Daily Manager Rounds

High-risk Clinical Systems and Resident Safety

Date: _____

Manager: _____ **Unit:** _____

1. Fall Prevention

Fall Prevention Checklist	Response	Notes/Findings
Prevention measures in place	☐ Yes ☐ No	
Non-skid footwear in place	☐ Yes ☐ No	
Mobility devices within reach	☐ Yes ☐ No	
Personal items commonly used within reach	☐ Yes ☐ No	
Toileting schedule followed	☐ Yes ☐ No	

Notes/Residents of Concern:

2. Pressure Injury Prevention

Pressure Injury Checklist	Response	Notes/Findings
Turning/repositioning observed	☐ Yes ☐ No	
Offloading devices in place	☐ Yes ☐ No	
Moisture management in place	☐ Yes ☐ No	
Pressure reduction devices in place (wheelchair cushion/specialty mattress/boots)	☐ Yes ☐ No	

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Notes/Residents of Concern:

3. Infection Control

Infection Control Checklist	Response	Notes/Findings
Hand hygiene observed	☐ Yes ☐ No	
Personal protective equipment (PPE) compliance confirmed	☐ Yes ☐ No	
Isolation/enhanced barrier precautions (EBP) signage correct	☐ Yes ☐ No	

Notes/Concern:

4. Pain, Behaviors and Comfort

Pain / Behavioral Concerns / Emotional Well-Being Observations

5. Environment and Equipment

Environment and Equipment Checklist	Response	Notes/Findings
Clutter-free rooms observed	☐ Yes ☐ No	
Call lights within reach	☐ Yes ☐ No	
Equipment functioning properly/clean	☐ Yes ☐ No	

Environmental/Equipment Issues:

6. Hot Topics/Survey Readiness

Hot Topic/Survey Readiness Checklist	Response	Notes/Findings
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Notes/Residents of Concern:

Next Steps/Follow-up Assignments

Next Step/Action Item	Responsible Person	Due Date	Complete
			☐
			☐
			☐
			☐
			☐

Resident Interview/Observation

Daily Satisfaction and Safety Check

Date: _____

Interviewer: _____

Resident/Room: _____

Question	Response	Resident Comment/Notes
Call light response — staff responding promptly?	☐ Yes ☐ No	
Meals warm, correct, and enjoyable?	☐ Yes ☐ No	
Resident feels safe?	☐ Yes ☐ No	
Resident needs being met?	☐ Yes ☐ No	
Staff respectful and helpful?	☐ Yes ☐ No	

Resident Concern/Grievance Log

Resident Name/Room	Describe Concern	Immediate Action/Follow-up Needed

Resident Observation	Response	Notes/Findings
Well groomed, clothes clean, hair brushed, odor	☐ Yes ☐ No	
Nails trimmed and clean	☐ Yes ☐ No	
Oral care	☐ Yes ☐ No	

Note: Add to grievance log and initiate grievance process per facility policy. Review new and pending grievances daily in the morning meeting to establish accountability and track trends.

Next Steps/Follow-up Assignments

Next Step/Action Item	Responsible Person	Due Date	Complete
			☐
			☐
			☐
			☐
			☐