

FACILITY VISIT CHECKLIST

RESIDENTIAL CARE FACILITY FOR THE ELDERLY

Review facility file prior to visit. Check to see that the following items are updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

License Anniversary Date: _____		
License Fee Received		
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)		
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)		
Administrative Organization (LIC 309)*		
Designation of Administrative Responsibility (LIC 308)*		
Personnel Report (LIC 500) Updated*		
Affidavit Regarding Client/Resident Cash Resources (LIC 400)*		
Surety Bond (LIC 402) - (if applicable)		
Facility Floor/Plot Plan (LIC 999)		
Fire Clearance (consistent with terms and limitations of license)		
Qualifications of Administrator/ (40-hour certification)		
Articles of Incorporation or organization, Constitution and Bylaws (if applicable)		
Partnership Agreement (if applicable)		
Control of Property		
Emergency Disaster Plan (LIC 610E)		
Plan of Operation		
Admission Policies and Procedures/Admission Agreement		
Health Screening Report - Facility Personnel (LIC 503)		
Bacteriological Analysis of Private Water Supply (if applicable)		
Medication Procedures		
Transportation Procedures		
Complaint and Incident Reports		
Job Description/Personnel Policies/Inservice Training		
Theft and Loss Policy and Procedures		
Evidence of Subscription to Regulations		
Exemptions, Waivers and Exceptions		

NOTES AND COMMENTS

*Other verifying documents may be substituted for these LIC forms