

Passing % (Scores falling below this percentage will be subject to a Provider Response/Corrective Action)

95

General Appearance - Living Space

1. Is the exterior of the home and property maintained, including roof, doors, windows, chimney, eaves, screen, and paint/siding? Is the sidewalk clean and free of snow & ice in season? Is the yard free of debris? Has the grass been cut and shrubs trimmed in season?

Not
Met/Partial/Met N/A

2. If the home has a porch and/or deck, does it appear to be in safe condition with safety rails.

Not
Met/Partial/Met N/A

3. Is the interior of the home maintained, clean and in good repair? Is the furniture comfortable, clean and in good working order?

Not
Met/Partial/Met N/A

4. Is the interior of home is free of surveillance / monitoring cameras?

Not
Met/Partial/Met N/A

5. Are there openable windows, screens, and/or central air conditioning for ventilation? Are the screens in windows from April to November?

Not
Met/Partial/Met N/A

6. Is the temperature inside the house at a comfortable 68 - 72 degrees?

Not
Met/Partial/Met N/A

7. If there are area rugs, do they have non-skid backing?

Not
Met/Partial/Met N/A

8. Are all steam radiators and/or hot water pipes under sinks shielded?

Not
Met/Partial/Met N/A

9. Are the electrical outlets in working order? No overloaded outlets, exposed wiring, extension cords or adapters in use.

Not
Met/Partial/Met N/A

10. Do all switches, outlets, and fuse boxes have properly secured cover plates?

Not
Met/Partial/Met N/A

11. Is there adequate lighting? Are all light fixtures in proper working order with working light bulbs that are covered with a shade or globe?

Not
Met/Partial/Met N/A

General Appearance - Food Prep Area & Nutrition

1. Are the food prep areas, cabinets, counters, ceiling, walls, windows and floor clean and in good condition

Not
Met/Partial/Met N/A

2. Observe the food in the pantry, cabinets, refrigerator and freezer. Are the food and food sources clean, free from spoilage, and safe for human consumption?

Not
Met/Partial/Met N/A

3. All food in the home must be labeled with dates to assist with food rotation and prevent food from expiring.

Not
Met/Partial/Met N/A

4. Does the emergency food pantry have sufficient food and water for each consumer and staff for 3 days?

| | |
|--|-----------------|
| Not | N/A |
| 5. Do the menus reflect the actual food in the home posted 1 week in advance? Is a substitute menu being implemented and signed by staff on the menu? | |
| Not | N/A |
| 6. Do members assist in menu planning? Make sure member monthly meeting agendas discussed the menu. | |
| Not | N/A |
| 7. Are special diets prescribed by doctor posted? | |
| Not | N/A |
| 8. Are the equipment (i.e., stove, refrigerator, sink, etc.) and cooking utensils clean and in good condition? | |
| Not | N/A |
| 9. Are the refrigerator and freezer each equipped with an appropriate thermometer that shows the temperature is between 32-40° F (0-4 degrees Celsius)? | |
| Not | N/A |
| 10. Are both the hot and cold water operable on sinks? | |
| Not | N/A |
| 11. Are the table and chairs clean and in good condition with enough for all members? | |
| Not | Met/Partial/Met |

General Appearance - Bathroom Areas

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|---|-----|
| 1. Does the home have one working toilet, one lavatory and one bathing facility for every eight occupants in the home? Is there a working toilet on every floor where members sleep. | |
| Not | N/A |
| 2. Is there one toilet and lavatory and one bathing facility on each floor with members' bedrooms? | |
| Not | N/A |
| 3. Are there clean towels and washcloths for each Consumer? | |
| Not | N/A |
| 4. Is there a system in place to ensure individuals can identify their own personal care items (razors, tooth brush, etc.). | |
| Not | N/A |
| 5. Are there non-skid strips in the bathtubs and showers? | |
| Not | N/A |
| 6. Are the handrails and grab bars installed in the shower? Are the in good working order? | |
| Not | N/A |
| 8. Are both the hot and cold water operable on all sinks and bathtubs? Is the hot water temperature between 105-120° Fahrenheit at the faucet? | |
| Not | N/A |
| 9. Are the bathrooms sanitary--free of mold, mildew, urine, etc.? | |
| Not | N/A |

General Appearance - Bedrooms

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| 1. If there is a member with impaired mobility, is their bedroom and living space accessible and on the street level? | |
| Not | N/A |
| 2. Is there a chair present for each member in the bedroom? | |
| Not | N/A |

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| 3. Is there a mirror or other reflective surface appropriate for grooming available? |
| Not Met/Partial/Met N/A |
| 4. Is there adequate bureau/dresser, closet/wardrobe space and storage space? |
| Not Met/Partial/Met N/A |
| 5. Does each bedroom have one openable window as a means of egress? |
| Not Met/Partial/Met N/A |
| 6. Is the furniture in bedrooms, walls, ceilings, and carpet/floors clean and in good condition? |
| Not Met/Partial/Met N/A |
| 7. Are all mattresses clean, in good condition and free of bed bugs? |
| Not Met/Partial/Met N/A |
| 8. Is each member's bedding in good condition with clean sheets, blanket, and mattress coverings or pads? |
| Not Met/Partial/Met N/A |

Safety and Contingency Plan - Egress

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|---|
| 1. Walkways inside and outside of the home are clear and free of blockages. |
| Not Met/Partial/Met N/A |
| 2. Are cement patio(s), driveway and sidewalks in good condition? No uneven slabs presenting a tripping hazard. |
| Not Met/Partial/Met N/A |
| 3. Do all stairways have securely fastened, wall mounted handrails? Are stairs uniform in size and rise? |
| Not Met/Partial/Met N/A |
| 4. Does the first floor have two separate exits? |
| Not Met/Partial/Met N/A |
| 5. For homes that accommodate residents who regularly require wheelchairs, is the home equipped with ramps as a means of egress? |
| Not Met/Partial/Met N/A |
| 6. If the basement is used for Member activities, does the basement have two separate exits, one which leads directly outside? |
| Not Met/Partial/Met N/A |

Safety and Contingency Plan - House Postings

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| 1. Is there a current Michigan Safety & Health Protection on the job posted in the setting? |
| Not Met/Partial/Met N/A |
| 2. Is the Whistle Blower Act posted? |
| Not Met/Partial/Met N/A |
| 3. Are Michigan Material Safety Data Sheets (MSDS) available for all hazardous chemicals in the home with the first aid measures highlighted? |
| Not Met/Partial/Met N/A |
| 4. Is the CPR & Choking Emergency Poster displayed in the setting? |
| Not Met/Partial/Met N/A |
| 5. Is the DHS/BCAL License posted in a public area in the setting? |
| Not Met/Partial/Met N/A |
| 6. Is there a Resident Register in the home? |
| Not Met/Partial/Met N/A |

Safety and Contingency Plan

1. Are staff provided with appropriate Personal Protective Equipment (PPE) according to Safety and Infections Control Policies? (Rubber Gloves)

Not
Met/Partial/Met N/A

2. Is there a First Aid kit in the home and is it appropriately stocked?

Not
Met/Partial/Met N/A

4. Are the hand washing areas supplied/readily available with individual paper towels and soap in kitchen, and bathroom(s)?

Not
Met/Partial/Met N/A

5. Are hand washing procedure signs posted near all sinks?

Not
Met/Partial/Met N/A

6. Are trash containers leak proof with tight-fitting lids?

Not
Met/Partial/Met N/A

7. Is the trash and food rubbish removed from the home daily and from the premises at least weekly?

Not
Met/Partial/Met N/A

8. Is the home free of rodents, pests, and insects (including bed bugs)?

Not
Met/Partial/Met N/A

9. Are all insecticides, cleaning materials and caustic/combustible/poisonous/bio-hazardous materials stored away from food and safeguarded for resident safety?

Not
Met/Partial/Met N/A

10. Does the Home have a policy on sanitizing the bedroom when a member is discharged?

Not Met/Partial/Met

Medication

1. Are medications maintained in a locked cabinet?

Not
Met/Partial/Met N/A

2. Are all refrigerated medications kept in a locked refrigerator designated for medications only or locked container in the fridge?

Not
Met/Partial/Met N/A

3. Are prescription medications maintained in the original pharmacy container?

Not
Met/Partial/Met N/A

4. Are all medications on site current?

Not
Met/Partial/Met N/A

5. Are topical medications separated from oral medications?

Not
Met/Partial/Met N/A

6. There is evidence a Medication Administration Record (MAR) is implemented and used.

Not
Met/Partial/Met N/A

7. Staff are trained on and follow the Rules of distributing medications.

Not
Met/Partial/Met N/A

8. Is there a Medication Refusal Policy that explains the procedure that staff follows when a member refuses to take medication?

Not
Met/Partial/Met N/A

9. Are member's refusal to take medication and errors noted on back of the medication sheets? Is there evidence these incidents are followed up on?

Not
Met/Partial/Met N/A

10. Is there a Medication Disposal Policy that details the procedure for proper disposal of expired medications, discontinued medications, and medications left when a member leaves the facility?

Not
Met/Partial/Met N/A

Safety and Contingency Plan - Evacuation Plans

1. Does home have a written emergency procedure and evacuation plan in case of fire, medical, severe weather, bio-hazard and/or radiation emergencies that are time of day specific? Do evacuation posters include "You are Here" with arrows showing escape routes?

Not
Met/Partial/Met N/A

2. Are evacuation floor plans posted indicating "You are Here" with arrows showing escape routes?

Not
Met/Partial/Met N/A

3. Are Evacuation Assessment Scores (EAS) completed for each Consumer in the home within 30 days of placement?

Not
Met/Partial/Met N/A

4. Do the EASs accurately assess the consumers' capabilities; is consumers' observable behavior consistent with their EAS?

Not
Met/Partial/Met N/A

5. Have the EASs been recalculated when there are changes with Consumer's condition that impacts on mobility or need for assistance?

Not
Met/Partial/Met N/A

6. Have EASs been updated at least annually?

Not
Met/Partial/Met N/A

7. Has the Evacuation Difficulty Index (EDI) been accurately calculated?

Not
Met/Partial/Met N/A

8. Is the in-home staffing based on the EDI rating?

Not
Met/Partial/Met N/A

9. Is there an Emergency Travel bag stocked appropriately and near an exit?

Not
Met/Partial/Met N/A

10. Are telephone numbers posted for the emergency services of heating, cooling, plumbing and electrical equipment?

Not
Met/Partial/Met N/A

11. Are all fire doors closed equipped with an automatic self-closing device and positive-latching hardware?

Not
Met/Partial/Met N/A

12. Are exits clearly marked with exit signs?

Not
Met/Partial/Met N/A

Safety and Contingency Plan - Fire prevention

1. Has Furnace been inspected by a professional annually?

Not
Met/Partial/Met N/A

2. Is a two (2) foot area around furnace, water heater or incinerator clear of all items?

Not
Met/Partial/Met N/A

3. Is the dryer in good condition and operable?

Not
Met/Partial/Met N/A

4. Is the dryer vented outside with a metal duct?

Not N/A
Met/Partial/Met

5. Is the dryer filter free of lint?

Not
Met/Partial/Met N/A

6. Are there portable heating units in use?

Not
Met/Partial/Met N/A

7. Has the hot water heater been inspected by a professional, annually?

Not
Met/Partial/Met N/A

Safety and Contingency Plan - Fire Suppression

1. Are the minimum number of fire extinguishers present? A minimum of 1 under writer's laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

Not
Met/Partial/Met N/A

2. Are fire extinguishers properly charged (indicator arrows are on the "green" on the gauge)?

Not
Met/Partial/Met N/A

3. Are the fire extinguishers tagged/stickered as a hazardous product?

Not Met/Partial/Met

4. Is there documentation that fire extinguishers have been inspected annually by professional and monthly by staff?

Not
Met/Partial/Met N/A

Safety and Contingency Plan- Fire Detection

1. Is there documentation of the monthly testing of the batteries in the smoke and carbon monoxide detectors?

Not
Met/Partial/Met N/A

2. Is there documentation that the Smoke and Carbon Monoxide Detector Batteries have been replaced every six (6) months?

Not
Met/Partial/Met N/A

3. Are there working batteries in each smoke detector?

Not
Met/Partial/Met N/A

4. Is the placement of smoke and carbon monoxide detection heads proper? Detectors are not mounted where ventilation systems or other obstructions keep smoke away.

Not
Met/Partial/Met N/A

5. Are there smoke and carbon monoxide detectors between the sleeping area(s) and rest of home?

Not
Met/Partial/Met N/A

6. Are there smoke detectors on each occupied floor and the basement?

Not
Met/Partial/Met N/A

7. Are there smoke detectors in other areas of the home that heat/flame producing equipment is located (Furnace Room)?

Not
Met/Partial/Met N/A

8. Is there a heat detector in the kitchen?

Not
Met/Partial/Met N/A

9. If there are up to 3 members, is there an alarm system of smoke detectors?

Not
Met/Partial/Met N/A

10. If there are 4 - 6 members, is there an interconnected, hard-wired alarm? The interconnected smoke detection system must be powered by the household electrical service and which, when activated, initiates

an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure.

Not
Met/Partial/Met N/A

11. If the setting is licensed for 7 or more members, does the fire detection/suppression system have: 1. an integrated system (not a cord connected system); 2. Manual pull stations by all primary exits; 3. Pull stations that are connected to smoke detection systems; 4. That is hard wired into home's electrical system; 5. An available key?

Not
Met/Partial/Met N/A

12. Has the Fire Detection System been inspected professionally annually?

Not
Met/Partial/Met N/A

13. If needed to accommodate a special needs member, does the system accommodate the sensory impairments of members living in the facility (i.e. bed shaker and strobe lights for the hearing impaired)?

Not
Met/Partial/Met N/A

15. If there are more than three (3) members, is there documentation of an Evacuation Plan being reviewed that includes unannounced emergency practice/fire drills at least once during daytime, evening, and sleeping hours during every 3-month period?

Not
Met/Partial/Met N/A

16. Are fire drills documented on Fire Drill logs with all requested information completed?

Not
Met/Partial/Met N/A

18. For settings licensed for 7 or more, are there two (2) remote exits from each level (windows and garage door excluded)?

Not
Met/Partial/Met N/A

19. For settings with sprinklers, are sprinkler heads free of dust, paint or other materials that could interfere with flow/activation?

Not
Met/Partial/Met N/A

20. For settings with sprinklers, are sprinkler heads free of dust, paint or other materials that could interfere with flow/activation?

Not
Met/Partial/Met N/A

21. Is there documentation of sprinkler system having been checked annually by trained professional in alarm and sprinkler systems?

Not
Met/Partial/Met N/A

22. Does staff know how to turn off the fire alarm, smoke detection and/or sprinkler systems?

Not
Met/Partial/Met N/A

23. Has the flow valve test been performed monthly and documented?

Not
Met/Partial/Met N/A

Safety - Transportation

1. Is accessible transportation available for individuals to make trips within the community?

Not
Met/Partial/Met N/A

2. Is the vehicle in good operating condition?

Not
Met/Partial/Met N/A

3. Is the vehicle maintenance log present and mileage logs current?

Not
Met/Partial/Met N/A

4. Is the date of the last oil change noted and timely?

Not
Met/Partial/Met N/A

5. Are there working turn signals, headlights, brake lights and windshield wipers?

| | |
|--|-----|
| Not Met/Partial/Met | N/A |
| 6. Are there working seatbelts for all passengers in the vehicle? | |
| Not Met/Partial/Met | N/A |
| 7. Is the vehicle exterior and interior clean? | |
| Not Met/Partial/Met | N/A |
| 8. Is there a First-Aid kit accessible and secured in the vehicle? | |
| Not Met/Partial/Met | N/A |
| 9. Is there a 3-pound dry chemical extinguisher in vehicle which is filled and in proper working condition? | |
| Not Met/Partial/Met | N/A |
| 10. Is the fire extinguisher mounted in such a way as to be readily accessible to driver in case of emergency? | |
| Not Met/Partial/Met | N/A |
| 11. Are there emergency flares/triangles and blankets in the vehicle? | |
| Not Met/Partial/Met | N/A |
| 12. Is the proof of insurance in the vehicle and current? | |
| Not Met/Partial/Met | N/A |
| 13. Is the registration in the vehicle and current? | |
| Not Met/Partial/Met | N/A |
| 14. Is there evidence of emergency contact information in the vehicle? (Emergency telephone number mounted on dashboard). | |
| Not Met/Partial/Met | N/A |

Physiological Needs - Recreation

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|---|-----|
| 1. Are weekly scheduling of activities for the month posted in the home for inside and outside activities? | |
| Not Met/Partial/Met | N/A |
| 2. Is there documentation of home meetings with agendas for both Members and Staff? Member agendas must include menu planning. | |
| Not Met/Partial/Met | N/A |

HCBS Final Rule Requirements

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|---|--|
| 1. Have House Rules been removed from the home? | |
| Not Met/Met | |
| 2. Can individuals close and lock their bedroom and bathroom doors with a one hand in motion lock that allows exit from the inside even when locked? | |
| Not Met/Met | |
| 3. If no restrictions, can the individuals have meals/snacks at the time and place of their choosing? | |
| Not Met/Met | |
| 4. Do individuals have the freedom to furnish or decorate their own bedrooms? | |
| Not Met/Met | |
| 5. Do individuals who share a personal space/bedroom exercise choice in selecting their roommate? | |
| Not Met/Met | |
| 6. Does the home allow individuals to have visitors of their choosing at any time? | |
| Not Met/Met | |
| 7. Did the individual have the opportunity to choose where they live? | |
| Not Met/Met | |
| 8. Does the setting place have restrictions on individual's ability to freely move about the outside and inside of the home. | |
| Not Met/Met | |
| 9. Does the home look similar to other residences in the neighborhood? | |

Not Met/Met