

## Specialized Residential Provider Facility Review Form FY2022

Home Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

CMH: \_\_\_\_\_

LARA License # \_\_\_\_\_ Licensed Beds: \_\_\_\_\_

# of Residents in home: \_\_\_\_\_

Wheelchairs: No/Yes (if yes, # \_\_\_\_\_) Home Type: Single Two Story Multilevel

Reviewer: \_\_\_\_\_

Review Date: \_\_\_\_\_

### Facility Review Standards

1a	Home is handicap accessible with ramp and wheelchair access	Yes (1)	No (0)	Partial (.5)	NA (0)
1b	Handrails and grab bars are in good working order	Yes (1)	No (0)	Partial (.5)	NA (0)
2a	From the outside, home appears to be in good repair and well maintained (no obvious maintenance, safety issues)	Yes (1)	No (0)	Partial (.5)	NA (0)
2b	Decks and Ramps (need safety rails)	Yes (1)	No (0)	Partial (.5)	NA (0)
2c	Exterior walls	Yes (1)	No (0)	Partial (.5)	NA (0)
2d	Outside doors	Yes (1)	No (0)	Partial (.5)	NA (0)
2e	Windows and Screens	Yes (1)	No (0)	Partial (.5)	NA (0)
2f	Outside Stairways	Yes (1)	No (0)	Partial (.5)	NA (0)
2g	Exterior walkways are clear and free of blockages (e.g. Sidewalks are not buckled, snow cleared, smooth condition, etc.).	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Grounds & Premises appear well maintained and free of obvious hazards, litter, refuse, etc.	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Proper food storage-in sanitary environment (food and non-food items stored separately).	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Clean work surfaces, utensils and equipment	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Clean appliances	Yes (1)	No (0)	Partial (.5)	NA (0)
7	Clean Flooring	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Clean Bathrooms	Yes (1)	No (0)	Partial (.5)	NA (0)
9	Garbage, Litter and clutter is minimal	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Garbage disposed of in a manner that discourages insects, rodents, and vermin	Yes (1)	No (0)	Partial (.5)	NA (0)
11	Odor-Free	Yes (1)	No (0)	Partial (.5)	NA (0)
12	Home furnishings, flooring and walls are clean and in good repair	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Dryer and other vents unobstructed	Yes (1)	No (0)	Partial (.5)	NA (0)
14	Clothes dryer exhaust duct is metal material	Yes (1)	No (0)	Partial (.5)	NA (0)
15	Electrical outlets are not overloaded	Yes (1)	No (0)	Partial (.5)	NA (0)
16	Adapters and extension cords are not used	Yes (1)	No (0)	Partial (.5)	NA (0)
17	There is no exposed wiring	Yes (1)	No (0)	Partial (.5)	NA (0)
18	Light fixtures are working properly	Yes (1)	No (0)	Partial (.5)	NA (0)
19	All switches and outlets have secured cover plates	Yes (1)	No (0)	Partial (.5)	NA (0)
20	Is a system in place to ensure adaptive equipment is maintained.	Yes (1)	No (0)	Partial (.5)	NA (0)
21	If smoking is permitted, an outside area is designated	Yes (1)	No (0)	Partial (.5)	NA (0)
22	There is a fire-safe container available for used cigarettes	Yes (1)	No (0)	Partial (.5)	NA (0)
23	Does the Program have transportation available to transport individuals receiving services	Yes (1)	No (0)	Partial (.5)	NA (0)
24	Provider has vehicle maintenance records?	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Health and Safety Review Standards**

