

Adult Foster Home (AFH/I/DD) License Inspection Licensing Checklist



Type of review: New Renewal Provisional Level: _____

Provider: _____ Resident Manager: _____

Name of home (if different from provider name): _____

Address: _____ Phone: _____

AFH/I/DD representative: _____ CDDP reviewer: _____

Codes: C = Compliance NC = Non-compliance NA = Not applicable

411-360-0070 Classification Requirements			
C	NC	NA	Limited License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) (A) Specific individual unrelated to applicant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Meets qualifications 411-360-0110 (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Meets facility standards 411-360-0130
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Additional training to meet specific needs of individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Limited to individual named on license
Level 1 License			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) (a) Home /Applicant compliant with OAR 411-360-0080
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(A) Applicant/Resident Managers meet qualifications for OAR 411-360-0110
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Complete training OAR 411-360-0120
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Has equivalent of one year of full time DD experience providing care/services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Current first aid/CPR certification
Level 2B License			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) (a) Serves or intends to serve more than one individual who exhibits behaviors of significant danger to self or others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Meet requirements for Level 1 license
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) 2 years of full time behavioral exp.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Certified OIS-G, OIS-IF, or OIS-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Additional behavior training specific to the individual's support needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Transition plan upon individuals entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) BSP, if needed, implemented within 120 days of placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Resident Managers/Caregivers meet 2B qualifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) CDDP approval of 2B placements
Level 2M License			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) (a) Serves or intends to serve more than one individual who has serious or life threatening medical condition(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Meets requirements for Level 1 license and meets the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(A) Health care provider or 2 years of experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(B) References from 2 medical professionals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(C) 6 of 12 hours medical training

C	NC	NA		Level 2M License (continued)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c)	Transition plan upon individuals entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d)	Develop Medical Support Plan within 30 days of entry or when changes in health status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e)	Resident Managers/Caregivers meet 2M qualifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f)	CDDP approval of 2M placements
411-360-0110 Qualifications for Providers, Resident Managers, and Caregivers				
C	NC	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)	Provider Qualifications: Must meet the level requirements of the AFH-DD license -411-360-0070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Be at least 21 years of age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)	Reside in the foster home or have a Resident Manager
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c)	Provide evidence of experience/training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d)	Physically/mentally fit to provide 24 hour care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e)	Approved annual background check by DHS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f)	No founded reports of child abuse or substantiated abuse allegations of an adult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g)	Financial ability to operate 2 months without pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h)	Literate/ability to communicate in English
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i)	Able to respond at all times to emergencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j)	Current DL/vehicle insurance to transport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k)	Document annual abuse report training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(l)	Understand responsibilities/ISP /specified care of each individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(m)	Not listed on the Office of Inspector General's or General Services Admin's Exclusion lists
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) (a)	Background Checks: All SI's must have an approved background check prior to operating/ working / training /residing in AFH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A)	Annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)	Prior to SI change in position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C)	Prior to working in another AFH-DD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3)	Resident Manager Requirements: Meet provider qualifications & level requirements in OAR 411-360-0070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4)	Substitute Caregiver Requirements:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Be at least 18 years of age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)	Approved annual background check by DHS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c)	Notified annually/mandatory reporter

411-360-0110 Qualifications for Providers, Resident Managers, and Caregivers (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Literate/ability to read/speak/write, communicate in English
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Able to respond appropriately to emergencies at all times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Know fire safety/emergency procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Understand responsibilities/know ISPs/specific care of each individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Meet Resident Managers qualifications if in charge of AFH-DD for 30 days or longer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Not a service recipient of AFH-DD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Current DL/vehicle insurance to transport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k) Physical/mental health/good judgment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(l) Meet level training req. 411-360-0120
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(m) Application for employment ask abuse question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Providers do not hire or continue to employ Resident Managers/caregivers not meeting requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Provider responsible for operation & quality of care/services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Provider must supervise/train Resident Managers/caregivers of their duties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Provider/Resident Manager/caregiver/volunteer or other SI must self-report any potentially disqualifying condition to department within 24 hours
411-360-0120 Training Requirements			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Providers/Resident Managers/caregivers must complete and pass the Dept.'s Basic Training Course
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Providers/Resident Managers must keep documentation of Basic training course and annual training of sub caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Provider must complete AFH-DD orientation by CDDP prior to placements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Prior to providing care, Resident Managers and caregivers must be oriented to AFH and individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Provider/Resident Manager must have current first aid/CPR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Documented twelve (12) hours of Dept. approved training annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Provider/Resident Manager/caregivers not in compliance, Dept. may require additional training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) RN training/delegation; trained, Monitored and part of ISP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) RN training/delegation; trained, Monitored and part of ISP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) RN training/delegation; trained, Monitored and part of ISP
411-360-0130 AFH-DD Standards			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) General Conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Meets housing codes/floor plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Mobile homes built since 1976 must have HUD approval label
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Clean, good repair/entire home well maintained

411-360-0130 AFH-DD Standards (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Handrails on stairways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Adequate lighting; internal/external
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Heating system/comfortable temperature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Sufficient common space-150 square feet/ comfortable furniture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Pools/hot tubs/saunas/spas/safety barriers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Doorways/hallways accessible: 36 inches wide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Only ambulatory individuals housed on second floor or in a basement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k) Split level/accessible/egress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(l) Ladders/rope/chain ladders NOT permitted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(m) Marijuana not be grown on AFH-DD premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Sanitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Well water test for non-municipal water source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Septic tank/disposal system in working order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Garbage/refuse stored, covered and rodent proof with weekly removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Soiled laundry/storage/care separate from food area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Animal sanitation/pet vac; Proof of vaccinations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Insect/rodent control/screens on doors/windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Universal precautions utilized
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Sharps disposed in puncture-resistant containers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Bathrooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Structure/privacy/mirror/ventilation or openable window with covering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Clean/odor free
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Good repair/water/sinks/toilet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Hot/cold water/hot water not over 120 degrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Shower/tub/clean/good condition. Non-slip floor surfaces in tub/shower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Grab bars for toilets/tub/shower for safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Barrier free/accessible for non-ambulatory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Adequate bathroom supplies/toilet paper and soap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Laundered towels/wash cloths
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) (a) Bedrooms: for all household occupants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Construction/permits in place if remodeled or added to house
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Finished construction of interior walls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Door opens to hallway
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Heat/lights/window meets fire code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Floor space 70 square feet / individual per room. 120 square feet for 2 individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) No more than two persons per room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b)(c) Roommate/decorate; individual choice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Single Action Locks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) AFH-DD licensed after 01/01/2016; Lockable bedroom entrance doors; staff with keys
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) AFH-DD licensed prior to 01/01/2016; Lockable bedroom doors; by 09/01/2018

411-360-0130 AFH-DD Standards (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Limitations; health/safety risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Common area not used for sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Bed/bedding/frame/mattress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Dresser/closet/storage/personal effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Window coverings for privacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Impaired mobility/ground level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Proximity/adequate alert system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(k) Windows/doors/egress. See OAR for actual dimensions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Meals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Access to personal food any time. Limitation only for health/safety risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Three nutritious meals daily/two snacks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Meals include basic food groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Cultural/ethnic/preferences/limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Menus/meal times/access to food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Individual responsible for food beyond (5) (b) above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) (A-B) Special diets/menus/document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Food storage/temperature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Meals away from AFH-who pays?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Utensils stored/prevent contamination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Food areas and equip clean/good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Home canned foods/preservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Available/accessible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Emergency numbers posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Abuse/complaint numbers posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Accessible 24 hrs. a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) AFH/DD number in local directory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Notification of phone number change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Meets building codes/fire & life safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Heating/electrical/wood stoves installed/maintained properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A-D) Proper installation/inspection/protective screen/safety barrier/space heaters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Extension cords/multi-plug adapters not permitted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Single action door hardware/alarm system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Carbon monoxide detectors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Smoke alarms installed properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Ceiling placement/low battery warning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Audible in all bedrooms/hearing impaired
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C-D)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Carbon Monoxide and Smoke Alarms must be audible in all bedrooms or interconnected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Carbon monoxide and smoke alarms tested monthly/documentated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Fire extinguishers 2A-10BC maintained/documentated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Alarms/extinguishers maintained/working
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Emergency Procedures and Planning

