

Adult Family Home Agency – Family Home Unannounced Visit

Date of Visit:		Days and times of attempted visits
Conducted By:		
Name of Home Provider:		
Name of Agency:		
Client:		
Client B:		

CLIENT CHOICE- HCBS

	Client Response <input type="checkbox"/>	Provider Response <input type="checkbox"/>	Follow Up required
Please discuss the interests, preferences and capabilities of the client(s) in this home? What is important to/important for the client? <i>*speaks to how well the provider knows the client, respects their choices, etc*</i>	<input type="checkbox"/>	<input type="checkbox"/>	
How does the client determine their own daily schedule? If there is a change in schedule or interests, how is that change accommodated?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you like living together? Tell me more about that! <i>*question bank to discuss how the match is working*</i>	<input type="checkbox"/>	<input type="checkbox"/>	
In what ways do you support accessing and engaging in the community? <i>Does the client(s) have choices in activities outside the home? In what ways do you encourage and support relationships with friends/family/community members outside the home? How are visitors accommodated? Are there restrictions?</i>	<input type="checkbox"/>	<input type="checkbox"/>	

	Client Response <input type="checkbox"/>	Provider Response <input type="checkbox"/>	Follow Up required
Does the client have the choice of how to spend their time (program, employment, volunteer, work, visiting friends, staying home, etc)?			
How are the client's right to privacy respected (confidentiality)? Do they have a private space to make phone calls?	Client Response <input type="checkbox"/>	Provider Response <input type="checkbox"/>	
Do client(s) have access to food at all times? Do they have a choice in meal planning? Do they have a choice in meal time? Do they have options to dine out?	Client Response <input type="checkbox"/>	Provider Response <input type="checkbox"/>	
How does the client have input in the choice in the staff working with them? How is client satisfaction with staffing assessed?	Client Response <input type="checkbox"/>	Provider Response <input type="checkbox"/>	
As a vendor, are there areas where you need additional support or training?			
HBCS Criteria			
	Client A	Client B	Follow Up required
Current ISP, yes/no and date			
Current IPP, yes/no and date			

	Client A	Client B	Follow Up required
Medication Administration: Medications correct on MAR, correctly dispensed and documented. Medications are secured?			
Are all common areas of the home accessible to the client? (note accessibility provided)			
Does the client choose to live in this setting above other options? <i>Are all options reviewed with them regularly? If another choice is made, is there evidence the client and their team are working together to support a change in living situation?</i>			
Residential agreement is present in file			
Client Funds/Property match log			
Client Rights reviewed regularly with client in a way that supports their understanding			
General Home Safety			
	Client A	Client B	Follow Up required
Fire Drills (date of most recent)			
Emergency Preparation Drills (date of most recent)			
Safety of Common Areas			Follow Up required
Is home accessible to the client(s)			
Are windows and doors clear and accessible			
Smoke/CO Detectors present per fire code?			

Safety of Common Areas		Follow Up required
Any bodies of water deeper than 18 inches? Are they secured? Ex. Pool, spa, etc.		
First Aid Kit is present in home and in emergency kit?		
Disaster kit includes 3 days of food and water for each person in the home, as well as emergency supplies?		
Posted Evacuation Route (where) <i>*in each client room, and in a common space</i>		
Flammables are safely stored		
Chemicals are safely stored		
Weapons safely stored <i>*Gun/ammo stored seperately</i>		
External and interior of the home clean and free of hazards <i>*accessibility and sanitation, no tripping hazards *</i>		
Overall Condition of home		
Comments:		
HOME INSPECTION - Clean, Healthy, and Safe (check those that apply)		
Kitchen		Follow Up required
Signs of Pests?		
Odors Present?		
Adequate food present (nonperishable and perishable)		
Overall Condition of kitchen		
Comments:		