1	Freezer temperature < 0 degrees	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Refrigerator temperature < 40 degrees	Yes (1)	No (0)	Partial (.5)	NA (0)
3a	Are there individuals with specialized care needs in the home?	Yes (0)	NA (0)		
3b	Staff are trained on feeding tubes	Yes (1)	No (0)	Partial (.5)	NA (0)
3c	Staff are trained in diabetes	Yes (1)	No (0)	Partial (.5)	NA (0)
3d	Staff are trained on wheelchairs	Yes (1)	No (0)	Partial (.5)	NA (0)
3e	Staff are trained in Behavior Plans	Yes (1)	No (0)	Partial (.5)	NA (0)
3f	Staff are trained in hypertension	Yes (1)	No (0)	Partial (.5)	NA (0)
3g	Staff are trained on Autism	Yes (1)	No (0)	Partial (.5)	NA (0)
3h	Staff are trained on Cerebral palsy	Yes (1)	No (0)	Partial (.5)	NA (0)
3i	Staff are trained on Hoyer Lifts	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Personal care items are labeled and stored individually	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Emergency numbers available	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Poison Control number is clearly posted (800-222-1222)	Yes (1)	No (0)	Partial (.5)	NA (0)
7	First aid kits are complete and readily accessible	Yes (1)	No (0)	Partial (.5)	NA (0)
8	MSDS Guidelines are available (either paper form or online)	Yes (1)	No (0)	Partial (.5)	NA (0)
9a	Spill kit includes absorbent material	Yes (1)	No (0)	Partial (.5)	NA (0)
9b	Antiseptic Cleansing Wipes	Yes (1)	No (0)	Partial (.5)	NA (0)
9c	Biohazard Bags	Yes (1)	No (0)	Partial (.5)	NA (0)
9d	Body Fluid Pick-up Guide	Yes (1)	No (0)	Partial (.5)	NA (0)
9e	Disposable Gloves	Yes (1)	No (0)	Partial (.5)	NA (0)
9f	Disposable Clean-up Towels	Yes (1)	No (0)	Partial (.5)	NA (0)
9g	Disposable Gown	Yes (1)	No (0)	Partial (.5)	NA (0)
9h	Disposable Shoe Covers	Yes (1)	No (0)	Partial (.5)	NA (0)
9i	Eye Shields	Yes (1)	No (0)	Partial (.5)	NA (0)
9j	Germicidal Wipes	Yes (1)	No (0)	Partial (.5)	NA (0)
9k	Scooper	Yes (1)	No (0)	Partial (.5)	NA (0)
10	There an Emergency bag (Best Practice Wheeled) in home or vehicle	Yes (1)	No (0)	Partial (.5)	NA (0)
11a	The emergency bag should include blankets and raincoats (enough for each resident)	Yes (1)	No (0)	Partial (.5)	NA (0)
11b	Weather radio or portable radio or smart phone with weather alerts turned on	Yes (1)	No (0)	Partial (.5)	NA (0)
11c	Appropriate batteries (best practice: packaged)	Yes (1)	No (0)	Partial (.5)	NA (0)
11d	Flashlight (phone app flashlight)	Yes (1)	No (0)	Partial (.5)	NA (0)
11e	Frist Aid Kit / Disposable briefs (if applicable)	Yes (1)	No (0)	Partial (.5)	NA (0)
11f	Wet wipes/hand sanitizer	Yes (1)	No (0)	Partial (.5)	NA (0)
11g	Disposable Gloves	Yes (1)	No (0)	Partial (.5)	NA (0)
11h	Keys to van and house	Yes (1)	No (0)	Partial (.5)	NA (0)
11i	Other: Cell phone, flares, reflectors for van, etc.	Yes (1)	No (0)	Partial (.5)	NA (0)
11j	Food items (best practice: expiration labeled)	Yes (1)	No (0)	Partial (.5)	NA (0)
11k	Bottled Water (best practice: Expiration date labeled)	Yes (1)	No (0)	Partial (.5)	NA (0)
11l	Sugar-free and other special foods if necessary	Yes (1)	No (0)	Partial (.5)	NA (0)
11m	Staff phone numbers	Yes (1)	No (0)	Partial (.5)	NA (0)
11n	Resident Profiles (meds, physician/allergies, guardian, etc.)	Yes (1)	No (0)	Partial (.5)	NA (0)
11o	Process to contact others (management, staff)	Yes (1)	No (0)	Partial (.5)	NA (0)
11p	Is there a Checklist to monitor bag ((routinely reviewed (at least quarterly),	Yes (1)	No (0)	Partial (.5)	NA (0)
11q	There is a process for monitoring the contents	Yes (1)	No (0)	Partial (.5)	NA (0)
12	Emergency Bag is present in the vehicle at a minimum contains First Aid kit and flares.	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Staffing is sufficient to implement programming schedule: AM, PM, Midnight (R 400.14206 rule 206 (1)(ratio 1:12)	Yes (1)	No (0)	Partial (.5)	NA (0)
14	There is a plan for short-staffing. Example: On-call	Yes (1)	No (0)	Partial (.5)	NA (0)
15	There is evidence of shift to shift communication (example: Log of shift notes, medication changes).	Yes (1)	No (0)	Partial (.5)	NA (0)

16	Hazards (sharps, cleaning supplies, etc.) are safeguarded for consumer safety	Yes (1)	No (0)	Partial (.5)	NA (0)
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Comment

**Emergency Procedures Review Standards**

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	Yes (1)	No (0)	Partial (.5)	NA (0)
2	If system has emergency lighting, tests are conducted routinely and documented	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Carbon Monoxide: Installed and tested and Documentation is present.	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Smoke Detectors: Installed and tested and Documentation is present.	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Fire extinguishers are present on each occupied floor and the basement	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Fire extinguishers are properly charged (indicator arrow is within the green gauge)	Yes (1)	No (0)	Partial (.5)	NA (0)
7	Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is present	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Fire exits and hallways are free of obstructions and clear for evacuation	Yes (1)	No (0)	Partial (.5)	NA (0)
9	Fire drills are conducted per AFC licensing standards	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Fire drills are properly documented and evaluated	Yes (1)	No (0)	Partial (.5)	NA (0)
11	Fire drill logs support that fire drills are timely (prompt is three minutes or less and recommended).	Yes (1)	No (0)	Partial (.5)	NA (0)
12	Fire evacuation problems are identified, addressed, and documented	Yes (1)	No (0)	Partial (.5)	NA (0)
13	E-Scores are available for home and each dependent person (completed every time someone new moves in home, someone leaves, or at least annually).	Yes (1)	No (0)	Partial (.5)	NA (0)
14	Emergency evacuation maps/routes are displayed in prominent locations.	Yes (1)	No (0)	Partial (.5)	NA (0)
15	Fire plan details any client specific information that impacts evacuation (lights, bed shaker, 1:1 assistance)	Yes (1)	No (0)	Partial (.5)	NA (0)
16	Annual tornado drill is properly documented and evaluated during season (Apr-Oct)	Yes (1)	No (0)	Partial (.5)	NA (0)
17	There is designated tornado area	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Medication Review Standards**

1a	Medication administration procedures include: Receiving, filling and documenting new physician orders	Yes (1)	No (0)	Partial (.5)	NA (0)
1b	Ordering/receiving monthly/annual medications from the pharmacy	Yes (1)	No (0)	Partial (.5)	NA (0)
1c	Controlled substance counts	Yes (1)	No (0)	Partial (.5)	NA (0)
1d	Medication disposal	Yes (1)	No (0)	Partial (.5)	NA (0)
1e	Medication for residents on leave of absence (LOA)	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Refrigerated and non-refrigerated medications are properly stored, locked and monitored	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Topical and oral medications are maintained separately.	Yes (1)	No (0)	Partial (.5)	NA (0)
4	All medications either prescribed or over the counter are not expired	Yes (1)	No (0)	Partial (.5)	NA (0)

5	Staff can express what to do if and when there is a medication error. Provide last incident report for medication error.	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Medication Incident Reports and follow-up is effective per staff?	Yes (1)	No (0)	Partial (.5)	NA (0)
7	There is evidence of process improvement as needed	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Medication administrations are properly documented--staff initials for every med administration for the period reviewed	Yes (1)	No (0)	Partial (.5)	NA (0)
9	There is proper documentation of any problems/variations, etc.	Yes (1)	No (0)	Partial (.5)	NA (0)
10	There are documented parameters for when to use PRN meds	Yes (1)	No (0)	Partial (.5)	NA (0)
11	The reason the PRN was given is documented	Yes (1)	No (0)	Partial (.5)	NA (0)
12	The results of using the PRN medications are clearly documented on the Medication Administration Record (MAR)	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Are the 8 R's of medication administration part of medication administration procedures and followed. (Right person, Right medication, Right time, Right dose, Right route, Right position, Right documentation, Right to refuse)	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Recipient Rights Quality Review Standards**

