

## First Renewal Self-Audit Tool with most Common Violations

**Instructions:** This tool was designed to help you prepare for your first renewal inspection. We divided this tool into sections to make it easier for you to conduct your own audit.

\*\*\* These are some of the most **Common Violations**.

\*\*\* These are violations that require a referral to Corrective Action for a **Mandatory Fine**.

*We suggest you mark findings during your review as follows:*

Mark  to confirm information is there    **Circle** if the information is missing or incorrect    **N/A=** not applicable

<b>Resident Records</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Resident Information Sheet updated with all information and legible?					
End of Life documents POLST, Advance Directive, DNR? <b>If applicable</b>					
Guardianship or POA, Conservator documents? <b>If applicable***</b>					
<b>Care Plan (Skip for DD, MH residents)</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Care Plan finalized within 14 days of admission and signed?					
A new Care Plan rewritten annually? Updated at 6 months?*** Updated for any changes on condition?					
Care Plan includes signatures for Operator, Caregivers, Resident /Legal Rep?					
Care Plan includes approved Individual Based Limitation? If applicable					
Care Plan includes how a special diet is prepared and served? If applicable					
Care Plan reflects when and why restraints are used, includes instructions?					
Care plan includes reasons for psychotropic meds use? If applicable					
Secondary Caregiver One on One staffing form reflects who and when specialized care is provided and a brief description of the task. Includes each resident with Exceptional Rate Payment					

<b>Individual Support Plan- ISP (Skip if APD, MH and R&amp;B residents)</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Copy of health and safety transition plan for the first 60 days of service or copy of the ISP obtained at admission.					
Individual Support Plan (ISP) Complete, accurate, current and signed. Developed at the time of admission and updated annually or whenever the resident's condition changes.					
Functional Assessment/Behavior Support Plan, if applicable.					
Secondary Caregiver One on One staffing form reflects who and when specialized care is provided, and a brief description of the task. Includes each resident with Exceptional Rate Payment & ISP 1:1 hours***					
ISP identifies and addresses the psychoactive medications (if any), behavioral supports, describes the resident's behavioral symptoms and intervention used.					
ISP reflects when and why restraints are used, includes instructions? If applicable					
<b>Resident Admission Documentation</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Screening in ACHP form on file completed Prior Admission? ***					
Re-Screening completed in ACHP form for resident admission to a hospital prior to allowing resident to return to the home. If applicable***					
Signed copy of the current ACHP Resident Bill of Rights form?					
Residency Agreement Complete, Signed and Initialed?					
Long Term Care Assessment form for <b>privately-paying</b> residents?					
Interagency exception form signed and approved by ACHP? Applicable to residents served by other agencies					
Out of Class Resident Exception if resident exceeds license class***					
Personal Possessions Inventory up to date listing resident valuables?					

Release of Information Authorization form					
<b>Progress Notes and Tracking</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Incident reports on ACHP approved incident report form					
Progress notes written at least every 7 days and/or signed/dated immediately in ink by the person who wrote the entry?***					
Documentation of at least 6 hours of activities offered each week? ***					
Activities of interest to residents, appropriate to resident's abilities, no more 2 hours visitor, no day programs or TV					
Individual financial record form? All funds received and spent on behalf of the resident are documented. Receipts available.					
Records stored in locked, central location; readily available to providers?					
Safeguards in place to protect resident health information & PHI?					
Records legible, organized, professional?					
Only one resident name used in care plans, progress notes, incident reports?					
<b>Mental Health Resident Records</b> <i>(skip if APD, DD or R&amp;B resident)</i>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Physician signed order for the use of medisets for resident's absence?					
Incident reports completed include incidents of missed, refused medications, medication errors, and unusual incidents?					
No resident is left alone in home without an approved Home Alone Exception?					