Bathroom(s)		Follow Up required
Bathtub/Shower clean and free of mold		
Floor and Ceiling clean and free of mold		
Does Bathroom Door Lock?		
Overall Condition		
Comments:		
Bedroom #1 (Client A)		Follow Up required
Clear access to windows and door		
Visible Hazards? Exposed wiring, tripping hazards, etc.		
Smoke Detector present?		
Client has opportunity and ability to decorate their room as they choose, pick their furniture, etc?		
Does Bedroom Door Lock for privacy?		
Overall Condition of room		
Comments:		
Bedroom #2 (Client B)		Follow Up required
Clear access to windows and door		
Visible Hazards? Exposed wiring, tripping hazards, etc.		
Smoke Detector present?		
Client has opportunity and ability to decorate their room as they choose, pick their furniture, etc?		
Does Bedroom Door Lock for privacy?		
Overall Condition		

Comments:		
Follow Up/Recommendations		
Is Follow Up Required?	Person Responsible:	By When:
Action Item #1		
Action Item #2		
Action Item #3		
Action Item #4		
Action Item #5		
List Additional Recommendations.		
Commendations/Kudos		

Link to Regulation	Regulation Text
HSC 1503.2	Every facility licensed or certified pursuant to this chapter shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.
HSC 1531.4	On and after January 1, 1999, no security window bars may be installed or maintained on any community care facility unless the security window bars meet current state and local requirements, as applicable, for security window bars and safety release devices.
HSC 1565(a)(1)	Evacuation procedures, including identification of an assembly point or points that shall be included in the facility sketch.
HSC 1565(c)	A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of individuals served by the facility is not required during a drill. While a facility may provide an opportunity for individuals served by the facility to participate in a drill, it shall not require that participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and, if applicable, the names of staff participating in the drill.
Title 17 4689.1(e)(8)	The department and regional center's monitoring and evaluation of the family home agency and approved homes, which shall be designed to ensure that services do all of the following:
Title 17 4689.1(e)(8)(B)	Assist the consumer in understanding and exercising his or her individual rights.
Title 17 4689.1(e)(8)(C)	Are consistent with the family home agency's program design and the consumer's individual program plan.
Title 17 4689.1(e)(8)(D)	Maximize the consumer's opportunities to have choices in where he or she lives, works, and socializes.
Title 17 4689.1(e)(8)(E)	Provide a supportive family home environment, available to the consumer 24 hours a day, that is clean, comfortable, and accommodating to the consumer's cultural preferences, values, and lifestyle.
Title 22 80026(h)	<p>(h) Each licensee shall maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to his/her care, including, but not limited to the following:</p> <p>(1) Records of clients' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each client. Supporting receipts for purchases shall be filed in chronological order.</p> <p>(A) Receipts for cash provided to any client from his/her account(s) shall include the client's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows: "(full signature of client) accepts (dollar amount) (amount written cursive), this date (date) from (payer) "</p>
Title 22 80075(b)	Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
Title 22 80075(q)	If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.

<u>Title 22 80075(k)(1)</u>	Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
<u>Title 22 80076(a)17</u>	All kitchen, food preparation, and storage areas shall be kept clean, free of litter and rubbish, and measures shall be taken to keep all such areas free of rodents, and other vermin.
<u>Title 22 80087(c)</u>	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.
<u>Title 22 80087(e)</u>	All licensees serving children or serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence.
<u>Title 22 80087(g)</u>	Disinfectants, cleaning solutions, poisons, firearms and other items that could pose a danger if readily available to clients shall be stored where inaccessible to clients.
<u>Title 22 80088(e)(3)</u>	All toilets, handwashing and bathing facilities shall be maintained in safe and sanitary operating condition. Additional equipment, aids, and/or conveniences shall be provided in facilities accommodating physically handicapped clients who need such items.
<u>Title 22 85088(c)(3)</u>	Portable or permanent closets and drawer space in each bedroom to accommodate the client's clothing and personal belongings.
<u>42 CFR 441.301(c)(4)(iv)</u>	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
<u>42 CFR 441.301(c)(4)(iii)</u>	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
<u>42 CFR 441.301(c)(4)(vi)(C)</u>	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
<u>42 CFR 441.301(c)(4)(vi)(B)</u>	Each individual has privacy in their sleeping or living unit: (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
<u>44 CFR 441.301(C)(4)(vi)(E)</u>	The setting is physically accessible to the individual.

