

Adult Care Home Initial Licensure: Policy & Procedure Review

FACILITY NAME _____ FID# _____

Contact Person _____
Phone Number _____ E-mail: _____

_____ **Medications:** **10A NCAC 13F 1001/.1002/.1003/.1004/.1005/.1006/.1007**
**See form "Guidelines for the Development of Medication Administration Policies and Procedures"

_____ **Use of physical restraints and alternatives:** **10A NCAC 13F .1211(2)/.0506/.1501**
 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 how and what alternatives will be used.

_____ **Accidents and Incidents:** **10 A NCAC 13F .1211 (8) (3)/.0901/.1212**
 Procedure for handling accidents and incidents, and follow-up care
 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 13F .1211(6)**
 Search procedures
 Reporting procedures

_____ **Identification and Supervision of Wandering Residents:** **10A NCAC 13F .1211(7)/.0305 (h)(4)/.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 13F .1211(3)/.0309**
 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, including plans for special needs sheltering during disasters

_____ **Infection Control Procedures:** **10A NCAC 13F .1211(4)**
 Standard Precautions
 Policy on hand-washing, instructions
 Policy on use of gloves, instructions
 Explain policy/process for TB testing of residents and staff (see rule .0405)

_____ **Handling of Resident Grievances:** **10A NCAC 13F .1211(9)/.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
 Outside resources for resident/family if grievances are not resolved

_____ **Refund Policy:** **10A NCAC 13F .1211(5) /.1104/ .1105**

_____ **Visitation in Facility:** **10 A NCAC 13F .1211(10)/.0906**

_____ **Smoking:** **10A NCAC 13F .1211(11)/.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 13F .1211(11)/.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 13F .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 13F .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 F .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