

BUREAU OF LICENSING AND CERTIFICATION BBH CERTIFICATION TOOL FOR LICENSED HOMES

<https://www.dhhs.nh.gov/oos/bhfa/community-residences.htm>

Certification Type:		Site Address		Date of Review
<input type="checkbox"/> Temporary	Provider Agency		Area Agency	
<input type="checkbox"/> Renewal	Services Provided	<input checked="" type="checkbox"/> Residential	Certification #	
	Number of Slots	Residential	Reviewer Name	
Name(s) of Individual(s) living in the home		Name(s) of Interviewee(s)		
#1				
#2				
#3				
Administrative				Notes
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is there a complete, signed and dated application? New: He-M 1002.09(a) / Renewal He-M 1002.10(a)(b)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is there a Life Safety Report (LSR)? He-M 1002.10(d)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Has there been a modification to any means of egress, or has the home undergone renovations that have required a building permit? If the "Yes" box was checked, was a new LSR obtained? He-M 1002.10(d)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do any household members, providers or staff have applicable convictions, excluding individual(s)? He-M 1002.03(j)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do any household members, providers or staff have any founded BEAS complaints? RSA 161-F:49 VII	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is the attendance record complete, with all leave of absences recorded? He-M 1002.07(c)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are staff present in the residence whenever individuals are at home? He-M 1002.03(c)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have fire evacuation drills been conducted as required? He-M 1002.06(x), He-M 1002.06(y)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Was a fire safety assessment completed based on a fire drill held within five days of moving into the home? He-M 1002.06(s)(1) and He-M 1001.06(s)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the fire safety assessment contain the staffing ratio for sleep and awake hours, and emergency backup information? Is it signed and dated? He-M 1002.06(t)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Have any fire drills exceeded three (3) minutes, requiring a Fire Safety Plan? He-M 1002.06(u)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If a Fire Safety Plan is required, have the residential coordinator, provider and guardian approved the plan? He-M 1001.06(u)(3)	

Residence Tour

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does record storage preserve confidentiality? He-M 309.05(d)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is there a working telephone in the home whenever the individuals are present? He-M 1002.03(w)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are toxic substances labeled and away from food preparation areas? He-M 1002.06(p)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the living space provide for the health and safety of all household members? He-M 1002.03(s)(1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Were the smoke alarms in the home tested and operational? He-M 1002.03(s)(1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is the residence free of environmental nuisances such as loud noises or foul odors? He-M 1002.03(s)(1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does each individual have a separate bed with no bedroom containing more than two (2) beds? He-M 1002.03(t)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does each individual have storage space for their clothing and other personal possessions? He-M 1002.03(t)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is privacy adequately provided for? Are there shades on the individual's bedroom windows? He-M 1002.03(u)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does any individual reside in a bedroom that is the access way to another person's bedroom or to a common area of the home? He-M 1002.03(v)(1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes above, is there a waiver?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is any common area in the home used as a bedroom for any individual? He-M 1002.03(v)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes above, is there a waiver?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is there a bathroom for each six (6) persons living in the home? He-M 1002.03(w)(1)	

Individual Name		Date of Birth	Guardian Name and Contact Information (if applicable)	
Clinical Record Review				
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual's record include names and telephone numbers of persons to be notified in an emergency, as well as medical contacts? He-M 1002.07(b)(1) – Emergency Contact / He-M 1002.07(b)(5)a. - Doctor/Dentist	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have a current ISP He-M 1002.07(b)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are there quarterly reviews that include the following? <ul style="list-style-type: none"> • A review of the individual's goals as specified in the ISP • Documentation that all needed services are being provided • Determination of continued need for services He-M 401.12(b)(c)(1-6)(d)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Was a safety assessment completed for all individuals receiving less than 24-hour supervision? He-M 1002.06(ab)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If a safety assessment was required, were there situations identified in which the individual would require assistance? He-M 1002.06(ad)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a safety plan completed? He-M 1002.06(af)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the safety plan complete, and does it contain the approval of the provider, residential administrator, service coordinator and guardian? He-M 1002.06(ag)(4)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Was the safety plan reviewed by the provider at the time of the service agreement? He-M 1002.06(ag)(5)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the guardian been notified of rights annually, and has the rights notification been updated and signed as required? He-M 309.03(b)(3)	

Medical Record Review

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Was the individual's health assessment completed annually? He-M 1002.06(a)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is the individual on a special diet, dietary supplement, or have a dietary modification? He-M 1002.06(o)(4)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, is there a prescribing practitioner's order? He-M 1002.06(o)(4)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is access to food being restricted? He-M 1002.06(o)(3)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, has a licensed practitioner deemed it necessary for the health of the individual and has the legal guardian consented to the restriction? He-M 1002.06(o)(3)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are allergies consistent throughout the record? He-M 1002.07(b)(5)f.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have all individuals been initially assessed to determine the level of support needed specific to medication administration? He-M 1202.03(b)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes above, is the individual capable of self-administration?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do individuals have written approval to self-administer medications from the nurse trainer or a licensed physician or an ARNP or a physician's assistant, and, if applicable, the individual's guardian? He-M 1202.04(a)-(d)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are there medication orders in the home for all medications administered to the individual? He-M 1202.03(k)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are PRN Protocols present for all PRN medications? He-M 1202.03(n)(2)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are controlled medications being counted as required? He-M 1202.06(d)(1)-(9)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have follow-up appointments been scheduled or completed? He-M 1002.07(b)(5)c. & He-M 1002.07(b)(5)g.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Vision Test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Audiological Test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Colonoscopy?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	PSA / Pap Smear?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Mammogram?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Bone Density Scan?	
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Mammogram?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Bone Density Scan?	

He-P 814 Requirements

<input type="checkbox"/> Yes	<input type="checkbox"/> No		In accordance with RSA 151:20, does the licensee have a written policy setting forth the rights and responsibilities of individuals receiving services at the CR, as well as written procedures to implement its policy to ensure that rights set forth in RSA 151:21, "Patients' Bill of Rights" are upheld He-P 814.15(b)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the licensee have, in writing, a written chain of command that sets forth the line of authority for the operation of the CR? He-P 815.15(i)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has Licensee admitted anyone with a diagnosis of dementia, Alzheimer's disease, or a primary or secondary diagnosis of mental illness? If Yes, have all direct care personnel been trained in the special care needs of individuals with dementia, Alzheimer's disease or mental illness? He-P 814.15 (o) (1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are the following posted in a public area? <ol style="list-style-type: none"> 1. Current license 2. Patients' bill of rights 3. Licensee's policies and procedures 4. Licensee's complaint procedure 5. Licensee's plan for fire safety, evacuation and emergencies. He-M 814.15(p)(1) through (p)(6)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are solid waste, garbage & trash stored in a manner to make them inaccessible to insects & rodents, outdoor animals & facility pets? He-P 814.21 (j)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are tight fitting screens provided for all doors, windows, or other outside openings that are kept open during the season when flies, mosquitoes and other insects are prevalent? He-P 814.21 (r)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are all bathrooms equipped with soap dispenser, paper towels or hand drying device, and hot and cold running water? He-P 814.22 (q)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are all bathroom and closet doors designed for easy opening from the inside and outside in an emergency? He-P 814.22 (s)	

<input type="checkbox"/> Yes	<input type="checkbox"/> No		<p>Does each Individual have the following:</p> <ul style="list-style-type: none"> (1) A bed appropriate to the needs of the individual; (2) A firm mattress with cover; (3) A pillow, linens, and blankets; (4) Personal hygiene and grooming equipment such as a comb, toothbrush, and razor; (5) A bureau with mirror (6) A bedside table; (7) A lamp; and (8) An upholstered chair <p>He-P 814.22 (w)(1-8)</p>	
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Notes: