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AUDIT NAME
2024 Facility Review and HCBS Physical Assessment

PASSING %
100

☐ Consumer linked to this audit   ☐ Staff Audit

SECTIONS

Section		

NUMBER	TITLE	
1	Section I. Facility Information	

SECTION QUESTIONS		

Questions		
1	1.1 Licensing Body's Number or ID:	Text Field	N/A
2	1.2 Number of Licensed Beds:	Text Field	N/A
3	1.3 Number of Residents in the Home:	Text Field	N/A
4	1.4 Number of Wheelchairs in the Facility:	Text Field	N/A
5	1.5 Facility Description	Drop-Down - Facility Type	N/A
6	1.6 Partnering CMHSP(s):	Drop Down - CMHSP	N/A

SECTION QUESTIONS		

Questions		

NUMBER	TITLE	
2	Section II. Environmental Review	

SECTION QUESTIONS		

Questions		
1	2.1 Home is handicap accessible with ramp and wheelchair access.	Y/N 2 Pt value	N/A
2	2.2 Handrails and grab bars are in good working order.	Y/N 2 Pt value	N/A
3	2.3 From the outside, home appears to be in good repair and well maintained (no obvious maintenance, safety issues).	Y/N 2 Pt value	N/A
4	2.4 Decks and Ramps (need safety rails)	Y/N 2 Pt value	N/A
5	2.5 Proper food storage-in sanitary environment (food and non-food items stored separately).	Y/N 2 Pt value	N/A
6	2.6 Clean kitchen work surfaces, utensils, and equipment.	Y/N 2 Pt value	N/A
7	2.7 Clean Flooring	Y/N 2 Pt value	N/A
8	2.8 Clean Bathrooms	Y/N 2 Pt value	N/A
9	2.9 Interior of the home is clean and in good repair.	Y/N 2 Pt value	N/A
10	2.10 Garbage, Litter and clutter is minimal.	Y/N 2 Pt value	N/A

11	2.11 Dryer and other appliances are installed according to the manufacture's recommendations.	Y/N 2 Pt value	N/A
12	2.12 Electrical outlets are single occupied.	Y/N 2 Pt value	N/A
13	2.13 There is no exposed wiring.	Y/N 2 Pt value	N/A
14	2.14 Light fixtures are working properly.	Y/N 2 Pt value	N/A
15	2.15 All switches and outlets have secured cover plates.	Y/N 2 Pt value	N/A
16	2.16 There is a system in place to ensure adaptive equipment is maintained.	Y/N 2 Pt value	N/A
17	2.17 There is a designated smoking area equipped with a fire-safe container.	Y/N 2 Pt value	N/A
18	2.18 The program has transportation available to transport individuals receiving services.	Y/N 2 Pt value	N/A
19	2.19 Program has maintenance records/vehicle checklists for all vehicles.	Y/N 2 Pt value	N/A
20	2.20 Provider has a process for training staff with residents with specialized needs in vehicles (wheelchairs, ambulation assistance, behavioral concerns).	Y/N 2 Pt value	N/A

SECTION QUESTIONS
Questions

NUMBER	TITLE
3	Section III. Health and Safety Review

SECTION QUESTIONS
Questions

1	3.1 Freezer temperature < 0 degrees	Y/N 2 Pt value	N/A
2	3.2 Refrigerator temperature < 40 degrees	Y/N 2 Pt value	N/A
3	3.3 Water temperature is between 105 and 120 degrees.	Y/N 2 Pt value	N/A
4	3.4 Room Temperature is between 68-72 degrees.	Y/N 2 Pt value	N/A
5	3.5 Staff are trained on feeding tubes.	Y/N 2 Pt value	N/A
6	3.6 Staff are trained in diabetes.	Y/N 2 Pt value	N/A
7	3.7 Staff are trained on wheelchairs.	Y/N 2 Pt value	N/A
8	3.8 Staff are trained on Autism.	Y/N 2 Pt value	N/A
9	3.9 Staff are trained on special diets prescribed by a healthcare provider.	Y/N 2 Pt value	N/A
10	3.10 Staff are trained on Cerebral palsy.	Y/N 2 Pt value	N/A
11	3.11 Staff are trained on Hoyer Lifts.	Y/N 2 Pt value	N/A