Initial care plan completed within 24 hours of admission? Care plan finalized within 14 days of admission, signed by those who prepared the plan?					
<b>Room and Board Resident Records</b> <i>(skip if APD, DD or MHA)</i>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Screening completed before admission and annually? screening reflects resident is independent in all activities of daily living capable of self-preservation					
Written request obtained prior to providing assistance with medication management or money management?					
Room & Board Residency Agreement present and signed?					

<b>Medication Review</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Medication Labels match <i>current</i> MAR and <i>current</i> doctor signed orders***					
All medications including PRN and OTC on hand? refill attempts documented in resident progress notes ***					
All resident medications stored in a locked, central location? separate from own providers meds					
All medication is clearly labeled by the pharmacy or original packaging?					
New Medication Label created for any changes in the dosage of an existing medication, new label does not deface the existing original pharmacy label and matches the new medication order.					
All medications stored in original packaging not mixed with other meds?					
All Over The Counter medications clearly marked with resident name?					

Mediset containers used to administer medications outside of the home, clearly labeled and contains only 7 days of medication?					
Medication locked in a secure place in the resident's bedroom for residents who Self-administer? except medications on the residents' own person.					

<b>MAR Book review</b>	<b>Resident #1</b>	<b>Resident #2</b>	<b>Resident #3</b>	<b>Resident #4</b>	<b>Resident #5</b>
Current MAR includes: 1) Medication name, dosage, route, date & time to be given. 2) OTC and PRN medications, dietary supplements, and self administered medications. 3) All treatments and therapies prescribed.					
Are MARs being immediately initiated? MAR contains a legible signature identifying each caregiver.					
MAR updated reflects changes, discontinued orders, PRN administration and outcomes, missed administrations?					
All medication administered as prescribed? Refusal notified to prescriber					
Corresponding Protocols present? <i>(applies to DD residents only)</i>					
Physician Orders signed obtained within the last year? Includes all medication, OTC, PRN, treatments, therapies, equipment, home remedies, self-administer					
Prescriber's signed orders for discontinued meds, treatment or changes?					
Written order obtained within 72 hours of verbal order for new, change or discontinued? Attempts documented in resident progress notes					
Restraint Assessment on file and written signed order for the use of Restraints by a prescribing licensed health care professional. If applicable					
PRN Guidelines form signed and complete for each as needed medication ***					
Current and signed Nurse Delegation or Teaching Task documentation for all skilled nursing tasks for each caregiver performing the task? ***					

Controlled Substance administration documented on ACHP form?***					
Disposal documented in disposal form within 10 days of medication outdated, discontinued, unused, recalled or contaminated?					
Controlled Substance medication disposal documented and witnessed by two approved providers?					

Mandatory Training and Certifications	
<input type="checkbox"/> Approved First Aid & CPR Certification <input type="checkbox"/> Annual CEU's hours: Level APD-1, DD-1, MHA- 12 hours. APD-2, DD 2B - 14 hours. DD 2M homes: 14 hours, 6 of those hours in Medical training. Level 3 APD - 16 hours. <input type="checkbox"/> DD-2B homes: current OIS certification for Operators, Resident Manager and Caregivers	<input type="checkbox"/> COVID-19 Infection Prevention Training <input type="checkbox"/> ACHP Recordkeeping B- Medication Management <input type="checkbox"/> ACHP Record Keeping A- Care Planning and Screening (APD & MHA Operators and Resident Managers) <input type="checkbox"/> ACHP Emergency Preparedness Plan <input type="checkbox"/> ACHP Honoring Diversity <input type="checkbox"/> Fatal Four for DD Operators

Business Records review- Caregivers:	Caregiver #1	Caregiver #2	Caregiver #3	Caregiver #4	Caregiver #5
Current Background Check approval letter ***					
Caregiver Employment Application?					
Verification Provider <b>is not</b> listed on the Exclusions Lists? Print results <a href="https://exclusions.oig.hhs.gov/">https://exclusions.oig.hhs.gov/</a>					
Caregiver Checklist completed?					
Current 1st Aid & CPR certificate Caregivers working alone?					
Caregiver Workbook Certificate signed, dated (APD)					
Pre-Service Dementia training certificate? (APD)					
Mandatory Abuse Reporting training certificate?***					
Record Keeping B Training?***					

