

Review Item	Evidence	Met or Not MET
<b>HOME ENVIROMENT</b>		
Medical preparedness plan to be utilized in a medical emergency.	Agency Medical Preparedness Plan/Emergency Contact Info	
First aid supplies are available and accessible for use.		
Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.	Food(nutritious)/ Emergency supply- 3 days recommended, but not required	
Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the individual's physical needs.	emergency information in vehicle	
Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.	Examples of odors-Gas, sewage, etc.. Clean means no clutter, dusted, mopped, consumer's bed made, bathrooms clean.	
	Pets have evidence of current rabies vaccinations (NCGS§ 130A-185)	
	Hazardous/Toxic cleaning supplies kept separate and locked if applicable	
	UL approved fire extinguisher on each floor- minimum of 5 pounds	
	Any weapons are locked	
	Smoke detectors located/ tested inside & outside of consumer's room, and at least one on each level	
	Carbon Monoxide tester if gas heat or appliances.	
	GFCI outlets- kitchen and bathroom	
	Water Temperature between 100- 116 F	
	House number displayed on house or mailbox	
	Stair landing at any door opening	
	View and Identify any hazardous conditions- deck railing, swimming pools, etc.	
All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.	Each Facility shall be designed, constructed and equipped in a manner that ensures physical safety of clients, staff, and visitors (10A NCAC 27 G.0208(d)	
	Hallways, doorways, entrances, ramps, steps and corridors clear and unobstructed	
	Easy entrance and egress from home for client- thumb latched deadbolt permitted, no deadbolt locks that require a key for interior use	
	Emergency egress for consumer's sleeping room- working screened window or door	
	If consumer uses a wheel chair/walker home should be handicap accessible	

Individual privacy is assured.	Consumer has privacy	
	Agency Policy on protection of personal items, clothing, etc.	
	Quarterly Accounting or statement of funds	
Emergency information, first aid, CPR, and poison control protocol or numbers are posted or easily accessible for both staff and individuals to utilize.		
Medications are stored in a secure area (as applicable).		
Documentation of individual's ability to self-medicate (as applicable) is present.		
<b>PERSONNEL</b>		
Criminal background check for any person(s) in the home providing services. (i.e., staff person assigned to work with the individual, back-up staff person, husband/wife of staff person assigned to work with the individual, that may provide caregiver services).	Criminal background check for all Adults in the home	
Back-up staffing plan for caregiver illness/emergency.	Back up staffing plan	
Training on individual-specific needs.		
CPR/First Aid.		
Medication Administration Training		
Documentation requirements.		
<b>MEDICATION</b>		
Medication administration and storage.	Medication storage- locked, separate if in refrigerator	
	Self administration order if applicable	
	Order present and signed by prescriber for all prescription medication, exempt for OTC meds	
	Label matches physician's order	
	MAR matches physician's order	
	MAR- Name, name of drug, strength, quantity, instructions for administration, time and date administered, initials and signature of staff	
	Non-prescription medications retain manufacturer label	
	Pharmacy/ Medical review every 6 months for recipients taking antipsychotics, and 3 months for opioids. Review is to be of all medication if on either/or psychotropic or opioid	

	Medication Labels include individual's name, name of prescriber, dispensing date, directions for administration, name, strength, quantity of drug, lot number, name, address and phone number for pharmacy	
Crisis services.		
Incident reporting.		