ensure there is an adequate supply of hot water? _____
<ul style="list-style-type: none">• What is your hot water capacity? _____
<ul style="list-style-type: none">• Is the temperature set at a maximum of 60°?

3. Emergency Water Supply & Storage

Yes/No	Confirm
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<ul style="list-style-type: none"> What protocol do you have in place to provide for 24-hour emergency supply of water in the case of a failure of the municipal supply? <hr/> <hr/>	 	
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4. <u>Heating</u>	Yes/No	Confirm
<ul style="list-style-type: none"> What method of heating does the nursing home have in place? <hr/>	 	
<ul style="list-style-type: none"> Is it a permanent fixture? (Mobile heaters are not acceptable) 	 	

5. <u>Emergency Power Plant</u>	Yes/No	Confirm
5.1 Is an emergency power plant installed?		
5.2 Does it operate automatically in the event of a power failure?		
5.3 What is the KVA rating of the emergency power plant?		
5.4 What fuel is used to run this plant?		
5.5 Are the following facilities served by the emergency power plant?		
<ul style="list-style-type: none"> Strategic ward and corridor lights? 		
<ul style="list-style-type: none"> Switched socket outlets - one per room? 		
<ul style="list-style-type: none"> Duty Stations? 		
<ul style="list-style-type: none"> Emergency Nurse Call System? 		
<ul style="list-style-type: none"> Fire Escapes and Exits? 		
<ul style="list-style-type: none"> Vacuum Pumps? 		
<ul style="list-style-type: none"> Gas Alarms? 		
<ul style="list-style-type: none"> Bed Lift? 		

6. Oxygen and Vacuum



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All wards must have oxygen and vacuum available.

	Yes/No	Confirm
6.1 Oxygen		
Specify the method being used: <ul style="list-style-type: none">• Mobile?• Piped? If not piped, number of: <ul style="list-style-type: none">• Cylinders?• Concentrators?
If piped, what system is in place and how many cylinders per bank? _____
Is your oxygen bank in a secure, locked room/area? Are all pressure gauges clean and in good operating condition?
What low-level alarm system is in use? _____
What back-up system do you have in case of system failure? _____
Are your standby cylinders in a secure, locked room/ area?
6.2 Vacuum:		
Specify the method being used: <ul style="list-style-type: none">• Mobile?• Piped? If mobile, how many units do you have? _____ If piped, specify system installed _____ What back-up system do you have in the case of power failure? _____ Are all pressure gauges clean and in good operating condition?

7. Maintenance

	Yes/No	Confirm
7.1 Does the nursing home employ its own maintenance staff?



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If yes, what is the staff compliment by category? _____ _____	
7.2 If no, how is preventative maintenance and/or repairs effected? _____	
7.3 What is the general state of all plant rooms and workshop facilities? _____		.....	.....
7.4 Do you have up to date maintenance record books in place?		.....	.....

INSPECTION TEAM COMMENTS:

ADMINISTRATIVE CONTROL AREA

1. Reception

	Yes/No	Confirm
1.1 Do you have:		
• Unaided access for all physically handicapped patients?
• Clearly marked information/admission counters?
• Privacy for all patients being admitted.
• Wheelchairs readily available?
• An adequate waiting room with seating for patients and visitors?
• A toilet and wash hand basin readily accessible for visitors and waiting patients?
• Your Department of Health Certificate clearly displayed?
• A patient register?

2. Administration

	Yes/No	Confirm
2.1 Do you have a room or room separate from the duty room which is suitably equipped and staffed to:



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- Appropriately monitor and record all aspects of the patients' stay?
- Process and submit accounts in accordance with the requirements of the medical schemes?

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INSPECTION TEAM COMMENTS:

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GENERAL NURSING UNIT

This may consist of one or more units, with a maximum of 36 beds per nursing unit.

Wards/Rooms

		Yes/No	Confirm
1.1	Patient rooms should have: <ul style="list-style-type: none">• A minimum area of 10m², and a single room should have a wall length of 2.6m• The number of the room at the entrance and the number of beds in each room• Windows which provide daylight/ventilation? ..• Direct connection with a passage or corridor?• Clinical basins with a soap and paper towel dispenser?• At least one emergency socket outlet clearly marked.• Oxygen - piped? - mobile?• Vacuum - piped? - mobile?• All the necessary fittings for the oxygen and vacuum fitted and in good working order?	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....
1.2	Do all beds have: <ul style="list-style-type: none">• Bed Elevators?• Cot Sides?• Steps?• Back rests?• Bedside Cabinet?• Bedside Chair?• Privacy either by means of curtains or screens?

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<ul style="list-style-type: none">An adequate and secure nurse call system available at each bed? <i>The system should have a reassurance light at the bedside as well as over the door and should have an audible alarm in the nurses' station, which can only be put off at the patient's control.</i>An overhead night lights?
	Yes/No	Confirm
1.3 Are all beds standard hospital beds with the following distances: <ul style="list-style-type: none">60cm between side of bed and wall?90cm between attending side of bed and wall?90cm between beds?102cm between foot of bed and opposite bed?150cm between foot of bed and opposite wall?	..... ..... ..... ..... .....	..... ..... ..... ..... .....
1.4 Are all cots standard hospital cots with the following distances: <ul style="list-style-type: none">60cm between side of cot and wall?75cm between attending side of cot and wall?75cm between cots?79cm between foot of cot and opposite cot?	..... ..... ..... .....	..... ..... ..... .....
1.4 Does each set of two beds have at least one switched socket outlet?	.....	.....
1.5 Are all corridors where patients are transported a minimum of 1.5m wide? If not, state width _____ Do they allow sufficient space to turn a trolley into the ward?	..... ..... .....	..... ..... .....

INSPECTION TEAM COMMENTS :

2. Nursing Station

	Yes/No	Confirm
2.1 Is this placed so that physical access to any patient requiring care is not impeded or delayed?
2.2 Are the following available in the nurse station: <ul style="list-style-type: none">Nurse Call System?



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- Counter & Work Surface?
- Telephone?
- Wash hand Basin with soap & paper towel dispenser?
- Fire Escape Protocol ?
- Patient File Cart or equivalent
- Drug Cabinet for Schedule 5, 6 & 7 substances?
- Drug Register for Schedule 5, 6 & 7 substances?
- Patient Register?
- Medicine Trolley?
- X-ray Viewing Box?

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NB : See Annexure B for the itemised list of requirements.



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See Annexure C for the itemised list of requirements for post-natal admissions.

4. Ward Kitchen

	Yes/No	Confirm
4.1 Do you have a ward kitchen which is 4m ² with the following equipment:		
• Single Bowl Sink?
• Work Surface?
• Fridge?
• Wash hand Basin with soap & paper towel dispenser?
• Urn/Kettle?
• Tea Trolley?
• Microwave?
• Toaster?
• Crockery?
• Cutlery?
• Glasses?

5. Ablution and Toilet Facilities

	Yes/No	Confirm
5.1 Do you have:		
• Separate facilities for male and female patients where several patient rooms share ablution/toilet facilities?
• At least one bath or shower and wash hand basin per 12 patients or part thereof in the ablution area?
• At least one toilet per 8 patients or part thereof?
• At least one wash hand basin for every two toilets?
• Ablution facilities for disabled persons containing:		
* A free-standing bath?
* Or wheelchair shower?
* Wheelchair toilet?
* Wash hand basin with soap & towel dispenser?
5.2 Are all doors:		
• Easily removable and/or able to be opened from the outside?
• Do they open toward the outside?
5.3 Are all bathrooms, shower cubicles and toilets connected to the nurse call system which is placed at an appropriate level?



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6. Clean Utility Rooms

	Yes/No	Confirm
6.1 <u>Treatment Room</u> Do you have a treatment room containing the following? <ul style="list-style-type: none">• Work Surfaces?• A Clinical Basin?• Liquid Soap Dispenser?• Paper Towel Dispenser?• Pharmaceutical Supplies Storage Nursing home?• Procedure Chart?• Container for sharps?• Sterile Supply Trolley?• Fridge (Medication)?• Instrument Trolley/s?• Examination Couch?
Do you have the following equipment? <ul style="list-style-type: none">• Beaumanometer?• Stethoscope?• Diagnostic Set?• Glucometer?• Patient Scale?• Appropriate stock to meet the needs of the patients? If not, do you have a suitable area in which to hold the above equipment?
6.2 <u>Linen Room</u> Do you have: <ul style="list-style-type: none">• A separate lockable room with shelving?• A ventilated lockable cupboard?• Sufficient stock to meet the needs of the patients (3 sets)?
	Yes/No	Confirm
6.3 <u>Equipment Room</u> Do you have room for the storage of ward equipment and such items as are necessary for the management of the unit?

7. Dirty Utility Rooms

Yes/No	Confirm
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7.1 Soiled Linen Room

- | | |
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7.2 Sluice Room

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7.3 Cleaners Room

- [illegible]

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8. Staff Toilet

	Yes/No	Confirm
Do you have:		
• A staff toilet with a wash hand basin?
• Liquid soap and a paper towel dispenser?

STERILISATION AND DISINFECTING UNIT

	Yes/No	Confirm
1. Do you have a S.D.U.?
1.1 Does the design and layout of equipment ensure a clear flow of work from the soiled to the clean side of the unit?
1.2 Do you have the following functional areas:		
(a) Washing and decontamination area?
(b) Tray and pack preparing area?
(c) Which contain the following:
• Storage facilities for clean materials
• One steam autoclave or equivalent, capable of sterilising porous loads, as well as wrapped and unwrapped Instruments
• Where ethylene oxide is used the SABS Code of Practice 0210 must be complied with
• Autoclave Sterility tests to be available.....
(d) Storage area for sterile packs with racks (not solid shelving) that allow free circulation of air?
2. If no SDU, please indicate how your sterility is maintained.
_____

PHARMACY

	Yes/No	Confirm
1.1 Do you have an on-site dispensary capable of providing the nursing home with a pharmacy service that is administered in accordance with accepted ethical, legal and professional practices, so as to consistently meet the timeous needs of the patients ?
• Does it comply with the Medicine Regulatory Authority requirements?
• Is it registered with the Pharmacy Council and does it comply with the regulations?
• Do you have your Pharmacy Council certificate of registration clearly displayed?
• Does it offer a 24-hour on-call service?
• Does this dispensary support and control an emergency cupboard?

	Yes/No	Confirm
• Is a refrigerator provided?

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<ul style="list-style-type: none"> Is there a safe storage nursing home for all: <ul style="list-style-type: none"> * Disinfectants? * Medicines? * Materials? * Inflammable substances? Is there a secure drug storage area for all schedule 5, 6 and 7 substances? Are they strictly supervised by the pharmacist and drug registers kept and maintained? Are levies on T.T.O. medicines being collected by the pharmacy? Is there a qualified pharmacist on the premises during business hours ? 	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>1.2 Do you use an outside pharmacy?</p> <ul style="list-style-type: none"> If so, you must have an agreement in place to supply standard drugs and materials as per section 5 in the attached BHF Benchmark Tariffs All invoices to be attached to the nursing home account Payment will be made to the nursing home T.T.O.'s to have levy deducted by the pharmacy Emergency drug cupboard to be stocked and supervised and charged for by the pharmacy Schedule 5, 6 & 7 drugs to be supervised by the pharmacy 	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

KITCHEN

	Yes/No	Confirm
<ul style="list-style-type: none"> Is your kitchen suitable to provide for the nutritional and cultural needs of the patients being treated? Do you: <ul style="list-style-type: none"> * Prepare your own meals? * Use an outside service? Is it inspected and approved? Is the kitchen compliant with the local authorities/ordinances? Does the kitchen layout ensure a clear flow of work, from the delivery, to preparation area, final preparation, serving area and finally scullery area? Is a wash hand basin - soap dispenser and disposable paper towels available at the entrance to the kitchen? 	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<ul style="list-style-type: none"> Are there separate facilities for the bulk storage of dry goods, vegetables, meat and fish? Is refrigeration and deep freeze space available? Are suitable areas provided for the hygienic preparation, cooking and plating of food? 	<p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>



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- Are there:
 - * Suitable hygienic facilities for transporting food and keeping it hot?
 - * A suitable area and equipment for the washing of kitchen utensils, crockery and cutlery and the storage thereof?
 - * Appropriate stoves and cooking utensils to meet the needs of the institution?
- Is the waste disposal in accordance with local authority ordinances?
- Are the floors of the kitchen of an impervious, smooth, washable, non-slip surface?
- Do the walls have a smooth washable surface?
- Do you have effective extraction facilities for steam, vapour, heat and smoke?
- Are staff change rooms, toilets, wash hand basins and protective clothing provided

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LAUNDRY

Yes/No	Confirm
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SPECIALISED FACILITIES

1. Laboratory

Yes/No	Confirm
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2. Blood Bank

Yes/No	Confirm
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2.1	Do you have a protocol in place to access blood, and transport blood samples and blood to and from a blood bank on a 24 hour basis (ambulances may not charge for the transport of blood)?
3. <u>Radiology</u>		Yes/No	Confirm
3.1	Do you have a protocol in place in order to obtain radiological services on a 24-hour basis (this would include the transportation of the patient)?	.....	.....
4. <u>Infection Control</u>		Yes/No	Confirm
4.1	Do you have a protocol in place to maintain appropriate infection control in every aspect and area in the nursing home?	.....	.....
5. <u>Ambulance Service</u>		Yes/No	Confirm
5.1	Do you have a protocol in place in order for an ambulance service to be available on a 24-hour basis?	.....	.....
6. <u>Security</u>		Yes/No	Confirm
6.1	Do you have: <ul style="list-style-type: none">• Security Doors?• Secured Windows?• Alarm Systems?• Security Personnel?	..... ..... ..... .....	..... ..... ..... .....
7. <u>Mortuary</u>		Yes/No	Confirm
7.1	Do you have a suitable area set aside for the storage of bodies pending their removal from the nursing home?	.....	.....
7.2	Do you have a protocol in place for an outside service to be used?	.....	.....
8. <u>Post Natal Patients</u>		Yes/No	Confirm
Do you admit post confinement/caesarean section patients?			
If yes, do you have the following:			
1.	Dedicated post-natal ward/s?

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2.	A nursery with the following requirements:		
	• Mobile Basinettes?
	• Baby Baths?
	• Baby Scale?	.....	.....
	• Work surface for drying and changing baby?	.....	.....
	• Low level basin for draining baths?	.....	.....
	• Adequate taps for filling baths?	.....	.....
	• Emergency nurse call system?	.....	.....
	• Viewing panel for babies?	.....	.....
	• Temperature control in this area?	.....	.....
	• Extraction fan system?	.....	.....
	• Direct visibility from nurses' station?	.....	.....
3.	A dedicated clean area in the ward kitchen to be used as a milk room.	.....	.....
4.	A secure and controlled single access to the post-natal area?	.....	.....
5.	Specify type and model of equipment provided i.e :		
	• Incubator _____	.....	.....
	• IV Controller _____	.....	.....
	• ECG Monitor _____	.....	.....
	• Oxygen Monitor _____	.....	.....
	• Other _____	.....	.....
6.	Piped service:		
	• Oxygen?	.....	.....
	• Vacuum?	.....	.....
7.	Mobile service		
	• Oxygen?	.....	.....
	• Vacuum?	.....	.....
8.	Staffing in nursery and post-natal area:		
	• Number of SRN's with midwifery diploma? _____	.....	.....
	• Number of EN's with midwifery experience? _____	.....	.....
	• Number of ENA's with midwifery experience? _____
9.	Emergency trolley Annexure A1 to be used

9. Rehabilitation

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If you admit rehabilitation patients do you have the following additional equipment:

	Yes/No	Confirm
<p>1.</p> <p>Wards</p> <hr/> <p>Do you have the following?</p> <ul style="list-style-type: none"> • A dedicated ward or wards in a separate area? • 10% of beds in private wards? • 20% beds high / low beds with cot sides? • 20% of beds to have air mattresses? • Wards spacious enough to accommodate, care giver and assistance devices and also allow for multiple transfers to therapy, ablution and dining areas? 		
<p>2.</p> <ul style="list-style-type: none"> • Parking area for assistance devices? • At least 1,5m between beds and walls? • Windows at level for parked wheelchair patients? • Facility for care giver to spend time in ward with patient. <p>Passages and Doors</p> <hr/> <ul style="list-style-type: none"> • Are the passages 1,5m wide between handrails on both sides? • Are doors 1,5m wide with handles and locks at wheelchair height? • Can beds with cot sides be easily moved from wards to therapy areas and ablution area? • If lifts are in building, are they able to accommodate beds with traction ?. • Are lift controls accessible to wheelchair patients? 		
<p>3.</p> <p>Ablution facilities</p> <hr/> <p>Do these facilities have the following:</p> <ul style="list-style-type: none"> • Toilets that are wheelchair friendly with extended flushing handles? • Baths that are positioned to allow for wheelchair and stretcher access with sufficient space for patient transfer? • Showers with flat-non-slip floors? • Shower seats position to allow easy transfer from wheelchairs? 		



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	<ul style="list-style-type: none">• Towel rails that are accessible for patients?• Taps and soap dishes position to allow access for patients seated in showers?• Handheld showers?• Grab rails appropriately placed for toilet, showers, and baths?• Hand basins that allow wheelchair patients comfortable access.• Nurse call system placed in appropriate positions for toilet, bath and shower?
4.	<p>Dining Room & Recreation Area</p> <p>Which should be :</p> <ul style="list-style-type: none">• 20m² for 10 patients• Plus 1,5m for each additional bed <p>With the following :</p> <ul style="list-style-type: none">• A minimum of 4 x S.S.O outlets• Large whiteboards (1,5m x 1m)• Emergency bell• Temperature control with :<ul style="list-style-type: none">1) Air conditioning2) Fixed fans and heaters• Tables and chairs to seat 60% of the patients• Suction Machine	.....	.....
		Yes/No	Confirm
5.	<p>Therapy Area</p> <p>Which should be :</p> <ul style="list-style-type: none">• A combined area of 30m² for 10 patients• Plus 2m² for each additional bed• In close proximity to wards• Well heated and cooled• Have natural light• Have good cross ventilation <p>Should have access to outside garden areas (NB - wheelchair patients)</p>



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5.1	Gymnasium <ul style="list-style-type: none">• Upright mirrors• Emergency bell• White boards• Wall bars• Plinths• S.S.O x 4• Storage space• Wash hand basins, soap and paper towel dispensers
5.2	Work station & Administration Area With : <ul style="list-style-type: none">• sufficient S.S.O• storage space• large white board attached to wall .....	.....	.....
	For the following therapists : <ul style="list-style-type: none">• Occupational• Speech• Physio• Social worker• Clinical Psychologist• Dietician	.....	.....
5.3	Storerooms With sufficient space for the storage of : <ul style="list-style-type: none">• Stationary and equipment material• Small items and equipment• Bulky items and equipment
5.4	Quiet Room <ul style="list-style-type: none">• For cognitive and speech therapy



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5.5	Family Conference Room		
	With sufficient chairs to accommodate a minimum of 1 representative per bed to a maximum of 20
5.6	ADL Area	.....	.....

10. Psychiatric Units

	Yes/No	Confirm
Do you have the following ?		
• Dedicated ward/s in a separate area ?
• Good natural lighting ?
• Windows at a level for seated patients to see out ?
• Burglar bars in front of windows ?
• Do windows have safety glass ?
• Temperature controlled (well heated and cooled) ?
• Cross ventilation ?
• Access to garden area ?
• Slip resistant floor ?
• All entries must be security controlled
• Clothes Hooks must have a maximum breaking straining of 5kgs
• Patients not able to lock rooms or cupboard
• Windows in multi-storey building constructed to prevent suicide
A. <u>Consulting Room</u>		
• With all appropriate requirements
• Washhand basin – soap and paper towel dispenser
B. <u>Special Care Room/s</u>		
• Number of special care rooms _____
• Are they in close proximity to the nurses station ?

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131

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<ul style="list-style-type: none">• 7.5m² per bed for ward• 10m² for single rooms• Nurse call system• Washhand basin – soap and dispenser• Emergency trolley in close proximity• This may be combined with the observation room
C. <u>Observation Room</u> <ul style="list-style-type: none">• 10m² in size• Providing constant visual supervision• Adjacent to nurses duty station	.....	.....
D. <u>Lounge</u> <ul style="list-style-type: none">• With appropriate furnishing	.....	.....
E. <u>Dining Room</u> <ul style="list-style-type: none">• With appropriate furnishing	.....	.....
F. <u>Indoor Recreation Area</u> <ul style="list-style-type: none">• With appropriate furnishing• 20m² in size	.....	.....

NB : Items D, E and F may be combined if appropriately managed.

11. Occupational Therapy Unit

	Yes/No	Confirm
Shall provide :		
<ul style="list-style-type: none">• Office space for therapists• Group interview room• Activity craft room• Relaxation/Therapy/Lecture room• Storage space

INSPECTION TEAM COMMENTS :

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PLEASE RECORD ANY OTHER FACTS OR OPINIONS WHICH YOU MAY WISH TO BRING TO THE ATTENTION OF THE INSPECTION TEAM

NB : PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TOGETHER WITH PHOTOCOPIES OF THE FOLLOWING CERTIFICATES :

	Attached	Confirmed
1. Certificate from the Department of Health or Welfare		
2. Occupational Approval		
3. Electrical Clearance		
4. Fire Department Clearance		
5. Piped Oxygen Clearance (if applicable)		
6. Piped Vacuum Clearance (if applicable)		
7. Pharmacy Board Registration (if applicable)		
8. Floor Plan of the Institution		
9. Nurses SANC current receipts		
10. Nurses Denosa, Hospersa or equivalent current receipts		

PHOTOGRAPH OF CLINIC

Name of Sender : _____



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OFFICIAL USE ONLY

KINDLY RETURN THE COMPLETED QUESTIONNAIRE TOGETHER WITH THE APPROPRIATE SURVEY FEE TO:

The PCNS Department
pcns_admin@bhfglobal.com

12. RECOMMENDATIONS OF THE INSPECTION TEAM RECOMMENDATIONS OF SURVEYORS TO BHF

12.1 Date of on-site inspection of sub-acute _____

12.2 The _____ sub-acute should / should not be granted recognition in terms of the PCNS Application Requirements.

12.3 Reasons for recommendation

12.4 BHF advised of recommendation on _____

12.5 Hospital advised of recommendation on _____

Names of Surveyors	Designation	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____