Proof of valid driver's license & auto insurance (if provider transports resident)					
Unpaid Family Caregiver Application (optional)					
If Operator absent 30+ hours/week, Resident Manager-qualified caregiver if required***					
Current OIS Certification ( <b>only 2B-DD homes</b> )					

<b>Business &amp; Facility Records Review continues</b>	
<input type="checkbox"/> Backup Operator Agreement	<input type="checkbox"/> Monthly Smoke Detector & Carbon Monoxide Testing log? ***
<input type="checkbox"/> Exception to rule (MCAR) approval for building structure	<input type="checkbox"/> Fire/evacuation drill logs for past year ***
<input type="checkbox"/> Absence/Vacation From Home approvals	<input type="checkbox"/> Archived menus (must be retained for 12 months)
<input type="checkbox"/> Master copy of Residency Agreement(s), Special Needs Contracts, Room & Board Agreements	<input type="checkbox"/> Archived staffing plans, includes Secondary Caregiver/One-on-One staffing for individual care needs
<input type="checkbox"/> Operator's Visits to Home documented (if doesn't live in the home)	<input type="checkbox"/> Permits and Building Inspection for Property remodels
<input type="checkbox"/> Pet vaccines up to date?	<input type="checkbox"/> License Inspections & Rules (MCAR)
<input type="checkbox"/> Verification of Furnace annual inspection ***	<input type="checkbox"/> Annual Well Water Testing (if applicable)

<b>Emergency Preparedness Plan Review (recommended to be kept in a <b>Red Binder</b>)</b>	
<input type="checkbox"/> Emergency Preparedness Plan (EPP) updated? *** Reflects residents living in the home, re-evaluated annually, and as needed. Tabletop exercise documented.	<input type="checkbox"/> Go-Bags for each resident are easy to access, carry, and clearly labeled with the residents' names. Includes essential items for the individual's immediate safety and health.

<input type="checkbox"/> EPP includes a copy of current Care Plan, two (2) copies of current signed Physician Orders, copy of Resident Information sheet, POLST if applicable (Refer to EPP template for a complete list of supplies).	<input type="checkbox"/> Shelter in Place Emergency Supplies for a minimum of three (3) days. (See EPP template for a complete list of supplies).
<input type="checkbox"/> Resident Emergency Preparedness Information <b>page 4 and 5</b> complete, includes current picture of the resident.	<input type="checkbox"/> Residents who go into the community independently are provided with emergency contact information for the Operator, the home and other emergency phone numbers.
<input type="checkbox"/> Planned relocation site is safe, reasonable, anticipated to meet residents needs when not safe to occupy the home	<input type="checkbox"/> Certification of Training <b>page 12</b> is complete & signed, boxes checked for Caregivers, Backup Operator & Resident Manager.

### Mandatory Postings \*\*\*

<input type="checkbox"/> License Certificate. Condition (if any) <input type="checkbox"/> Last Inspection Report <input type="checkbox"/> Bill of Rights <input type="checkbox"/> Master Copy Residency Agreement <input type="checkbox"/> Evacuation Plan <input type="checkbox"/> Ombudsman Poster	<input type="checkbox"/> Fair Housing/Complaints Poster <input type="checkbox"/> Current Staffing Plan *** <input type="checkbox"/> Notice for the Use of Monitoring Devices <input type="checkbox"/> Emergency Phone List <input type="checkbox"/> Current Weekly Menu <input type="checkbox"/> 911 stickers on/near phones
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### General Conditions of The Home: (Mark all that apply)

<input type="checkbox"/> The home, all outbuildings, patios, decks, walkways and furnishings kept clean and good repair. <input type="checkbox"/> Grounds kept clean and well maintained. No accumulation of garbage, debris, offensive odors. <input type="checkbox"/> Stairways unobstructed, each room, stairway, and exit-ways adequately lighted. <input type="checkbox"/> Light bulbs shall be shatterproof or protected with appropriate covers. <input type="checkbox"/> Accessible outdoor area for residents; portion is covered;	<input type="checkbox"/> ACHP notified at least 15 calendar days before beginning work on structural changes that require a building permit, copy of a revised floor plan submitted to the ACHP before remodeling is begun. <input type="checkbox"/> Interior video monitors are not permitted; if exterior video monitors are used, notice is posted. <input type="checkbox"/> Audio monitors and intercoms only used with written consent of residents/anyone impacted; must be able to turn off by or at residents' request; monitors must utilize a secure feed.
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<p>all-weather surface (deck or patio).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wheelchair ramps are ADA compliant for handrails, slope and surface.</li> <li><input type="checkbox"/> Pools, hot tubs, spas and water features equipped with safety barriers.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Setting is physically accessible to each resident.</li> </ul>
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**Facility Standards**

**Doors and Locks:**

- All doors used by residents have single motion to unlock
- Cannot be locked to prevent exit.
- Resident bedroom door has a personalized key;
- A spare key is available to providers.
- Activated door alarm system for residents who wander.
- Storm windows, bars, grills or grates have approved, easy-to-open release mechanisms

**Telephone & Fax:**

- Landline phone separate from other phone lines blocking feature disabled.
- 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.
- Fax machine working and separate from the main

**Bathrooms:**

- Clean and free from objectionable odors.
- Grab bars present and barrier-free access.
- Tubs, showers, sinks and mirrors in good repair.
- Hot and cold water at each tub, shower and sink.
- Glass doors tempered.
- Non slip floor surfaces.
- Shower curtains are clean.
- Supplies, toilet paper, shampoo, soap, individual towels.

**Heating & Cooling Systems and Electrical Equipment:**

- Furnace maintained; inspected annually; in good repair.
- Temperature min 68° during the day, min 65° at night; not to exceed 78° at any time.
- Appropriate space heaters with tip-over shut-off capability.
- No extension cords or multi-plug adapters in place of permanent wiring.

<p>telephone line, or automatic feature to switch on.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Relocatable power taps, if used, must be UL-approved, have circuit breaker protection, 6 or fewer sockets, connected to outlet.</li> <li><input type="checkbox"/> Portable air conditioners must be UL-approved and not blocking exit windows.</li> <li><input type="checkbox"/> Fireplace has a glass screen or metal mesh curtain attached at top or bottom.</li> <li><input type="checkbox"/> Fireplaces are not used to burn trash; properly maintained and cleaned yearly.</li> </ul>
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**Fire Safety; Storage of Flammable Liquids & Hazardous Substances:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Smoke alarms appropriately installed in 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. ***</li> <li><input type="checkbox"/> Smoke alarm Battery back-up if hard wired; visual/audio or vibration smoke alarm for residents who are hearing impaired.</li> <li><input type="checkbox"/> Carbon monoxide alarms installed within 15 feet of each bedroom on each level of the home</li> <li><input type="checkbox"/> Fire extinguishers visible &amp; accessible, serviced annually, top mounted (5ft) or less. ***</li> <li><input type="checkbox"/> Functional plug-in, rechargeable flashlight. Smoking/vaping areas restricted to designated areas.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Combustibles, other than oxygen or other gas cylinders used by residents</li> <li><input type="checkbox"/> Firearms must be stored, unloaded, in a locked cabinet. The firearms cabinet must be located in an area of the home that is not accessible to residents. Ammunition must be secured in a locked area separate from the firearms.</li> <li><input type="checkbox"/> Oxygen and other gas cylinders in service or in storage must be secured from falling. Not to be used/stored in rooms with a wood stove, fireplace or open flames.</li> <li><input type="checkbox"/> No smoking signs posted where oxygen is present. Hazardous materials properly stored and labeled; not accessible to residents; not near food prep, food storage, dining or medications.</li> </ul>
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Notes: