

DEVELOPMENTAL HOME COMPLIANCE REVIEW

VISIT INFORMATION

Date of Visit: _____ Start Time: _____ End Time: _____

Licensee(s): _____ License ID: _____

License Expiration: _____ Scheduled Visit Unannounced Visit

Address: _____

Agency: _____ Licensing Worker: _____

SETTING INSPECTION

GENERAL REQUIREMENTS	Yes	Corrected at Inspection	No	N/A
1. Interior and exterior are in good repair and free from damage that poses a hazard. Damage that constitutes a hazard includes broken glass, surfaces that are rusted, have sharp or jagged edges, or have nails protruding; holes in walls, ceilings or floors.				
2. The setting is clean and sanitary to the degree that it does not constitute a hazard. Conditions that constitute a hazard include rotting food, accumulated urine or feces or an accumulation of mold.				
3. Home is agreeable in temperature, lighting and smell. Interior temperature should be between 65-85 degrees F.				
4. Appliances for food storage and cooking are working.				
5. The hot water temperature does not exceed 120 degrees F.				
6. The home and outside play area are free from insect or vermin infestation.				
7. Furnishings and equipment in the home appear in good repair.				
8. Bedrooms for members receiving care are finished rooms with lighting, ventilation, a door with a working doorknob, floor to ceiling walls, and a usable exit to the outside.				
9. Mattress, pillow, and bedding are clean and appropriate to weather.				
10. Yard/outside appears clean, in good repair, and free of damage that poses a hazard.				
11. Home has an operable telephone. If no land line is present, the provider has a plan to ensure that phone service is always available when member is present in the home.				
SAFEGUARDING HAZARDS	Yes	Corrected at Inspection	No	N/A
12. Ramps, tubs, and showers have slip resistant flooring.				
13. Medications (prescription and OTC) are locked.				
A. Medications that must be readily accessed are safeguarded.				
B. Exemption verified by Planning Document, if applicable.				
14. Cleaning supplies are safeguarded. Cleaning supplies include laundry detergent, furniture polish, spray cleaners and dishwasher detergent.				

SAFEGUARDING HAZARDS (Continued)	Yes	Corrected at Inspection	No	N/A
15. Highly toxic substances are kept in locked storage unless otherwise specified in the Planning Document. Highly toxic substances include gasoline, lighter fluid, bleach, pesticides, drain cleaner, and ammonia based products.				
Exemption verified by Planning Document if applicable.				
16. Number of firearms present in the home:				
17. Firearms are locked in an unbreakable container.				
18. Firearms are trigger-locked or rendered inoperable.				
19. Ammunition locked separately from firearms.				
20. Animals do not appear to pose a hazard (behavior/disease).				
21. All dogs are current on rabies vaccination.				
POOLS & SPAS	Yes	Corrected at Inspection	No	N/A
22. Pools are maintained, not stagnant, and the water is clear enough to see to the bottom of the pool.				
23. Shepherds crook & ring buoy are maintained in the pool area.				
24. Pools/spas are fenced and gates are locked.				
25. Gate to the pool area is self-closing and self-latching.				
FIRE SAFETY	Yes	Corrected at Inspection	No	N/A
26. A working carbon monoxide detector is in place on each level that has a fuel-burning appliance.				
27. Portable heaters appear safe/not the primary source of heat.				
28. Flammables/combustibles are stored a minimum of 3 feet distance from heat sources.				
29. Each working fireplace is protected by a fire screen.				
30. Each level of home has a fire extinguisher with a minimum rating of 2A-10BC.				
31. Working smoke detectors are in each bedroom and on each level.				
32. The emergency evacuation plan is available in the setting.				
33. Members receiving care are familiar with the emergency evacuation plan.				

FILE REVIEW				
ITEM	Valid	Expired	Expiring < 90 Days	N/A
CPR (Provider 1)				
CPR (Provider 2)				
First Aid (Provider 1)				
First Aid (Provider 2)				
Article 9 (Provider 1)				
Article 9 (Provider 2)				
FP Clearance Card (Provider 1)				
FP Clearance Card (Provider 2)				
FP Clearance Card (Adult HHM 1)				
FP Clearance Card (Adult HHM 2)				
FP Clearance Card (Adult HHM 3)				
Criminal History (Provider 1)				
Criminal History (Provider 2)				
Criminal History (Adult HHM 1)				
Criminal History (Adult HHM 2)				
Criminal History (Adult HHM 3)				
Physician Statement (Provider 1)				
Physician Statement (Provider 2)				
Physician Statement (Adult HHM 1)				
Physician Statement (Adult HHM 2)				
Physician Statement (Adult HHM 3)				
Prevention and Support, if applicable (Provider 1)				
Prevention and Support, if applicable (Provider 2)				
VEHICLE(S)				
	Valid	Expired	Expiring < 90 Days	N/A
Vehicle 1 Auto Insurance				
Vehicle 1 Auto Registration				
Vehicle 2 Auto Insurance				
Vehicle 2 Auto Registration				
Vehicle 3 Auto Insurance				
Vehicle 3 Auto Registration				
OCLR LIFE-SAFETY INSPECTION				
	Valid	Expired	Expiring < 90 Days	N/A
OCLR Inspection (Due annually)				

