



RECERTIFICATION CHECKLIST



This checklist will assist you in preparing for recertification. Update your records listed on this checklist and have them (along with your permanent records, like proof of home ownership or lease agreement) ready for the certifying agent to inspect at the time of your recertification survey. Your residents MUST be home at the time of the survey.

HOME RECORDS
<input type="checkbox"/> Current First Aid and CPR Certificates
<input type="checkbox"/> Documentation of Ongoing Annual Training <ul style="list-style-type: none"> ▪ Type: At Least Half Interactive Training; Remainder may be Independent Study ▪ Content: At Least Half Resident-specific; Remainder may be General Topics
<input type="checkbox"/> Current Homeowner's or Renter's Insurance
<input type="checkbox"/> If Applicable, Lab Results within Past Year on Private Water Supply Showing Absence of Bacterial Contamination
<input type="checkbox"/> If Applicable, Proof of Septic Tank Service within Past 5 Years for Nonmunicipal Sewage Disposal Systems
<input type="checkbox"/> Emergency Preparedness Log
<input type="checkbox"/> Video Evidence of Fire Drills (preferred) or Completed Fire Drill Summaries
<input type="checkbox"/> If the Home is So Equipped, Receipts for Inspection of Fuel-Fired Heating Systems (e.g. Gas Furnace/Fireplace, Wood/Pellet Stove) Conducted within the Past Year
<input type="checkbox"/> Receipt for Servicing or Purchase of Dry Chemical, Multipurpose, 2A:10B:C Type Fire Extinguisher(s) within Past Year (Must be at Least 5 lb. Fill Weight)
<input type="checkbox"/> Current Phone Bill
<input type="checkbox"/> Emergency Contacts, Either: <ul style="list-style-type: none"> ▪ Programmed into the Phone ▪ Posted Near the Phone
<input type="checkbox"/> If Applicable, Qualifications for Substitute Caregivers you are Currently Using: <ul style="list-style-type: none"> ▪ Current First Aid And CPR ▪ Department-approved Medication Course ▪ Department Criminal History and Background Check
<input type="checkbox"/> If Applicable, Alternate/Substitute Caregiver Training
<input type="checkbox"/> Criminal History Clearances for Any New Adults (Excluding Residents) Living in the Home
<input type="checkbox"/> If Offering Hourly Adult Care: <ul style="list-style-type: none"> ▪ Enrollment Contract for Each Participant ▪ Service Logs for Each Day Services were Provided

ADMISSION RECORDS
<input type="checkbox"/> Current Admission Agreement
<input type="checkbox"/> Updated Resident Information and Social History
<input type="checkbox"/> If the Resident has a Representative, the Legal Document Authorizing the Appointment
<input type="checkbox"/> Resident Rights Policy Review Log
<input type="checkbox"/> Advance Directive Notification <ul style="list-style-type: none"> ▪ Living Will and Durable Power of Attorney, if the Resident So Chooses to Complete
<input type="checkbox"/> Belongings Inventory – Reviewed within Past Year (Inventory

May Be Photographs, But Review Date Must be Documented)
<input type="checkbox"/> Results from Most Recent History & Physical Examination <ul style="list-style-type: none"> ▪ Full Results, <u>NOT</u> the Adult DD Medical Care Form
<input type="checkbox"/> Current List of Medications Signed/Dated by Resident's Health Care Professional <ul style="list-style-type: none"> ▪ Prescriptions List from Pharmacist or Included on the Resident's History & Physical Examination ▪ Non-Prescriptions Listed on Over-the-Counter (OTC) Medications Form
<input type="checkbox"/> If the Resident is Responsible for Own Medications, the Approval to Self-Administer Medication Form
<input type="checkbox"/> Most Recent Assessment <ul style="list-style-type: none"> ▪ Scales of Independent Behavior - Revised (SIB-R) or Supports Intensity Scale - Adult (SIS-A) for Residents Receiving Services Through Developmental Disabilities (DD) Waiver or Self Direction ▪ Uniform Assessment Instrument (UAI) or Findings for Residents Receiving Services Through Aged & Disabled (A&D) Waiver, Medicare/Medicaid Coordinated Program (MMCP), Idaho Medicaid Plus, State Only Personal Care Services (PCS), or Similar for Private Pay
<input type="checkbox"/> Most Recent Plan of Service <ul style="list-style-type: none"> ▪ Individual Support Plan (ISP) for Residents Receiving Services Through DD Waiver ▪ Support and Spending Plan (SSP) for Residents Receiving Services Through Self Direction ▪ Service Agreement for Residents Receiving Services Through A&D Waiver, MMCP, Idaho Medicaid Plus, State Only PCS, or Similar for Private Pay
<input type="checkbox"/> If Applicable, Signed Copy of Any Care Plan that is Prepared for the Resident from Other Service Provider

ONGOING RESIDENT RECORDS
<input type="checkbox"/> If Provider Manages Resident Funds: <ul style="list-style-type: none"> ▪ Resident's Bank Statements ▪ Resident Cash Ledger ▪ Receipts for Purchases Over \$5
<input type="checkbox"/> If Money Lent to Resident, Personal Loan Contract
<input type="checkbox"/> If Provider Assists Resident with Medications: <ul style="list-style-type: none"> ▪ Narcotic Inventory, If Applicable ▪ Medication Assistance Records ▪ Medication Disposal Records
<input type="checkbox"/> Incidents / Accidents / Changes of Condition
<input type="checkbox"/> Grievance Response Records
<input type="checkbox"/> If Applicable, Notes from Other Service Providers for Each Visit to the Home