

Primary Caregiver name: Back-Up 1:

Back up 2:

Review Dates:

AFL Location:

Provider Address:

Reviewer(s): Kameron Barlow

CC:

Provider Phone:

Provider:

Provider QP:

999999 <--Participant Id

Item #	Review Item:	Indicate Met or Not-Met
1	H Medical preparedness plan to be utilized in a medical emergency. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
2	H First aid supplies are available and accessible for use.(Home Enviro)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
3	H 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. (Home Enviro)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
4	H Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the individual's physical needs. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
5	H Facility and grounds are safe, clean, and free from offensive odors/insects/rodents. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
6	H All hallways, doors, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times. (Home Enviro)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
7	H Individual privacy is assured. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
8	H Emergency information, first aid, CPA, and poison control protocol numbers are posted or easily accessible for both staff and individuals to utilize. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
9	H Medications stored in a secure area (as applicable). (Home Enviro)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
10	H Documentation of individual's ability to self-medicate (as applicable) is present. (Home Environment)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
11	H The Medication Administration Record (MAR) includes: the individual's name, name of the drug, strength of the drug, quantity of the drug, instructions for administration, time the drug is administered, and date drug is administered. Initials of person administering the drug with staff initials verified on the back of form. (Home Environment) [review x3 months]	<input type="checkbox"/> Met <input type="checkbox"/> Not Met Note: Review supporting Med Docs e.g. Med order matches MAR; MAR matches Med container; Med Education avail for each med.
12	O 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). (Personnel)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met QP Primary Pd. BUS Note: Background checks should be available for all people over 16 years old residing in home (per NC Innovations Tech Guide p.347)
13	O Back-up staffing plan for caregiver illness/emergency. (Personnel)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
14	O Training on individual-specific needs. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met
15	O CPR/First Aid. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met
16	O Documentation requirements. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met
17	O Medication administration and storage. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met
18	O Crisis Services. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met
19	O Incident reporting. (Training)	QP Primary Pd. BUS <input type="checkbox"/> Met <input type="checkbox"/> Not Met

20	H	House number is displayed on house or mailbox. (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
21	H	Pets (dogs, cats, and ferrets) have documentation of current rabies vaccinations as required by NC State Law. (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
22	H	Hazardous/toxic cleaning supplies kept separate and locked (ex: bleach, ammonia, etc.). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
23	H	Easy entry and egress from home for client (thumb latch deadbolt locks are permitted - NO deadbolt locks that require a key for interior use). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
24	H	UL approved fire extinguisher on each floor of house (each must be ABC and minimum of 5 pounds). (SMC Recommended) UL# _____	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
25	H	Stair landing is present at any door opening (i.e. screen and storm doors excluded). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
26	H	Identify hazardous conditions (outdoor decking, swimming pools, exposed car ports, etc.). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
27	H	Any weapons are locked (firearms). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
28	H	Emergency Egress - Consumer's sleeping room has at least 1 working screened window or door for emergency exit. (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
29	H	Smoke detectors located and tested ____ inside consumer's room and ____ outside of consumer's room. (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
30	H	GFCI Outlets (test outlets in BOTH kitchen and consumer's bathroom). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met
31	H	Water temperature between 100 F and 116 F (water from either kitchen or consumer's bathroom). (SMC Recommended)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met

This document is derived from the NC Routine Provider Monitoring tool current as of 2-5-14

The tool can be found at:

<http://www.ncdhhs.gov/MHDDSAS/providers/providermonitoring/index.htm#tools>

version SMC-PN-CP 3-24-14