

Provider Qualifications

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|--|--------|-------|
| The provider holds current certification in first aid and adult CPR by demonstration of skills to a live instructor. | 16.03.19.100.06.b | | |
| The provider fulfilled annual ongoing training requirements. | 16.03.19.116 16.03.19.116.02.a 16.03.19.116.03.a 16.03.19.140.04.a 16.03.19.140.04.b | | |
| The provider properly documented annual ongoing training requirements. | 16.03.19.116.04.a 16.03.19.116.04.b 16.03.19.116.04.c 16.03.19.116.04.d.i 16.03.19.116.04.d.ii | | |

Home Ownership

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-----------------|--------|-------|
| The applicant's home has current homeowner's or renter's insurance. | 16.03.19.101.07 | | |

Water and Sewer

The home is served only by municipal water supplies and sewage disposal systems.

If the home is served only by municipal water supplies and sewage disposal systems, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| If using a non-municipal water source (e.g., private well), the applicant has a recent report from an accredited laboratory showing an absence of bacterial contamination. | 16.03.19.500.01.b | | |
| If using a non-municipal sewage disposal system (e.g., septic tank), the applicant has proof current within the past five (5) years that the septic tank has been pumped or that pumping was not necessary, or that the system is otherwise in good working condition. | 16.03.19.500.03.a | | |

Emergency Preparedness

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|--|--------|-------|
| The provider documented all fire drills conducted within the past year. | 16.03.19.600.05 | | |
| If fire drills were documented on forms, rather than by video recording, the forms were completed correctly. | 16.03.19.600.05.c.i 16.03.19.600.05.c.ii 16.03.19.600.05.c.iii 16.03.19.600.05.c.iv | | |
| If the provider cares for 1-2 residents, fire drills were conducted at least quarterly. | 16.03.19.600.05 | | |
| If the provider cares for 3-4 residents or offers hourly adult care, fire drills were conducted at least monthly. | 16.03.19.140.09 16.03.19.180.09.c | | |
| Documentation shows that evacuation from the home occurred in three (3) minutes or less. | 16.03.19.600.05.a | | |
| The provider reviewed emergency plans with each resident or his/her representative at admission and at least every six (6) months thereafter. | 16.03.19.600.04 | | |
| The provider documented testing of smoke and CO alarms on a monthly basis. | 16.03.19.600.07.a | | |
| If smoke and CO alarms have replaceable batteries, the provider documented replacement at least every six (6) months. | 16.03.19.600.07.b | | |
| Documentation of quarterly fire extinguisher examinations were maintained by the provider. | 16.03.19.600.07.e | | |
| If an issue was discovered during a fire extinguisher examination, the fire extinguisher was serviced or replaced. | 16.03.19.600.07.d | | |

Fire/Life Safety

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| The applicant has recent inspections of all fuel-fired heating devices in the home by persons in the business of servicing such systems, indicating the systems are in good working order. | 16.03.19.600.07.f | | |
| The applicant has proof that the portable fire extinguishers in the home were either purchased or serviced within the past 12 months. | 16.03.19.600.07.d | | |

Provider

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| The provider has not been convicted of a felony or misdemeanor within the past year. | 16.03.19.009.02.a | | |

Substitute Care

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|--|--------|-------|
| Each substitute caregiver is an adult. | 16.03.19.300.02 | | |
| The provider maintained evidence of current first aid and CPR certification for each substitute caregiver. | 16.03.19.300.02.d.i | | |
| The provider maintained evidence that each substitute caregiver completed a Department-approved medications course. | 16.03.19.300.02.d.iii | | |
| The provider maintained evidence that each substitute caregiver cleared a DHW criminal history and background check prior to unsupervised contact with the resident(s). | 16.03.19.300.02.d.ii 16.03.19.009.01 16.03.19.009.05 | | |

Household Members

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| The provider can meet the needs of each resident given the number, age, and sex of children or other adults living in the home. | 16.03.19.100.05.e | | |
| Any adult who moved into the home for more than 30 days during the past year was fingerprinted for a DHW criminal history and background check before moving into the home. | 16.03.19.009.03 | | |
| Any adult who stayed in the home for less than 30 days and was not fingerprinted did not have unsupervised contact with the resident(s). | 16.03.19.009.03 | | |
| Any minor child who turned 18 during the past year was fingerprinted for a DHW criminal history and background check by the end of the month following the birth month. | 16.03.19.009.04 | | |

Application Verification

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|--------------|--------|-------|
| The completed renewal application form and any required documentation was returned to the certifying agent. | 16.03.19.111 | | |

Enter Name

| | |
|--|--|
| The resident has the following relation to the provider: | <input type="checkbox"/> Not Related <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Nephew/Niece <input type="checkbox"/> Great Aunt/Uncle <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Cousin |
| The resident pays for care through: | <input type="checkbox"/> Developmental Disabilities Waiver <input type="checkbox"/> Self Direction <input type="checkbox"/> Aged & Disabled Waiver <input type="checkbox"/> Medicare/Medicaid Coordinated Program <input type="checkbox"/> Idaho Medicaid Plus <input type="checkbox"/> State Plan - Personal Care Services <input type="checkbox"/> Private Pay |

Admission Records

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|---------------|--------------|
| Admission records are maintained. | 16.03.19.270.01 | | |
| Admission records are updated when changes occur. | 16.03.19.270.01 | | |
| Admission records are confidential. | 16.03.19.270.01 | | |

Admission Agreement

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|---|--------|-------|
| At the time of admission, the parties entered into a written admission agreement signed and dated by both parties. | 16.03.19.260.04 | | |
| The admission agreement is rule-compliant. | 16.03.19.260.04.a 16.03.19.260.04.b 16.03.19.260.04.c 16.03.19.260.04.d 16.03.19.260.04.e 16.03.19.260.04.f 16.03.19.260.04.g 16.03.19.260.04.h 16.03.19.260.04.i 16.03.19.260.04.j 16.03.19.260.04.k 16.03.19.260.04.l 16.03.19.260.04.m 16.03.19.260.04.n 16.03.19.260.04.o | | |

Resident Info/Social History

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|---|--------|-------|
| The resident's records include the Resident Information and Social History form. | 16.03.19.270 | | |
| The Resident Information and Social History form is rule-compliant. | 16.03.19.270.01.a 16.03.19.270.01.b 16.03.19.270.01.c 16.03.19.270.01.d 16.03.19.270.01.e 16.03.19.270.01.f 16.03.19.270.01.j 16.03.19.270.01.k 16.03.19.270.01.q 16.03.19.270.01.r 16.03.19.270.01.t | | |

Resident Representative

The resident does not have a legal guardian or has not appointed a durable power of attorney for health care.

If the resident does not have a legal guardian or has not appointed a durable power of attorney for health care, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| The resident's records include a copy of the document giving the resident's representative legal authority to act on behalf of the resident. | 16.03.19.270.01.s | | |

Resident Rights Notification

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|------------------------------------|--------|-------|
| The resident's records include a signed copy of the home's residents rights policy. | 16.03.19.270.01.m | | |
| The resident's rights policy has been reviewed in the past year. | 16.03.19.201.02 16.03.19.201.03 | | |
| The resident was informed in writing about his or her right to form an advance directive. | 16.03.19.200.11.h | | |

Belongings Inventory

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| An inventory of the resident's belongings is maintained in the resident's records. | 16.03.19.270.01.p | | |
| The resident's belongings inventory has been reviewed and, if applicable, updated within the past year. | 16.03.19.270.01.p | | |

History & Physical Examination

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| The results of the resident's history and physical examination reflecting the resident's current health is maintained in the resident's records. | 16.03.19.270.01.h | | |

Assessment

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|---|--------|-------|
| A copy of the resident's current assessment is maintained in the resident's records. | 16.03.19.270.01.n | | |
| The resident's assessment is rule-compliant. | 16.03.19.225.01 16.03.19.225.02 16.03.19.225.02.a 16.03.19.225.02.b 16.03.19.225.02.c.i 16.03.19.225.02.c.ii 16.03.19.225.02.c.iii 16.03.19.225.02.c.iv 16.03.19.225.02.c.v 16.03.19.225.02.c.vi 16.03.19.225.02.c.vii 16.03.19.225.02.c.viii 16.03.19.225.02.c.ix 16.03.19.225.02.c.x | | |

Plan of Service

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|---|--------|-------|
| A copy of the resident's current plan of service is maintained in the resident's records. | 16.03.19.270.01.o | | |
| The resident's plan of service is rule-compliant. | 16.03.19.250 16.03.19.250.01 16.03.19.250.01.a 16.03.19.250.01.b 16.03.19.250.01.c 16.03.19.250.01.d 16.03.19.250.01.e 16.03.19.250.01.f 16.03.19.250.01.g 16.03.19.250.01.h 16.03.19.250.01.i 16.03.19.250.01.j 16.03.19.250.01.k 16.03.19.250.01.l 16.03.19.250.01.m 16.03.19.250.01.n 16.03.19.250.02 16.03.19.250.03 16.03.19.250.04 16.03.19.250.05 16.03.19.250.06 16.03.19.250.07 | | |

Other Care Plans

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| The resident's records include a signed copy of any care plan that is prepared for the resident by an outside service provider. | 16.03.19.270.01.u | | |

Ongoing Resident Records

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-----------------|--------|-------|
| Ongoing resident records are maintained. | 16.03.19.270.02 | | |
| Ongoing resident records are accurate and documented by the provider at the time the service is rendered. | 16.03.19.270.02 | | |

Resident Funds

- The provider does not manage the resident's funds (i.e., the resident's funds are only turned over to the provider as payment for goods and services provided by the home).

If the provider does not manage the resident's funds, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| If payment for care is publicly funded, the resident is charged an amount for CFH services that leaves at least the Basic Needs Allowance. | 16.03.19.200.04 | | |
| The provider established a separate account for the resident at a financial institution to which use of the resident's funds may be reconciled. | 16.03.19.275.01.a | | |
| Resident funds are not commingled with the funds of any other person, including borrowing funds from the resident. | 16.03.19.275.02.b | | |
| The resident is charged on a monthly basis the amount agreed to in the admission agreement for CFH services. | 16.03.19.275.02.d | | |
| The provider maintains documentation, including financial statements, receipts and ledgers, for all financial transactions in excess of \$5 in which the resident's funds were used. | 16.03.19.275.02.e | | |
| The provider restored funds to the resident's account for purchases and property for which the provider cannot produce proper accounting records. | 16.03.19.275.02.f | | |
| The resident was not required to purchase goods or services from or for the home other than for those described in the admission agreement. | 16.03.19.275.02.g | | |

Personal Loans

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------------|--------|-------|
| The provider, provider's relatives, or other members of the household do not make personal loans to the resident, unless the resident is a relative. | 16.03.19.275.01.c | | |
| If a personal loan is made to the resident, the terms of the loan are described in a written contract signed by the resident or resident's representative. | 16.03.19.275.01.c.i | | |
| A copy of the loan contract is maintained with the resident's records. | 16.03.19.275.01.c.ii | | |
| All repayments toward the loan are immediately documented. | 16.03.19.275.01.c.iii | | |

Medication Orders

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| A list of the resident's current prescribed medications, treatments and special diet, if any, is maintained in the resident's record. | 16.03.19.270.01.i | | |
| A list of the resident's OTC medications have been approved by the resident's health care professional. | 16.03.19.400.02.d | | |

Assistance with Medications

The resident self-administers his or her own medications.

If the resident self-administers his or her own medications, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|--|--------|-------|
| The provider has assumed responsibility for medications as documented in the admission agreement. | 16.03.19.260.04.a | | |
| Each person who assisted the resident with medications was an adult who successfully completed a Department-approved medications course. | 16.03.19.402.01 | | |
| If the resident is prescribed narcotic medications, the provider documents an inventory of these medications. | 16.03.19.402.05.e | | |
| The provider does not administer medications unless he or she is also a health care professional operating within the scope of his or her practice. | 16.03.19.402.06 | | |
| The provider properly documents assistance with medications concurrent with the time of service. | 16.03.19.402.07 16.03.19.402.07.a 16.03.19.402.07.b.i 16.03.19.402.07.b.ii 16.03.19.402.07.b.iii 16.03.19.402.07.b.iv | | |
| The provider maintains proper documentation of disposal of medications. | 16.03.19.402.08 16.03.19.402.08.a 16.03.19.402.08.b 16.03.19.402.08.c 16.03.19.402.08.d 16.03.19.402.08.e 16.03.19.402.08.f 16.03.19.402.08.g | | |

Self-Administration

The resident needs assistance with medications.

If the resident needs assistance with medications, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|---|--------|-------|
| The resident has assumed responsibility for medications as documented in the admission agreement. | 16.03.19.260.04.a | | |
| The provider has documentation that the resident's health care professional has properly evaluated and verified the resident's ability to self-administer medications. | 16.03.19.401.02 16.03.19.401.02.a 16.03.19.401.02.b 16.03.19.401.02.c 16.03.19.401.02.d | | |
| The provider has documentation that the resident's health care professional has approved the resident to self-administer medications. | 16.03.19.401.01 | | |
| If the resident experienced a change in condition that brought into question his or her ability to continue self-administration, the resident's health care professional reevaluted and reapproved the resident to self-administer medications. | 16.03.19.401.03 | | |

Incidents/Accidents

The resident did not experience an incident, accident, or change in condition during the past year.

If the resident did not experience an incident, accident, or change in condition during the past year, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|---|--------|-------|
| The provider reported critical incidents in a timely manner. | 16.03.19.210.03.a 16.03.19.210.03.b.i 16.03.19.210.03.b.ii 16.03.19.210.03.b.iii | | |
| The provider recorded any incident or accident that occurred while the resident was in the home, including the provider's response. | 16.03.19.270.02.a | | |
| The provider obtained reports for any incident or accident that occurred while receiving supportive services from the service provider. | 16.03.19.270.02.a | | |
| The provider documented significant changes in the resident's physical or mental status, and the provider's response. | 16.03.19.270.02.d | | |

Grievances

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| The provider maintained his or her written response to any grievance expressed by the resident or resident's representative describing how the home resolved or attempted to resolve the issue. | 16.03.19.270.02.c | | |

Other Service Providers

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| The provider maintained notes from any outside service provider who visited the resident in the home in the resident's records. | 16.03.19.270.02.c | | |

Site Requirements

This inspection is a relocation; see Home Inspection under Relocation Survey.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------|--------|-------|
| The house number is prominently displayed and plainly visible from the street. | 16.03.19.710.05 | | |

Home Construction

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| If the home has been remodeled or had an addition, the modifications were permitted by the local jurisdiction. | 16.03.19.700.01.a | | |

Telephone

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------------|--------|-------|
| There is either a telephone or cell phone available to the resident. | 16.03.19.700.03 | | |
| If a cell phone is provided, the applicant has documentation it is enhanced 9-1-1 compliant. | 16.03.19.700.03.a | | |
| The phone is immediately available in case of an emergency. | 16.03.19.700.03.b.i | | |
| The phone is functional, operational and has dependable service as demonstrated by placement of a connected call. | 16.03.19.700.03.b.ii | | |
| If the phone is a cell phone, the home is located in an area covered by the carrier's service as determined by a coverage map. | 16.03.19.700.03.b.ii | | |
| If the phone is a VOIP phone, the internet connection speed (both download and upload) is at least 0.3 Mbps as demonstrated on a device connected to the home's network utilizing www.speedtest.net . | 16.03.19.700.03.b.ii | | |
| If the phone is a VOIP or cell phone, provisions for back-up power have been made in case of an electrical outage. | 16.03.19.700.03.b.ii | | |
| Emergency numbers and contacts have been programmed into the phone or are posted near the phone. | 16.03.19.700.03.b.iii | | |

Plumbing

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------|--------|-------|
| All plumbing in the home is in good working order (e.g., no observable leaks) and complies with local and state codes. | 16.03.19.700.10 | | |
| All plumbing fixtures are easily cleanable and maintained in good repair. | 16.03.19.700.10 | | |

Bathrooms

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| If the bathroom has a lock, it can be unlocked from both sides. | 16.03.19.600.02.o | | |
| The toilet and bathroom is accessible to the resident without having to pass through another person's sleeping room. | 16.03.19.700.14.e | | |

Sleeping Rooms

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|------------------------|--------|-------|
| If the resident's sleeping room has a lock, it can be unlocked from both sides. | 16.03.19.600.02.o | | |
| If the resident's sleeping room is not on the ground floor, either the resident is able to independently recognize an emergency and self-evacuate without physical assistance or verbal cueing as assessed and indicated in his plan of service, or the sleeping room of another responsible and able-bodied individual living in the home is located on the same level. | 16.03.19.700.11.b.i-ii | | |
| If sharing a room with a relative of the provider, the roommate is the resident's sibling. | 16.03.19.700.11.d | | |
| If the resident so chooses, the closet in his or her sleeping room is equipped with a door. | 16.03.19.700.11.f | | |
| If the residents share a closet, a substantial divider separates each resident's space. | 16.03.19.700.11.f.i | | |

Heating and Cooling

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------|--------|-------|
| The temperature of the home is maintained between 65°F and 80°F when residents are home. | 16.03.19.700.09 | | |

Environmental Sanitation

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|--------------|--------|-------|
| The provider takes appropriate precautions to prevent disease and maintain sanitary conditions in the home. | 16.03.19.500 | | |

Housekeeping and Maintenance

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| Sufficient housekeeping and maintenance is provided to keep the interior and exterior of the home in a clean, safe and orderly manner. | 16.03.19.500.08 | | |
| The resident's sleeping room is thoroughly cleaned including the bed, bedding, furnishings, walls and floors on at least a weekly basis. | 16.03.19.500.08.a | | |
| Deodorizers have not been used to cover odors due to poor housekeeping or unsanitary conditions. | 16.03.19.500.08.b | | |
| Cleaners and chemicals are used and stored safely. | 16.03.19.500.08.c | | |

Laundry Services

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-----------------|--------|-------|
| No odor is noticeable due to soiled linens or clothing. | 16.03.19.500.07 | | |

Garbage

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| Garbage and refuse disposal is provided by the home. | 16.03.19.500.04 | | |
| Garbage containers are in good repair, and do not leak or absorb liquids. | 16.03.19.500.04.b | | |
| Sufficient containers are available to hold all garbage and refuse that accumulates between periods of removal from the premises. | 16.03.19.500.04.c | | |
| Areas where garbage is stored is kept free of excess refuse and debris. | 16.03.19.500.04.d | | |

Yard

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-----------------|--------|-------|
| The yard surrounding the home is safe and maintained. | 16.03.19.500.06 | | |

Insect and Rodent Control

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-----------------|--------|-------|
| The home is free from infestations of insects, rodents and other pests. | 16.03.19.500.05 | | |

Fire and Life Safety

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| The exterior and interior of the home are free from the accumulation of weeds, trash and rubbish. | 16.03.19.600.01.c | | |

Fire Safety Precautions

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| Smoke alarms are installed in sleeping rooms, hallways, on each level of the home, and as recommended by the local fire district. | 16.03.19.600.02.a | | |
| If the home is equipped with fuel-fired appliances or devices, or has an attached, enclosed garage, carbon monoxide (CO) alarms are installed as recommended. | 16.03.19.600.02.b | | |
| Smoke and CO alarms, if applicable, are not warning of low batteries. | 16.03.19.600.07.b | | |
| Smoke and CO alarms, if applicable, appear to be within their useful life. | 16.03.19.600.07.c | | |
| Portable fire extinguishers are at least 5 pound dry chemical multipurpose 2A:10B:C type. | 16.03.19.600.02.j | | |
| Portable fire extinguishers are mounted on each level of the home. | 16.03.19.600.02.j | | |
| Flammable or highly combustible materials are stored safely. | 16.03.19.600.02.h | | |

Egress/Ingress

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| Exit door locks are easily opened from the inside without the use of keys or any special knowledge. | 16.03.19.600.02.d | | |
| The resident's sleeping room has at least one door or window that can be easily opened from the inside and leads directly to the outside. | 16.03.19.600.02.g | | |
| Exits are free from obstruction. | 16.03.19.600.02.m | | |

Smoking

The provider does not allow smoking on the property.

If the provider does not allow smoking on the property, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-------------------|--------|-------|
| No one smokes in areas where flammable liquids, gases, or oxidizers are used or stored. | 16.03.19.600.03.a | | |
| The provider prohibits residents from smoking in bed. | 16.03.19.600.03.b | | |
| Residents smoke only under direct supervision unless the plan of service specifically allows unsupervised smoking. | 16.03.19.600.03.c | | |

Portable Heating Devices

Occupants in the home do not use portable heating devices.

If portable heating devices are not used, the certifying agent may skip the section below.

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|-----------------------|--------|-------|
| Portable heating devices are electric. | 16.03.19.600.02.e | | |
| The device is in good working condition without obvious damage or fraying of the cord. | 16.03.19.600.02.e.i | | |
| The element does not exceed 212°F. | 16.03.19.600.02.e.ii | | |
| Safety labels remain on the device and the unit appears to be used in compliance with these labels. | 16.03.19.600.02.e.iii | | |
| The device is equipped with automatic shut-off protection when tipped on its side. | 16.03.19.600.02.e.iv | | |
| The device is operated only under direct supervision. | 16.03.19.600.02.e.v | | |
| When in use, the device has a 36" clearance from combustibles including furnishings, bedding and blankets. | 16.03.19.600.02.e.v | | |

Life Safety Precautions

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|---|-------------------|--------|-------|
| Unvented combustion devices are not used inside the home. | 16.03.19.600.02.c | | |

Medications

| STANDARD | NON-COMPLY | COMPLY | NOTES |
|--|---|--------|-------|
| If the resident self-administers his or her own medication, the provider ensures those medications are safeguarded including supplying a lockable storage cabinet or drawer to the resident. | 16.03.19.401.04 | | |
| If the provider assists the residents with medications, medications are in the original pharmacy-dispensed container or OTC container. | 16.03.19.402.04 | | |
| If the provider assists the residents with medications, each medication is packaged separately unless in a Mediset, blister pack, or similar system. | 16.03.19.402.04.a | | |
| If the provider assists the residents with medications and the medications have been placed in a unit container, a licensed nurse filled the container and labeled it with the names of the medication, dosage, time to be taken, route of administration, and any special instructions. | 16.03.19.402.04.b | | |
| Proper measuring devices are available for liquid medication. | 16.03.19.402.04.c | | |
| Resident medications are stored in an area or container designated only for that particular resident including a label with the resident's name, except for OTC and refrigerated medications. | 16.03.19.402.05.a | | |
| If the resident's medications include a controlled substance or any member of the household has drug-seeking behavior, the resident's medications are kept under lock and key. | 16.03.19.402.05.b.i 16.03.19.402.05.b.ii | | |
| Each resident's designated medication area or container is clean and free of contamination, including the absence of loose pills. | 16.03.19.402.05.c | | |
| Only one (1) resident's set of medications are dispensed from its designated area or container at one (1) time, so as to mitigate medication errors. | 16.03.19.402.05.d | | |