

GETTING PREPARED FOR YOUR APD AFH LICENSE RENEWAL

General Class Overview:

Short overview of APD Form 0517-- Renewal Licensing Inspection Report
(for Non-ventilator Commercial AFH's)

Follow up with inspection review online with new LTC Facility Website
Search: <https://ltclicensing.oregon.gov/>

General Overview of Relicense Visit:

Typical Relicense Visit:

Walk around of facility, Review of all facility and resident records, detailed medication audits (emphasis is on **statewide safety**, especially due to high number of medication errors/violations)

Provider Tools Website Review:

<https://www.oregon.gov/dhs/providers-partners/licensing/APD-AFH/Pages/index.aspx>

Get signed up for Provider Alerts—Providers must track and implement any new changes—when in doubt—reach out!

Know your AFH OAR's (Chapter 411 Division 050)

***Multnomah County uses a different rule set and forms. Please see their website for further information: <https://multco.us/ads/adult-care-home>*

Pre-Service Dementia Training DUE BY 12-31-18:

See Provider Alert dated 6-20-18 on the Provider Tools Website for more info
(handout with this information will also be available)

More trainings may become available as the SOQU approves them—watch for more provider alerts!

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How to make your voice heard...

- ▶ To discuss these rule changes, or voice your opinions in regards to the content of the new rules, you may contact your local State representatives by going to:
www.oregonlegislature.gov
 - Then go to either "House" or "Senate" tab and then to the "Find Who represents you" tab. Enter your address.
 - You can also review areas under the "Engage" tab in order to testify before committees, etc.
- ▶ Go to www.Oregon.gov to find information on Rule Advisory Committee (RAC) times and locations—also sign up for these alerts.
- ▶ Contact your Union Rep to discuss how to get involved.

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: June 20, 2018
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **New Mandatory Dementia Training Now Available**

Oregon Care Partners recently announced the availability of a **free** dementia training that satisfies the new training mandated by Section 30 of HB 3359 during the 2017 Oregon legislative session. This free course, **Pre-Service Dementia Care Training for Direct Care Staff** is available in both online and *in-person* formats.

Completion of this training is a requirement for all licensed providers, resident managers, floating resident managers, shift caregivers and substitute caregivers. According to OAR 411-050-0625 (2)(c) and (13)(a):

- All caregivers who are licensed or employed prior to December 31, 2018 must complete the required dementia training by December 31, 2018.
- On or after December 31, 2018, all caregivers must complete the required dementia training, in addition to meeting the requirements as specified in OAR 411-050-0625, **before** providing direct care.

For more class information through Oregon Care Partners, go to <https://oregoncarepartners.com/classes/>.

You will be notified by additional Provider Alerts as other dementia care trainings that satisfy the dementia training requirement are made available. Information will also be posted on the AFH training website at <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Pages/afh-training.aspx>.

If you have any questions, please contact your local Licensors.

Adult Foster Home Renewal Inspection Worksheet

Licensee:	Inspection Date:
Full Address:	
AFH Representative Onsite:	Licenser:

Codes: C = Compliance; NC = Non-Compliance; NA = Not Applicable

Application Review

411-050-0615 Provider Enrollment Agreements, Residency Agreements, and Refunds

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a) Licensee not on exclusion list	V0700
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(a) Residency agreement includes required criteria	V0712
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b) Residency agreement discloses house policies	V0713
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(c) Residency agreement does not conflict with bill of rights	V0714
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(d)(A-H) Residency agreement includes freedoms	V0715
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(j) Access to food any time	V1523
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(h) Choice of visitors at any time	V1521
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(e) Door locks with key access	V1518
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(f) Choice of roommates	V1519
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(g) Decorate and furnish own unit	V1520
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(i) Support and control activities	V1522
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS 411-004-0020(2)(d) Privacy	V1517
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(e) Residency agreement does not require fees or deposits	V0725
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(f) Signed agreement to resident or representative and in resident records	V0456
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(g) No illegal or unenforceable provisions and no waiver of resident rights	V0726
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(h) Residency agreement includes 30 day notice for rate changes	V0727

