



**Audit Name**

Residential Environmental Health & Safety 2018 revised

**Passing % (Scores falling below this percentage will be subject to a Provider Response/Corrective Action)**

95

**Physiological Needs - Food Prep Area & Nutrition**

**1. Are food sources clean; wholesome; free from spoilage; and safe for human consumption?**

Not  
Met/Partial/Met N/A

**2. Make sure that all food in the cabinets and freezer have current date labels (no expiration dates).**

Not  
Met/Partial/Met N/A

**3. Does the emergency food pantry have sufficient food and water for each consumer and staff for 3 days?**

Not  
Met/Partial/Met N/A

**4. Do the menus reflect the actual food in the home posted 1 week in advance? Is a substitute menu being implemented and signed by staff on the menu.**

Not  
Met/Partial/Met N/A

**5. Do members assist in menu planning? Make sure member monthly meeting agendas discussed the menu.**

Not  
Met/Partial/Met N/A

**6. Are special diets prescribed by doctor posted?**

Not  
Met/Partial/Met N/A

**7. Are the food prep areas, cabinets, counters, ceiling, walls, windows and floor clean and in good condition**

Not  
Met/Partial/Met N/A

**8. Are the equipment (i.e., stove, refrigerator, sink, etc.) and cooking utensils clean and in good condition?**

Not  
Met/Partial/Met N/A

**9. Are the refrigerator and freezer each equipped with an appropriate thermometer that shows the temperature is between 32-40° F (0-4 degrees Celsius)?**



Not  
Met/Partial/Met N/A

**10. Are both the hot and cold water operable on sinks?**

Not  
Met/Partial/Met N/A

**11. Are the table and chairs clean and in good condition with enough for all members?**

Not Met/Partial/Met

**Safety Needs - Medication Cabinet**

**1. Are prescription medications maintained in the original pharmacy container?**

Not  
Met/Partial/Met N/A

**2. Are medications maintained in locked cabinet?**

Not  
Met/Partial/Met N/A

**3. Are all refrigerated medications kept in a locked refrigerator designated for medications only or locked container in the fridge?**

Not  
Met/Partial/Met N/A

**4. Are topical medications separated from oral medications?**

Not  
Met/Partial/Met N/A

**5. Are member's refusal to take medication and errors noted on back of the medication sheets? Is there evidence these incidents are followed up on?**

Not  
Met/Partial/Met N/A

**6. Is there a Medication Refusal Policy that explains the procedure that staff follows when a member refuses to take medication?**

Not  
Met/Partial/Met N/A

**7. Are all medications on site current?**

Not  
Met/Partial/Met N/A

**8. Is there a Medication Disposal Policy that details the procedure for proper disposal of expired medications, discontinued medications, and medications left when a member leaves the facility?**

Not  
Met/Partial/Met N/A



## Safety Needs - Environmental Health

**1. Are staff provided with appropriate Personal Protective Equipment (PPE) according to Safety and Infections Control Policies? (Rubber Gloves)**

Not  
Met/Partial/Met N/A

**2. Is there a First Aid kit in the home and is it appropriately stocked?**

Not  
Met/Partial/Met N/A

**3. Does staff know how to report possible infectious incident?**

Not  
Met/Partial/Met N/A

**4. Are the hand washing areas supplied/readily available with individual paper towels and soap in kitchen, and bathroom(s)?**

Not  
Met/Partial/Met N/A

**5. Are hand washing procedure signs posted near all sinks?**

Not  
Met/Partial/Met N/A

**6. Are trash containers leak proof with tight-fitting lids?**

Not  
Met/Partial/Met N/A

**7. Is the trash and food rubbish removed from the home daily and from the premises at least weekly?**

Not  
Met/Partial/Met N/A

**8. Is the area free of rodents, pests, and insects (including bed bugs)?**

Not  
Met/Partial/Met N/A

**9. Are all insecticides, cleaning materials and caustic/combustible/poisonous/bio-hazardous materials stored away from food and locked in non-resident areas?**

Not  
Met/Partial/Met N/A

**10. Does the Home have a policy on sanitizing the bedroom when a member is discharged?**

Not Met/Partial/Met



## Physiological Needs - Living Spaces

**1. Is the building(s) maintained, including exterior walls, roof, doors, windows, chimney, eaves, screen, and paint/siding?**

Not  
Met/Partial/Met N/A

**2. Are there openable windows, screens, and/or central air conditioning for ventilation?**

Not  
Met/Partial/Met N/A

**3. Is the temperature inside the house at a comfortable 68 - 72 degrees?**

Not  
Met/Partial/Met N/A

**4. If there are area rugs, do they have non-skid backing?**

Not  
Met/Partial/Met N/A

**5. Are all steam radiators and/or hot water pipes under sinks shielded?**

Not  
Met/Partial/Met N/A

**6. If there is a member with impaired mobility, is their bedroom and living space accessible and on the street level?**

Not  
Met/Partial/Met N/A

**7. Are the electrical outlets overloaded? No extension cords or adapters in use.**

Not  
Met/Partial/Met N/A

**8. Is there exposed wiring?**

Not  
Met/Partial/Met N/A

**9. Do all switches, outlets, and fuse boxes have properly secured cover plates?**

Not  
Met/Partial/Met N/A

**10. Are all lighting, light fixtures and electrical outlets in proper working order?**

Not  
Met/Partial/Met N/A

**11. Do all sockets have working light bulbs?**

Not  
Met/Partial/Met N/A

**12. Are all light bulbs covered with a shade or globe?**

Not  
Met/Partial/Met N/A



**13. Confirm there are no halogen lamps in use.**

Not  
Met/Partial/Met N/A

**Physiological Needs - Bathroom Areas**

**1. Does the home have one working toilet, one lavatory and one bathing facility for every eight occupants in the home?**

Not  
Met/Partial/Met N/A

**2. Is there one toilet and lavatory and one bathing facility on each floor with members' bedrooms?**

Not  
Met/Partial/Met N/A

**3. Are there clean towels and washcloths for each Consumer?**

Not  
Met/Partial/Met N/A

**4. Are the members' personal care items such as comb, brush, toothbrush, razor, cup, etc. kept separated?**

Not  
Met/Partial/Met N/A

**5. Are there non-skid surfacing/non-slip tub mats/strips, and handrails present in the bath and shower areas?**

Not  
Met/Partial/Met N/A

**6. Are there environmental adaptations (grab bars, shower chairs) to enhance the physical accessibility of the bathroom?**

Not  
Met/Partial/Met N/A

**7. Are both the hot and cold water operable on all sinks and bathtubs?**

Not  
Met/Partial/Met N/A

**8. Is the hot water temperature between 105-120° Fahrenheit at the faucet?**

Not  
Met/Partial/Met N/A

**9. Are the bathrooms sanitary--free of mold, mildew, urine, etc.?**

Not  
Met/Partial/Met N/A

**Physiological Needs - Bedrooms**

**1. Is there a chair present for each member?**

Not  
Met/Partial/Met N/A



**2. Is there a mirror or other reflective surface appropriate for grooming available?**

Not  
Met/Partial/Met N/A

**3. Is there adequate bureau/dresser, closet/wardrobe space and storage space?**

Not  
Met/Partial/Met N/A

**4. Does each bedroom have one openable window as a means of egress?**

Not  
Met/Partial/Met N/A

**5. Is the furniture in bedrooms, walls, ceilings, and carpet/floors clean and in good condition?**

Not  
Met/Partial/Met N/A

**6. Are all mattresses clean, in good condition and free of bed bugs?**

Not  
Met/Partial/Met N/A

**7. Is each member's bedding in good condition with clean sheets, blanket, and mattress coverings or pads?**

Not  
Met/Partial/Met N/A

**Safety Needs - Egress**

**1. Is the external home appearance cleaned and maintained?**

Not  
Met/Partial/Met N/A

**2. Are cement patio(s), driveway and sidewalks in good condition?**

Not  
Met/Partial/Met N/A

**3. Do all stairways have securely fastened, wall mounted handrails? Are stairs uniform in size and rise?**

Not  
Met/Partial/Met N/A

**4. Does the first floor have two separate exits?**

Not  
Met/Partial/Met N/A

**5. If the basement is used for Member activities, does the basement have two separate exits, one which leads directly outside?**

Not  
Met/Partial/Met N/A

**6. Does the setting place have restrictions on individual's ability to freely move about the outside and inside space of the home.**



Not  
Met/Partial/Met N/A

### **Safety Needs - Evacuation Plans**

**1. Does home have a written emergency procedure and evacuation plan in case of fire, medical, severe weather, bio-hazard and/or radiation emergencies?**

Not  
Met/Partial/Met N/A

**2. Is the Plan time-of-day specific?**

Not  
Met/Partial/Met N/A

**3. Are Evacuation Assessment Scores (EAS) completed for each Consumer in the home within 30 days of placement?**

Not  
Met/Partial/Met N/A

**4. Do the EASs accurately assess the consumers' capabilities; is consumers' observable behavior consistent with their EAS?**

Not  
Met/Partial/Met N/A

**5. Have the EASs been recalculated when there are changes with Consumer's condition that impacts on mobility or need for assistance?**

Not  
Met/Partial/Met N/A

**6. Have EASs been updated at least annually?**

Not  
Met/Partial/Met N/A

**7. Has the Evacuation Difficulty Index (EDI) been accurately calculated?**

Not  
Met/Partial/Met N/A

**8. Is the in-home staffing based on the EDI rating?**

Not  
Met/Partial/Met N/A

**9. Is there an Emergency Travel bag stocked and near exit?**

Not  
Met/Partial/Met N/A

**10. Are telephone numbers posted for the emergency services of heating, cooling, plumbing and electrical equipment?**

Not  
Met/Partial/Met N/A

**11. Are all fire doors closed equipped with an automatic self-closing device and positive-latching hardware?**

Not  
Met/Partial/Met N/A



**12. Are exits clearly marked with exit signs?**

Not  
Met/Partial/Met N/A

**Fire prevention: Heat & Flame Producing Equipment**

**1. Has Furnace been inspected by a professional annually?**

Not  
Met/Partial/Met N/A

**2. Is a two (2) foot area around furnace, water heater or incinerator clear of all items?**

Not  
Met/Partial/Met N/A

**3. Is the dryer in good condition and operable?**

Not  
Met/Partial/Met N/A

**4. Is the dryer vented outside and vented with metal duct?**

Not  
Met/Partial/Met N/A

**5. Is the filter free of lint?**

Not  
Met/Partial/Met N/A

**6. Are there portable heating units in use?**

Not  
Met/Partial/Met N/A

**7. Has the hot water heater been inspected by a professional, annually?**

Not  
Met/Partial/Met N/A

**Safety Needs - Fire Suppression**

**1. Are the minimum number of fire extinguishers present? A minimum of 1 under writer's laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.**





Not  
Met/Partial/Met N/A

**2. Are the minimum number of fire extinguishers present? A minimum of 1 under writer's laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.**

Not  
Met/Partial/Met N/A

**3. Are fire extinguishers properly charged (indicator arrows are on the "green" on the gauge)?**

Not  
Met/Partial/Met N/A

**4. Are the fire extinguishers tagged/stickered as a hazardous product?**

Not Met/Partial/Met

**5. Is there documentation that fire extinguishers have been inspected annually by professional and monthly by staff?**

Not  
Met/Partial/Met N/A

### **Safety Needs - Fire Detection**

**1. Is there documentation of the monthly testing of the batteries in the smoke and carbon monoxide detectors?**

Not  
Met/Partial/Met N/A

**2. Are batteries in each detector?**

Not  
Met/Partial/Met N/A

**3. Is there documentation that the Smoke and Carbon Monoxide Detector Batteries have been replaced every six (6) months?**

Not  
Met/Partial/Met N/A

**4. Is the placement of smoke and carbon monoxide detection heads proper? Detectors are not mounted where ventilation systems or other obstructions keep smoke away.**

Not  
Met/Partial/Met N/A

**5. Are there smoke detectors between the sleeping area(s) and rest of home?**

Not  
Met/Partial/Met N/A

**6. Are there smoke detectors on each occupied floor and the basement?**

Not  
Met/Partial/Met N/A



**7. Are there smoke detectors in other areas of the home that heat/flame producing equipment is located (Furnace Room)?**

Not  
Met/Partial/Met N/A

**8. Is there a heat detector in the kitchen?**

Not  
Met/Partial/Met N/A

**9. If there are up to 3 members, is there an alarm system of smoke detectors?**

Not  
Met/Partial/Met N/A

**10. If there are 4 - 6 members, is there an interconnected, hard-wired alarm? The interconnected smoke detection system must be powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure.**

Not  
Met/Partial/Met N/A

**11. If the setting is licensed for 7 or more members, does the fire detection/suppression system have: 1. an integrated system (not a cord connected system); 2. Manual pull stations by all primary exits; 3. Pull stations that are connected to smoke detection systems; 4. That is hard wired into home's electrical system; 5. An available key?**

Not  
Met/Partial/Met N/A

**12. Has the Fire Detection System been inspected professionally annually?**

Not  
Met/Partial/Met N/A

**13. If needed to accommodate a special needs member, does the system accommodate the sensory impairments of members living in the facility (i.e. bed shaker and strobe lights for the hearing impaired)?**

Not  
Met/Partial/Met N/A

**14. Is there documentation of an Evacuation Plan being reviewed including unannounced emergency practice/fire drills four times per year? Were two of the fire drills during sleeping hours?**

Not  
Met/Partial/Met N/A

**15. If there are more than three (3) members, is there documentation of an Evacuation Plan being reviewed that includes unannounced emergency practice/fire drills at least once during daytime, evening, and sleeping hours during every 3-month period?**



Not  
Met/Partial/Met N/A

**16. Are fire drills documented on Fire Drill logs with all requested information completed?**

Not  
Met/Partial/Met N/A

**17. Is there evidence that problems/issues are identified, documented and corrective action taken?**

Not  
Met/Partial/Met N/A

**18. For settings licensed for 7 or more, are there two (2) remote exits from each level (windows and garage door excluded)?**

Not  
Met/Partial/Met N/A

**19. For settings with sprinklers, are sprinkler heads free of dust, paint or other materials that could interfere with flow/activation?**

Not  
Met/Partial/Met N/A

**20. For settings with sprinklers, are sprinkler heads free of dust, paint or other materials that could interfere with flow/activation?**

Not  
Met/Partial/Met N/A

**21. Is there documentation of sprinkler system having been checked annually by trained professional in alarm and sprinkler systems?**

Not  
Met/Partial/Met N/A

**22. Does staff know how to turn off the fire alarm, smoke detection and/or sprinkler systems?**

Not  
Met/Partial/Met N/A

**23. Has the flow valve test been performed monthly and documented?**

Not  
Met/Partial/Met N/A

## Safety - Transportation



**1. Is accessible transportation available for individuals to make trips within the community?**

Not  
Met/Partial/Met N/A

**2. Is the vehicle in good operating condition?**

Not  
Met/Partial/Met N/A

**3. Is the vehicle maintenance log present and mileage logs current?**

Not  
Met/Partial/Met N/A

**4. Is the date of the last oil change noted and timely?**

Not  
Met/Partial/Met N/A

**5. Are there working turn signals, headlights, brake lights and windshield wipers?**

Not  
Met/Partial/Met N/A

**6. Are there working seatbelts for all passengers in the vehicle?**

Not  
Met/Partial/Met N/A

**7. Are the vehicle exterior and interior clean?**

Not  
Met/Partial/Met N/A

**8. Is there a First-Aid kit accessible and secured in the vehicle?**

Not  
Met/Partial/Met N/A

**9. Is there a 3-pound dry chemical extinguisher secured in vehicle which is filled and in proper working condition?**

Not  
Met/Partial/Met N/A

**10. Is the fire extinguisher mounted in such a way as to be readily accessible to driver in case of emergency?**

Not  
Met/Partial/Met N/A

**11. Are there emergency flares/triangles and blankets in the vehicle?**

Not  
Met/Partial/Met N/A

**12. Is the proof of insurance in the vehicle and current?**

Not  
Met/Partial/Met N/A

**13. Is the registration in the vehicle and current?**



Not  
Met/Partial/Met N/A

**14. Is there evidence of emergency contact information in the vehicle?**

Not  
Met/Partial/Met N/A

**Physiological Needs - Recreation**

**1. Are weekly scheduling of activities for the month posted for in home and outside activities?**

Not  
Met/Partial/Met N/A

**2. Is there documentation of home meetings with agendas for both Members and Staff? Member agendas must include menu planning.**

Not  
Met/Partial/Met N/A

**Safety - House Postings**

**1. Is there a current Michigan Safety & Health Protection on the job posted in the setting?**

Not  
Met/Partial/Met N/A

**2. Is the CPR & Choking Emergency Poster displayed in the setting?**

Not  
Met/Partial/Met N/A

**3. Is the Michigan Whistle Blowers Protection Act posted in the setting?**

Not  
Met/Partial/Met N/A

**4. Is the "YOU HAVE THE RIGHT" poster in a location visible by staff, recipients/individuals and others, with current Rights Advisor name and phone number?**

Not  
Met/Partial/Met N/A

**5. Are Recipient Rights Forms readily accessible to individuals in the setting?**

Not  
Met/Partial/Met N/A

**6. Are Grievance Brochures readily available to individuals in the setting?**

Not  
Met/Partial/Met N/A

**7. Is the DHS/BCAL License posted in a public area in the setting?**

Not  
Met/Partial/Met N/A

**8. Is there an "ABUSE & NEGLECT" Poster in a public area?**



Not  
Met/Partial/Met N/A

**9. Is there a Resident Register in the home?**

Not  
Met/Partial/Met N/A

**10. Are Michigan Material Safety Data Sheets available for all hazardous chemicals in the home with the first aid measures highlighted?**

Not  
Met/Partial/Met N/A

**HCBS Final Rule Requirements**

**1. Can individuals close and lock their bedroom and bathroom doors with a one hand in motion lock that allows exit from the inside even when locked?**

Not Met/Met

**2. Does the setting allow for individuals to have meals/snacks at the time and place of their choosing?**

Not Met/Met

**3. Do individuals have the freedom to furnish or decorate their own bedrooms?**

Not Met/Met

**4. Do individuals who share a personal space/bedroom have a choice of roommate(s)?**

Not Met/Met

**5. Does the setting allow for individuals to have visitors at any time?**

Not Met/Met