Department of County Human Services

Multnomah County

Aging, Disability & Veterans Services • Adult Care Home Program

APD/ BH Adult Care Home License Renewal - Provider Self Audit Tool

Instructions: This provider self audit tool was designed as a guide to help providers prepare for a license renewal inspection of their adult care home. It is highly recommended to review each section included in this tool to conduct an audit of your home and records. This tool includes best practice recommendations and licensing requirements information based on multiple MCARs. Please note that the use of this tool is optional, but strongly recommended. ACHP forms are hyperlinked. Refer to the Multnomah County Administrative Rules, multco.us/info/adult-care-home-regulations for full care home licensing requirements.

Throughout the tool you will see areas of licensing identified as the most common violations noted during ACHP inspections and areas of licensing where a mandatory fine applies. Most common violations are reflective of data collected in 2024.

Areas marked ******* are licensing areas with the most **Common Violations** noted during ACHP inspections.
Areas marked **!!!** indicates that a **Mandatory Fine** may apply, a violation may be referred for Corrective Action.

Best Practice Tip: Refer to last year's inspection report to ensure the violations (corrections) noted last year are not a repeat this year. Ensuring these areas are in compliance with the MCARs may help you avoid a referral to Corrective Action for repeated violations of the rules

License Renewal Application

Instructions: For this section, you will need a printed copy of the license renewal application along with the supportive documents sent to you by the ACHP. *Refer to the application checklist for a complete list of requirements.*

During your review we suggest your mark your findings as follows:

Use this checklist ✔ to make sure you have completed all required license renewal application requirements.

☐ **Operator required Annual Continuing Education hours of training***** Copy of Training Certificates attached to renewal application

CEU hours required:	APD- Level 1 = 12, APD- Level 2 = 14, APD- Level 3 = 16. BH- Level 1 = 12, BH- Level 2 = 14

☐ **Physician/Health History** form required every two years.

☐ **CPR/1st Aid Certification.** Copy of current certification attached to the application.

☐ **Medicaid Contract/ Provider Enrollment Agreement.** Complete and Signed & Dated by the Operator. Incomplete agreements or an expired business name may result in delays in payments for Medicaid residents.

☐ **Staffing Plan** submitted with the application shows 24 hour coverage and adequate time off from their employment.

☐ **Back-Up Operator Agreement.** Includes the name of an approved Multnomah County Operator or Resident Manager who does not live in the home and who has the same or higher license classification and who has agreed to oversee the home in an emergency.

☐ **Renewal Application Fees included.** Bed fees (license capacity), Background Check, Caregiver Applications or past due fines.

☐ **Renewal Application Checklist-** Items listed in the application checklist were attached to the renewal application before submission.

☐ **Complete Application submitted to the ACHP at least 30 days prior to the expiration date of the current license*****

First Renewal Operators - Additional Application Requirements:

☐ **First Year Mandatory Training***** Record Keeping B, Emergency Preparedness, Diversity and Record Keeping A for those serving APD/BH residents.

☐ **Financial Reserves***** Verification of financial reserves attached to the application equal to a minimum of two months operating expenses that have been held for at least 3 months. Verification of financial reserves may be requested by the ACHP at any time.

☐ **Operating Budget***** Budget form completed and attached to the application, includes your personal expenses and your projected monthly expenses incurred in operating your adult care home.

Resident Records - Review

Section 2. **Instructions:** In this section, you will conduct a review of individual binders for each of your residents. You have space to review records for up to five residents. Use hyperlinks included on this page to get direct access to record keeping forms posted on the **Adult Care Home Program website**, https://multco.us/info/record-keeping-forms

☐ **ACHP Resident Records - Table of Contents**, link.multco.us/resident.records Table of contents is followed to keep residents' binders organized *(highly recommended)*. Each binder is labeled with the resident's name, set up with individual dividers and tabs to separate each section.

☐ Safeguards are in place to protect the resident's confidential information*** Records are stored in a locked, central location; readily available to providers

☐ Resident Records are kept in a legible, organized, and professional manner as to be understood by ACHP***

Resident's Individual Binder Review (*Applies to APD and BH residents*) Use this checklist ✔ to make sure you have completed all required documentation. Use residents initials during your review →	R #1	R #2	R #3	R #4	R #5
Resident Information Sheet Form* https://multco.us/file/resident_information_sheet/download Complete, legible, Up-to-Date with all pertinent information and any changes to existing information.	☐	☐	☐	☐	☐
End of Life documentation* if applicable.** POLST, Advance Directive, DNR. Documentation on-file	☐	☐	☐	☐	☐
Guardianship, Power of Attorney (POA), Conservator, if applicable* Copy of documents on-file.	☐	☐	☐	☐	☐

APD Care Plan (*Applies to APD residents*)	R#1	R #2	R #3	R #4	R #5
New Care Plan finalized within 14 days* link.multco.us/care.plan Signed & dated by the Operator, Resident/ Legal Representative and *each* Caregiver in the home.	☐	☐	☐	☐	☐
Care Plan form reviewed (updated if needed) every six (6) months or when care needs change (whichever is first)*** The review is documented and acknowledged in the care plan's signature page.	☐	☐	☐	☐	☐
Annual Care Plan* A new Care Plan is to be rewritten/signed annually, even if there are no changes.	☐	☐	☐	☐	☐
Resident's Legal Name, Preferred /Chosen Name, Pronouns Used, & Gender Identity in care plan.	☐	☐	☐	☐	☐
Care Plan- Change in the Resident's Condition. Changes in care needs and/or condition clearly described in the care plan for each of the ADLs affected by the change. Changes are acknowledged in the signature page by the resident/legal representative, Operator and *each* Caregiver.	☐	☐	☐	☐	☐
Care Plan- Classification Worksheet (pages 1 & 2) Each of the Activities of Daily Living (ADL) selected as "Independent" or "Assist" or "Full Assist" matches the resident's current care needs. Bottom of the page includes: totals for each ADL column, Resident's Class Level, and RN/Physician information.	☐	☐	☐	☐	☐
Care Plan Classification worksheet matches written description of the Activities of Daily Living (ADL). See MCAR Appendix 1— Activities of Daily Living.	☐	☐	☐	☐	☐

