Detroit Wayne Integrated Health Network

Audit

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AUDIT NAME

Residential Environmental Health and Safety 2023

□ Self Review?

PASSING %

95

□ Consumer linked to this audit □ Staff Audit □ Include Claim

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| **SECTIONS** |
| Section |

**SECTIONS**

Section

NUMBERTITLE

1 General Appearance - Living Space

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Is the exterior of the home and property maintained, including roof, doors, windows, chimney, eaves, screen, and paint/siding? Is the sidewalk clean and free of snow & ice in season? Is the yard free of debris? Has the grass been cut and shrubs trimmed in season? | Not Met/Partial/Met | N/A |
| 2 | If the home has a porch and/or deck, does it appear to be in safe condition with safety rails. | Not Met/Partial/Met | N/A |
| 3 | Is the interior of the home maintained, clean and in good repair? Is the furniturecomfortable, clean and in good working order? | Not Met/Partial/Met | N/A |
| 4 | Is the interior of home is free of surveillance / monitoring cameras? | Not Met/Partial/Met | N/A |
| 5 | Are there openable windows, screens, and/or central air conditioning for ventilation? Are the screens in windows from April to November? | Not Met/Partial/Met | N/A |
| 6 | Is the temperature inside the house at a comfortable 68 - 72 degrees? | Not Met/Partial/Met | N/A |
| 7 | If there are area rugs, do they have non-skid backing? | Not Met/Partial/Met | N/A |
| 8 | Are all steam radiators and/ or hot water pipes under sinks shielded? | Not Met/Partial/Met | N/A |

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| 9 | Are the electrical outlets in working order? No overloaded outlets, exposed wiring, extension cords or adapters in use. | Not Met/Partial/Met | N/A |
| 10 | Do all switches, outlets, and fuse boxes have properly secured cover plates? | Not Met/Partial/Met | N/A |
| 11 | Is there adequate lighting? Are all light fixtures in proper working order with working light bulbs that are covered with a shade or globe? | Not Met/Partial/Met | N/A |

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| NUMBERTITLE2 General Appearance - Food Prep Area & Nutrition**SECTION QUESTIONS**Questions |
|  | **SECTION QUESTIONS** |  |
| Questions |
| 1 Are the food prep areas, Not Met/Partial/Met N/A cabinets, counters, ceiling, walls,windows and floor clean and in good condition |
| 2 Observe the food in the pantry, Not Met/Partial/Met N/A cabinets, refrigerator and freezer.Are the food and food sources clean, free from spoilage, and safe for human consumption? |
| 3 All food in the home must be Not Met/Partial/Met N/A labeled with dates to assist withfood rotation and prevent food from expiring. |
| 4 Does the emergency food pantry Not Met/Partial/Met N/A have sufficient food and waterfor each consumer and staff for 3 days? |
| 5 Do the menus reflect the actual Not Met/Partial/Met N/A food in the home posted 1 weekin advance? Is a substitute menu being implemented and signed by staff on the menu. |
| 6 Do members assist in menu Not Met/Partial/Met N/A planning? Make sure membermonthly meeting agendas discussed the menu. |
| 7 Are special diets prescribed by Not Met/Partial/Met N/A doctor posted? |
| 8 Are the equipment (i.e., stove, Not Met/Partial/Met N/A refrigerator, sink, etc.) andcooking utensils clean and in good condition? |
| 9 Are the refrigerator and Not Met/Partial/Met N/A freezer each equipped withan appropriate thermometer that shows the temperature is between 32-40° F (0-4 degrees Celsius)? |
| 10 Are both the hot and cold water Not Met/Partial/Met N/A operable on sinks? |

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Does the home have one working toilet, one lavatory and one bathing facility for every eight occupants in the home? Is there a working toilet on every floor where members sleep. | 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 | Is there a system in place to ensure individuals can identify their own personal care items (razors, tooth brush, etc.). | Not Met/Partial/Met | N/A |
| 5 | Are there non-skid strips in the bathtubs and showers? | Not Met/Partial/Met | N/A |
| 6 | Are the handrails and grab bars installed in the shower? Are the in good working order? | Not Met/Partial/Met | N/A |
| 8 | Are both the hot and cold water operable on all sinks and bathtubs? 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 |

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|  | 11 Are the table and chairs clean Not Met/Partial/Met and in good condition withenough for all members? |  |
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| NUMBERTITLE3 General Appearance - Bathroom Areas**SECTION QUESTIONS**Questions |
| NUMBERTITLE4 General Appearance - Bedrooms**SECTION QUESTIONS**Questions |
|  | **SECTION QUESTIONS** |  |
| Questions |
| 1 If there is a member with Not Met/Partial/Met N/A impaired mobility, is theirbedroom and living space accessible and on the street level? |
| 2 Is there a chair present for each Not Met/Partial/Met N/A member in the bedroom? |
| 3 Is there a mirror or other Not Met/Partial/Met N/A reflective surface appropriate forgrooming available? |
| 4 Is there adequate bureau/dresser, Not Met/Partial/Met N/A closet/wardrobe space andstorage space? |

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| 5 Does each bedroom have one openable window as a means of egress? | Not Met/Partial/Met | N/A |
| 6 Is the furniture in bedrooms, | Not Met/Partial/Met | N/A |
| walls, ceilings, and carpet/floors |  |  |
| clean and in good condition? |  |  |
| 7 Are all mattresses clean, in good | Not Met/Partial/Met | N/A |
| condition and free of bed bugs? |  |  |
| 8 Is each member's bedding in | Not Met/Partial/Met | N/A |
| good condition with clean sheets, |  |  |
| blanket, and mattress coverings |  |  |
| or pads? |  |  |

NUMBERTITLE

1. Safety and Contingency Plan - Egress

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Walkways inside and outside of the home are clear and free of blockages. | Not Met/Partial/Met | N/A |
| 2 | Are cement patio(s), driveway and sidewalks in good condition? No uneven slabs presenting a tripping hazard. | Not Met/Partial/Met | N/A |
| 3 | Do all stairways have securely | Not Met/Partial/Met | N/A |
|  | fastened, wall mounted |  |  |
|  | handrails? Are stairs uniform in |  |  |
|  | size and rise? |  |  |
| 4 | Does the first floor have two separate exits? | Not Met/Partial/Met | N/A |
| 5 | For homes that accommodate residents who regularly require wheelchairs, is the home equipped with ramps as a means of egress? | Not Met/Partial/Met | N/A |
| 6 | 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 |

NUMBERTITLE

1. Safety and Contingency Plan - House Postings

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| **SECTION QUESTIONS** |
| Questions |

Questions

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

**SECTION QUESTIONS**

Not Met/Partial/Met N/A

* 1. Is the Whistle Blower Act posted? Not Met/Partial/Met N/A

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| 3 Are Michigan Material Safety Data Sheets (MSDS) available for all hazardous chemicals in the home with the first aid measures highlighted? | Not Met/Partial/Met | N/A |
| 4 Is the CPR & Choking Emergency Poster displayed in the setting? | Not Met/Partial/Met | N/A |
| 5 Is the DHS/BCAL License posted in a public area in the setting? | Not Met/Partial/Met | N/A |
| 6 Is there a Resident Register in the home? | Not Met/Partial/Met | N/A |

NUMBERTITLE

1. Safety and Contingency Plan

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 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 |
| 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 home 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 safeguarded for resident safety? | 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 |  |

NUMBERTITLE

1. Medication

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| **SECTION QUESTIONS** |
| Questions |

**SECTION QUESTIONS**

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Does home have a written emergency procedure and evacuation plan in case of fire, medical, severe weather, bio-hazard and/or radiationemergencies that are time of day specific? Do evacuation posters include "You are Here" with arrows showing escape routes. | Not Met/Partial/Met | N/A |
| 2 | Are evacuation floor plans posted indicating "You are Here" with arrows showing escape routes? | 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 |

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|  | Questions |  |
| 1 Are medications maintained in a Not Met/Partial/Met N/A locked cabinet? |
| 2 Are all refrigerated medications Not Met/Partial/Met N/A kept in a locked refrigeratordesignated for medications only or locked container in the fridge? |
| 3 Are prescription medications Not Met/Partial/Met N/A maintained in the originalpharmacy container? |
| 4 Are all medications on site Not Met/Partial/Met N/A current? |
| 5 Are topical medications Not Met/Partial/Met N/A separated from oral medications? |
| 6 There is evidence a Medication Not Met/Partial/Met N/A Administration Record (MAR) isimplemented and used. |
| 7 Staff are trained on and follow the Not Met/Partial/Met N/A Rules of distributing medications. |
| 8 Is there a Medication Refusal Not Met/Partial/Met N/A Policy that explains the procedurethat staff follows when a member refuses to take medication? |
| 9 Are member's refusal to take Not Met/Partial/Met N/A medication and errors noted onback of the medication sheets? Is there evidence these incidents are followed up on? |
| 10 Is there a Medication Disposal Not Met/Partial/Met N/A Policy that details the procedurefor proper disposal of expired medications, discontinued medications, and medications left when a member leaves the facility? |
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| NUMBERTITLE9 Safety and Contingency Plan - Evacuation Plans**SECTION QUESTIONS**Questions |

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| 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 appropriately and near an 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 |

NUMBERTITLE

1. Safety and Contingency Plan - Fire prevention

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 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 with a metal duct? | Not Met/Partial/Met | N/A |
| 5 | Is the dryer 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 |

NUMBERTITLE

1. Safety and Contingency Plan - Fire Suppression

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 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 fire extinguishers properly charged (indicator arrows are on the "green" on the gauge)? | Not Met/Partial/Met | N/A |
| 3 | Are the fire extinguishers tagged/ stickered as a hazardous product? | Not Met/Partial/Met |  |
| 4 | Is there documentation that fire extinguishers havebeen inspected annually by professional and monthly by staff? | Not Met/Partial/Met | N/A |

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| NUMBERTITLE12 Safety and Contingency Plan- Fire Detection**SECTION QUESTIONS**Questions |
|  | **SECTION QUESTIONS** |  |
| Questions |
| 1 Is there documentation of the Not Met/Partial/Met N/A monthly testing of the batteries inthe smoke and carbon monoxide detectors? |
| 2 Is there documentation that the Not Met/Partial/Met N/A Smoke and Carbon MonoxideDetector Batteries have been replaced every six (6) months? |
| 3 Are there working batteries in Not Met/Partial/Met N/A each smoke detector? |
| 4 Is the placement of smoke and Not Met/Partial/Met N/A carbon monoxide detectionheads proper? Detectors are not mounted where ventilation systems or other obstructions keep smoke away. |
| 5 Are there smoke and carbon Not Met/Partial/Met N/A monoxide detectors betweenthe sleeping area(s) and rest of home? |
| 6 Are there smoke detectors on Not Met/Partial/Met N/A each occupied floor and thebasement? |
| 7 Are there smoke detectors in Not Met/Partial/Met N/A other areas of the home thatheat/flame producing equipment is located (Furnace Room)? |
| 8 Is there a heat detector in the Not Met/Partial/Met N/A kitchen? |

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|  | 9 If there are up to 3 members, is Not Met/Partial/Met N/A there an alarm system of smokedetectors? |  |
| 10 If there are 4 - 6 members, is Not Met/Partial/Met N/A 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 ofthe 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. |
| 11 If the setting is licensed for 7 or Not Met/Partial/Met N/A more members, does the firedetection/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? |
| 12 Has the Fire Detection System Not Met/Partial/Met N/A been inspected professionallyannually? |
| 13 If needed to accommodate a Not Met/Partial/Met N/A special needs member, doesthe system accommodate the sensory impairments of members living in the facility (i.e. bed shaker and strobe lights for the hearing impaired)? |
| 15 If there are more than three (3) Not Met/Partial/Met N/A members, is there documentationof 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? |
| 16 Are fire drills documented on Not Met/Partial/Met N/A Fire Drill logs with all requestedinformation completed? |
| 18 For settings licensed for 7 or Not Met/Partial/Met N/A more, are there two (2) remoteexits from each level (windows and garage door excluded)? |

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| **SECTION QUESTIONS** |
| Questions |
| 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 | Is 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 in vehicle whichis 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 |

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|  | 19 For settings with sprinklers, are Not Met/Partial/Met N/A sprinkler heads free of dust, paintor other materials that could interfere with flow/activation? |  |
| 20 For settings with sprinklers, are Not Met/Partial/Met N/A sprinkler heads free of dust, paintor other materials that could interfere with flow/activation? |
| 21 Is there documentation of Not Met/Partial/Met N/A sprinkler system having beenchecked annually by trained professional in alarm and sprinkler systems? |
| 22 Does staff know how to turn off Not Met/Partial/Met N/A the fire alarm, smoke detectionand/or sprinkler systems? |
| 23 Has the flow valve test been Not Met/Partial/Met N/A performed monthly anddocumented? |
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| NUMBERTITLE13 Safety - Transportation**SECTION QUESTIONS**Questions |

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| 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?(Emergency telephone number mounted on dashboard). | Not Met/Partial/Met | N/A |

NUMBERTITLE

1. Physiological Needs - Recreation

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Are weekly scheduling of activities for the month posted in the home for inside 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 |

NUMBERTITLE

1. HCBS Final Rule Requirements

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| **SECTION QUESTIONS** |
| Questions |

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| **SECTION QUESTIONS** |
| Questions |
| 1 | Is the home connected to a Hospital, Nursing facility or School? | Not Met/Met |  |
| 2 | Does the residence look similar to other residences in the neighborhood? | Not Met/Met |  |
| 3 | Is the home physically accessible to all individuals? | Not Met/Met |  |
| 4 | Is the residence free of surveillance cameras? | Not Met/Met |  |
| 5 | Is the home free of gates, locked doors, or other ways to block residents from entering or exiting certain areas of the home? | Not Met/Met |  |
| 6 | Did the individuals select this setting among setting options? | Not Met/Met |  |
| 7 | Does the individual have choice of roommates? | Not Met/Met | N/A |
| 8 | Can the individual close and lock the bedroom and bathroom doors? | Not Met/Met |  |
| 9 | Can the individual personalize/ decorate their room? | Not Met/Met |  |

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| 10 | If no restrictions, can individuals choose what to eat? | Not Met/Met | N/A |
| 11 | If no restrictions, does the individual have access to food at any time? | Not Met/Met | N/A |
| 12 | Can friends and family visit the individual without rules on hours or times? | Not Met/Met |  |
| 13 | Is there space within the home for individuals to meet with visitors and have private conversations? | Not Met/Met |  |
| 14 | If no restrictions, can the individuals move inside or outside of the setting with or without support? | Not Met/Met | N/A |
| 15 | Is accessible transportation available to the individual to make trips and give residents access to the greater community? | Not Met/Met |  |
| 16 | The setting facilitates choice regarding services and who provides them. | Not Met/Met |  |
| 17 | Do Individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services? | Not Met/Met |  |
| 18 | The setting optimizes autonomy and independence in making life choices. | Not Met/Met |  |
| 19 | The setting ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint. | Not Met/Met |  |