

**BUREAU OF LICENSING AND CERTIFICATION DS/ABD CERTIFICATION TOOL FOR 1-3 INDIVIDUAL HOMES**

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

<b>Certification Type:</b>		<b>Site Address</b>			<b>Date of Review</b>	
<input type="checkbox"/> <b>Temporary</b>		<b>Provider Agency</b>			<b>Area Agency</b>	
<input type="checkbox"/> <b>Renewal</b>		<b>Services Provided</b>		<input type="checkbox"/> Residential <input type="checkbox"/> CPS	<b>Certification #</b>	
<input type="checkbox"/> <b>Biennial</b>		<b>Number of Slots</b>		Residential   CPS	<b>Reviewer Name</b>	
<b>Name(s) of Individual(s)</b>				<b>Name(s) of Interviewee(s)</b>		<b>Biennial Review Signature(s)</b>
<b>Administrative</b>						<b>Notes</b>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is there a complete, signed and dated application? New: He-M 1001.11(a)/Renewal He-M 1001.12(a-d)/Skip He-M 1001.12(f)(1)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is there a Life Safety Report (LSR)? He-M 1001.12(c)(3)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	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 1001.12(c)(3)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	For a biennial review, did the provider agency holding the certificate complete a one-year QA visit? Is the documentation available in the home?			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Do any household members, providers or staff have applicable convictions, excluding individual(s)? He-M 1001.15(a)(2)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Do any household members, providers or staff have any founded BEAS complaints? He-M 1001.15(a)(1)a.			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Is the attendance record complete, with all leave of absences recorded? He-M 1001.08(d)(1) through He-M 1001.08(d)(3), He-M 507.08(f)(2)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input checked="" type="checkbox"/> <b>N/A</b>	Within 5 business days of an individual moving into a community residence or a change in residential providers, did a service coordinator and licensed nurse visit the individual to determine if there were any adverse changes to the individual's health or behavioral status? He-M 1001.06(p) and He-M 1001.06(q)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>		Have fire evacuation drills been conducted as required? He-M 1001.06(x), He-M 1001.06(y), and He-M 1001.06(aa)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Based on a fire drill held within five days of moving into the home, was a fire safety assessment completed? He-M 1001.06(s)(1) and He-M 1001.06(s)(2)			
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>		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 1001.06(t) & He-M 1001.08(c)(3)			

<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 1001.06(u)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If a Fire Safety Plan is required, have the residential coordinator, provider and guardian approved the plan? He-M 1001.06(u)	
<b>Residence Tour</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does record storage preserve confidentiality? He-M 310.05(f)(1)a.-g.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is there a working telephone in the home whenever the individuals are present? He-M 1001.03(u)(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 1001.06(l)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the living space provide for the health and safety of all household members? He-M 1001.03(p)(1)-(p)(8)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the furnace(s) been serviced annually, or as required by the manufacturer? He-M 1001.03(p)(7)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are flammable or combustible materials stored at least three feet from electrical heaters, wood, coal, pellet, kerosene stoves or furnaces/ boilers/water heaters? He-M 1001.03(p)(5)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does every floor and in every bedroom have a working smoke alarm? He-M 1001.03(u)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Were these alarms tested and operational during the inspection? He-M 1001.03(u)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Were the batteries in the smoke alarms changed twice a year? He-M 1001.03(p)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are any smoke alarms greater than ten (10) years old? He-M 1001.03(u)(3)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is the residence free of environmental nuisances such as loud noises or foul odors? He-M 1001.03(p)(2)	
<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 1001.03(q)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does each individual have storage space for their clothing and other personal possessions? He-M 1001.03(q)(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 1001.03(r)	
<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 1001.03(s)(1)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes above, is there a waiver?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is any common area in the home used as a bedroom for any person living in the home? He-M 1001.03(s)(2)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes above, is there a waiver?</b>		

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is oxygen used and stored in the residence? Do people in the residence refrain from smoking in an oxygen-enriched atmosphere? He-M 1001.03(p)(8)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is there a bathroom for each six (6) persons living in the home? He-M 1001.03(u)(1)		
<b>Individual Name</b>		<b>Date of Birth</b>	<b>HCL</b>	<b>Last HRST Clinical Review Date</b>	<b>Guardian Name and Contact Information (if applicable)</b>
<b>Clinical Record Review</b>					
<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 1001.08(c)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the service agreement include the requirements of He-M 503.10(h)(1) or He-M 522.12(d)(1)? He-M 503.10(h)(1) or He-M 522.12(d)(1)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the service agreement contain the number of hours of daily supervision required by the individual? He-M 1001.08(b)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have unsupervised time? He-M 1001.08(b)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a safety assessment completed? He-M 1001.06(ab), He-M 1001.06(ac), and He-M 1001.06(ad)		
<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 1001.06(ae)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a safety plan completed? He-M 1001.06(ae) and He-M 1001.06(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 1001.06(af)(4) and He-M 1001.06(ag)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Did the individual's team review the safety plan at the time of the individual's service agreement? He-M 1001.06(af)(5)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do monthly progress reports reflect services, and are goals stated in the service agreement? He-M 503.10(m)(1) or He-M 522.12(g)(1)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do CPS schedules contain the days, times and locations of all activities? He-M 507.08(e)(2)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do daily CPS notations include the name of the individual, the date the service was provided, activities that took place, the location of those activities, and who provided the service? He-M 507.08(e)(3)		
<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 310.03(b)(4)		

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have a behavior change program? He-M 1001.02(e)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, is there Human Rights Committee (HRC), individual/guardian, and team approval annually? He-M 1001.07(b)	

### Medical Record Review

Medical Record Review				
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Was the individual's health assessment completed annually? He-M 1001.06(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 1001.06(k)(5)	
<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 1001.06(k)(5)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is access to food being restricted? He-M 1001.06(k)(4)	
<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 1001.06(k)(4)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are allergies consistent throughout the record? He-M 1001.08(c)(6)g.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the HRST tracking sheet been completed accurately each month? He-M 1001.08(c)(6)i.	
<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 1201.04(b)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, is the individual capable of self-administration?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a self-administration assessment completed annually by the nurse trainer, and approved by the guardian? He-M 1201.05(d) and He-M 1201.05(e)	
<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 1201.04(f) and He-M 1201.04(g)	
<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 1201.04(h)(2)a.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are controlled medications being counted as required? He-M 1201.07(f)(5)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have follow-up appointments been scheduled or completed? He-M 1001.08(c)(6)d.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Eye Exam/Glaucoma Screening?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Hearing Exam?	
<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?	

Individual Name	Date of Birth	HCL	Last HRST Clinical Review Date	Guardian Name and Contact Information (if applicable)

Clinical Record Review				
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<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? <b>He-M 1001.06(af)(4) and He-M 1001.06(ag)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Did the individual's team review the safety plan at the time of the individual's service agreement? <b>He-M 1001.06(af)(5)</b>	
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do CPS schedules contain the days, times and locations of all activities? <b>He-M 507.08(e)(2)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do daily CPS notations include the name of the individual, the date the service was provided, activities that took place, the location of those activities, and who provided the service? <b>He-M 507.08(e)(3)</b>	
<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? <b>He-M 310.03(b)(4)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have a behavior change program? <b>He-M 1001.02(e)</b>	

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**Medical Record Review**

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<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 1001.06(k)(5)	
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<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 1201.04(b)	
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Eye Exam/Glaucoma Screening?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Hearing Exam?	
<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"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Bone Density Scan?	
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