## Non-AFC Facility Review Form

## FY2022

Agency:

Agency:

Address:\_

Phone:

СМН:		Reviewer:	Review D	ate:		
Facility Revie	ew Standard			1	-	
	1a	Building is handicap accessible with ramp and wheelchair access	Yes (1)	No (0)	Partial (.5)	NA (0)
	1b	Handrails and grab bars are in good working order	Yes (1)	No (0)	Partial (.5)	NA (0)
	2a	From the outside, home appears to be in good repair and well maintained (no obvious maintenance, safety issues)	Yes (1)	No (0)	Partial (.5)	NA (0)
	2b	Decks and Ramps (need safety rails)	Yes (1)	No (0)	Partial (.5)	NA (0)
	2c	Exterior walkways are clear and free of blockages (e.g. Sidewalks are not buckled, snow cleared, smooth condition, etc.).	Yes (1)	No (0)	Partial (.5)	NA (0)
	3	Grounds & Premises appear well maintained and free of obvious hazards, litter, refuse, etc.	Yes (1)	No (0)	Partial (.5)	NA (0)
	4a	Proper food storage-in sanitary environment (food and non-food items stored separately).	Yes (1)	No (0)	Partial (.5)	NA (0)
	4b	Clean work surfaces, utensils and equipment	Yes (1)	No (0)	Partial (.5)	NA (0)
	4c	Clean Bathrooms	Yes (1)	No (0)	Partial (.5)	NA (0)
	4d	Garbage, Litter and clutter is minimal	Yes (1)	No (0)	Partial (.5)	NA (0)
	4e	Garbage disposed of in a manner that discourages insects, rodents, and vermin	Yes (1)	No (0)	Partial (.5)	NA (0)
	4f	Odor-Free	Yes (1)	No (0)	Partial (.5)	NA (0)
	4g	Home furnishings, flooring and walls are clean and in good repair	Yes (1)	No (0)	Partial (.5)	NA (0)
	5a	Clothes dryer exhaust duct is metal material	Yes (1)	No (0)	Partial (.5)	NA (0)
	5b	There is no exposed wiring	Yes (1)	No (0)	Partial (.5)	NA (0)
	5c	Light fixtures are working properly	Yes (1)	No (0)	Partial (.5)	NA (0)
	6	Is a system in place to ensure adaptive equipment is maintained.	Yes (1)	No (0)	Partial (.5)	NA (0)
	7	If smoking is permitted, an outside area is designated	Yes (1)	No (0)	Partial (.5)	NA (0)
	8	There is a fire-safe container available for used cigarettes	Yes (1)	No (0)	Partial (.5)	NA (0)
	9	Transportation				
	9a	Does the Program have transportation available to transport individuals receiving services	Yes (1)	No (0)	Partial (.5)	NA (0)
	9b	Provider has vehicle maintenance records?	Yes (1)	No (0)	Partial (.5)	NA (0)
Comment						

	1a	Freezer < 0 degrees	Yes (1)	No (0)	Partial (.5)	NA (
	1b	Refrigerator: < 40 degrees	Yes (1)	No (0)	Partial (.5)	NA
	2	If yes, Have staff been trained on how to care for population specific needs. (Diabetes, Wheelchairs, Behavior Plans, Hypertension, Autism, Cerebral Palsy,	Yes (1)	No (0)	Partial (.5)	NA
	3	Hoyer Lift) Emergency numbers	Voc (1)	No (0)	Dartial (E)	NA
	3 4	Poison Control number is clearly posted (800-222-1222)	Yes (1)	. ,	Partial (.5) Partial (.5)	NA
	4 5	First aid kits are complete and readily accessible	Yes (1)	No (0)	Partial (.5) Partial (.5)	NA
	5 6	MSDS Guidelines are available (either paper form or online)	Yes (1)	No (0)		
	0 7	Spill Kit is complete and readily accessible. It should include the following	Yes (1)	No (0)	Partial (.5)	NA
	7	items. (antiseptic wipes, biohazard bags, bodily fluid pick-up guide, disposable gloves, clean-up towels, disposable gowns, disposable shoe covers, eye shields, germicidal wipes, scooper)	Yes (1)	No (0)	Partial (.5)	NA
	8	Consumer Profiles (meds, physician/allergies, guardian, etc.)	Yes (1)	No (0)	Partial (.5)	NA
	9	Process to contact others (management, staff)	Yes (1)	No (0)	Partial (.5)	NA
	10	Emergency Bag is present in the vehicle at a minimum contains First Aid kit and flares.	Yes (1)	No (0)	Partial (.5)	NA
	11	Hazards (sharps, cleaning supplies, etc.) are safeguarded for consumer safety	Yes (1)	No (0)	Partial (.5)	NA
nt ncy Procedur	es Re	eview Standards	I		· · · · · · · · · · · · · · · · · · ·	
ncy Procedur	es Ro	There is documentation in the home that the fire alarm system is inspected	Yes (1)	No (0)	Partial (.5)	NA
ncy Procedur			Yes (1)	No (0)	Partial (.5)	NA
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ncy Procedur	1	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required If system has emergency lighting, tests are conducted routinely and			Partial (.5)	NA
ncy Procedur	1 2a	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required If system has emergency lighting, tests are conducted routinely and documented	Yes (1)	No (0)	Partial (.5)	NA
ncy Procedur	1 2a 2b	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required   If system has emergency lighting, tests are conducted routinely and documented   Carbon Monoxide: Installed and tested and Documentation is present.	Yes (1) Yes (1)	No (0) No (0)	Partial (.5) Partial (.5)	NA NA NA
ncy Procedur	1 2a 2b 2c	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required   If system has emergency lighting, tests are conducted routinely and documented   Carbon Monoxide: Installed and tested and Documentation is present.   Smoke Detectors: Installed and tested and Documentation is present.   Fire extinguishers are monitored and serviced as needed (minimally annually),	Yes (1) Yes (1) Yes (1)	No (0) No (0) No (0)	Partial (.5) Partial (.5) Partial (.5)	NA NA NA
ncy Procedur	1 2a 2b 2c 2d	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as requiredIf system has emergency lighting, tests are conducted routinely and documentedCarbon Monoxide: Installed and tested and Documentation is present.Smoke Detectors: Installed and tested and Documentation is present.Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is present	Yes (1) Yes (1) Yes (1) Yes (1)	No (0) No (0) No (0) No (0)	Partial (.5) Partial (.5) Partial (.5) Partial (.5)	NA NA NA
ncy Procedur	1 2a 2b 2c 2d 3	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as requiredIf system has emergency lighting, tests are conducted routinely and documentedCarbon Monoxide: Installed and tested and Documentation is present.Smoke Detectors: Installed and tested and Documentation is present.Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is presentFire exits and hallways are free of obstructions and clear for evacuation	Yes (1) Yes (1) Yes (1) Yes (1) Yes (1)	No (0) No (0) No (0) No (0) No (0)	Partial (.5) Partial (.5) Partial (.5) Partial (.5) Partial (.5)	NA NA NA NA NA
ncy Procedur	1 2a 2b 2c 2d 3 4	There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as requiredIf system has emergency lighting, tests are conducted routinely and documentedCarbon Monoxide: Installed and tested and Documentation is present.Smoke Detectors: Installed and tested and Documentation is present.Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is presentFire exits and hallways are free of obstructions and clear for evacuationFire drills are properly documented and evaluated	Yes (1) Yes (1) Yes (1) Yes (1) Yes (1)	No (0) No (0) No (0) No (0) No (0) No (0)	Partial (.5) Partial (.5) Partial (.5) Partial (.5) Partial (.5) Partial (.5)	NA NA NA NA

1	There is a procedure for controlled substance counts	Yes (1	No (0)	Partial (.5)	NA (0)
2	There is a procedure for medication disposal	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Refrigerated and non-refrigerated medications are properly stored, locked and monitored	Yes (1)	No (0)	Partial (.5)	NA (0)
4	All medications either prescribed or over the counter are not expired	Yes (1	No (0)	Partial (.5)	NA (0)
5	Staff can express what to do if and when there is a medication error. Provide	Yes (1	No (0)	Partial (.5)	NA (0)
6	Medication Incident Reports and follow-up is effective per staff?	Yes (1	No (0)	Partial (.5)	NA (0)
7	Medication administrations are properly documentedstaff initials for every med administration for the period reviewed	Yes (1)	No (0)	Partial (.5)	NA (0)
8	There are documented parameters for when to use PRN meds	Yes (1)	No (0)	Partial (.5)	NA (0)
9	The reason the PRN was given is documented	Yes (1)	No (0)	Partial (.5)	NA (0)
10	The results of using the PRN medications are clearly documented on the Medication Administration Record (MAR)	Yes (1)	No (0)	Partial (.5)	NA (0)

1	Were rights books provided to consumers and readily available for review?	Yes (1)	No (0)	Partial (.5)
2	Did the rights books provide the correct information for contacting the appropriate Rights Office?	Yes (1)	No (0)	Partial (.5)
3	Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	Yes (1)	No (0)	Partial (.5)
4	Did the posters provide the correct information for contacting the appropriate Rights Office? (addresses and telephone numbers)	Yes (1)	No (0)	Partial (.5)
5	The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	Yes (1)	No (0)	Partial (.5)
6	Were complaint forms readily available?	Yes (1)	No (0)	Partial (.5)
7	Were recipients aware of how to file a complaint?	Yes (1)	No (0)	Partial (.5)
8	Were staff aware of how to file a complaint?	Yes (1)	No (0)	Partial (.5)
9	Copies of Chapter 7 and 7a available, or accessible on internet	Yes (1)	No (0)	Partial (.5)
10	A list of items not allowed to be brought into the facility (contraband) is posted. This list is visible to consumers and visitors	Yes (1)	No (0)	Partial (.5)
11	Were records and other confidential information secured and not open for public inspection?	Yes (1)	No (0)	Partial (.5)
12	There were no health or safety concerns identified during the visit?	Yes (1)	No (0)	Partial (.5)
13	Were appropriate accommodations made for persons with physical disabilities?	Yes (1)	No (0)	Partial (.5)
14	Incident Report Forms	Yes (1)	No (0)	Partial (.5)
15	Summary of the Whistleblowers Act	Yes (1)	No (0)	Partial (.5)

1	Volunteer Policy: Program has a comprehensive policy for the conditions and	Yes (1)	No (0)	Partial (.5)	NA
	guidelines for volunteers at the facility				
2	Bio-Terrorism Plan	Yes (1)	No (0)	Partial (.5)	NA
3	Bomb Threat	Yes (1)	No (0)	Partial (.5)	NA
4	Chemical/Biological Threat	Yes (1)	No (0)	Partial (.5)	NA
5	Driving Accident and Emergencies	Yes (1)	No (0)	Partial (.5)	NA
6	Fire / Life Safety	Yes (1)	No (0)	Partial (.5)	NA
7	Testing and Maintenance policy for Carbon Monoxide Detector	Yes (1)	No (0)	Partial (.5)	NA
8	Testing and Maintenance policy for Smoke Detector	Yes (1)	No (0)	Partial (.5)	NA
9	Flood	Yes (1)	No (0)	Partial (.5)	NA
10	Medical Emergency / Death	Yes (1)	No (0)	Partial (.5)	NA
11	Elopement/Missing Person	Yes (1)	No (0)	Partial (.5)	NA
12	Power Shortage	Yes (1)	No (0)	Partial (.5)	NA
13	Water Shortage	Yes (1)	No (0)	Partial (.5)	NA
14	Severe Weather	Yes (1)	No (0)	Partial (.5)	NA