APD Care Plan Continues…(*Applies to APD residents*)	R#1	R #2	R #3	R #4	R #5
Care Plan*** Includes a detailed description of the resident's current care needs, preferences, and capabilities, including by whom, when, and how often care, services, and/or supervision are provided. *Each ADL clearly describes what part of the ADL the resident can do and the provider's specific tasks.*	☐	☐	☐	☐	☐
Use of Special Equipment, if applicable. Description for the use of special equipment included.	☐	☐	☐	☐	☐
Communication Needs, if applicable. Language the resident uses and understands. Include limitations that may affect the ability of the resident to communicate, respond to instructions or follow directions.	☐	☐	☐	☐	☐
Night Needs, if applicable. Care plan describes resident's night time needs and supports.	☐	☐	☐	☐	☐
Medical or Physical Health Problems *relevant to care and Services*. Described in the care plan.	☐	☐	☐	☐	☐
Cognitive, Emotional, or Physical Disabilities or Impairments, information is included in the care plan.	☐	☐	☐	☐	☐
Treatments, procedures, or therapies as well as the need for a **Registered Nurse Consultation, Teaching, or Delegation** should all be described in the resident's care plan.	☐	☐	☐	☐	☐
Special Diets (Dietary Needs), if applicable and Preferences. Care Plan form includes how preferences are honored and special diets/ dietary needs are prepared and served to residents. Special diets followed as directed by resident/rep and prescribed by health care professional.	☐	☐	☐	☐	☐
Physical Restraints, if applicable. Care Plan reflects when and why restraints are used and instructions for periodic release. Includes how resident's safety is maintained while restrained.	☐	☐	☐	☐	☐
Psychoactive Medication, **if applicable.** Care plan identifies and describes the resident's behavioral symptoms and addresses the psychoactive medications, behavioral and environmental supports, and interventions used to address the symptoms. Providers know reasons for the use of psychoactive meds.	☐	☐	☐	☐	☐
One-on-One Specialized care, **if any.** Described in the care plan per approved Exceptional Rate Pay.	☐	☐	☐	☐	☐
Operators are responsible to ensure Caregivers have a clear understanding of job responsibilities*** have knowledge of residents' care plans, and are able to provide care specified for each resident, including appropriate delegation or consultation by a nurse	☐	☐	☐	☐	☐
Individual Based Limitation (IBL)*****if applicable.** link.multco.us/ibl.form If an IBL is in place, *the care plan or Individual Support Plan should reflect the IBL information. IBL form approval* and on-file.	☐	☐	☐	☐	☐
Behavioral Support or Interventions, if applicable. Care Plan reflects the need for behavioral support or interventions. If a Behavioral Support Plan (BSP)is in place, this should be on-file describing those interventions that modify the resident's behavior or environment for the purpose of modifying behavior.	☐	☐	☐	☐	☐
Information about the **Social, Spiritual, and Emotional Needs including Lifestyle Preferences, Activities, and Natural Supports** should be included as part of the care plan.	☐	☐	☐	☐	☐
Emergency Exit ability of the resident including assistance from providers and equipment needed to evacuate safely from the home should be described in the care plan.	☐	☐	☐	☐	☐
Resident Additional Documentation: (*Applies to APD, I/DD and BH residents*)	R#1	R #2	R #3	R #4	R #5
Out of Class Resident Exception form!!!**, if applicable.** link.multco.us/class.exception ACHP approval is required prior to admission if the resident's care needs exceed the license classification. Applies if an existing residents' care needs changed and exceeds the license classification of the home.	☐	☐	☐	☐	☐
Caregiver One on One staffing form, **if applicable.** https://multco.us/file/staffing_plan/download Identifies caregiver(s) providing the one on one care, days, specific time of the day the one on one care is being provided, and a brief description of the task. Form updated at least weekly, kept in the resident's file.	☐	☐	☐	☐	☐

Resident Admission Documentation (*Applies to APD and BH residents*) Use this checklist ✔ to make sure you have completed all required documentation. Use resident's initials during your review →	R#1	R #2	R #3	R #4	R #5
ACHP Resident Bill of Rights form Signed*** link.multco.us/rights On-file, signed at admission copy to the Resident/ Legal Representative.	☐	☐	☐	☐	☐
Residency Agreement, Signed, Dated & Initialed*** Residency agreement signed at admission. Agreement completely filled out**,** includes resident initials, and all signatures, dates, fees, disclosure of home policies. Copy of signed agreement provided to the Resident/ Legal Representative. **Medicaid** link.multco.us/residency.agreement.medicaid **Private Pay** link.multco.us/residency.agreement.private	☐	☐	☐	☐	☐
ACHP Long Term Care Assessment form*** ink.multco.us/care.notice Only for Private-Pay residents.	☐	☐	☐	☐	☐
ACHP Screening Sheet*** multco.us/info/record-keeping-forms#section-2 Completed prior to admission, use of the ACHP Screening Sheet is mandatory, all sections filled out, no blanks! Signed and dated. Copy to Resident/Legal Rep.	☐	☐	☐	☐	☐
ACHP Resident Orientation to Basic Fire Safety Form link.multco.us/fire.safety Within 24 hours of admission, orient resident to fire emergency procedures, document in progress notes (*form optional*).	☐	☐	☐	☐	☐
ACHP Interagency exception form*** if applicable, link.multco.us/interagency.exception Signed and approved by ACHP prior to admission. Providers must meet qualifications for the population approved in the exception form. (training, role, etc;)	☐	☐	☐	☐	☐
ACHP Resident Personal Inventory Record form*** link.multco.us/inventory Updated with all valuables. Signed & Dated.	☐	☐	☐	☐	☐
Release of Information Authorization form, link.multco.us/release Signed and Dated.	☐	☐	☐	☐	☐
Resident Progress Notes and Tracking (*Applies to APD and BH residents*) Use this checklist ✔ to make sure you have completed all required documentation. Use resident's initials during your review →	R#1	R #2	R #3	R #4	R #5
ACHP Re-Screening Form, https://multco.us/file/resident_re-screening_sheet/download Completed prior to resident's return to the home due to a hospital stay.	☐	☐	☐	☐	☐
ACHP Incident Report form*** link.multco.us/incident Completely filled out. Copy sent within 5 days to Case Manager for APD Medicaid residents and ACHP Licenser for Private Pay residents.	☐	☐	☐	☐	☐
Progress notes written at least every 7 days*** Signed & Dated in ink by the person writing them. If typing progress notes, these are printed at least once every 7 days, each entry must be signed & dated.	☐	☐	☐	☐	☐
Resident Activity Log*** multco.us/file/activity_log/download Documented at least 6 hours of activities offered weekly. **Documented length of the activity and whether or not the resident participated***** *Activities offered in the home are of interest, appropriate to residents abilities. Count up 2 hours for visitors, no day program, ADLs or TV****	☐	☐	☐	☐	☐
ACHP Individual Financial Record form*** link.multco.us/financial.record Funds received, spent on behalf of the resident documented. Receipts retained for purchases over $5.00	☐	☐	☐	☐	☐
Only one resident's name used on each Incident Report, Progress Notes or Care Plan*** including any other document that contains Protected Health Information (PHI).	☐	☐	☐	☐	☐

BH Resident Records- Additional Requirements *(This section only applies to Residents funded through Behavioral Health)* Use this checklist ✔ to make sure you have completed all required documentation. Use resident's initials during your review →	R #1	R #2	R #3	R #4	R #5
Initial Care Plan within 24 hours*** Completed within 24 hours of admission. Addresses ADLs, care and services to be provided, medication management, health care support, safety & supervision needs.	☐	☐	☐	☐	☐
Care Plan finalized within 14 days of admission*** Signed, fully legible, includes a written description of the resident's needs, preferences and capabilities, type of care, services and assistance required.	☐	☐	☐	☐	☐
Care Plan rewritten annually*** Updated whenever needs changed, or at least every 6 months. All updates must be dated and signed. Care plan reviewed with the resident/legal rep at least once a year.	☐	☐	☐	☐	☐
ACHP Opioid Overdose Daily Checks Monthly Log Form, link.multco.us/kit.log Provider daily checks of the opioid overdose kit documented in ACHP monthly log form. Kit is available in the home for emergency response to suspected overdose, not expired and complete with all components. Kit replaced immediately after use.	☐	☐	☐	☐	☐
ACHP Incident Reports Form*** link.multco.us/incident Completed for incidents that include missed, refused medications, medication errors, and unusual incidents as listed in the ACHP form. Copy to Residential Specialist	☐	☐	☐	☐	☐
Home Alone Exception*** Home Alone Exception approved by ACHP and on file in the care home.	☐	☐	☐	☐	☐
Evacuation Drill Record form*** link.multco.us/evacuation Drills conducted every 30 days, at least once every 90 days a drill during nighttime sleeping hours. Up to 3 minutes to the initial point of safety, up to 2 minutes to the final point of safety.	☐	☐	☐	☐	☐
Locked storage area: Toxic or hazardous substances locked, separate from food and medications.	☐	☐	☐	☐	☐
Physical restraints are not permitted*** for residents funded through BHASD.	☐	☐	☐	☐	☐
Emergency phone numbers posted: BHASD, police, fire, medical, poison control.	☐	☐	☐	☐	☐

Room & Board Resident Records- Additional Requirements Use this checklist ✔ to make sure you have completed all required documentation. *(Applies to Room and Board residents)* Use resident's initials during your review →	R #1	R #2	R #3	R #4	R #5
Screening in ACHP form*** Completed prior to admission and annually thereafter. Screening reflects that the resident is **independent in all Activities of Daily Living** (ADLs) 6/0/0. No delegations allowed.	☐	☐	☐	☐	☐
ACHP approved Room & Board rental contract. Contract signed and dated by Operator and Resident/ Legal Representative, copy provided.	☐	☐	☐	☐	☐
Written request on-file for assistance with medication or money management prior to providing service	☐	☐	☐	☐	☐
Room & Board Resident is capable of self preservation	☐	☐	☐	☐	☐

Medication Administration Organization

Section 3. Instructions: For this section, you will need your **MAR Binder**, **Medication Containers** & **Medication** Signed Orders. Conduct a medication review one resident at a time. A Medication Audit is highly recommended.

☐ I have a binder designated and labeled separately as my home's "MAR Book" for the filing and organization of Medication Administration Records and required ACHP forms. *(highly recommended)*

☐ I am following the ACHP highly recommended **Medication Administration Records- Table of Contents**, link.multco.us/MAR.contents

☐ My home's "MAR Book/ Binder" is set up with individual dividers and tabs with the resident's name on it.

☐ I keep my home's 'MAR Book/ Binder"and all residents' health related documentation locked at all times to protect residents' confidential information.

Medication Audit- *Highly recommended* Use this checklist ✔ to complete a medication audit and identify any medication errors. Use resident's initials during your review →	R #1	R #2	R #3	R #4	R #5
Signed Physician Orders match all **Medications/ Treatments / Therapies listed in the current MAR.** This helps with quick identification of MAR recording errors, and any Missing and/ or Extra: Medication/ Treatment/ Therapies. Current MAR and Signed Orders information should match.	☐	☐	☐	☐	☐
Signed Physician Orders match **Pharmacy Labels for** each **Medication container.** This helps identify any missing, extra or expired medication, missing labels for prescribed or OTC (Over The Counter) medication or missing orders. Pharmacy labels should match Signed Orders. All medication prescribed should be on-hand ready to be administered in the home to avoid additional violations.	☐	☐	☐	☐	☐

Medication Audit Provider Notes: List below any items that require your follow up as a result of the medication audit.

R # 1:

R # 2:

R # 3:

R # 4:

R # 5:

Medication Administration Records (MAR)- Review	R #1	R #2	R #3	R #4	R #5
Use this checklist ✔ to make sure your MARs meet all applicable requirements. Use resident's initials during your review →					
Medication Administration Record (MAR). *Each* **MAR page** reflects Legible Signatures identifying each set of Provider Initials and Signatures.	☐	☐	☐	☐	☐
Medication Administration Record (MAR) Irregularities. Medication administration irregularities documented, including mistakes or when a resident misses or refuses a medication, treatment or therapy, shall be documented by circling the provider initials on the front of the MAR and recording a brief but complete explanation on the back of the **MAR.**	☐	☐	☐	☐	☐
Medication Administration Record (MAR) reflects administration of prescribed controlled substances, in addition to the ACHP Controlled Substance form link.multco.us/count	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR)*** Identifies **all** medications prescribed, including Over The Counter, Dietary Supplements and Self-Administered medications. *Note: Includes prescribed meds such: topical cream, eyedrops, oils, supplements, home remedies, etc;*	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR) Includes for **each Medication** listed the following: *Medication Name, Dosage, Route, Date, Time to be given.*	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR) Includes type of **Treatments** and/or **Therapies** prescribed (if any), times to be given, immediately initialed after administering treatment or therapy.	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR)*** Immediately initialed at the time of Medication, Treatment or Therapy administration using only black or blue ink by the provider administering it.	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR) Reflects Administration & *Outcome* of **PRN** (as needed) medication. All administration of PRN as needed medications are documented with the time, dose, the reason the medication was given, and the outcome.	☐	☐	☐	☐	☐
Current Medication Administration Record (MAR) Updated with medication changes*** Reflects changes to existing medication, new prescriptions and discontinued medication.	☐	☐	☐	☐	☐
MAR identifies medication prescribed by an authorized Hospice program, if applicable. (Hospice orders transcribed into the MAR).	☐	☐	☐	☐	☐

Physician Orders & Other Medication forms- Review Use this checklist ✔ to make sure signed orders and other required forms are on-file. Use resident's initials during your review →	R #1	R #2	R #3	R #4	R #5
Physician Signed Orders On-file for all prescribed Medication, no older than 12 months*** Signed and Dated by the licensed prescribing health care professional. Applies to all medications including OTC (Over the Counter), PRN/as needed,Dietary Supplements, and Home Remedies.	☐	☐	☐	☐	☐
Physician Signed Orders On-file for all Treatments, no older than 12 months*** Signed and Dated by the licensed prescribing health care professional.	☐	☐	☐	☐	☐
Physician Signed Orders On-file for Procedures, no older than 12 months*** Signed and Dated by the licensed prescribing health care professional.	☐	☐	☐	☐	☐
Physician Signed Orders no older than 12 months, on-file for Therapies*** Signed and Dated by the licensed prescribing health care professional.	☐	☐	☐	☐	☐
Physician Signed Orders On-file for Adaptive Equipment*** from a licensed prescribing health care professional. If the provider conducts any type of health monitoring for a resident such as, but not limited to Blood Pressure Checks, Blood Sugar testing, etc;	☐	☐	☐	☐	☐
Physician Signed Orders On-file for residents who **Self-Administers***** Medication**.**	☐	☐	☐	☐	☐
Hospice Signed Orders On-file for residents on hospice care from an authorized Hospice program for the administration of hospice prescribed medication.	☐	☐	☐	☐	☐
Signed Physician Orders On-file for Verbal Orders. Obtained **within 72 hours** of a physician's telephone verbal order. Attempts to get the signed orders documented in the resident's progress notes.	☐	☐	☐	☐	☐
Signed Orders On-file*** for **Discontinued** and/or **Changes** to existing Medication.	☐	☐	☐	☐	☐
Signed orders On-file for the use of **Physical Restraints** after a physician's assessment. Orders include parameters, type, circumstances, and duration of the use of the restraint.	☐	☐	☐	☐	☐
Physical Restraints are not permitted for residents' services funded by Behavioral Health (BH).	☐	☐	☐	☐	☐
PRN Guidelines Form*** , link.multco.us/PRN.guidelines Complete & signed guidelines for **_each_** as needed medication. It reflects when, how much, how often, expected outcome. No ranges for PRN meds.	☐	☐	☐	☐	☐
RN Delegation‼️, if applicable. Nursing tasks delegation documentation on-file completed prior to the provider performing the delegated task. Delegation renewed before the delegation expiration date.	☐	☐	☐	☐	☐
ACHP Controlled Substance form*** link.multco.us/controlled.substance.log Administration of prescribed controlled substance medication documented in the ACHP approved form.	☐	☐	☐	☐	☐
Medication Disposal Form, multco.us/file/medication_disposal_record_form/download All medication disposed of within **10 days** of becoming outdated, discontinued, unused, recalled, or contaminated.	☐	☐	☐	☐	☐

Medication Containers- Review (bottles, bubble packs, ointments, etc;) Use this checklist ✔ to make sure you meet all requirements for medication containers. Use resident's initials during your review →	R #1	R #2	R #3	R #4	R #5
Medication past pharmacy's expiration date are considered outdated, disposed within 10 days* *Tip:* _Check on the expiration date of **all** prescribed medication, including OTC (Over The Counter) and PRN medication such as ointments, eye drops, inhalers, etc;_	☐	☐	☐	☐	☐
Medication is kept locked in a central location separate from others' medications. Medication requiring refrigeration is locked and stored separately from non-resident medications.	☐	☐	☐	☐	☐
All currently Prescribed Medication is On-hand***Available for administration, including PRN/as needed, Over-The-Counter, and home remedies. _Refill attempts documented in progress notes._	☐	☐	☐	☐	☐
Each Medication Container is clearly labeled with the pharmacy label in the original container.	☐	☐	☐	☐	☐
A new Pharmacy Label obtained for changes in the dosage of an existing medication or change was written on an additional label attached to the medication container without covering original label.	☐	☐	☐	☐	☐
Over-The-Counter Medications Containers* Marked clearly with the resident's name.	☐	☐	☐	☐	☐
Approved Red Puncture-Resistant container* For disposal of disposable syringes and needles, lancets, and other sharp items. Container must be leak proof, labeled as hazardous, have a lid or flap that inhibits the ability to remove sharps from the container.	☐	☐	☐	☐	☐
Medi-Sets Containers. Allowed if the resident will be administering medication outside the home without provider supervision. Clearly labeled with the resident's name, medication's name, time to be given, dosage, amount, route and description of the pills. Excludes PRN as needed medications. **BH residents only**: Written order on-file from the prescribing health care professional is required prior to setting up a container with mixed medications.	☐	☐	☐	☐	☐

Business Records - Binder Review

Section 4. Instructions: Grab your Business Records Binder. In this section you will conduct a review of applicable providers requirements and qualifications. Go over the list below to ensure the applicable documentation is *on-file* for each provider (caregiver, resident/shift manager or operator). Use the hyperlinks included on this page, if needed. **Use dividers with tabs to separate documentation for each provider.**

Caregiver Requirements - Review

Section below applies to all Caregivers, all populations unless otherwise noted

Use this checklist ✔ to make sure all required documentation is on-file for each caregiver.

Use Caregiver initials during your review →

	C#1	C#2	C#3	C#4	C#5
Job Application On-file *** multco.us/file/sample_job_application/download Application the provider filled out to apply for the open position in your home.	☐	☐	☐	☐	☐
Verification Provider *is not* **listed on the Exclusion Database website**, https://exclusions.oig.hhs.gov Enter the provider's Last and First Name, Click search, then print the results and keep that page on-file.	☐	☐	☐	☐	☐
Current Background Check/ Approval Letter !!! *** multco.us/info/how-submit-applications-and-payments Current ACHP approval letter for the provider's role, reflecting all population(s) served in the home	☐	☐	☐	☐	☐
Provider Checklist Form completed*** link.multco.us/checklist Form completed by each Caregiver, Resident/ Shift Manager upon hiring as an orientation to the home, residents' care needs & prior to being left alone with residents. The checklist is specific to the adult care home.	☐	☐	☐	☐	☐
Current CPR/ First Aid Certification. Caregivers working alone, Operator and Resident/Shift Manager(s).	☐	☐	☐	☐	☐
ACHP Caregiver Employment Application On-file, link.multco.us/caregiver.notice ACHP form is required to report to the ACHP any changes on staffing, such as new hires or staff no longer working in the home.	☐	☐	☐	☐	☐
Provider proof of valid driver's license & auto insurance. If providing transportation in their own vehicle.	☐	☐	☐	☐	☐
Mandatory Abuse Reporting Training*** link.multco.us/abuse.certificate Certificate on-file for the populations served in the adult care home, APD or BH.	☐	☐	☐	☐	☐
ACHP Record Keeping B Training*** multco.us/info/adult-care-home-operator-and-manager-trainings Required for any caregiver who works 20+ hours per week as the sole caregiver within their first year as a caregiver AND before being allowed to administer any medications, includes possible PRN meds administration.	☐	☐	☐	☐	☐
Providing Inclusive Care Training*** link.multco.us/inclusive.care.training *Required every 2 years.*	☐	☐	☐	☐	☐

For more information about Caregiver Training requirements, visit: multco.us/info/adult-care-home-caregivers

BH Caregivers - Additional Requirements Review	C#1	C#2	C#3	C#4	C#5
Behavioral Health Basic Training completion. At this time ACHP accepts Caregiver Workbook until ACHP offers a BH Basic Training.	☐	☐	☐	☐	☐
Home & Community-Based Services & Settings (HCBS) & Individually-Based Limitations (IBL) Training , link.multco.us/HCBS Certificate on-file. ***Required annually.*** All homes serving BH residents, the Operator, Resident/Shift Manager, Caregivers and Volunteers are required to take this training.	☐	☐	☐	☐	☐
Caregiver 12 CEUs Annually- Certificates On-file*** *BH Caregivers or homes serving BH residents.*	☐	☐	☐	☐	☐

APD Caregivers - Additional Requirements Review	C#1	C#2	C#3	C#4	C#5
Caregiver Workbook Certificate Signed & Dated*** link.multco.us/workbook Copy of complete & signed certificate required on-file. If the caregiver completed the workbook for the first time, the workbook stays on-file. Both Operator and Caregiver sign the certificate. *Caregivers must complete the workbook on their own.*	☐	☐	☐	☐	☐
Pre-Service Dementia Training Certificate On-file*** Applies to homes serving APD residents	☐	☐	☐	☐	☐
Home & Community-Based Services & Settings (HCBS) & Individually-Based Limitations (IBL) Training Certificate On-file, link.multco.us/HCBS ***Required annually***	☐	☐	☐	☐	☐
Left in Charge APD Caregivers, need in addition: **Ensure Quality Care- Essentials**, link.multco.us/EQC **Or** Caregiver Workbook Certificate temporarily accepted by ACHP in place of EQC. Also required: Fire Safety Training Certificate, Passed English Test, Food Handler's Card and Nursing Delegations (if any). Other requirements may apply, inquire with ACHP for more information.	☐	☐	☐	☐	☐

Approved Resident / Shift Manager(s)- Additional Requirements Review	M#1	M#2	M#3		
Role approval current, completed Renewal Application submitted prior to role's expiration date.	☐	☐	☐		
First Year ACHP Training: Record Keeping B, Emergency Preparedness, Diversity and Record Keeping A for those serving APD/BH residents.	☐	☐	☐		
Home & Community-Based Services & Settings & Individually-Based Limitations Training, link.multco.us/HCBS ***Required annually***. For homes serving APD and BH residents.	☐	☐	☐		
CEU's *required Annually* **for renewals**: **Level 1**- 12 CEU, **Level 2**- 14 CEU, **Level 3**- 16 CEU.	☐	☐	☐		
Resident Manager: Responsible for daily operation, residents care and supervision 24/7 for 5 consecutive days.	☐				
Shift Managers: Approved ACHP exception on-file. Shift Managers meet all Resident Manager criteria.	☐	☐	☐		

Business Records - Binder Review
Use dividers with tabs to separate each section.

PART 2. Non-Caregiver Role Approvals.

☐ **ACHP Approval Letters for Non-Caregivers***** Usually, these are non-caregiver individuals 16+ years older living in the home.

Training required for Non-Caregiver Staff working in the home:

☐ **Providing Inclusive care Training for Oregon Long-Term Care Facility Staff.** *Required every 2 years*

☐ **Home & Community-Based Services Settings & Individually-Based Limitations Training.** *Required Annually for APD non-caregiver staff*

PART 3. Operational

☐ **Backup Operator Agreement.**

☐ **Exception to rule (MCAR)** approval for building structure.

☐ **Absence/Vacation From Home** approvals.

☐ **Master copy of Residency Agreement**(s), Special Needs Contracts, Room & Board Agreements.

☐ **Operators living outside the home.** Documentation of the Operator's at least 3x per week visits to the home to monitor residents' health/safety/welfare and recordkeeping.

PART 5. Archived Staffing Plans.

☐ **Archived staffing plans***** Past staffing plans kept on-file. Recommended to keep one year in your business records.

PART 6. Weekly Menus

☐ **Archived Weekly Menus***** Past Menus retained for 12 months. Menus must reflect week dates. Includes three balanced nutritious meals and two snacks, and special diets available. No more than 14 hour span between evening meal and breakfast

PART 7. Licenses, Permits, Inspections

☐ **Permits and Building Inspection for Property remodels.**

☐ **Pet vaccination**, if applicable*** Proof of current vaccine records on-file. Sanitation is adequate, must not present a danger to others.

☐ **Annual Well Water Testing** (if applicable)

☐ **Verification on-file of Furnace annual inspection*****

☐ **Wood Stove Installation Permit**, if applicable. Verification of permit obtained before installation and annual inspection.

☐ **Licensing and Monitoring ACHP Documentation.** For ACHP visits such as Licensing Support, Monitoring, etc;

PART 4. Evacuation & Safety

☐ **Fire Drills Records On-file.** Drills practiced vary times of the day, exit routes varied based on the location of simulated fire***

☐ All providers are able to evacuate all occupants to the <u>Initial Point of Safety within 3 minutes</u> & <u>Final Point of Safety within 2 minutes</u>***

Drills- 1st year of operation:

☐ **Drills records on-file.** Drills are practiced every 60 days, even if there are no residents living in the home.

☐ At least 1 sleeping drill practiced annually during actual sleeping hours. Staff and residents evacuated from their own bedrooms.

Drills- After your first year of operation:

☐ Drills practiced every 90 days

☐ At least 1 sleeping drill practiced annually during actual sleeping hours. Staff and residents evacuated from their own bedrooms.

BH homes only:

☐ Drills practiced at least once every 30 days. One drill is held at least once every 90 days during residents' nighttime sleeping hours.

☐ **Smoke Detector & Carbon Monoxide Testing log***** link.multco.us/alarm.log Testing of individual devices must be conducted monthly with testing date and provider initials documented. Each device must be listed individually in the log.

Section 5. Instructions: Grab your Emergency Preparedness Plan Binder, get ready to go over Emergency Supplies.

Emergency Preparedness Plan Review- EPP form effective 01.01.2025
multco.us/file/emergency_preparedness_plan/download

Emergency Preparedness Plan form
- ☐ **EPP Developed in ACHP approved form.**
- ☐ **EPP filed in a Red Binder**- *highly recommended*
- ☐ **EPP is kept locked with the rest of the home records.**
- ☐ **ACHP EPP Table of Contents** followed - *highly recommended*
- ☐ *EPP front Cover Page* - *highly recommended to label EPP binder*
- ☐ **Initial EPP Date Documented**. EPP developed for the first time.
- ☐ **EPP Re-Evaluation Dates documented**. For significant changes such as new resident admissions or changes to existing residents.
- ☐ **EPP Annual Re-Evaluation Date Documented**. Annual review of EPP and emergency materials documented on EPP form.

Relocation Information
- ☐ **Emergency Evacuation Map.** EPP includes a copy of a legible good quality color copy of the home's approved floor plan.
- ☐ **Planned Relocation Site Page.** A planned relocation site, expected to meet the immediate needs of the residents. See **Adult Care Home Relocation Form**, link.multco.us/relocation for details.
- ☐ **"Relocated" Page/Poster.** Relocation Page includes relocation site information, and a **printed map** and **step-by-step directions** on how to get to the relocation site.
- ☐ **Relocation Notification Information Page completed, includes:**
  - ☐ Operator's Name and 24/7 contact information.
  - ☐ Information reflects only Residents living in the home.
  - ☐ Case Manager contact information.
  - ☐ Legal Guardian/Rep and/or Family contact information.

Go Bags: Residents and Operator / Resident Manager
- ☐ **Relocation & Evacuation Supplies "Go Bags"** location is documented. Bags are accessible and easy to carry.
- ☐ Labeled with the individual's name
- ☐ Includes essential recommended items listed in the *EPP form.*
- ☐ Water bottles, snacks, and food items are *not* expired.

Resident's Go-Bag Reminder:
DO NOT include any medication inside the residents' go bags.
DO NOT include documents with Confidential Information***

Shelter in Place Supplies
- ☐ **Shelter in Place Supplies Page***** Page completed, all boxes checked to reflect items available in the home. Including:
  - ☐ **Shelter in Place Supplies location is easily accessible.**
  - ☐ **Enough Food for three (3) days**, nonperishable, easy to prepare items, including special diets. Remember others living in the home, household members, staff and pets.
  - ☐ **Enough Water- 3 gallons of water per person living in the home**.1 gallon x day x 1 person = 3 gallons per person. *2 weeks supply is highly recommended.* Remember pets.
  - ☐ **Sanitation Supplies**. Enough food supplies available in the home when unable to relocate for 3 days.

Utility Shut Off and Safety Information. Includes Electricity, Water & Natural Gas companies and shut-off information.

Residents Individual Information
- ☐**Resident's Individual Emergency Evacuation Pages completed***** with all pertinent information for each resident.
- ☐**Picture of the resident***** **Required.** Recommended to attach a picture to a separate sheet of paper with the date picture was taken.
- ☐ 1 Copy **Resident Information Sheet**- *Required*. Information is accurate & up to date***
- ☐ 1 Copy **Care Plan** or **Individual Support Plan**- *Required*. Current & accurate to reflect the resident's care needs and supports.
- ☐ 1 Copy of **Medication Signed Orders*****- *Required for residents taking medication.*
- ☐ 1 Copy of Treatment/ Therapy/ Adaptive Equipment Orders*** if any. *Highly recommended*
- ☐ 1 Copy of PRN guidelines*** Complete and signed guidelines for each as needed medication prescribed. *Highly recommended*
- ☐ 1 Copy End of Life Documentation, POLST, if applicable. *Highly recommended*
- ☐ 1 Copy Behavioral Support Plan, if applicable. *Highly recommended*
- ☐ 1 Copy Power of Attorney (POA), Conservator, Legal Guardian documents, if applicable. *Highly recommended*

EPP Certification of Training Page completed for the following individuals:
- ☐ **Caregiver EPP Certification of Training page***** All Caregivers working in the home, including any back-up caregiver.
- ☐ **Back-Up Operator EPP Certification of Training***** This is the home's Back-up Operator or Resident Manager.
- ☐ **Resident/Shift Manager EPP Certification of Training page***** This is the approved resident Manager reflected on the license.

Section 6. Instructions: For this section, you will conduct an interior & exterior walkthrough of your adult care home.

Facility Standards & General Conditions of the Home (interior and exterior)

Mandatory Postings
Use this checklist ✔ to make sure you have all required postings.

☐ **Mandatory Postings**. Posted in a centralized place easily visible to residents & others visiting the home***

☐ **License Certificate***** with Statement of Condition, if any.

☐ **Fair Housing/Complaints Poster**

☐ **Notice for the Use of Monitoring Devices*****

☐ **Resident Bill of Rights**

☐ **Emergency Phone List*****

☐ **911 stickers on/near phones*****

☐ **Ombudsman Poster**

Note: If you are in need of any of the ACHP postings, contact the ACHP main office or stop by in person to request them.

☐ **Inspection Report***** Most recent ACHP annual inspection.

☐ **Current Staffing Plan*****Current and accurate to reflect who is working in the home at any given time; reflects 24 hr coverage with no gaps in time; sufficient staff present in the home to meet residents' care needs. Update as needed.

☐ **Master Copy of Residency Agreement approved by ACHP*****

☐ **Home's Range of Monthly Rates for Private Pay residents*****

☐ **Evacuation/Floor Plan***** Up-to-Date. Approved by ACHP.

☐ **Exterior Video Monitor***** Notice posted for use of external video.

☐ **Weekly Menu***** Includes dates of the week. Reflects food from the five basic food groups, seasonal fresh fruits and vegetables offered daily. Includes information about special diets being available.

All Doors and Locks
Use this checklist ✔ to make sure all doors and locks in the home meet these requirements.

☐ All doors (exit & interior) in the home used by residents have a single action operation.

☐ Doors (exit & interior) cannot be locked to prevent exit.

☐ Each resident's bedroom has a single action lever and access to a personalized key.

☐ A spare identifiable key is available to providers for emergencies.

☐ Activated door alarm system for residents who wander, if any.

☐ All doors working properly. Repair and/or repaint as needed.

Bathrooms
Use this checklist ✔ to make sure bathrooms used by residents provide the following:

☐ Bathrooms have privacy; single action lockable door***
☐ Operable window or other means of ventilation***
☐ Clean and free from objectionable odors***
☐ Grab bars present and barrier-free access to toilet & bathing***
☐ Tubs, showers, sinks and mirrors in good repair***
☐ Hot and cold water at each tub, shower and sink***
☐ Hot water temperature between 105 and 120 degrees***
☐ Shower has non-slip floor surfaces***
☐ Showers have nonporous surfaces***
☐ Shower has glass doors tempered or shower curtains clean, in good condition***
☐ Adequate supplies, toilet paper, shampoo, soap, individual towels***

Conditions of the home
Use this checklist ✔ to complete a walkthrough of your home, correct any areas that need improvement.

☐ Home free of clutter, garbage and offensive odors*** This applies to all rooms and areas of the adult care home.

☐ The home, walkways and furnishings kept clean & good repair*** Consider replacing broken or damaged furniture.

☐ Each room, stairway and exit-way of the home is adequately lighted, based on the residents needs***

☐ Interior Stairways and Steps have properly installed handrails on both sides***

☐ Each room, stairway, and exit-way of the adult care home is free of barriers that impede evacuation*** (No objects left on the stairway)

☐ Interior premises are accessible to the individual needs of the residents***

☐ Personal property stored in neat and orderly manner to keep the home free of clutter and obstructions***

☐ Interior and exterior walls are cleaned or washed frequently. Repaired and/or repainted as needed.

☐ Floors, rugs and surfaces cleaned and/or washed regularly. Carpets and rugs vacuumed regularly, washed as needed***

☐ All common areas of the home and exit ways are barrier free exit***

☐ Corridors and hallways at least 36 inches wide***

☐ Light bulbs are shatterproof or protected with appropriate covers. Burnt light bulbs replaced to avoid additional violations.

☐ Common indoor living area at least 150 square feet; additional space required if wheelchairs are used.

☐ No caregivers or family members sleeping in common areas***

☐ Interior video monitors are not permitted; if exterior video monitors are used, notice is posted***

☐ ACHP notified at least 15 days before home remodel has begun, submitted a copy of permits and revised floor plan.

Other Window requirements
Use this checklist ✔ to check for other window requirements.

☐ **Screens installed on doors and each window** used for ventilation; home free of insects and rodents***

☐ **Storm windows or doors, bars, grills, grates**, are equipped with approved release mechanisms that can be easily opened from the inside without the use of a key, tool, special knowledge or effort, or more than one motion.

☐ **Exit windows must not be blocked by portable and/or window air conditioners.**

Telephone & Fax
Use this checklist ✔ to check for telephone and fax requirements.

☐ **Landline phone separate from other phone lines**. Blocking feature disabled, may not be forwarded***

☐ **Phone available and accessible for resident's use with reasonable accommodation for privacy***

☐ **911 stickers on all phones,emergency phone numbers posted by the telephone in the home.** (you can pick up sticker replacements at the ACHP office)

☐ **Fax machine working and separate from the main telephone line, or with an automatic feature**. *No fax machines in common areas of the home to protect residents' confidential information.*

Bedrooms

Use this checklist ✔ to make sure bedrooms meet all applicable requirements.

- ☐ Built as a bedroom when the home was built or remodeled under permit, door present, finished walls from floor to ceiling. Ceilings heights of no less than 7 feet 6 inches covering at least one half of the area in the room***
- ☐ Bedrooms are on ground level for residents who are non-ambulatory, impaired mobility or not capable of self-preservation.
- ☐ Bedrooms are adequately heated with a permanent source of heat.
- ☐ Single-action lever lockable on each resident's bedroom door; resident has access to a personalized key***
- ☐ Bedroom has at least one window or exterior door identified as a Secondary Egress*** Permits venting, emergency escape & rescue.
- ☐ Secondary Egress exit for each bedroom is easily openable from the inside without the use of keys, tools, or any special knowledge or effort. Offers a minimum net clear opening height dimension of 24 inches by 20 inches width.
- ☐ Bedroom identified Secondary Egress is free of obstacles. At least the width of the window that would interfere with it being an exit*** (No furniture or objects blocking the window clear opening that serves for evacuation)
- ☐ Bedroom window blinds, drapes and shades are in good condition, clean. Allow for resident privacy*** Broken window blinds replaced.
- ☐ Bedrooms are free of any accumulation of material that impedes or obstructs a person's progress through a room, restricts use of a room, and/or may present a fire or safety hazard.
- ☐ Residents' bedrooms are in proximity of a caregiver, or intercom or call bell to alert caregiver of nighttime needs***
- ☐ Intercoms/ Monitors (if any) used in common areas with residents' written consent. Video monitoring is not permitted***
- ☐ Intercoms do not violate residents' right to privacy. It has the capability of being turned off by or at the residents' request***
- ☐ Residents' beds with frames at least 36 inches wide. Mattresses in good condition with waterproof cover for incontinent residents***
- ☐ Residents' beds have clean bedding, washed frequently: pillow, pillow case, bedding sheets & blankets are kept clean.
- ☐ Residents have freedom to furnish their own room. Closet; dresser; storage for a reasonable amount of personal belongings***
- ☐ Clothing and bed linens soiled by human waste promptly laundered; soiled paper incontinence products promptly disposed of.
- ☐ Individual trash container is emptied daily or as needed.
- ☐ Resident self medicating keep self-administered medications locked in a secure place in their bedroom except for those medications on the residents' own person.
- ☐ Bedrooms do not contain household equipment such as furnaces, washer, dryer, freezer, dishwasher***
- ☐ One bedroom is available for use by the Operator. No caregivers or family members sharing rooms with residents***
- ☐ No more than two occupants per bedroom, not including children under five years of age.

Nutrition and Food Safety

Use this checklist ✔ to make sure you have an adequate food storage system, and meals and other food requirements are met.

Food Storage:

☐ **Leftovers** stored in the refrigerator are **dated with the date cooked** and **disposed within 4 days*****
Tip: Check on the expiration date of dressings stored in the refrigerator, such as Mayo, Ketchup, Salad Dressing.

☐ Kitchen/Food storage and preparation areas such as Stoves, Ovens, Kitchen Counters, Cutting Boards, and Sinks are kept clean and free of offensive odors***

☐ Eating and cooking utensils are kept clean and in good repair***

☐ Food storage, including freezers, and food preparation areas are free from spoiled or expired food, food protected from dirt & contamination***

☐ Food placed in the freezer must be dated with the date placed in the freezer. Freezer(s) are kept clean and free of offensive odors*** **USDA Freezing & Food Safety recommendations,** link.multco.us/food.safety

Meals:

☐ Alternate meals are available for residents to take out into the community if away during a scheduled meal time (appointment, outing, work, day program, etc;)

☐ Payment for meals eaten away from the home for the convenience of the operator are the responsibility of the Operator.

☐ Meals prepared and served in the home, served family style, resident choice where to eat. Alternate meal available to take out***

☐ Resident's right to access food at any time. An alternative meal is available if a resident misses a meal. Residents are not restricted to specific meal times and are encouraged to choose when, where, and with whom to eat.

☐ Nutritious snacks and liquids should be offered to fulfill each resident's nutritional requirements. Consideration given to residents' preferences, cultural, religious, and ethnic preferences.

Tip: for nutritious, affordable, easy recipes visit: **My Plate Kitchen** https://www.myplate.gov/myplate-kitchen

Thermometers:

☐ **Each refrigerator** in the home regardless of its size, location or who is using it must have a working thermometer maintained at 40 degrees Fahrenheit (4.4 degrees Celsius). Refrigerator(s) are kept clean and free of offensive odors***

☐ **Each freezer** in the home regardless of its size, location or who is using it must have a working thermometer maintained at 32 degrees Fahrenheit (0 degrees Celsius) or lower***

Food Quality:

☐ Adequate quality and quantity of food served to residents, consideration to residents preferences or ethnic backgrounds***

☐ Adequate food supplies in the home, staple foods for a minimum of one week and perishable food for a minimum of two days***

☐ Canned food is not served in the home unless prepared according to the **Oregon State University Extension Service Guidelines**, dated at the time they were sealed*** https://extension.oregonstate.edu/food/preservation

Menus:

☐ Menus honor the input and preferences of the residents ☐ Offers three (3) nutritious meals, two (2) snacks, no more than 14-hour span between meals. Special consideration must be given to residents with chewing difficulties and other eating limitations.