MEMBER CARE

Member (*Initials only*) _____ Support Coordinator: _____

1. Planning Document Present? Yes No

2. Progress Reporting (*DD-024 or equivalent*):

Submitted on: _____ Collected at visit Incomplete/Missing

Next Report Due: _____

Comments: _____

3. Supervision is consistent with Planning Document and needs of the member? Yes No

Comments: _____

4. Alternate caregivers are approved by the Division and meet HCBS requirements? Yes No

Comments: _____

5. Transportation is provided or arranged by the licensee? Yes No

Comments: _____

6. Funds designated for the member have been spent according to the spending plan and receipts have been returned? Yes No N/A

Comments: _____

7. Personal belonging inventories are up to date? Yes No

Comments: _____

8. Review critical member incidents:

All incidents were reported? Yes No

9. List and describe behavioral challenges for members:

10. Licensee is adhering to behavior treatment plan (BTP)? Yes No N/A
BTP needed/ In process BTP needs update

Comments: _____

11. Describe interactions or observations of the member (*If member is not present, state location of member*):

MEMBER CARE (If applicable)

Member (*Initials only*) _____ Support Coordinator: _____

1. Planning Document Present? Yes No

2. Progress Reporting (*DD-024 or equivalent*):

Submitted on: _____ Collected at visit Incomplete/Missing

Next Report Due: _____

Comments: _____

3. Supervision is consistent with Planning Document and needs of the member? Yes No

Comments: _____

4. Alternate caregivers are approved by the Division and meet HCBS requirements? Yes No

Comments: _____

5. Transportation is provided or arranged by the licensee? Yes No

Comments: _____

6. Funds designated for the member have been spent according to the spending plan and receipts have been returned? Yes No N/A

Comments: _____

7. Personal belonging inventories are up to date? Yes No

Comments: _____

8. Review critical member incidents:

All incidents were reported? Yes No

9. List and describe behavioral challenges for members:

10. Licensee is adhering to behavior treatment plan (BTP)? Yes No N/A
 BTP needed/ In process BTP needs update

Comments: _____

11. Describe interactions or observations of the member (*If member is not present, state location of member*):

MEMBER CARE (If applicable)

Member (Initials only) _____ Support Coordinator: _____

1. Planning Document Present? Yes No

2. Progress Reporting (DD-024 or equivalent):

Submitted on: _____ Collected at visit Incomplete/Missing

Next Report Due: _____

Comments: _____

3. Supervision is consistent with Planning Document and needs of the member? Yes No

Comments: _____

4. Alternate caregivers are approved by the Division and meet HCBS requirements? Yes No

Comments: _____

5. Transportation is provided or arranged by the licensee? Yes No

Comments: _____

6. Funds designated for the member have been spent according to the spending plan and receipts have been returned? Yes No N/A

Comments: _____

7. Personal belonging inventories are up to date? Yes No

Comments: _____

8. Review critical member incidents:

All incidents were reported? Yes No

9. List and describe behavioral challenges for members:

10. Licensee is adhering to behavior treatment plan (BTP)? Yes No N/A

BTP needed/ In process BTP needs update

Comments: _____

11. Describe interactions or observations of the member (If member is not present, state location of member):

FAMILY UPDATES

- 1. Are there any new household members?

- 2. Are there any changes in the providers' work schedule?

- 3. Is the family experiencing any stress?

- 4. Has the provider experienced any change in health?

- 5. Are there any plans to relocate or remodel?

- 6. Are there any other updates related to the developmental home providers that could impact the care of members?

VISIT SUMMARY

List violations:

List corrective actions / Summary notes / Follow-up items:

Provider Signature: _____ Date: _____

Licensing Worker's Signature: _____ Date: _____

OLCR
 2200 N. Central, Mail Drop 2HF1, Phoenix, AZ 85004
 P.O. Box 6123, Phoenix, AZ 85005
 Telephone (602) 771-4861 • Fax (602) 257-7045 • DDDOLCR@azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.