

## Review of Assisted Living Facility Type C

**Identifying Information**

Facility Name		
Facility Address		Telephone No.
Facility ID Number	License Expiration Date	Facility Census

**Conducted only if the provider is no longer participating in the Adult Foster Care program but has a current Type C Assisted Living Facility license renewal application in process.**

Provider Qualifications	Yes	No	NA	Plan of Correction/Comments
1. Is an adult 18 years or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is able to communicate directly with the consumer and the consumer's family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has evidence of having been examined for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does not deliver direct services when ill or have a communicable disease, but ensures that consumer's needs are met by an approved substitute provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ensures that persons, including other consumers, whose behavior or health status endangers the consumer are not allowed at the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is not related to consumers in provider's care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Lives in and shares the same household (common living areas) with the consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is primary caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is owner or lessee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has a minimum of one approved substitute provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Notifies employees about the Employee Misconduct Registry (EMR). Conducts EMR and Nurse Aide Registry (NAR) search annually and keeps copy of results. A facility must comply with the provisions of Chapter 250 of the Health and Safety Code. Before hiring an employee, the facility must search the EMR established under §253.007, Health and Safety Code, and NAR to determine if the individual is designated in either registry as unemployable. A facility is prohibited from hiring or continuing to employ a person who is listed in the EMR or NAR as employable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Demonstrates the ability to read and comprehend the minimum standards for Adult Foster Care, the client and provider agreements, service plans and HHSC directives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Home Requirements	Yes	No	Plan of Correction/Comments
1. The client bedroom must:			
A. be close enough in proximity to the provider to alert the provider to nighttime needs or emergencies, or must be equipped with a call bell or intercom;	<input type="checkbox"/>	<input type="checkbox"/>	
B. be finished with walls or partitions of standard construction that go from floor to ceiling; and	<input type="checkbox"/>	<input type="checkbox"/>	
C. be ventilated and lighted with at least one window that will open freely, and remain open from the inside without special tools.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Each consumer is provided with a bed and sufficient drawer and closet space in the consumer's bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The bedrooms have no more than two beds.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The sleeping arrangements for consumers are comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Each bedroom has at least one comfortable sitting chair per consumer.	<input type="checkbox"/>	<input type="checkbox"/>	
6. The bathtub/shower area has at least one grab bar in and a slip-proof surface.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Each bathroom has adequate supplies of soap and toilet paper. Consumers are provided with individual towels and washcloths.	<input type="checkbox"/>	<input type="checkbox"/>	
8. The facility provides a sketch of the home floor plan showing the dimensions and the purpose of all rooms and specifying where consumers and household members will sleep.	<input type="checkbox"/>	<input type="checkbox"/>	
9. The facility has a conspicuously posted emergency/ disaster evacuation plan that specifies what procedures consumers follow in case of emergency, and holds evacuation drills at least every six months with at least one of the two required annual drills occurring during sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>	
10. The facility has at least one working telephone available in the home for consumers to make calls. Limitations on the use of the telephone are specified in the house rules.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Emergency telephone numbers are located near the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	
12. The facility has an operational smoke detection system. (Battery operated detectors are acceptable.)	<input type="checkbox"/>	<input type="checkbox"/>	
13. The facility has a portable A.B.C.-type fire extinguisher charged and ready for use.	<input type="checkbox"/>	<input type="checkbox"/>	
14. The facility has first-aid supplies on the premises, as recommended by the American Red Cross.	<input type="checkbox"/>	<input type="checkbox"/>	
15. The facility has at least one communal dining table with adequate seating for all consumers at the same time.	<input type="checkbox"/>	<input type="checkbox"/>	
16. The facility has space and furniture for consumers' visitors.	<input type="checkbox"/>	<input type="checkbox"/>	
17. The facility provides laundry service for the consumers as part of the room and board use.	<input type="checkbox"/>	<input type="checkbox"/>	

Home Requirements	Yes	No	Plan of Correction/Comments
18. The home (including yard) has been maintained, repaired and cleaned so that no hazard to consumers is present. (No accumulation of garbage, debris, rubbish or offensive odors is permitted. If house pets are kept indoors, sanitation must be maintained. Swimming pools must be fenced.)	<input type="checkbox"/>	<input type="checkbox"/>	
19. Windows and doors used for ventilation are equipped with screens.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Equipment and furnishings are safe for consumers.	<input type="checkbox"/>	<input type="checkbox"/>	
21. Flammable poisonous substances, explosives and firearms are stored and inaccessible to consumers.	<input type="checkbox"/>	<input type="checkbox"/>	
22. Room temperatures are kept at comfortable levels for consumers. Heating and cooling systems must be in good working order. Hot water temperatures in consumer areas are maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit.	<input type="checkbox"/>	<input type="checkbox"/>	
23. Food preparation areas and equipment are clean, free of offensive odors and in good repair. Utensils, dishes and glassware are washed in hot soapy water, rinsed and stored to prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>	
24. Soiled linens and clothing are stored in containers in an area separate from food storage, kitchen and dining areas.	<input type="checkbox"/>	<input type="checkbox"/>	
25. The home has posted house rules, including smoking policies, and shared these rules with each consumer.	<input type="checkbox"/>	<input type="checkbox"/>	
26. The provider can demonstrate the ability to evacuate all consumers within three minutes.	<input type="checkbox"/>	<input type="checkbox"/>	
27. The home has been inspected for fire safety and hazardous conditions have been corrected.	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection Date:			

**List of all consumers in the household:**

Name	Plan of Correction/Comments

**Recommendation:**

☐ This home IS recommended for license renewal.

Date of recommendation:

☐ This home is NOT recommended for license renewal.

Date of recommendation:

\_\_\_\_\_  
Printed Name - Surveyor

\_\_\_\_\_  
Signature--Surveyor

\_\_\_\_\_  
Date

**Determination of compliance is based on evidence presented through documentation, observation and interviews on the day of review.**