

Family Care Home Initial Licensure: Policy and Procedure Checklist

FACILITY NAME _____ FID# _____

Contact Person _____
Phone Number _____ E-mail: _____

_____ **Medications:** 10A NCAC 13 G .1001/1002/1003/1004/1005/1006/1007/1008/1009/1010

**See form "*Guidelines for the Development of Medication Administration Policies and Procedures*"

_____ **Use of physical restraints and alternatives:** 10A NCAC 13 G .0506/1301

- Use of alternatives/other interventions to be attempted prior to use of physical restraints
- Process for obtaining required orders, consents and documentation for physical restraints
- Assessment and care planning of residents with physical restraints
- If facility is "restraint free", must include facility's plan to manage and supervise resident's behaviors, including what alternatives will be used, assessment of resident, communication with doctor/RP, and discharge planning if necessary.

_____ **Accidents and Incidents:** 10A NCAC 13 G .0901/1213

- Procedure for handling accidents and incidents, and follow-up care of the resident
- Reporting/notification of accidents/incidents to Administrator, DSS, DHSR, family/RP
- Management of physical aggression or assault by residents toward residents/staff/others
- Policy on Abuse, Neglect and Misappropriation of Resident Property and notification of appropriate entities, including reporting to the Health Care Personnel Registry

_____ **Missing Residents:** 10A NCAC 13 G .1211

- Search procedures
- Reporting procedures

_____ **Identification and Supervision of Wandering Residents:** 10A NCAC 13 G .0312/0901

- Reporting disoriented or wandering behavior to administration/SIC
- Identification and assessment of changes in behavior (i.e. wandering, increased confusion, etc.)
- Facility's plan for supervision of disoriented or wandering residents
- Door alarms or other monitoring devices (operation and maintenance of)

_____ **Fire Safety and Emergency Procedures:** 10A NCAC 13 G .0316

- Copy of written fire evacuation plan, including where it will be posted in facility
- Plan for fire drills/rehearsals and documentation of
- Copy of written disaster plan (address minimum of fire, tornado, hurricane, and power outage), including plans for special needs sheltering and transportation during disasters
(Highly recommend providers use the state disaster plan template found at the website <http://www.ncdps.gov/Index2.cfm?a=000003,000010,000024>)

_____ **Infection Control Procedures in Accordance with CDC Guidelines and Session Law 2011-99:**
(website: <http://www.ncga.state.nc.us/Sessions/2011/Bills/House/PDF/H474v6.pdf>) 10A NCAC 13 G .1211

- Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents.
- Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.
- Accessibility of infection control devices and supplies.
- Blood and bodily fluid precautions.

- Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.
 - Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.
 - Procedure for monitoring compliance with the facility's infection control policy.
 - Designated on-site staff member who is knowledgeable about the federal Centers for Disease Control and Prevention guidelines on infection control to direct the facility's infection control activities and ensure that all adult care staff is trained in the facility's infection control policy.
 - Procedure for reporting suspected communicable disease outbreaks to the local health department and who is responsible for doing so
 - Definition of and use of Standard Precautions
 - Policy on hand-washing, instructions for staff (how and when to handwash)
 - Policy on use of gloves, instructions for staff (how and when to use)
 - Explain policy and process for completing two-step TB testing of residents and staff (see rule .0405)

_____ **Handling of Resident Grievances:**

10A NCAC 13 G .0704

- Procedure for residents or family member to file a grievance
- Procedure for follow-up of resident/family grievances by facility
- Procedure for documentation of grievances and follow-up of grievances
- Contact information (names/phone numbers) for outside resources for resident/family if grievances are not resolved

_____ **Refund Policy**

10A NCAC 13 G .1104/ .1105

_____ **Visitation in Facility & Sign Out Log**

10A NCAC 13 G .0906

_____ **Smoking**

10A NCAC 13 G .0704(2)

- Designated areas outside of the building/No smoking inside facility
- Plan for on-going assessment and increased supervision of smoking residents if needed
- What are consequences of non-compliance with smoking policies?

_____ **Alcohol Use**

10A NCAC 13 G .0704(2)

- Assessment of resident and communication with doctor regarding alcohol consumption
- Safekeeping and monitoring of alcohol with physician's order
- What are consequences of non-compliance with alcohol and substance abuse policies?

_____ **Activities Program**

10A NCAC 13 G.0905(c) (2)(d)

- Sample calendar (meets hour requirements/times listed, variety of activities and outings)
 - *Calendar must contain beginning and end times of activities.

_____ **Nutrition and Food Service**

10A NCAC 13 G.0509/0904(c)(d)

- Sample menu for one month
 - *Menu must include portion sizes. (*Ex. 1 cup of green beans*)
 - *If the facility accommodates therapeutic diets, must submit therapeutic diet menus developed by a Registered Dietician, including their signature and RD number on each menu.

_____ **Resident Contract**

10A NCAC 13 G .0704

- Submit a copy of the resident contract to be used upon admission to the home
 - *Contract must include all areas listed in the rule

NOTES:

Contact with Provider/Date/Reason

Desk review completed. Required policies and procedures have been verified.

NAME

**Licensure Consultant
Adult Care Licensure Section**

DATE