

RECERTIFICATION CHECKLIST

Home Records

☐ **Renewal Application**

- Please complete this form and send in at least 30 days before your certificate expires.

☐ **Criminal History and Background Check Clearance**

- For provider, all staff and substitute caregivers, and all other adults living in the home (except residents).
- Current within the past 5 years unless CFH has been open for more than 15 years (then 10-year renewal).

☐ **Exception Requests** (if applicable)

- For any exceptions that need to be renewed and have expiration dates.

☐ **Current First Aid and CPR Certification**

- For provider and all substitute caregivers.

☐ **Ongoing Training Log**

- 1 or 2 Residents: Provider required to document 8 hours of training annually.
- 3 Residents: Provider required to document 12 hours of training annually.
- 4 Residents: Provider required to document 16 hours of training annually.
- At least half of all required training must be specific to the conditions, diagnoses, and needs of the resident(s).

☐ **Medication Assistance Course Certification**

- For provider, staff who assist with medications, and all substitute caregivers.
- LPN, RN, PA, and MD licenses are also acceptable.

☐ **Alternate/Substitute Caregiver Training Form**

- For all substitute and alternate caregivers, the provider has trained them about specific resident needs.

☐ **Current Homeowner's or Renter's Insurance**

- Ensure your policy covers the current date.

☐ **Private Water Supply Lab Report** (if applicable)

- Lab report required annually showing absence of e. coli and coliform bacteria in private well water.

☐ **Septic Tank Servicing Receipt** (if applicable)

- Septic tanks need to be pumped or inspected at least every 5 years.

☐ **Chimney Cleaning for Wood-Fired or Pellet Stoves** (if applicable)

- The chimney has been professionally cleaned in the past year if you have a wood-fired fireplace or pellet stove.

☐ **Receipt for Servicing or Purchasing Fire Extinguisher(s)**

- Ensure all fire extinguishers have been professionally serviced or replaced in the past year.

☐ **Fire Drill and Emergency Drill Summaries**

- 1-2 Residents: Document a fire or emergency drill every 3 months; at least half must be fire drills.
- 3-4 Residents: Document monthly fire drills.
- Hourly Adult Care: Document monthly emergency or fire drills; at least half must be fire drills.

☐ **Emergency Preparedness**

- Ensure you have completed and documented all fire/life safety activities throughout the year on the log.
- Review your preparedness plan annually with your residents or their representatives.

☐ **Hourly Adult Care Contracts and Service Logs** (if applicable)

- Hourly Adult Care Contracts and Service Logs for each hourly adult care (aka, Adult Day Health) participant.

RECERTIFICATION CHECKLIST

Admission Records
☐ Admission Agreement Ensure the form is updated if changes occurred in the past year (e.g., room and board charge changes, etc.).
☐ Resident Information and Social History Review and update any changes in the past year.
☐ History and Physical Examination Most current doctor/progress/after-visit summary notes from a wellness check (<u>not</u> the DD Medical Form).
☐ Belongings Inventory Ensure a documented review of the inventory of resident belongings has occurred within the past year.
☐ Resident Representative Documents (if applicable) Maintain documentation of current legal guardian appointment or Power of Attorney authorization.
☐ Resident Rights Review Log Annual review of Resident Rights Policy with the resident or their representative, which is signed and dated.
☐ Advance Directive Notification - Review advance directive information with the resident and sign/date the Advance Directive Notification form. - Maintain a copy of the Living Will and Durable Power of Attorney or POST form if one is put in place.
☐ Assessment - Traditional Developmental Disabilities Waiver: Most Current Liberty Packet - Self-Directed Participant (My Voice, My Choice): Most Current Liberty Packet - Aged & Disabled Waiver and Dual Eligible Programs (MMCP, IMPlus): Most Current Findings - Private Pay: Uniform Assessment for a Private-Pay Resident (reviewed within past year or upon a significant change in condition)
☐ Plan of Service (reviewed within past year or upon a significant change in condition) - Traditional Developmental Disabilities Waiver: Individual Service Plan (ISP) - Self-Directed Participant (My Voice, My Choice): Support and Spending Plan (SSP) - Aged & Disabled Waiver and Dual Eligible Programs (MMCP, IMPlus): Service Agreement - Private Pay: Service Agreement
☐ Other Supportive Services Care plans from other supportive services (Home Health, Hospice, OT, PT, ST, etc.).

RECERTIFICATION CHECKLIST

Ongoing Resident Records
☐ Personal Loan Contracts (if applicable—family only) Document money loaned to a related resident and each repayment the resident made towards the loan.
☐ Resident Funds Accounting Records (if provider manages the resident's funds) Produce bank statements, cash ledgers, and receipts for purchases in excess of \$10 for the past 12 months.
☐ Prescription Medication List List of the resident's current prescription medications. Usually found in the History and Physical Exam.
☐ Consumer Medication Information Sheet(s) (if applicable) Information about the resident's prescription medications (e.g., uses, side effects, adverse reactions, etc.)
☐ Over-the-Counter (OTC) Medications Form List of OTC medications that are approved for the resident, signed by resident's healthcare professional.
☐ Approval to Self-Administer Medication Form (if applicable) Evaluation by the resident's healthcare professional approving the resident to self-administer medications.
☐ Medication Assistance Records (if provider assists with medications) Records from the last 12 months showing medications that were given to the resident.
☐ Narcotic Inventory (if applicable and the provider assists with medications) Monthly inventory of any narcotics (i.e., opioid pain relievers) prescribed to the resident over the past year.
☐ Medication Disposal Record (if applicable and the provider assists with medications) Record of disposal for any expired, discontinued, or loose medications over the past year.
☐ Supportive Service Home Visits (as needed) Notes or logs of visits from supportive services (e.g., Home Health, Hospice, OT, PT, ST, etc.) in the home.
☐ Critical Incident Reports (as needed) Record of critical incidents reported to the department in the past year (e.g., elopement, ER/hospital/urgent care, investigations, etc.).
☐ Minor Incident Records (as needed) Record of any minor incident, accident, or change in the resident's condition and the provider's response.
☐ Grievance Response Record (as needed) The provider's written response to any concern the resident raised about CFH services in the past year.

Please have your residents home at the time of the recertification survey. If the resident is interviewable, the certifying agent will ask the resident if he or she wishes to have a private interview.