12	3.12 Personal care items are labeled and stored individually.	Y/N 2 Pt value	N/A
13	3.13 Emergency numbers available	Y/N 2 Pt value	N/A
14	3.14 Poison Control number is clearly posted (800-222-1222)	Y/N 2 Pt value	N/A
15	3.15 First aid kits are complete and readily accessible.	Y/N 2 Pt value	N/A
16	3.16 MSDS Guidelines are available (either paper form or online)	Y/N 2 Pt value	N/A
17	3.17 Spill kit is in a readily accessible area and includes: *Absorbent material *Antiseptic Cleaning Wipes *Biohazard Bags *Body Fluid Pick-up Guide *Disposable Gloves *Disposable Clean up Towels *Disposable Gown * Disposable Shoe Covers *Eye Shields *Germicidal Wipes *Scooper	Y/N 2 Pt value	N/A
18	3.18 There is an emergency bag in the home that includes: *Emergency blankets for each resident *First aid kit/supplies *Supplies for special health needs *Food items for all residents, including special diets *Bottled water for all residents *Resident demographics *Process to contact others (management/staff).	Y/N 2 Pt value	N/A
19	3.19 There is a checklist to monitor the emergency bag routinely (at least quarterly, initialed/dated).	Y/N 2 Pt value	N/A
20	3.20 Emergency Bag is present in the vehicle at a minimum contains First Aid kit and flares.	Y/N 2 Pt value	N/A
21	3.21 Staffing is sufficient to implement programming schedule: AM, PM, Midnight	Y/N 2 Pt value	N/A
22	3.22 There is a plan for short staffing. Example: On-call	Y/N 2 Pt value	N/A
23	3.23 There is evidence of shift-to-shift communication (example: Log of shift notes, medication changes).	Y/N 2 Pt value	N/A
24	3.24 Hazards (sharps, cleaning supplies, etc.) are safeguarded for consumer safety.	Y/N 2 Pt value	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

4   Section IV. Emergency Procedures

	SECTION QUESTIONS		
Questions			
1	4.1 There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required.	Y/N 2 Pt value	N/A
2	4.2 If system has emergency lighting, tests are conducted routinely and documented.	Y/N 2 Pt value	N/A
3	4.3 Carbon Monoxide: Installed and tested and documentation is present.	Y/N 2 Pt value	N/A
4	4.4 Smoke detectors installed on each floor, rooms with flame producing/heat producing equipment and sleeping areas.	Y/N 2 Pt value	N/A
5	4.5 Detectors are maintained and tested according to manufacturer's recommendations.	Y/N 2 Pt value	N/A
6	4.6 Fire extinguishers are present on each occupied floor and the basement.	Y/N 2 Pt value	N/A
7	4.7 Fire extinguishers are properly charged (indicator arrow is within the green gauge)	Y/N 2 Pt value	N/A
8	4.8 Fire extinguishers are examined and maintained according to manufacturer's recommendation.	Y/N 2 Pt value	N/A
9	4.9 Fire exits and hallways are free of obstructions and clear for evacuation.	Y/N 2 Pt value	N/A
10	4.10 Fire drills are conducted per AFC licensing standards.	Y/N 2 Pt value	N/A
11	4.11 Fire drills are properly documented, in minutes and seconds, and evaluated.	Y/N 2 Pt value	N/A
12	4.12 Fire drill logs support that fire drill evacuation times are timely (recommended evacuation time is 3 minutes or less).	Y/N 2 Pt value	N/A
13	4.13 Fire evacuation problems are identified, addressed, and documented.	Y/N 2 Pt value	N/A
14	4.14 E-Scores are available for home and each dependent person (completed every time someone new moves in home, someone leaves, or at least annually).	Y/N 2 Pt value	N/A
15	4.15 Emergency evacuation maps/routes are displayed in prominent locations.	Y/N 2 Pt value	N/A

16	4.16 Fire plan details any client specific information that impacts evacuation (lights, bed shaker, 1:1 assistance)	Y/N 2 Pt value	N/A
17	4.17 Annual tornado drill is properly documented and evaluated during season (Apr-Oct)	Y/N 2 Pt value	N/A
18	4.18 There is designated tornado area.	Y/N 2 Pt value	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

5   Section V. Medication Procedures

SECTION QUESTIONS			
Questions			
1	5.1 Medication administration procedures include receiving, filling and documenting new physician orders.	Y/N 2 Pt value	N/A
2	5.2 Medication procedures include ordering/receiving monthly/annual medications from the pharmacy.	Y/N 2 Pt value	N/A
3	5.3 Medications are in the original container with written instructions.	Y/N 2 Pt value	N/A
4	5.4 Controlled substance counts	Y/N 2 Pt value	N/A
5	5.5 Process for medication disposal	Y/N 2 Pt value	N/A
6	5.6 Process for medication for residents on leave of absence (LOA)	Y/N 2 Pt value	N/A
7	5.7 Refrigerated and non-refrigerated medications are properly stored, locked and monitored.	Y/N 2 Pt value	N/A
8	5.8 All medications either prescribed or over the counter are not expired.	Y/N 2 Pt value	N/A
9	5.9 Staff can express what to do if and when there is a medication error. Provide last incident report for medication error.	Y/N 2 Pt value	N/A
10	5.10 Medication Incident Reports and follow-up is effective per staff.	Y/N 2 Pt value	N/A
11	5.11 There is evidence of process improvement as needed.	Y/N 2 Pt value	N/A
12	5.12 Medication administrations are properly documented--staff initials for every med administration for the period reviewed.	Y/N 2 Pt value	N/A
13	5.13 There is proper documentation of any problems/ variations, etc.	Y/N 2 Pt value	N/A

14	5.14 There are documented parameters for when to use PRN meds.	Y/N 2 Pt value	N/A
15	5.15 The reason the PRN was given is documented.	Y/N 2 Pt value	N/A
16	5.16 The results of using the PRN medications are clearly documented on the Medication Administration Record (MAR)	Y/N 2 Pt value	N/A
17	5.17 The 5 R's of medication administration are followed. (Right person, Right medication, Right time, Right dose, Right route)	Y/N 2 Pt value	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

6   Section VI. Resident Funds

SECTION QUESTIONS
Questions

1	6.1 Current resident cash, checks, or gift cards are present in the home.	Y/N 2 Pt value	N/A
2	6.2 Register is present and completed for each month.	Y/N 2 Pt value	N/A
3	6.3 Receipts are kept when purchases are made by staff.	Y/N 2 Pt value	N/A
4	6.4 Purchases appear to be for the resident and no one else.	Y/N 2 Pt value	N/A
5	6.5 Do individuals have access and control over their personal funds?	Yes/No no value	N/A
6	6.6 Individuals can spend their money as they choose.	Y/N 2 Pt value	N/A
7	6.7 Routine audits are being completed.	Y/N 2 Pt value	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

7   Section VII. Policy Review

SECTION QUESTIONS
Questions

1	7.1 Pet Policy: Program has comprehensive policy for the conditions and guidelines for animals at the facility.	Y/N 2 Pt value	N/A
2	7.2 Volunteer Policy: Program has a comprehensive policy for the conditions and guidelines for volunteers at the facility.	Y/N 2 Pt value	N/A
3	7.3 Bio-Terrorism Plan	Y/N 2 Pt value	N/A
4	7.4 Bomb Threat	Y/N 2 Pt value	N/A
5	7.5 Chemical/Biological Threat	Y/N 2 Pt value	N/A

6	7.6 Driving Accident and Emergencies	Y/N 2 Pt value	N/A
7	7.7 Emergency Shelter (Interim and Overnight)	Y/N 2 Pt value	N/A
8	7.8 Fire / Life Safety	Y/N 2 Pt value	N/A
9	7.9 Includes: Testing and Maintenance policy for Carbon Monoxide Detector	Y/N 2 Pt value	N/A
10	7.10 Includes: Testing and Maintenance policy for Smoke Detector	Y/N 2 Pt value	N/A
11	7.11 Flood	Y/N 2 Pt value	N/A
12	7.12 Medical Emergency / Death	Y/N 2 Pt value	N/A
13	7.13 Elopement/Missing Person	Y/N 2 Pt value	N/A
14	7.14 Power Shortage	Y/N 2 Pt value	N/A
15	7.15 Water Shortage	Y/N 2 Pt value	N/A
16	7.16 Severe Weather	Y/N 2 Pt value	N/A

SECTION QUESTIONS
Questions

NUMBERTITLE

8   Section VIII. Home and Community Based Services

SECTION QUESTIONS
Questions

1	8.1 Home is similar to other residences in the neighborhood and is maintained.	Y/N 2 Pt value	N/A
2	8.2 Home is located away from multiple setting for people with disabilities.	Y/N 2 Pt value	N/A
3	8.3 Individuals receive all or most of their services/supports outside of the home.	Y/N 2 Pt value	N/A
4	8.4 Individual chose the current setting.	Y/N 2 Pt value	N/A
5	8.5 Individuals can furnish and decorate their personal space.	Y/N 2 Pt value	N/A
6	8.6 Individuals have chosen their roommates.	Y/N 2 Pt value	N/A
7	8.7 Home is free from alarms on exterior doors.	Y/N 2 Pt value	N/A
8	8.8 Home is free of locked exterior doors that prevent entering or exiting.	Y/N 2 Pt value	N/A
9	8.9 Home is free of locked gates.	Y/N 2 Pt value	N/A
10	8.10 Home is free of video and sound monitors.	Y/N 2 Pt value	N/A
11	8.11 Individuals have input into the menu.	Y/N 2 Pt value	N/A
12	8.12 Individuals have full access to foods they prefer to eat (i.e. no locks on refrigerator, pantry, cabinets or drawers).	Y/N 2 Pt value	N/A

13	8.13 Individuals have full access to food preparation materials if desired.	Y/N 2 Pt value	N/A
14	8.14 Individual can choose when and where to eat.	Y/N 2 Pt value	N/A
15	8.15 Individuals choose their own schedule.	Y/N 2 Pt value	N/A
16	8.16 Individuals can come and go from the home as they please (with or without support).	Y/N 2 Pt value	N/A
17	8.17 Individuals are integrated into the community.	Y/N 2 Pt value	N/A
18	8.18 The home/facility allows access to the community (as indicated in the plan of service).	Y/N 2 Pt value	N/A
19	8.19 Community activities are documented.	Y/N 2 Pt value	N/A
20	8.20 Home is free from physical barriers to common areas (i.e. Kitchen, Living Area, Laundry Room, etc.)	Y/N 2 Pt value	N/A
21	8.21 All bedrooms have appropriate keyed locks (individually keyed, non-locking against egress)	Y/N 2 Pt value	N/A
22	8.22 Residents have a place to securely store possessions. (Bedroom if only occupant, closet/locker, lock box, etc.)	Y/N 2 Pt value	N/A
23	8.23 All bathrooms have appropriate privacy locks (non-locking against egress).	Y/N 2 Pt value	N/A
24	8.24 Individuals can have visitors of their choosing at any time.	Y/N 2 Pt value	N/A
25	8.25 The home is free of visiting hours and restrictive guidelines.	Y/N 2 Pt value	N/A
26	8.26 The home does not have House Rules.	Y/N 2 Pt value	N/A
27	8.27 Resident Care Agreements are completed and include the Summary of Rights, Discharge and Complaint form.	Y/N 2 Pt value	N/A
28	8.28 The home is free from restrictions that impact all residents.	Y/N 2 Pt value	N/A
29	8.29 All staff are trained in Behavior Treatment Plans (if present in the home)	Y/N 2 Pt value	N/A
30	8.30 Current IPOS documents are present within the home.	Y/N 2 Pt value	N/A
31	8.31 Beneficiary Specific IPOS Training: • Date of the IPOS training: • Staff was trained by the appropriate professional. • The IPOS training document must include the following:	Y/N 2 Pt value	N/A

	a. The name and credentials of the individual who conducted the training. b. The date the IPOS training occurred. c. The name of the client. d. The date of the IPOS. e. The subject matter of the training. f. The name of the staff receiving the training.		
32	8.32 Modifications/restrictions and the process to overcome the restriction is documented in all R3 resident IPOS's.	Y/N 2 Pt value	N/A

SECTION QUESTIONS

Questions

SECTIONS

Section