Section 7. **Instructions**: For this section, you will continue with an interior & exterior walkthrough of your adult care home, this will include a review of storage areas and outdoor spaces.

Fire and Safety
Use this checklist ✔ to make sure fire and safety equipment meet applicable requirements.

Fire Safety Equipment	Flammable Liquids & Hazardous Substances
☐ **Smoke Alarms appropriately installed** !!! *** All bedrooms, hallways or access areas that adjoin bedrooms, residents' family room or main living area, interior designated smoking area, in basements, and at the top of each stairway.	☐ **Flammable/Combustible liquids and hazardous materials**. Properly stored in original properly labeled containers, secured in areas to prevent tampering by residents or vandals***
☐ **Smoke Alarm Battery back-up if hard wired**; visual/audio or vibration smoke alarm for residents who are hearing impaired. Loud enough to wake occupants.	☐ **Storage of flammable liquids** other than Oxygen for use by a resident is prohibited inside the home and any outbuildings attached to the home and any outbuildings attached to the home***
☐ **Carbon Monoxide Alarms installed within 15 feet** of each bedroom on each level of the home where bedrooms are located and in the basement***	☐ **BH homes**: **Toxic or hazardous materials**. Locked storage area for toxic or hazardous substances, separate from food and medications***
☐ **All Smoke & Carbon Monoxide alarms** contain a sounding device or be interconnected to other detectors to be loud enough in all sleeping rooms to wake occupants***	☐ **Oxygen and other gas cylinders in service or in storage**. These must be secured to prevent falling. Oxygen and other gas cylinders are not used or stored in rooms where a wood stove, fireplace or open flames are located***
☐ **Fire Extinguisher** installed with the top no higher than 5 feet above the floor, visible & accessible.	☐ **No smoking signs posted where oxygen is present.** Smoking/vaping areas restricted to designated areas, ashtrays of noncombustible material and safe design provided.
☐ **Fire Extinguisher installed <u>on each level of the home</u>*****	☐ **Cleaning supplies, poisons, insecticides, and other hazardous materials:**
☐ **Fire Extinguisher serviced annually**. **How to Use a Fire Extinguisher resource video:** https://youtu.be/PQV71INDaqY	☐ Properly stored in original labeled containers***
	☐ Kept in a safe area not accessible to residents***
☐ **Functional plug-in, rechargeable flashlight**. Readily accessible on each floor of the home for emergency lighting***	☐ Away from food preparation areas and storage, dining areas or medications***
	☐ **Kitchen cleaning supplies.** These may be kept in a separate enclosed space in the kitchen.
☐ **No extension cords or multi-plug adapters** in place of permanent wiring**. Relocatable power taps, if used, must be UL-approved, have circuit breaker protection, 6 or fewer sockets, connected to the outlet***	☐ **Firearms** stored, unloaded, in a locked cabinet away from the ammunition. Other hunting and sporting equipment stored safely.
	☐ **Barbeque and/or Grill Gas Cylinders.** These are stored and used according to manufacturer's labeled recommendations.

Heating & Cooling Systems/ Electrical Equipment
Use this checklist ✔ to make sure heating and cooling equipment meet applicable requirements.

- ☐ **Wood Stove.** Maintained, inspected annually; in good repair. Verification of initial installation and annual inspection on-file.
- ☐ **Furnace***** Maintained, inspected annually; in good repair. Verification of inspection on file in the home's business records.
- ☐ **Heat-producing equipment***** Equipment such a furnace that is enclosed in a small space must have a minimum space clearance of 3 inches on all sides & a vent opening, such as levered slats or at least 3 inches space between the floor & bottom of the door. DO NOT store anything around the furnace.
- ☐ **Appropriate space heaters.** Allowed if the space heater includes a tip-over shut-off capability.
- ☐ **Room temperatures.** Temperature must be at a safe and comfortable temperature for the residents at all times. Use of ventilation, fans, or air conditioning in hot weather.
- ☐ **Temperature min 68° during waking hours, no less than 65° during sleeping hours**; not to exceed 78°at any time.
- ☐ **Portable air conditioners***** UL-approved and do not block exit windows, used in accordance with manufacturer's instructions.
- ☐ **Fireplace***** Includes a protective glass screen or metal mesh curtain attached at top or bottom, and is not used to burn trash. If the fireplace is used, chimneys are properly maintained and cleaned yearly so no accumulation of creosote or combustible residue.

Outdoor Spaces
Use this checklist ✔ to do a walkthrough of your home outdoor spaces to make sure it meets applicable requirements.

- ☐ **Wheelchair ramp ADA compliant*** for handrails, slope and surface if non-ambulatory persons live in the home**. Ramp includes Non-Skid surface to prevent falls when it rains, ices, and/or snows.
- ☐ **Wheelchair ramp***** Ramp and handrails are in good repair, repainted if paint is peeling (free of splinters, chipped paint and rust).
- ☐ **Exterior stairways and steps** of the home have properly installed handrails on both sides.
- ☐ **Outdoor Area Designated to Residents***** available all year long; partially covered; all-weather surface deck or patio (enough seating).
- ☐ **Outdoor setting is accessible to residents**. Outdoor areas include handrails, stairs, exits, interior and yard as appropriate.
- ☐ **Smoking/Vaping areas*** (if any).** Restricted to designated areas, ashtrays of noncombustible material and safe design provided. Smoking prohibited in all sleeping areas and where oxygen is used or flammable materials are stored.
- ☐ **Decks, patios, walkaways and all outbuildings,** such as sheds, garages are of sound construction, kept clean and in good repair.
- ☐ **Yard kept free of clutter & unwanted items,** such as unused/broken furniture, medical equipment, beds, mattresses, wheelchairs, etc;
- ☐ **Outdoor grounds and patios** (front and back yards) Must be kept clean and well maintained. No overgrown grass, plants or bushes.
- ☐ **Garbage stored in readily cleanable, rodent-proof, covered containers***** Keep garbage and recycled material inside appropriate. containers. Garbage must be removed from the home at least once a week.
- ☐ **Pools, hot tubs, spas and water features***** Equipped with safety barriers not accessible to residents without supervision.
- ☐ **Outbuildings.** Sheds & Garages are not used as living spaces, unless constructed for that purpose or has been legalized under permit.

Provider To Do List / Notes

Directions: Utilize the space below (optional) if you are in need of additional writing space to add items that are in need of your attention as you prepare your adult care home for the upcoming ACHP inspection.

Section #	Tool Page #	Description of To Do item:	Item status:
e.g. 7	*20*	*Replace basement's broken rechargeable flashlight.*	☑ **Resolved**
			☐ **Resolved**
			☐ **Resolved**
			☐ **Resolved**
			☐ **Resolved**
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