411-360-0130 AFH-DD Standards (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a)(A) Evacuation Drills: Fire drill requirements per OARs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a)(B) Documentation retained for 2 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Orient within 24 hours for new individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Ability to evacuate within 3 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Floor plan posted/up to date/on each floor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Floor plan requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Floor plan changes submitted to the Dept.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Rechargeable flashlight; one per floor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Community info for independent individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Written emergency plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Emergency plan practiced annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Consider individual needs/risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Provisions/supplies for at least 3 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Evacuation plan/caregiver responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i-ii) Housing/Transportation of evacuation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Relocation sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Method to identify individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) Report individual's location to Dept/CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Address individual needs/medical/behavioral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Summary sheet/emergency information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Access to medications/equip/supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Behavior support needs anticipated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Adequate staffing to meet health/safety needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Caregivers trained on Emergency Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Documentation of caregiver training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Re-evaluate plan annually or for changes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Coordinate plan with day program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Special Hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Flammable/combustible materials stored safely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Oxygen/gas cylinders stored securely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Hunting equip/weapons safe and secure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Comply with Oregon Indoor Clean Air Act
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Designated smoking area 10 ft. from entrances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Smoking prohibited in bedrooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Smoking prohibited in vehicles with individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Ashtrays of safe design in smoking areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Cleaning supplies/poisons stored safely
411-360-0140 AFH-DD Standards and Practices for Health Care			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Individual health care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Primary care physician/licensed health care provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Medical evaluation every two years or as recommended by health care provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Monitor health/respond to changes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Signed Physician orders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Implement physician orders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Injections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Required Documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Maintain and keep current medical history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Known conditions/allergies/ immunizations/ Hep B/TB

411-360-0140 AFH-DD Standards and Practices for Health Care (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Record of visits to health professionals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Record of hospitalizations/surgeries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Current signed physician orders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Medication administration record/MARs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Legal Rep. consent for medical needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Copies of Mental Health assessments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Copies of medical records as requested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Medication procurement/storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Meds kept in original container
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Labeled correctly/matches phys. order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Locked container/store per manufacturer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Medication Administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) All meds/treatments recorded on MAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) MAR includes name of the individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Physician order includes; med/dosage/method/frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Over counter topical order/instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D-F) Admin/time/date/signed/method
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G-H) PRN admin/reason/effectiveness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I-J) Document irregularity/drug reactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Errors corrected on the MAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Self-Administration of Medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a-b) ISP plan for monitoring/review/storage/ unavailable to others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Use of Medical Marijuana
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Valid OMMP registry card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Physician statement/instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Third party access
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(i) Signed agreement with individual. Not to be grown on premises of AFH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(ii) No more than 1 ounce on premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(iii) Administer only by ingesting with food or by a vaporizer. A "designated primary caregiver" must be authorized/identified by OMMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(iv) Provider/Resident Manager/Caregiver or any occupant cannot be designated as OMMP caregiver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(v) Provider/Resident Manager/Caregiver or occupants cannot assist with prep/admin/delivery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(vi) Individual must maintain any equip. used to administer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(vii) Marijuana must be kept in locked storage in bedroom of individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(viii) Immediately notify OMMP of any changes in status. Copy of OMMP registry care for provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D)(ix) Failure to comply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Comply with OMMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Self-administer vaporizer/ingested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Designated third party grower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) 28 grams on site per OMMP card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Proper storage/tracked on MAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) No caregiver/occupant of AFH/DD to assist with administration, procurement.

411-360-0140 AFH-DD Standards and Practices for Health Care (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Any caregiver with OMMP card under the influence must have alternate caregiver available to support individuals. Not smoke/ingest/inhale on premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Psychotropic Medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Prescribed by health care professional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Monitored by Dr./ISP team/provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Change in administration must be approved by Health Care Professional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Homeopathic/herbals must have direction and supervision of physician
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) PRN psych meds not allowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) MH assess if psych meds prescribed/young adult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Notification of MH assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Required Mental Health Assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) MH assessment provided to Physician
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Notification of psych med Rx for young adult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Notification to include med administration required documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Written consent for Rx from Guardian/Dept.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Annual review 2+ psych meds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Balancing Test; first prescribed/then annually/ form #4110 req.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Behavior/side effects/symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Signed copies of balancing tests in file for 7 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Medication Safeguards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Single pharmacy if possible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Maintain info on effects/side effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Admin to only person prescribed for
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Document why meds not from one pharmacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Medication Disposal 10 days/witness/document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a-c) Disposal date/description/prescribed to
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d-g) Reason/method/person disposing/witness/signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Nursing Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Coordinate with nurse/ISP/sufficient for needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Implement as agreed/nursing service plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Community Nursing Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Coordinate services to meet individual's needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Implement nursing plan as agreed by ISP team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Private Duty Nursing(18-20 yr) : OAR411-300-0120
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Nursing Service Plan authorized 18-20 yr
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Coordinate/implement for young adult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i-ii)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) AFH-DD provider is not authorized to deliver private duty nursing services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Direct Nursing Services: (21 yrs. and older)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Nursing service plan authorized by CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(i) Coordinate with RN/ISP team to meet need
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Implement nursing service plan as agreed upon by ISP team and RN

411-360-0140 AFH-DD Standards and Practices for Health Care (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Assure other individuals needs are met while delivering services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Direct Nursing Services by AFH-DD provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Meet qual. of OAR 411-380-0060
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) More than one individual resides in AFH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Provider is individual's choice;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Medicaid Provider meets req. 411-380-0060
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) Delegation and Supervision of Nursing Tasks: In accordance with OSBN Rule, chapter 851, division 045 & 047
411-360-0160 Behavior Support			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Plan to alter behavior is ISP decision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Implemented as developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Provider participate as requested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) BSP may not be altered by Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Functional Behavioral Assessment: Prior to development of BSP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Clear/measurable description frequency/duration/intensity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Justification of need to alter behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Assessment of behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Description of context in which behavior occurs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Description of what currently maintains behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Behavior Support Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A-J) Summary/preferences/strategies/predictors/crisis response/implementation/ evaluation/caregiver instructions/ positive supports/consistent with OIS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Written ISP team agreement for BSP development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Protective Physical Intervention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Must be OIS curriculum or approved by OIS committee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) PPI's only applied when:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Health/safety at risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Emergency/ risk to self or others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Health related protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Training: Documented OIS training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Modification of techniques/OIS approved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Use in Emergency Situations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Use of PPI's in emergencies must:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Reviewed within 1 hour by Prov/Res. Mgr./or designee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Used until no longer a threat to self or others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Incident report completed within one working day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) ISP team meeting if 3 times in 6 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Incident Reports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Any use of PPI's incident report must include;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i-iii) Name/Date/type/length/description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv-vii) Documentation of injury/staff name/position/witness info/follow-up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Copy of IR's to CDDP/DHS/5 working days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) If PPI results in injury/IR to SC within 1 day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Copy of IR provided to legal rep/pers. agent

411-360-0170 Documentation and Record Requirements			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Individual records; developed/current/available at the AFH-DD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Summary sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Personal Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Name, address and phone number of:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Legal rep/family/significant other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Health Care Provider/clinic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Dentist preferred by the individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Employer/Day program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) Services Coordinator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) Other agency reps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Emergency Information: Must be current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Name of the individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Name/address/phone of the provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Address/phone if different from provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Physical description of the individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Abilities/characteristics of individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Health support needs of the individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Emotional/behavioral needs of individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Court or Guardian limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I) Supervision requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(J) Additional pertinent information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Records available to Dept. inspections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Records kept for 3 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Comply with ORS 179.505/confidentiality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) (a) Individual Account Records; Must include:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Dates/amounts/income source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Dates/amounts/purpose/dispensed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Provider/caregiver signature making entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Documented receipts/\$10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) PIF: Personal incidental funds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Room & board
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Reimbursements to individual by provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Financial records maintained for 7 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Personal Property Record; Provider must prepare/maintain accurate record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Description/identifying number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Date of inclusion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Date and reason for removal from record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d-e) Signed and dated/annual review
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Individual Support Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Provider must collect/summarize prior to mtg.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) One page profile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Person centered information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Information about known identified serious risks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Information developed/shared by provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Implementation/action plan for outcomes/goals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Protocols; health/behavior/safety/financial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Document risk management strategies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Nursing Service Plan; if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Other documents required by ISP team

411-360-0170 Documentation and Record Requirements (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) When desired by individual, provider must participate in ISP meetings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Agree in writing to implement ISP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Provider must maintain copy ISP/agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Maintain documentation of implementation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Individually-Based Limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) For ISP to begin on or after 03/01/17 provider must identify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Support & freedom to access personal food anytime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Visitors of individual's choosing at any time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Lock on individual's bedroom door (lockable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Choice of roommate if sharing a bedroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Furnish/decorate bedroom as individual chooses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Freedom/support to control schedule/activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Limitations must be in ISP by 02/28/2018
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Limitation supported by assessed need
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Assessment justifies individually-based limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Positive interventions/supports prior to limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Less intrusive methods tried but did not work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Description of condition proportionate to need
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Regular reassessment and review
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Periodic reviews to determine need for limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Informed consent; individual/legal representative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Assurance interventions/supports cause no harm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) House Rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Must be submitted for review/approval by the Dept
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Posted in conspicuous/accessible location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Not violate individual rights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Not in conflict with OARs or HCBS services or settings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Documented/signed/dated reviews of house rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Residency Agreements; Provider must maintain with all individuals per OAR 411-360-0055
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Unusual Incidents: Reported within 5 working days to CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) General Information: Info/correspondence maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Monthly Progress Notes: Medical/ISP/behavioral/safety/other events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) Bill Of Rights For Individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Individuals residing in the AFH-DD have right to:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Be treated as an adult with respect/dignity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Informed of all rights and all house rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Encourage/assist to exercise legal rights: voting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Informed of medical condition/rights to consent or refuse treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Care/services, prompt health care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Safe/secure environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Free from mental & physical abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Freedom from chemical/physical restraint/unless ordered by physician or other qualified practitioner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I) Privacy for treatment/personal care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(J) Associate/communicate privately with anyone

