

**BUREAU OF LICENSING AND CERTIFICATION DS/ABD CERTIFICATION TOOL FOR LICENSED HOMES**

<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>
Administrative						Notes
<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? <b>He-M 1001.03(p)(8)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Is there a bathroom for each six (6) persons living in the home? <b>He-M 1001.03(u)(1)</b>		
<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? <b>He-M 1001.08(c)</b>		
<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)? <b>He-M 503.10(h)(1) or He-M 522.12(d)(1)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the service agreement contain the number of hours of daily supervision required by the individual? <b>He-M 1001.08(b)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have unsupervised time? <b>He-M 1001.08(b)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a safety assessment completed? <b>He-M 1001.06(ab), He-M 1001.06(ac), and He-M 1001.06(ad)</b>		
<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? <b>He-M 1001.06(ae)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If Yes above, was a safety plan completed? <b>He-M 1001.06(ae) and He-M 1001.06(af)</b>		
<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>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do monthly progress reports reflect services, and are goals stated in the service agreement? <b>He-M 503.10(m)(1) or He-M 522.12(g)(1)</b>		
<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? 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

<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)

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<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have unsupervised time? He-M 1001.08(b)	
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<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)	
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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? 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)	
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<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual have a behavior change program? He-M 1001.02(e)	
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<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?	
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<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)	
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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"/> 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 <b>He-P 814.15(b)</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? <b>He-P 815.15(i)(3)</b>	
<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? <b>He-M 1001.08(b)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are the following posted in a public area?  <ol style="list-style-type: none"> <li>1. Current license</li> <li>2. Patients' bill of rights</li> <li>3. Licensee's policies and procedures</li> <li>4. Licensee's complaint procedure</li> <li>5. Licensee's plan for fire safety, evacuation and emergencies.</li> </ol> <b>He-M 814.15(p)(1) through (p)(6)</b>	
<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? <b>He-P 814.21 (j)</b>	
<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? <b>He-P 814.21 (r)</b>	
<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? <b>He-P 814.22 (q)</b>	
<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? <b>He-P 814.22 (s)</b>	

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