Comments:

411-050-0625 Qualifications and Training Requirements

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a)(A-C) Lives in the home or has approved RM(s) or SCGs, primary CG works 5, 2 primary CGs work 3/4, not excluded	V0305
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(d) Health history form supports ability to provide care and services	V0307
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e) Approved background checks for all subject individuals	V0308
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(g) Able to respond in an emergency	V0310
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(h) Clear understanding of responsibilities	V0311
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(a) Training and experience meet classification requested	V0315
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b)(D)(i-ii) Current approved CPR and First Aid training	V0319
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Sufficient financial resources for two months	V0770
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Resident manager meets and maintains qualifications and training requirements	V0325
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a) FRM meets and maintains qualifications and training requirements	V0326
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c) FRM oriented to each home	V0327

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)	Proof of current approved background check	V0405
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)	Variance request for shift caregivers	V0330
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)	Shift caregiver(s) meet and maintain qualifications and training	V0331
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a-j)	Substitute caregiver(s) oriented to home	V0332
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)(a)	Verification RM, FRM, SCG and substitute caregiver(s) not on exclusion lists	V0335
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10)	Certification of Licensee, RM, FRM, SCG completion of Six Rights of Safe Medication Administration and Fire and Life Safety Training	V0340
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11)(a)	Documentation of 12 hours continuing education credits obtained	V0341
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11)(b)	Current CPR certification for Licensee, RM, FRM and SCGs	V0342
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12)(g)	Current CPR and First Aid certification for all substitute caregivers	V0356

Comments:

411-050-0640 Renewal Application

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(a-b)	Renewal application and bed fee received prior to expiration	V0816
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a-l)	Renewal application complete - mailing address; business email; capacity request; ID all occupants; health history; financial resources; own/lease/rent documentation; approved background checks; bed fee; RM, FRM, SCG applications; Operational plan, residency agreement; continuing education requirements;	V2040

Comments:

411-050-0642 Variances

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a-c)	Variance requested in writing	V0790
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)	Copy of written variance, current	V0791

Comments:

Facility Records Review

411-050-0615 Provider Enrollment Agreements, Residency Agreements, and Refunds

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a)	Licensee not on exclusion list	V0700
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e)(A)	Approved Medicaid Provider Enrollment Agreement	V0703
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(d)(A-H)	Residency agreement includes freedoms	V0715
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(j) Access to food any time	V1523
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(h) Choice of visitors at any time	V1521
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(e) Door locks with key access	V1518
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(f) Choice of roommates	V1519
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(g) Decorate and furnish own unit	V1520
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(i) Support and control activities	V1522
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(d) Privacy	V1517
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(e)	Residency agreement does not require fees or deposits	V0725
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(f)	Signed agreement to resident or representative and in resident records	V0456
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(g)	No illegal or unenforceable provisions and no waiver of resident rights	V0726
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(h)	Written notice of rate changes unless specified in Residency agreement	V0727

Comments:

411-050-0620 Background Check

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)	Proof all subject individuals approved prior to working, training or living in AFH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(a)	New background check every 2 years

Comments:

411-050-0625 Qualifications and Training Requirements

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c)	Documentation of FRM orientation to each home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)	Current approved background check of FRM in each home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a-j)	Documentation of caregiver orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)	Employment application retained for 3 years minimum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)(b)	Documentation demonstrating RM, FRM, SCG not on exclusion lists
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12)(h)(B)	Documentation demonstrating substitute caregivers no on exclusion lists
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13)(b)	Completed Caregiver Preparatory Study Guide and workbook for each substitute caregiver

Comments:

411-050-0632 Capacity

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a-c)	Approved background check, signed / dated tenancy agreement on file for all room & board tenants

Comments:

411-050-0645 Operational Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(b)	Applicable business license, zoning, codes, Fair Housing Act and State and local fire and life safety regulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(d)(A-B)	Cooperation and access to AFH and records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e)	Resident information kept confidential
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(c)(A-D)	Schedule of meal times and menu
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(A)(i)	Facility records current and available for review; documentation of required continuing education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(B)(ii)	Certifications for all required training for RM, FRM, SCG and substitute caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(B)(iii)	Documentation of orientation for all caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(B)(iv)	Employment applications for all caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(B)(v)	Exclusion list documentation for all caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(C)	Copies of notices of change of RM, FRM, SCG or Primary Caregiver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(D)	Proof of animal vaccinations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(E)	Well water test records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(F)	Residency and tenancy agreements on file
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(G)	Evacuation drill records for last 3 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)(H)	Signed back-up provider agreement on file

Comments:

411-050-0650 Facility Safety and Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(a) Annual water test if non-municipal source, approved for drinking, retained last 3 years	V0525
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(l) Current vaccination records available in home for all pets and domestic animals	V0535
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a) Meets local/state building, mechanical and housing codes	V0620
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b)(A) Proper permits for wood/pellet/gas stove/fireplace	V0622
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(f)(B) Notification and permits for structural changes	V0554
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(D) Carbon monoxide and smoke alarms monthly testing documentation	V0437
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(m) Documentation of caregiver orientation to emergency procedures	V0641
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(n) Evacuation drills documented ≤ 90 days, during sleeping hours at least annually	V0642
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(n)(A)(i) Initial point of safety reached ≤ 3 minutes	V0643
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(n)(A)(ii) Final point of safety reached ≤ 5 minutes	V0644
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(o) Floor plan current and accurate	V0645
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(w) Emergency preparedness plan documented and current	V0649
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(w)(A)(i-v) Emergency preparedness plan includes all potential emergencies and all occupants	V0650

Comments:

411-050-0655 Standards and Practices for Care and Services

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(b)(A-C) Interviewed appropriate persons, provided copies, maintained 3 years if not admitted	V0429

Comments:

Resident Records Review

411-050-0615 Provider Enrollment Agreements, Residency Agreements and Refunds

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e)(C) Documentation of Department authorization of placement	V0455
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(g) Written agreement for storage charges	V0704

Comments:

411-050-0645 Operational Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c) Telephone restrictions in individual care plans	V0512
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a) Resident records current, accessible, legible and organized	V0450
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(A) Screening assessment and general information	V0460
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(B) Long term care assessment (form SDS 913) for private-pay residents	V0461
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(C) Right to formulate Advance Directives	V0462
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(D)(i-ii) Financial information: detailed records and receipt if managing resident's money, contracts signed by residents or their representative available for review	V0463
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(E) Medical/legal information, medication and treatment orders, RN instructions, delegations, MARs, POLST, POA, Advance Directive	V0464
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(F) Complete and current care plan signed by licensee	V0465
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(G) Documentation to support or eliminate individually based limitations	V0466

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	Copy of signed limitation consent form	V1589
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(H)	Signed house policies and Bill of Rights	V0467
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(I)	Significant events	V0468
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(J)	Weekly progress narrations	V0469
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)(K)	Resident care needs and correspondence	V0470
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(b)(A)	Resident records readily available	V0453
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(c)	Records retained for 3 years	V0452
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(d)	Resident records kept confidential	V0451
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)	Signed residency agreement	V0895
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)(a)(A-B)	Resident move - pertinent records sent, documented in narratives	V0900
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)(b)	Voluntary and involuntary moves documented	V0475

Comments:

411-050-0655 Standards and Practices for Care and Services

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a)	Screening and assessment complete, conducted prior to admission	V1100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a)(A-C)	Screening evaluated evacuation ability, staff able to meet needs, includes all criteria	V1101
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(b)(A-C)	Interviewed appropriate persons, provided copies	V1102
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e)(B)	Completed long term care assessment (form SDS 913)	V1103
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(a)	Prior to admission obtained general resident information	V1110
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b)(A)	Prior to admission obtained physician orders and medical information	V1104
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b)(B)	Prior to admission review of OTC medications	V1116
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b)(C)	Prior to admission available medical information	V1117
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(c)	Prior to admission obtained copies of POLST, POA, Advance Directive, Guardianship, Conservatorship	V0480
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(d)	Prior to admission obtained signed residency agreement	V1121
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(a-d)	Re-admission screening	V1105

Comments:

411-050-0655 Standards and Practices for Care and Services

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(A-N)	Care plan completed by licensee within 14 days of admission	V1130
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(b)(A-G)	Consent to HCBS Limitations form	V1131
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(3)(a)	V1589
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(c)(A-H)	Specific assessed need to support limitations	V1132
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(1) Threat to health and safety	V1580
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(4) Apply limitation with consent	V1526
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(b) Positive interventions and supports used	V1582
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(c) Less intrusive methods tried	V1583
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(d) Clear description of limitation	V1584
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(e) Measure ongoing effectiveness	V1585
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(f) Periodic reviews established	V1586
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(g) Informed consent	V1587
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(h) Will not cause harm	V1588
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(e)	Care plan updated every 6 months or as resident's condition changes	V0467
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)	Person-centered service plan implemented	V1140
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(1)(e) Individual choice regarding services and supports	V1512

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a)	Notification to case manager of any change or removal of limitations	V0485
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0040(3)(c) Requested review when appropriate	V1591
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a)(A-B)	Documentation of notifications to case manager	V0485
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(a)	RN consultation and assessment documented in file	V1145
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)(B)	RN consultation for written PRN parameters	V1147
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)(C)	RN consultation for use of restraints	V1148
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)(D)	RN consultation for psychoactive medications	V1149
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)(E)	RN consultation for new care procedures	V1150
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(c)	RN delegations for care tasks	V1151

Comments:

411-050-0655 Standards and Practices for Care and Services

C	NC	NA	Rule:	Tag	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a)	All caregivers demonstrate understanding of medication regimens, medication resource materials available	V1155
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(b)	Written orders, carried out as prescribed, changes documented	V0490
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(b)(B)	Changed orders documented	V0491
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(c)	All medication refill attempts documented	V0492
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(d)	Home health, hospice, medical professional orders implemented by AFH on file and transcribed to MAR	V1190
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(e)	Copy of hospice or home health documentation by non-AFH staff	V1191
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)	Current MAR for each resident	V1195
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)(A)	MARs list all medications including OTC and supplements, time, dosage and route	V1196
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)(B)	MARs list all treatments and therapies, type and time	V1197
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)(C)	MARs immediately initialed at time of administration, legible signature for each initial	V1198
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)(D)	MARs documented changed/discontinued orders	V1199
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(f)(E)	MARs documented missed or refused orders	V1200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(g)	PRN parameters documented	V1205
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(g)(A)	PRN medications documented why, when, dosage and time	V1206
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(h)(A)	Psychoactive medication order in record	V1180
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(h)(C)	Psychoactive medication order specifies dose, frequency, and circumstance for use	V1182
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(h)(E)	Care plan identifies behavior symptoms for which psychoactive medications are used	V1184
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(k)(A-B)	Medication disposal documented	V0493
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(k)	Self-administration order in file	V1177
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(n)	Injections delegated or taught	V1178
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(o)(E)	Restraints documentation: assessment, written order, consent	V0494
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(g)	Activities: 6 hours weekly, resident preferences, documented	V0495
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(h)	Day care: screening, orders, MARs	V1235
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(j)(A-C)	Resident money accounting documentation	V1237

Comments:

Structural Review

411-050-0632 Capacity

C	NC	NA	Rule:		Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)	5 or fewer residents unrelated to licensee or resident manager	V0800
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)	Ratio of 1 CG to 5 residents, including others needing care/supervision	V0803
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(b)	Children over 5 have bedroom available, separate from parents	V0804
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a-c)	Room and board tenants	V0806

Comments:

411-050-0645 Operational Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a) Three nutritious meals daily	V0880
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(b) Meals reflect consideration of resident preferences/cultural/ethnic background	V0881
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(d) No more than 14 hours between meals	V0883
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(f) Food preservation (canning, freezing) appropriate, pasteurized milk	V0885
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(g) Consideration for eating limitations, special diets	V0886
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(h) Proper and adequate food storage	V0887
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(i) Proper and adequate dish, glassware and utensil storage	V0888
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(j) Meals prepared and served in AFH	V0889
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(k) Utensils, dishes and glassware properly washed	V0890
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(l) Sanitation, food preparation areas and equipment clean and in good repair	V0891
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a) Corded telephone and functional landline allows all calls unhindered	V0510
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b) Functional phone accessible and available, within resident ability to use, volume control	V0511
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(b)(A-J) Posted items in one visible location: license, conditions, current floorplan, bill of rights, house policies, complaint procedure, LTCO poster, inspection forms and video/monitor notice; menu;	V0500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)(c) Emergency numbers posted by phone	V0504

Comments:

411-050-0650 Facility and Safety Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(a) Interior and exterior well maintained, clean and in good repair, no accumulation of garbage, debris, offensive odors	V0515
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(b) Address numbers 4" high and visible from street	V0516
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(c) Adequate lighting	V0517
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(d)(A-C) Temperature 68°-85° during the day, minimum 60° at night	V0518
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)(e) Sufficient common use area	V0519
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(a) Annual water test if non-municipal source, approved for drinking	V0525
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(b) Septic/sewage disposal in good order	V0526
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(c) Commodes emptied/cleaned, soiled incontinence garments in closed container	V0527
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(e) Laundry in closed container separate from food storage, kitchen and dining areas	V0528
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(f) Garbage/refuge suitably stored, weekly removal	V0529
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(g) Screens in good condition on all doors and windows used for ventilation	V0530
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(h) Standard precautions for infection control	V0531
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(i) Sharps container for needles, syringes, other sharp devices	V0532
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(j) First aid kit and manual readily available	V0533
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(k) Reasonable precautions to prevent pests	V0534
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(l) Sanitation for household pets; not a danger to residents	V0535
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2)(m) Safety barriers patios, decks, walkways, stairways, pools, hot tubs, spas, water features	V0536

Comments:

411-050-0650 Facility and Safety Standards

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(a) Bathrooms have privacy, common area or hall access	V0570
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(b) Large enough to accommodate resident needs and equipment	V0571
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(c) Mirror, ventilation, window covering	V0572

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(d)	Clean and free of odors	V0573
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(e)	Tubs, showers, toilets and sinks in good repair; one for every six occupants	V0574
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(f)	Hot and cold water at each tub, shower and sink	V0575
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(g)	Nonporous surfaces, glass doors tempered	V0576
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(h)	Non-slip floor surfaces	V0577
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(i)	Gab bars installed	V0578
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(j)	Barrier free access	V0579
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)(k)	Adequate supplies, individual towels, racks and hooks to dry linens	V0580
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(A)	Bedrooms built as such or remodeled under permit	V0600
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(B)	Interior walls finished and go from floor to ceiling	V0601
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(C)	Door opens directly to hallway or common area and accommodates occupant and necessary equipment	V0602
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(D)	Adequate ventilation, heat, light, one window leading directly outside	V0603
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(E)	Minimum 70 sq ft - one resident or minimum 120 sq ft - two residents	V0604
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(a)(F)	Maximum 2 occupants per bedroom	V0605
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(b)	No caregivers/family members sleeping in common areas or with residents	V0606
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(c)	Bed, pillow and bed accessories provided	V0607
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(d)	Dresser and closet storage for resident use only	V0608
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(f)	Drapes or shades on windows	V0610
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(g)	Safe secondary exit at ground level, or capable of self-preservation	V0611
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(h)	Proximity to caregiver or intercom to alert caregiver of needs	V0612
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)(i)	Licensee, RM, SCG, sub CG bedrooms with direct access into AFH	V0613

Comments:

411-050-0650 Facility and Safety Standards

C	NC	NA	Rule:	Tag	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b)	All heat sources installed properly and in good repair	V0621
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b)(B)	Fireplaces have approved protected glass screens or metal mesh screens anchored	V0623
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b)(C)	Safety barrier 36" around heat source	V0624
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(b)(D)	Space heaters with auto tip-over shut off	V0625
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c)	Extension cords temporary use only, multiple plug adaptors with circuit breaker protection	V0626
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)	Door hardware visible with simple operation, alarms in place if necessary	V0627
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)(A)	Single action lock for resident use	V0591
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)(B)	Personalized key for resident use	V0592
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(e) Door locks with key access	V1518
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)(C)	Resident has possession of key	V0593
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(e) Door locks with key access	V1518
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)(D)	Master keys available for caregiver use	V0594
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d)(E)	Activated alarm system for known wandering residents	V0595
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(e)	Windows: ≥20" x 24", ≥821 sq inches, sill height ≤44 inches, approved aids	V0550
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(f)	Doorways sufficient for resident's mobility equipment, stairways unobstructed, handrails both sides	V0551
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCBS	411-004-0020(2)(b) Physically accessible to individuals	V1515
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(f)(A)	Sound construction with wall and ceiling flame spread index	V0552
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(f)(A)(i)	Manufactured home built in 1976 or later with label	V0553
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(g)	2-A:10-B:C fire extinguisher on each level, maintained annually, mounted, visible and accessible	V0653

Comments:

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(A) Carbon monoxide appropriately installed	V0660
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(A)(i) Carbon monoxide alarm every level	V0661
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(A)(ii) Carbon monoxide alarm with battery back-up if hard wired or plug-in	V0662
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(A)(iii) Carbon monoxide alarm with visual or vibrating capacity for hearing-impaired occupants	V0663
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(B) Smoke alarms appropriately installed	V0664
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(B)(i) Smoke alarms placement on ceiling	V0665
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(B)(ii) Smoke alarms with battery back-up	V0666
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(B)(iii) Smoke alarms with visual or vibrating capacity for hearing-impaired occupants	V0667
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(h)(C) Carbon monoxide and smoke alarms audible or interconnected and loud enough to wake occupants when doors are closed	V0668
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(i) Flammable/Combustible materials properly stored in original containers	V0630
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(i)(A) Oxygen and gas cylinders properly stored	V0631
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(i)(B) No smoking signs posted where oxygen cylinders present	V0632
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(i)(C) Firearms stored unloaded in locked cabinet	V0633
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(i)(D) Ammunition stored separate in locked area	V0634
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(j) Hazardous materials, cleaning supplies, insecticides, etc., properly stored and labeled	V0635

Comments:

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(k)(A-G) Sharps container for all needles and lancets	V0636
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(n)(A)(i) Initial point of safety 25'	V0643
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(n)(A)(ii) Final point of safety 50'	V0644
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(q) Stairs rise 6-8", run 8-10.5"	V0555
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(r) Barrier-free exit ways	V0556
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(s)(A-H) Ramps meet requirements	V0557
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(t) Safe 2nd emergency exit from all bedrooms	V0647
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(u) Functional plug-in, rechargeable flashlight on each level	V0648
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(v)(A)(i) Smoking prohibited in all bedrooms regardless of occupant	V0680
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(v)(A)(ii) Smoking prohibited in any room with oxygen	V0681
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(v)(A)(iii) Smoking prohibited where flammable materials are stored	V0682
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(v)(B) Appropriate ashtrays provided in areas where smoking is allowed	V0637
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(w) Emergency supplies current and available in the home	V0649

Comments:

411-050-0655 Standards and Practices for Care and Services

C	NC	NA	Rule:	Tag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(a) Medication resource material readily available	V1155
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(c) All medications available in home	V1165
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(i)(A) Medications containers original and properly labeled	V1166
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(i)(B) OTC medications marked with resident name	V1167
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(i)(C) Medication storage lockable, cool, clean, dry, no direct sunlight, refrigerated meds locked	V1168
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(i)(D) Non-resident medication locked, stored separately	V1169
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(i)(E) No outdated, discontinued, recalled or contamination medications	V1175
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(l) 7 day advance set-up containers clearly labeled and locked	V1176
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(o)(G) Restraints discouraged at night and no bed tie-in restraints	V1216

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)(o)(H)	Restraints have quick release	V1217
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(a)	Home-like, appropriate care, sufficient staff	V1225
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)(e)	Reasonable precautions for health, safety and welfare	V1232

Comments:
