

ABC Manor Housekeeping Routine

Job Routine: Housekeeper (100) Unit
OSHA Classification: High Risk
Shift Time: 7:00AM – 3:00PM

Areas of Responsibility: Breakroom, Dirty/Clean Utility, Resident Sitting Area, Ambulance Entrance, 100 Hampers, 100 Central Bath, Resident Rooms 101-113

7:00AM	Clock in and stock your cart for the day.
7:10AM	Report to assigned work area and complete a walk thru of area. <ul style="list-style-type: none">● Enter and visually inspect all resident rooms● Empty overflowing trash cans.● Inspect the rooms for spills or debris that can be cleaned immediately.● Ensure overall appearance of rooms are neat and orderly
7:25AM	Clean the Breakroom and Resident Sitting Area
7:55AM	Dust Mop floors and Run Floor Scrubber
8:05AM	Clean Ambulance Entrance and Hampers
8:20AM	Begin Cleaning Resident Rooms
9:15AM	Break
9:30AM	Continue Cleaning Resident Rooms
10:00AM	Perform Complete Room Cleaning of Assigned Room
10:30AM	Continue Cleaning Resident Rooms
11:30AM	Lunch
12:00PM	Report to assigned work area and complete a walk thru of area. <ul style="list-style-type: none">● Enter and visually inspect all resident rooms● Empty overflowing trash cans.● Inspect the rooms for spills or debris that can be cleaned immediately.● Ensure overall appearance of rooms are neat and orderly
12:15PM	Continue Cleaning Resident Rooms
1:45PM	Clean Central Bath
2:00PM	Break
2:15PM	Finish Cleaning Resident Rooms
2:50PM	Final Walk Thru <ul style="list-style-type: none">● Enter and visually inspect all resident rooms● Empty overflowing trash cans.● Inspect the rooms for spills or debris that can be cleaned immediately● Ensure overall appearance of rooms are neat and orderly
3:00PM	Clock out

There is to be no food or drink on housekeeping carts or in closets. Check equipment prior to use, and notify your supervisor of any issues identified.

There may be additional assignments your supervisor may assign to meet the needs of the facility and the residents.

Proper PPE must be used at all times.

Employee must be aware of room changes, discharges and new resident admissions.

HOUSEKEEPING/LAUNDRY QUALITY ASSURANCE INSPECTION FORM

HOUSEKEEPING AIDE POSITION

Inspecting Director/Supervisor: _____

Employee : _____

Date : _____

**** Place an X in the appropriate box and add comments as needed**

C = Compliant; N = Non-Compliant

Resident Room

RM:

RM:

RM:

C

N

C

N

C

N

Lights & Light Switches

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Walls

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Privacy Curtains

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TV & Table

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Picture Frames

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Bed and Frame

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Overbed Table

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Chair(s)

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Windows / Curtains / Sill

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HVAC Unit

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Floor & Baseboards

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Trash Can

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Door & Door Frame

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Corner/Edges

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Horizontal Surfaces

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Resident Bathroom

RM:

RM:

RM:

C

N

C

N

C

N

Walls & Grab Bars

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Sink / Fixtures / Pipes

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Mirror

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Lights

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Vents

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Supplies: Soap/Paper

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Tub/Shower

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Trash Can

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Floor & Drain

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Toilet / Toilet Seat

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High Dust

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Corner/Edges

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Overall Comments :

ABC Manor Laundry Aide Routine

Job Routine: Laundry Aide 2
OSHA Classification: High Risk
Shift Time: 7:00AM – 3:00PM

The primary role of this Laundry Aide will be to ensure

- Collect soiled linens from the soiled utility rooms
- All machines run continuously
- All Loads are weighed prior to wash operations (Using the Laundry Load Count Log)
- Lint traps are cleaned after each load (Using the Lint Trap Log Cleaning Form)
- The Laundry room is kept clean and Sanitary (Using the Laundry Cleaning Schedule)
- If all machines are running, and there is no additional work to be completed, help fold linen
- All PPE (Personal Protective Equipment) is to be used as required
- There may be additional requirements as assigned by the Environmental Services Director

7:00AM	Clock in and report to the laundry
7:05AM	Collect laundry from the Green and Blue Soiled Utility Rooms <ul style="list-style-type: none">• Using a cart collect, all the linen from the soiled utility rooms• Make sure the cart is covered during transport
7:30 AM	Fold Laundry
8:00AM	Collect laundry from Soiled Utility Rooms <ul style="list-style-type: none">• Using a cart collect, all the linen from the soiled utility rooms• Make sure the cart is covered during transport
8:15AM	Fold Laundry
8:45AM	Break
9:00AM	Fold Laundry
10:00AM	Collect laundry from Soiled Utility Rooms <ul style="list-style-type: none">• Using a cart collect, all the linen from the soiled utility rooms• Make sure the cart is covered during transport
10:15 AM	Fold Laundry
11:00AM	Lunch
11:30AM	Fold laundry
12:00PM	Collect laundry from Soiled Utility Rooms <ul style="list-style-type: none">• Using a cart collect, all the linen from the soiled utility rooms• Make sure the cart is covered during transport
12:15PM	Fold Laundry
1:30PM	Break
1:45PM	Fold laundry
2:00PM	Collect laundry from Soiled Utility Rooms <ul style="list-style-type: none">• Using a cart collect, all the linen from the soiled utility rooms• Make sure the cart is covered during transport
2:15PM	Fold laundry
3:00PM	Clock out

There is to be no food or drink in laundry.

Check equipment prior to use and notify your supervisor of any issues identified.

There may be additional assignments your supervisor may assign to meet the needs of the facility and the residents.

Proper PPE must be used at all times.

ABC Manor

Linen Inventory Sheet

Month: _____

Linen	Soiled Linen	On Beds	Carts on Unit	Closets/Shower Rooms	Storage	Total
Flat Sheets						
Fitted Sheets						
Pillow Cases						
Hand Towels						
Bath Towels						
Washcloths						
Large Pads						
Seat Pads						
Bath Blankets						
Thermal Blankets						
Bed Spreads						
Clothing Protectors						
Gowns						

1. The linen inventory should be started first thing in the morning.
2. Pull all of the soiled linen into the laundry department.
3. Everything in laundry must be counted throughout the course of the day.
4. Count all linen Located in the linen closets.
5. Any outgoing linen throughout the day must be counted prior to being placed on the hall.
6. Assume that all beds are made and count the linen based on bed count.
 - A. One Flat/Fitted Sheet per resident
 - B. 2.5 pillows and pillow cases per resident
7. Compare the total linen count against the par levels to determine order placement.

ABC Manor

Laundry Load Count Form

Load #	1	2	3	4	5	6	7	8	9
Washer #1	Time								
	Pounds								
	Type								
Washer #2	Time								
	Pounds								
	Type								
Washer #3	Time								
	Pounds								
	Type								

For Each Washing Load

Record the time each load is started

Record the pounds of linen going in each washer

The type of linen that is being washed

This form must be turned in to the Environmental Manager at the end of each day.

ABC Manor Dietary Inspection Form

Hygiene	Yes	No
Employees in good health		
Employees in proper uniform		
Clean aprons		
Hair restraints covering all hair		
Name tag worn		
No eating/smoking or chewing gum		
Personal items segregated		
Fingernail short and clean		
Minimal jewelry (wedding ring)		
Closed toed shoes		
Soap and towels at hand sinks		

Food Storage	Yes	No
Food stored 6" off the floor/covered		
Raw meats/shell eggs on bottom shelf		
Food thawed properly		
Food colled properly		
All foods Labeled and dated		

Equipment	Yes	No
Hot and Cold water available		
Hand sinks working and accessible		
Metal stem thermometer provided/calibrated		
Thermometers in coolers and freezers		

Chemicals and sanitizing	Yes	No
Dish machine final rinse 180°F/ 50ppm Cl		
3 compartment sink (wash, rinse, sanitize)		
Sanitizer spray bottles labeled		
Chemical test strips available		

Cleaning	Yes	No
Equipment/surfaces clean and sanitized		
Bathrooms cleaned and stocked		
Trash cans emptied, with covers in place		
Dumpster area is clean with lid closed		
Clean dishes/pots/cup, etc free of standing water		

Meal Service	Yes	No
Food Service Manager Present Breakfast		
Food Service Manager Present Lunch		
Food Service Manager Present Supper		
Plates handled by edges only		
Employees practicing good hygiene		
Gloves changed at appropriate times		
Plates handled by edges only		
Bowls, cups, glasses handled by outside		
Second helping served on new plate/bowl		
Meal ticket available and used		
Appropriate utensils in use		
Recipe available and used for meal being prepared		
Correct ingredients? Accurate measurement		
Finished product correct consistency		
Reheated or cooled to appropriate temps		
Temperatures documented in log		

Date: _____

Meal Observed: _____

Observed by: _____

Reviewed by: _____