

NOTICE OF FORM CHANGE NO. 04-086

DATE

03/05/2004

TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Management Unit (916) 657-1907
<input checked="" type="checkbox"/> Community Care Licensing District Offices <input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> District Attorney <input type="checkbox"/> Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9123 (11/03) - Facility Visit Checklist Residential Care Facility For The Elderly

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/03	REPLACES 9/98	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>11/03</u>
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS A MASTER ONLY

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

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