411-360-0170 Documentation and Record Requirements (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(K) Send/receive personal mail unopened
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(L) Participate in social/religious/community groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) Medical and personal info kept confidential
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(N) Keep and use personal clothing and belongings. Private/secure storage space
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(O) Manage own money and affairs unless restricted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(P) Free from financial exploitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Q) Written agreement/services to be provided. 30 day notice for rate or ownership of home changes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(R) Non-trans/moved w/o 30 day advance notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(S) Free of discrimination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(T) Grievance/no retaliation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(U) Encourage/assist with legal/civil/human rights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Provider must help individuals exercise rights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Post copy in prominent place/complaint ph. #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Explain/provide copies to individual/legal Rep.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Review annually or as changes occur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) HCBS rights to quality per OAR 411-004-0020 (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) HCBS rights to quality per OAR 411-004-0020 (2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) AFH-DD Records: Current/available for Inspection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13) Employment Records. Provider, Res Mgr., caregivers must meet 411-360-0110. The following documentation must be available for review:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Complete application with names, addresses, phone numbers of all caregivers with the abuse question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Approved background check by DHS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Proof of training hours documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Basic training certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Mandatory abuse report training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Additional training for classification level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Orient to emergency/ISP/BSP/NCP training
411-360-0180 General Practices: Provider must:			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) License posted in conspicuous location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Cooperate with Dept./access to records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Appropriate care/services/medical per ISP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Sub-caregiver/provider absence beyond 72 hrs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Provider/Res. Mgr./caregiver present at all times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Civil/human rights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) No physical/sexual/emotional abuse or neglect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Provide care as agreed in ISP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Maintain confidential information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Nursing care/not exceed Provider capabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) Non DD admission must have notification to CDDP/Dept.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) Precautions that could threaten health/safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13) Immediate notification of unusual incidents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a-b) Change in medical status/unusual absences
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c-f) Abuse/behaviors/illness/hospital/police/death/accident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(14) Incident report to CDDP within 5 working days

411-360-0180 General Practices: Provider must: (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(15) Notify Dept. within 24 hours of changes of business info
411-360-0190 Standards for Entry, Community Living Supports, Exit, and Closures			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Non-Discrimination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Qualifications for Dept. Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Department funded resident of AFH-DD must:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Be an Oregon resident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Be receiving Medicaid title XIX (OHP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Determined eligible for DD services by CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Meet level of care per OAR 411-320-0020
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Not receiving other residential services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) If Medicaid OHP subject to OSIPM rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Transfer of assets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Equity value of home exceeds limits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Be referred by the CDDP or have approval of Dept. or CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) CDDP agrees to placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Provider must participate in entry meeting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Provider acquire information from CDDP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Copy of eligibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Ability to evacuate/adjust water temp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) History of behavior/supervision/supports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Medical history/when available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i-ii) Results of physical/dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii-iv) Record of immunizations/diseases/allergies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) Record of illnesses/hospitalizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Record of medications/treatments/diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Guardianship/health care rep/legal restrictions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Copy of recent BSP/ISP/NSP/IEP plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Protocols/risk tracking record/support doc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Individual coming from family home: provider must assess/develop plan by 30 days after entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Provider's right to deny entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Prior approval req. for other type of service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Transfers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) 30-day advance written notice agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Behavior/danger to self/others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Failure to pay for care and services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) License revoked/surrendered/non-renewal/suspended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Care needs exceed provider's ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Mutual decision/ISP team agrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Objection/appeal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Community Living Supports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Not exceed capacity of 5/relief care no longer than 14 consecutive days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Sufficient info to provide community living supports

411-360-0190 Standards for Entry, Relief Care, Crisis Placements, Exit, and Closures (continued)			
C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Medications labeled from pharmacy/manufacture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Medication administration information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Basic summary sheet information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) First relief visit/fire drill upon arrival
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) No use of PRN psychotropic medications allowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Immediate Exit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Admitted on or after 07/01/2014; individual may be moved without notice if the following are met:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Provider not informed: probation/parole/sex crime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Provider learns of: probation/parole/sex crime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Individual presents risk, harm to self or others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Prior to move contact the Department
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Move-out notice completed; APD0719DD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Prior to move, notice reviewed/hearing request
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Exit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Valid reason
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) 30 day written notice given
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) CDDP notification by provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) Exit Meeting; provider must participate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) Closure; Provider notifies Department in writing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) 30 day notice to CDDP/Individual/Guardian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Move to another AFH of provider; need prior approval
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Return license if closed prior to expiration date