1	Is the telephone accessible	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Does the location of the telephone allow for privacy	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Were rights books provided to consumers and readily available for review?	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Did the rights books provide the correct information for contacting the appropriate Rights Office?	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Did the posters provide the correct information for contacting the appropriate Rights Office? (addresses and telephone numbers)	Yes (1)	No (0)	Partial (.5)	NA (0)
7	The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Were complaint forms readily available?	Yes (1)	No (0)	Partial (.5)	NA (0)
9	Were recipients aware of how to file a complaint?	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Were staff aware of how to file a complaint?	Yes (1)	No (0)	Partial (.5)	NA (0)
11	Copies of Chapter 7 and 7a available, or accessible on internet	Yes (1)	No (0)	Partial (.5)	NA (0)
12	A list of items not allowed to be brought into the facility (contraband) is posted. This list is visible to consumers and visitors	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Were records and other confidential information secured and not open for public inspection?	Yes (1)	No (0)	Partial (.5)	NA (0)
14	There were no health or safety concerns identified during the visit?	Yes (1)	No (0)	Partial (.5)	NA (0)
15	Were appropriate accommodations made for persons with physical disabilities?	Yes (1)	No (0)	Partial (.5)	NA (0)
16	Incident Report Forms	Yes (1)	No (0)	Partial (.5)	NA (0)
17	Summary of the Whistleblowers Act	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Resident Funds Review Standards**

1	Resident Current cash, checks, or gift cards are present in the home	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Register is present and completed for each month	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Receipts are kept	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Purchases appear to be for the resident and no one else.	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Routine audits are being completed	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Policies and Procedures Review Standards**

1	Pet Policy: Program has comprehensive policy for the conditions and	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Volunteer Policy: Program has a comprehensive policy for the conditions and	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Bio-Terrorism Plan	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Bomb Threat	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Chemical/Biological Threat	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Driving Accident and Emergencies	Yes (1)	No (0)	Partial (.5)	NA (0)
7	Emergency Shelter (Interim and Overnight)	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Fire / Life Safety	Yes (1)	No (0)	Partial (.5)	NA (0)
9	Includes: Testing and Maintenance policy for Carbon Monoxide Detector	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Includes: Testing and Maintenance policy for Smoke Detector	Yes (1)	No (0)	Partial (.5)	NA (0)
11	Flood	Yes (1)	No (0)	Partial (.5)	NA (0)
12	Medical Emergency / Death	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Elopement/Missing Person	Yes (1)	No (0)	Partial (.5)	NA (0)
14	Power Shortage	Yes (1)	No (0)	Partial (.5)	NA (0)
15	Water Shortage	Yes (1)	No (0)	Partial (.5)	NA (0)
16	Severe Weather	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

**Home and Community Based Services (HCBS)**

1	Home is similar to other residences in the neighborhood and is maintained.	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Home is free of Lock/Alarms on exterior doors	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Home is free from locked gates outside the home.	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Home is free of video and sound monitors.	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Home is free from physical barriers to common areas (i.e. Kitchen, Living Area, Laundry Room, etc.)	Yes (1)	No (0)	Partial (.5)	NA (0)
6	All bedrooms have appropriate keyed locks (individually keyed, non-locking against egress)	Yes (1)	No (0)	Partial (.5)	NA (0)
7	Residents have a place to securely store possessions. (Bedroom if only occupant, closet/locker, lock box, etc.)	Yes (1)	No (0)	Partial (.5)	NA (0)
8	Home has personal space that the resident can decorate to their own taste	Yes (1)	No (0)	Partial (.5)	NA (0)
9	All bathrooms have appropriate privacy locks (non-locking against egress)	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Private space to visit with friends and family at times of preference and convenience of the resident	Yes (1)	No (0)	Partial (.5)	NA (0)
11	The home does not have House Rules.	Yes (1)	No (0)	Partial (.5)	NA (0)
12a	Are there restrictions in the home that require a Behavior Support Plan (w/o restrictions) and are staff trained?	Yes (1)	No (0)	Partial (.5)	NA (0)
12b	If restrictions exist, the individual(s) in the home requiring a restriction has documentation of health/safety rationale in the IPOS.	Yes (1)	No (0)	Partial (.5)	NA (0)
13a	If there are residents with a Behavior Management Plan are the restriction(s) documented in the Behavior Management Plan and are all staff trained?	Yes (1)	No (0)	Partial (.5)	NA (0)
13b	If restrictions affect other members of the home, each resident in the home has documentation of the restriction in the IPOS documenting how they can overcome the restriction	Yes (1)	No (0)	Partial (.5)	NA (0)
13c	If restrictions affect other members of the home, the provider has a process for other residents to overcome restriction.	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment