



COMMISSIONER
Adelaide Horn

August 6, 2009

To: Home and Community-based Services (HCS) Providers
Subject: Information Letter No. 09-99
Annual Residential Visits by Waiver Survey and Certification

Effective September 1, 2009, (§) 161.076 of the Texas Human Resources Code, as added by the 81st Legislature, Regular Session, 2009, requires the Texas Department of Aging and Disability Services (DADS) to conduct annual, unannounced visits to all three-person and four-person HCS residences in which supervised living or residential support is provided. In addition, effective September 1, 2009, DADS will conduct annual visits to all HCS foster/companion care homes.

DADS Waiver Survey and Certification (WS&C) will conduct these residential visits independently of the reviews it conducts for each HCS provider contract as described in 40 Texas Administrative Code §9.171. It is possible, however, that a residential visit, although conducted separately, could occur at the same time as a certification review. WS&C will conduct residential visits using a standardized residential checklist (see Attachment A to this letter) to verify that each residence provides a healthy, safe and comfortable environment and that staff have completed required training. As required, in part, by the residential checklist, HCS program providers must ensure that the following documentation is available in each residence:

- emergency plans and documentation of any emergency drills conducted in three-person and four-person residences and in foster/companion care homes;
- current vaccination records for all dogs and cats that live at three-person and four-person residences and at foster/companion care homes; and
- a copy of the most recent inspection by the local fire authority for four-person residences.

WS&C will mail the results of a residential visit to a program provider after completion of the visit. A cover letter will instruct the program provider of any required response or action.

DADS requests that each HCS program provider notify its supervised living and residential support staff and foster/companion care providers of the information provided in this letter.

If you have any questions regarding the information in this letter, please contact Jill Jenkins, DADS Regulatory Services, WS&C Project Coordinator at (512) 438-5294.

Sincerely,

[signature on file]

[signature on file]

Chris Adams
Director of Survey Operations
Regulatory Services

Tommy Ford
Interim Director
Community Services

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Attachment

Texas Department of Aging and Disability Services	Waiver Survey and Certification Residential Checklist	PAGE 1
Location Code:		Date:

Provider Name:	Residential Type:	Location Code:	Residential Street Address:
Contract Number:	Home Staff:		City:
Component Code:	Home Phone Number:		Zip Code:
Date of Review:	Reviewer:		

Does the residential location information in CARE match the actual location of the home?	Yes	No
Comments:		

This worksheet is used to review a consistent set of safety and health issues for HCS homes at least once every 12 months. The residential reviewer may identify issues not listed on this worksheet. After the residential reviewer has conducted the home inspection, a tally of the number of Yes and No answers will be made to determine the percentage of issues that were found to be of concern. If an item is not applicable to the residence being inspected, the reviewer should NOT count it in the total. If a home has fewer than 90% of the questions answered Yes, evidence of correction must be submitted to the residential reviewer/Waiver Survey & Certification program manager. Further action may be taken by the department if there are issues that pose a significant risk to the residents.

*	Emergency Evacuation and Plans	Comments	Yes	No	N/A
	Are exits unobstructed and accessible to all individuals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the individuals' bedrooms have two means of egress?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there two means of egress from the living areas (e.g.: dining room, living room and den)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is an emergency evacuation plan available and appropriate to the location of the home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do emergency plans reflect the special needs of the individuals who live here?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have the residential staff participated in a fire drill?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can the staff explain the emergency plans for the residence (fire and other emergencies)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the staff know how to assist each individual in this home during an emergency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have fire drills been conducted during the past year? Dates/Times:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there adequate working smoke detectors installed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there adequate, fully charged fire extinguishers accessible to the kitchen, utility room and garage?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are emergency numbers readily available? (Poison control, nurse, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Check this column to indicate an area of strength.

Location Code:

Date:

*	Four-person Home	Comments	Yes	No	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the fire alarm system been checked and does it appear to be in working order?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If the home has sprinklers, have they been checked annually and are they unobstructed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the home have a current fire marshal inspection using 2006 NFPA 101 Life Safety Code?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Neighborhood/Home Exterior	Comments	Yes	No	N/A
	Does the house look similar to other houses in the neighborhood? (Does not stand out as a home in which persons receive services)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the location accessible to generic services in the community?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the residence, neighborhood and community meet the needs of the individuals and provide an environment that ensures the health, safety, comfort and welfare of the individuals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the outside area of the home in good condition (no safety hazards for falls, no toxins or fire dangers, no pest problem)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the outside area free of garbage, trash and junk?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the walkways clear to the front door without trip hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If needed, is a ramp in place for access in to the home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Home Interior	Comments	Yes	No	N/A
	Is the home modified to meet the needs of the individuals? (e.g.: ramps, widened doors, grab bars)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is all adaptive equipment in good repair? (e.g.: shower chairs, lifts)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the living environment comfortable (e.g.: physical arrangement and space per person sufficient for movement in home, adequate bathrooms, comfortable temperature)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are furnishings adequate and in good repair? (no rips, stains or broken pieces)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the home clean and free of odors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the home free of bugs and other infestations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the floors, walls and ceilings in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the temperature of the home comfortable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the bathroom in good repair?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Location Code:

Date:

	Does the home have adequate food?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a vehicle available for the home to use and does it meet the transportation needs of the individuals (e.g.: adapted for wheelchairs)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the home free of excess trash?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the storage of chemicals and other toxins safe for the individuals who live in the home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the home free of safety hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the kitchen accessible to the consumers for accessing water and food?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the water temperature safe for the individuals who live in the home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the kitchen appliances (e.g.: stove, fridge, dishwasher) clean and in working order?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If there are pets living at the residence, do they have current vaccinations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Medications	Comments	Yes	No	N/A
	Are medications secured as needed to safeguard the individuals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are medication administration records available and completed accurately?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are staff knowledgeable about the medications received by the individuals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If staff are administering medications, have they been trained by a nurse?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Abuse and Neglect	Comments	Yes	No	N/A
	Is the legal posting for the provider present and in view?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do staff know what constitutes abuse, neglect and exploitation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do staff know the requirements for reporting abuse, neglect and exploitation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do staff know the toll-free number to DFPS or how to locate the number?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do staff know how to prevent abuse, neglect and exploitation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Staff Training	Comments	Yes	No	N/A
	Have staff received the necessary training to deliver services as required by the needs and characteristics of the individuals living in the home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have staff received training in infection control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Texas Department of Aging and Disability Services	Waiver Survey and Certification Residential Checklist	PAGE 4
Location Code:		Date:

Total Yes Items	
Total Applicable Items	
(Total number of Yes items divided by total number of applicable items = percentage of items in compliance.) Percentage	

Does evidence of correction need to be submitted?	Yes	No
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Are there any issues that would pose a significant risk to the health, safety or welfare of the residents in this home? (If the answer is yes, immediate action must be taken.)	Yes	No
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If a significant risk was noted, what actions were taken? When? By whom? Who was notified?
 (Document specific information about the issue noted to be a significant risk and why. Included dates and times of actions and notifications. Provide the names and positions/agencies of the people notified. If necessary, include CARE ID numbers to indicate which individuals were affected by this risk.)

Comments:

Signature of Reviewer	Date	Signature of Program Manager	Date

* Check this column to indicate an area of strength.