ANNUAL REGULATION COMPLIANCE CHECKLIST

Adult Residential Facility

| FACILITY NAME | FACILITY NUMBER |
|---------------|-----------------|
| | |

Your annual visit will take place within 120 days prior to your license issuance date. This checklist is designed to assist you and your staff in preparing for your annual visit. You must review this checklist, identify and correct deficiencies prior to the annual visit.

The administrator/facility manager shall assess the facility and check the box next to the items that meet the regulations. The licensee must review and certify the checklist that all the items are in full compliance prior to the annual visit. This checklist must be maintained at the facility for receipt by the analyst at the time of the visit.

| ME | MET | | | | | | | |
|----|-------|--|--|--|--|--|--|--|
| | 80010 | Facility operates within capacity and ambulatory/non-ambulatory status of the license. | | | | | | |
| | 80019 | Criminal record clearance for appropriate personnel and other adults residing in facility. | | | | | | |
| | 80020 | Appropriate fire clearance maintained. | | | | | | |
| | 80023 | Facility has a current written disaster and mass casualty plan, disaster instructions and fire drills. | | | | | | |
| | 80025 | Facility is sufficiently bonded. | | | | | | |
| | 80026 | Client's cash resources, personal property/valuables if handles by the licensee are safeguarded. | | | | | | |
| | 80061 | (85061) Death, injury, unusual incidents reported as required. | | | | | | |
| | 80064 | (85064) Administrator qualified with a certificate and fulfills responsibility. | | | | | | |
| | 80065 | (85065) Sufficient, competent personnel to provide services and meet client's needs, including water safety. | | | | | | |
| | 80066 | (85066) Personnel records are complete and available for review at facility site. | | | | | | |
| | 80070 | Client records are complete, updated and maintained in the facility for review. | | | | | | |
| | 80071 | Register of clients is current, complete, confidential and available for review at facility site. | | | | | | |
| | 80072 | (85072) Personal rights are ensured. | | | | | | |
| | 80073 | Telephone service in facility and accessible to clients. | | | | | | |
| | 80074 | Clients are transported by appropriately licensed drivers in safe vehicles. | | | | | | |
| | 80075 | Facility provides appropriate medical and dental services to clients as needed including arrangement for and/or provision of transportation. | | | | | | |
| | 80075 | Clients are assisted as needed with self-administration of prescription and non-prescription medications. | | | | | | |
| | 80075 | Staff providing direct care has appropriate and valid first aid training. | | | | | | |
| | 80075 | First aid kit with a current edition of approved first aid manual maintained and available at the facility. | | | | | | |
| | 80075 | Medications are kept safe and locked. | | | | | | |
| | 80075 | Record of centrally stored and destroyed medications is maintained for at least one year and includes all required information. | | | | | | |
| | 80076 | One week nonperishable and two days perishable foods maintained safely at the facility. | | | | | | |
| | 80076 | Menu one week in advance and copies of menus as served for thirty days kept at facility. | | | | | | |
| | 80076 | Food is protected against contamination. | | | | | | |
| | 80076 | Soap and toxic substances are properly stored and kept away from food supplies. | | | | | | |
| | 80076 | Kitchen equipment and utensils sufficient, clean, sanitized and well maintained. | | | | | | |
| | 85079 | Planned recreational activities are in place and clients are given the opportunity to participate. | | | | | | |
| | 85080 | Facility assists residents in establishing and maintaining a resident council. | | | | | | |

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| ARF Annual Regulation Compliance Checklist | | | | | | | |
|--|---|---|--|-----------------|--|--|--|
| FACIL | LITY NAME | | FACILITY NUMBER | | | | |
| | 80087 | (80088, 85088) Facility is clean, safe, sanitary and in good repair at all time | es including but not limited to the fo | ollowina | | | |
| | 00007 | (80088, 85088) Facility is clean, safe, sanitary and in good repair at all times including but not limited to the following. All outdoor and indoor passageway, stairways, inclines, ramps, open porches and other areas of potential hazard must be | | | | | |
| | kept free of obstruction. | | | | | | |
| | | Bodies of water are properly fenced, covered and inaccessible to client | | | | | |
| | | Toxic, firearms and other items that could pose a danger to clients are inaccessible to clients. | | | | | |
| | | A comfortable temperature for clients shall be maintained at all times between 68 and 85 degrees. Citatives formities are size and supplies a degree at all sets and progressive and sets and set | | | | | |
| | | Fixtures, furniture, equipment, supply adequate to meet client and program's needs. Fixtures and area food beaters are increasible to eligible. | | | | | |
| | | Fireplaces and open-faced heaters are inaccessible to clients. | | | | | |
| | | Hot water temperature is 105F-120F. | | | | | |
| | | Signal system, if required, operates properly. | | | | | |
| | | Solid waste must be stored, located and disposed of a manner that will | | | | | |
| | 80090 | Facility has valid waivers and/or exceptions to retain clients who have restri | cted health conditions. | | | | |
| | 80024 | Waivers and exceptions have been reviewed and remain appropriate. | | | | | |
| | | H&S | | | | | |
| | 1531.4 | At least one security window or door in each bedroom is to contain an inside | de safety release device. | | | | |
| | 1542.7 Telecommunication Device Notification Form (LIC 9158) is on file for clients with hearing/visual impairment. | | | | | | |
| | 1562.5 | HIV and TB training for the administrator. | | | | | |
| CO | MMENT | 8 | | | | | |
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| THE | IE FACILITY IS REVIEWED BY: (ADMINISTRATOR/FACILITY MANAGER) | | | | | | |
| | | | | | | | |
| | | Il of the above sections have been reviewed and the facility is in full complian acilities Regulations as witnessed by my signature. | nce with Community Care Facilities | s Act and Adult | | | |
| LICE | NSEE | | | DATE | | | |
| RECEIVED BY LICENSING PROGRAM ANALYST D. | | | | DATE | | | |