

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD  
OF CLAY COUNTY MISSOURI**

**LEASE OF BOARD-OWNED PROPERTY MANUAL  
USED AS RESIDENTIAL FACILITY MANUAL**

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# **DEVELOPMENTAL DISABILITIES RESOURCE BOARD OF CLAY COUNTY MISSOURI**

## **LEASE OF BOARD-OWNED PROPERTY USED AS RESIDENTIAL FACILITY MANUAL**

### **STATEMENT: BASIC PRINCIPLES OF FUNDING**

Residential Provider shall abide by the procedures, directives and written policies adopted by the Board that are contained in the Board's "Funding Policy and Procedure Manual".

### **BOARD-OWNED REAL ESTATE**

All Board-owned homes purchased for lease to the Residential Provider must be located within Clay County.

Buildings constructed or purchased by the Board shall remain the property of the Board unless specific Board action designates otherwise. Buildings may be leased for specific purposes, by written agreement formally agreed to by the Board, with program intentions and maintenance provisions identified therein.

The amount of the lease shall be determined on an annual basis unless specific Board action designates otherwise.

The Board shall maintain property and general liability insurance coverage on buildings, grounds and Board-owned equipment. The lessee organization shall be responsible for its own organizational liability and property coverage.

Lease agreements shall represent a contract for service and shall specify Board action in the event of lessee default or failure to operate the building or program adequately.

Maintenance of Board-owned property, or property maintained by the Board according to grant provision, shall be specified and outlined by contract.

## **USE OF BOARD-OWNED HOMES**

Residential Provider agrees to use the building and property for the sole purpose of operating a residential program for developmentally disabled citizens of Clay County.

Residential Provider also agrees that it will not directly or indirectly use the Board-owned home for religious purposes, nor will Residential Provider use any funds from the Board either directly or indirectly for religious purposes.

Residential Provider may not sub-lease the Board-owned home, any part of the home or assign the home lease to another party.

## **GOVERNMENTAL REGULATIONS**

Residential Provider must observe all ordinances or other laws which in any way may affect the use of the premises and to comply with any and all governmental regulations and licensing requirements that may affect the operation of the Board-owned home for developmentally disabled citizens of Clay County.

If Residential Provider receives any notice from any governmental or regulatory agency concerning its program or the home, the Residential Provider must immediately submit all such documents to the Board including any plan of correction submitted.

## **FUNDING FOR RESIDENTIAL PLACEMENTS**

The Board's lease of property does not include or imply financial support for residents to occupy the home. The Department of Mental Health/Kansas City Regional Office has the responsibility for funding new residents and replacing individuals who leave the program. KCRO is responsible for paying the daily rate, increases to the daily rate, upgrading the level of service required to meet the needs of the residents and all other expenses incurred under the DMH/KCRO contract with the Residential Provider for residential care.

# **ELIGIBILITY REQUIREMENTS**

## **I. RESIDENTIAL PROVIDER ELIGIBILITY**

The Residential Provider and/or its services must be located within Clay County.

The Residential Provider must be registered as a not-for-profit corporation in the State of Missouri. The corporation must be recognized as being in "Good Standing" with the State of Missouri if the not-for-profit corporation has been in existence for a period exceeding one year.

The Residential Provider must demonstrate that it has a sound financial management system with fiscal management controls and record keeping in accordance with generally accepted accounting principles as promulgated by the American Institute of Certified Public Accountants.

The Residential Provider shall meet at a minimum, those mandatory standards promulgated pursuant to Local, State and Federal statutes. Residential Provider is encouraged to strive to a level of excellence in service beyond that viewed as minimum/mandatory.

Residential Provider must obtain CARF accreditation and maintain that CARF accreditation to qualify for the lease of Board-owned property. Failure to obtain and/or maintain CARF accreditation will be considered by Board as a breach of the lease agreement, and the Board will terminate all or part of the lease.

Residential Provider must agree to notify Board of all CARF pre-survey and survey dates, locations and times in order that the Board, its staff or designee(s) may be in attendance at such surveys. Residential Provider also agrees to provide Board all CARF written reports acknowledging strengths and recommendations for program improvement.

## **II. CLIENT ELIGIBILITY**

Clay County residents must be given priority for placement in Board-owned homes.

Each new and current resident must sign a statement that he/she agrees to participate in keeping the living environment to at least a minimum cleanliness level in all Board-owned homes below. For the purposes of *Sections 205.968* to , the term

1. "Developmental disability" shall mean either or both paragraph (a) or (b) of this subsection:

A. A disability which is attributable to intellectual disability, cerebral palsy, autism, epilepsy, a learning disability related to a brain dysfunction or a similar condition found by comprehensive evaluation to be closely related to such conditions, or to require habilitation similar to that required for intellectually disabled persons; and

- a. Which originated before age eighteen; and
- b. Which can be expected to continue indefinitely;

## ELIGIBILITY REQUIREMENTS

### II. CLIENT ELIGIBILITY (continued)

B. A developmental disability as defined in section 630.005 "Person with a disability" shall mean a person who is lower-range educable or upper-range trainable intellectually disabled or a person who has a developmental disability.

"Person with a disability" shall mean a person who is lower-range educable or upper-range trainable intellectually disabled or a person who has a developmental disability.

For the purposes of *Section 630.005, RSMo* the terms: "**developmental disability**", a disability which is attributable to:

1. Intellectual disability, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or

2. Any other mental or physical impairment or combination of mental or physical impairments; and-

A. Is manifested before the person attains age twenty-two; and

B. Is likely to continue indefinitely; and

C. Results in substantial functional limitations in two or more of the following areas of major life activities:

a. Self-care;

b. Receptive and expressive language development and use;

c. Learning;

d. Self-direction;

e. Capacity for independent living or economic self-sufficiency;

f. Mobility; and

D. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated;

Persons with a disability are eligible for facilities and services under *RSMo. 205.968 - 205.972* regardless of age; except that individuals employed in sheltered workshops must be at least sixteen (16) years of age.

**"Client Eligibility Determination Requirement"** - Persons proposed to be served must be evaluated and determined eligible for services through the Kansas City Regional Office / Department of Mental Health prior to participation in any Board-funded service.

#### **"Resident"**

Definition of citizens eligible for assistance from the Board, is a developmentally disabled person:

1. whose true, fixed permanent home is in Clay County; or,

2. who, if living in a facility for the disabled, public or private located in Clay County with the present intent to remain; or,

## **ELIGIBILITY REQUIREMENTS**

### **II. CLIENT ELIGIBILITY (continued)**

- A. Whose parent(s) (in the case of a minor), or legal guardian or conservator is presently residing in Clay County with the present intent to remain; or,
- B. If of age, and posing "legal rights", the individual MR/DD person of their own volition chooses to reside in Clay County.

## **GENERAL FISCAL MANAGEMENT POLICIES EXPECTED OF RESIDENTIAL PROVIDERS**

### **I. CARF ACCREDITATION: SURVEYS / REPORTS**

Residential Provider must obtain CARF accreditation and maintain that CARF accreditation to qualify for the lease of Board-owned property and/or funding for residential services. Failure to obtain and/or maintain CARF accreditation will be considered by Board as a breach of the lease agreement, and the Board will terminate all or part of the lease.

Residential Provider must agree to notify Board of all CARF pre-survey and survey dates, locations and times in order that the Board, its staff or designee(s) may be in attendance at such surveys. Residential Provider also agrees to provide Board all CARF written reports acknowledging strengths and recommendations for program improvement.

### **II. FINANCIAL STATEMENTS**

Residential Provider must furnish the Board a copy of its balance sheet and current operating income and expense statements on a quarterly basis.

### **III. INDEPENDENT FINANCIAL AUDIT**

Residential Provider must furnish the Board with an annual audit by an independent firm or individual licensed by the Missouri Board of Accountants. This audit report shall be examined in accordance with generally accepted accounting principles as promulgated by the American Institute of Certified Accountants. Audit reports shall be submitted to the Board within 180 days of the Residential Provider's fiscal year-end.



# **FINANCIAL OBLIGATIONS**

## **I. RESIDENTIAL PROVIDER**

### **A. INSURANCE**

Residential Provider must obtain appropriate insurance to protect the organization from any potentially liable acts, intentional or otherwise, including acts of omission and acts of negligence, by any and all staff, Directors and Officers and Agents of the Residential Provider.

It is also required that the Residential Provider will acquire and maintain all necessary comprehensive property insurance to assure full replacement value of the Residential Provider's capital assets.

Residential Provider shall furnish the Board with certificates or other acceptable evidence that such insurance is in effect at the time of the signing of the Lease and annually thereafter, and the policy shall be underwritten with a company authorized to do business in the State of Missouri.

Both comprehensive and liability insurance must have the Board named as an additional insured.

All insurance coverage described above will be at the Residential Provider's expense.

### **B. FIRE SAFETY EQUIPMENT: MONITORING**

Residential Provider agrees to contract for and pay for all other monthly inspections of the system depending upon the organization's safety rules and/or regulations.

### **C. UTILITIES**

Residential Provider agrees to pay all water, sewer, gas, electric, trash and telephone bills charged against the Board-owned home during the term of the lease and to pay for any other services used by it during the term of the lease which are incidental to the occupancy and use of the Board-owned home.

## **FINANCIAL OBLIGATIONS**

### **I. RESIDENTIAL PROVIDER, Continued**

#### **D. OUTDOORS MAINTENANCE**

Residential Provider is responsible for maintenance of the lawn, landscaping and snow / ice removal.

#### **E. KEYS TO PROPERTY**

Board agrees to furnish to Residential Provider a set of keys to all locks on the home no later than the date of the signing of the lease. Residential Provider further agrees that it will provide a new key to the Board within one week of changing any lock.

#### **F. PROPERTY MAINTENANCE / REPAIR (See Page 9.)**

# **FINANCIAL OBLIGATIONS**

## **II. DEVELOPMENTAL DISABILITIES RESOURCE BOARD**

### **A. INSURANCE**

Board agrees to provide all risk coverage on the home at no less than 90% of the actual cash value of the property with the proceeds from any such policy payable to the Board. In the event of a partial loss, if practicable, the insurance monies shall be utilized in constructing repairs to the premises. The repairs shall be made by the Board as quickly as possible.

### **B. FIRE SAFETY EQUIPMENT: PURCHASE & MONITORING**

Board agrees to provide and pay for:

A fire safety equipment system for the home

Residential Provider agrees to contract for and pay for all other monthly inspections of the system depending upon the organization's safety rules and/or regulations.

### **C. TAXES**

Board agrees to pay any and all taxes, general and special, and all assessments which are or may become a lien on the property, if any.

This would include neighborhood association fees, if applicable.

### **D. PROPERTY MAINTENANCE / REPAIR (See Page 9.)**

## **PROPERTY MAINTENANCE / REPAIR**

Maintenance of Board-owned property, or property maintained by the Board according to a grant provision, shall be specified and outlined by contract. The contract will be for a specific maximum amount agreed-to by the Board and Residential Provider.

The Residential Provider has a duty to maintain and protect the Board-owned home.

Residential Provider will be responsible for emergency repairs (threatening the life, safety or immediate health of any resident or staff member).

Board-owned homes will receive first priority in any residential maintenance or repair schedule.

The Board agrees to pay for repairs necessary to maintain Board-owned homes in a tenantable and useable condition up to the maximum amount specified in the repair and maintenance contract except those repairs made necessary by damage caused by the fault, abuse or negligence of Residential Provider's staff, employees, clients or guests. Residential Provider will be responsible for making and paying for any repairs caused by the fault, abuse or negligence of staff, employees, clients or guests.

Maintenance expenses will be reimbursed on a monthly basis upon submittal of documentation (paid invoices) and the request for reimbursement.

All repairs and installations will be done in accordance with accepted codes and laws. Any required code inspections will be completed in a timely manner with corrections needed and/or approval sent to the Board office as soon as possible.

The Executive Director will arrange for Board-owned property inspections a minimum of three times per year. The Board will review inspection reports and approve additional funding for projects on a case-by-case basis.

Any proposed alterations (including structural repairs or modifications) to the home must be submitted to the Board for approval before any alterations are made. The Board shall have the final say on the decision to make any alterations to the home and the form or extent of any alterations.

## **MONITORING / REPORTING**

### **I. RESIDENTIAL PROVIDER**

#### **A. NOTIFICATION: STATUS OF RESIDENTS**

Residential Provider must submit a current list of persons residing in the Board-owned home along with a completed Resident Eligibility Determination Application for each resident. **(See Page 13.)**

The Board must be notified of any new resident entering the home. A completed Resident Eligibility Determination Application must be submitted for each new resident. **(See Page 13.)**

The Board must be notified of any resident who leaves the home creating a vacancy in the program.

The Board must be notified as soon as possible but no more than 48 hours of the death of a resident or if the resident is involved in a serious accident or life threatening illness. Preliminary notification shall be made by phone and followed with a required written notice within seven (7) days.

#### **B. RESIDENTIAL AGREEMENT/SIGNATURE FORM**

Residential Provider must obtain and submit to the Board a signed statement from all new and current residents that he/she agrees to participate in keeping the living environment to at least a minimum cleanliness level in all Board-owned homes. **(See Page 14.)**

#### **C. MONTHLY MONITORING REPORTS**

Residential Provider agrees to provide to the Board a copy of the monthly monitoring checklists pertaining to a clean/safe/healthy living environment at the home and the physical condition of the structure of the building. **See pages 15-22 for information and pages 23-24 for forms.**

# **MONITORING / REPORTING**

## **II. DEVELOPMENTAL DISABILITIES RESOURCE BOARD**

### **A. INSPECTIONS AND ACCESS TO HOMES**

The Board, its officers and agents shall have access to the Board-owned home, including staff quarters, at any reasonable time for the purpose of inspecting the home.

The Board may inspect the home for maintenance repairs, remodeling, health, and safety or sanitation deficiencies. If upon inspection the Board finds any deficiency, the Board shall notify the Residential Provider in writing of its finding and may require Residential Provider to submit to the Board an acceptable plan of corrective action and the dates such corrective action must be completed.

The Board will have qualified personnel inspect the property to ensure that the structure and integrity of the property is maintained. The inspection reports will be reviewed by the Board during the Board's regular monthly business meetings. Plans of action will be developed for any deficiencies found in the report and will be required to be corrected within a reasonable timeframe as designated by the Board and/or the Board's Executive Director.

### **B. KEYS TO PROPERTY**

Board agrees to furnish to Residential Provider a set of keys to all locks on the home no later than the date of the signing of the lease. Residential Provider further agrees that it will provide a new key to the Board within one week of changing any lock.

## **FAILURE TO PERFORM**

The property lease agreement shall represent a contract for service and shall require Board action that may result in the termination of the lease in the event of default or failure to operate the property or program adequately.

## Developmental Disabilities Resource Board of Clay County Resident Eligibility Determination

### Demographic Information

**Individual Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** Male  Female

**Address:** \_\_\_\_\_  
Street City State Zip

**Best Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Best Contact Email:** \_\_\_\_\_

**Type of Residence:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Service Coordinator:** \_\_\_\_\_ **SC Email Address:** \_\_\_\_\_

### Guardianship Information

**Does the individual have a guardian?** Yes  No

**Name of Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family**  **Public Administrator**  **Guardian Email:** \_\_\_\_\_

### Eligibility Information

**KCRO Eligible:** Yes  No  **Active Medicaid?** Yes  No  In Process

**Medicaid Waiver Eligible:** Yes No In Process **Type of Waiver** \_\_\_\_\_

### Service(s) Requested:

- Autism Services:**  ESMW
- Day Habilitation:**  ESMW  MD-Broadacres  MD-Mill Street
- Early Intervention:**  ESMW  NEEC  CCVI
- Therapeutic Recreation:**  Life Unlimited
- Sheltered Workshop:**  VSI Liberty  VSI Liberty Annex  VSI NKC  
 Ability KC  Alphapointe
- Supported Employment:**  VSI  ESMW
- Therapeutic Horseback Riding:**  NTRC
- Transportation:**  Della Lamb/City Wide Complete Section 2

FOR DDRB USE ONLY	
Approved	Denied
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

\_\_\_\_\_  
County Director's Signature



**RESIDENTIAL AGREEMENT / SIGNATURE**

**Resident Participation in Maintaining Healthy Living Conditions at  
Homes owned by DDRB**

**THIS STATEMENT MUST BE SIGNED AND RETURNED TO:**

**Developmental Disabilities Resource Board  
920 S. Kent Street  
Liberty, MO 64068**

**Board Policy adopted 5/30/2006:**

Each resident (new and/or current) living in homes owned by the Developmental Disabilities Resource Board of Clay County and leased to Life Unlimited, Inc.. must participate in maintaining a clean and healthy living environment. The resident must share the responsibility for clean and sanitary living conditions with other residents and direct care, middle and upper management staff at Life Unlimited.

Each resident (new and/or current) is required to sign this statement on an annual basis verifying that he/she agrees to participate in keeping the living environment to at least a minimum cleanliness level. The extent of participation will be based on the individual resident's capabilities. The Board expects the resident to participate at the highest level of his/her abilities.

I have read the above policy adopted by the Developmental Disabilities Resource Board on 5/30/2006 and agree to abide by the policy as stated. I further recognize that failure to accept and fulfill this obligation may result in loss of residential services at the Board-owned home.

**Resident:**

Print Name	Signature	Date

**Guardian: (if applicable)**

Print Name	Signature	Date

Address	City / State	Zip Code

## Clean, Tidy, Homelike Environment

(General Information) All apartments should be checked with a rotating sample of apartments being checked by the Residential Manager in settings where several people are served by the same team of Teaching Counselors.

### 1. Home appears clean (all rooms, except kitchen and bathrooms)

(Group Homes/24-hour ISLs) Score 1 if all common areas of the home (except the kitchen and bathrooms) and consumer bedrooms appear to the rater to meet the community's standard of cleanliness for a middle-class to upper-middle-class home. Also, all surfaces appear clean, such as floors, walls, light switch covers, etc. Score 0 if any single item (for example, dirty window, dirty floors) would not meet this criterion.

(Apartment Programs/Non 24-hour ISLs) Score 1 if all rooms of the home appear to be clean enough to be safe and would not cause the average community member to feel uncomfortable. Also, all surfaces appear clean, such as floors, walls, light switch covers, etc.

(Community Support, except when person served lives in natural home) Score 1 if all rooms observed in the home appear to be clean enough to be safe and would not cause the average community member to feel uncomfortable.

(Circle of Friends – not applicable)

### 2. Individual responsibilities written

(Group Homes/Apartment Programs/ ISLs, except where person lives alone) Score 1 if there is a written list of who is responsible for what areas of maintenance. List may be visible on bulletin board/wall/refrigerator, or staff or consumer should be able to produce it. Score N/A if absence of list is an exception noted in each person's Personal Plan.

(Community Support, except where person lives alone or is married) Score 1 if there is a written list OR if consumers can tell you who is responsible for what AND home appears generally well maintained. Score 0 if there is no written list AND consumers and/or staff verbalize confusion about who is responsible AND this appears to result in uncleanliness or untidiness. (Example of verbalized confusion: if one consumer states, "The kitchen is a mess, but that's my roommate's job this week," and the roommate states, "No, that's your job.") Rater may choose to mark N/A if there is no system, but the home is generally tidy.

(Any setting where persons live alone) Mark Not Applicable (N/A)

(Circle of Friends – not applicable)

3. **Free of unpleasant odors**

(All settings) Score 1 if, after inhaling deeply through the nose, no unpleasant odors are perceived by the rater. Score 0 if there is an unpleasant odor even if the reason for the odor is known (e.g., the person is incontinent).

(Circle of Friends – not applicable)

4. **Trash/garbage in suitable container**

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if there is no trash, garbage, or litter on floor or furniture. This would include bits of food, candy wrappers, cigarette butts, etc. **Score 0 if there is any debris on floor.** Exceptions should be noted in a person's personal plan. May also score 1 if trash is present and staff teach to it. ***However, make a note that this occurred.***

(Community Support) Score 1 if observed there is no trash, garbage, or litter on floor or furniture. This would include bits of food, candy wrappers, cigarette butts, etc. May also score 1 if trash is present and staff teach to it. ***However, make a note that this occurred.***

(Circle of Friends – not applicable)

5. **Bathroom(s) neat & clean**

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if all sinks, faucets, bathtubs, showers, shower doors, counters, shelves, walls, light switch plates, etc. are free of splatters, soap scum, dust, dirt, etc.; if items on counters are neatly organized and clean, and floors are swept and clean; and if towels are hung neatly and clothing stored appropriately. May also score 1 if problem areas are observed and taught to by staff; ***however, make a note that this occurred.***

(Community Support) Score 1 if observed all sinks, faucets, bathtubs, showers, shower doors, counters, shelves, walls, light switch plates, etc. are free of splatters, soap scum, dust, dirt, etc.; if items on counters are neatly organized and clean, and floors are swept and clean; and if towels are hung neatly and clothing stored appropriately. May also score 1 if problem areas are observed and taught to by staff, ***however, make a note that this occurred.***

(Circle of Friends – not applicable)

6. **Kitchen neat & clean**

(Apartment Programs/Group Homes/24-hour ISLs/ Non 24-hour ISLs) Score 1 if all sinks, faucets, counters, shelves, walls, light switch plates, etc. are free of splatters, soap scum, dust, dirt, etc.; if items on counters are neatly organized and clean; if fronts **and tops** of appliances, **cabinet doors, inside and outside, and counter under microwaves** are clean, and floors are swept and clean; and if towels and dishcloths are hung neatly or stored appropriately. The top of the refrigerator(s) should be free of items and dust. May also score 1 if problem areas are observed and taught to by staff, ***however, make a note that this occurred.***

(Community Support) Score 1 if observed all sinks, faucets, counters, shelves, walls, etc. are free of splatters, soap scum, dust, dirt, etc.; if items on counters are neatly organized and clean, if fronts **and tops** of appliances, **cabinet doors, inside and outside of and counter under microwaves** are clean, and floors are swept and clean; if towels and dishcloths are hung neatly or stored appropriately. May also score 1 if problem areas are observed and taught to by staff, *however, make a note that this occurred.*

**7. Personal hygiene items stored appropriately**

(Group Homes/Apartment Programs/all ISLs) Score 1 if consumers' personal hygiene items are stored orderly and/or consumers, if able, can indicate where they are.

(Circle of Friends – not applicable; Community Support applicable if stated in plan)

**8. Yard free of debris**

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if there is no trash, garbage, cigarette butts, newspapers, or litter on the grounds, patio or deck, entryway into an apartment, or entryway into a facility. May also score 1 if debris is present and staff teach to it; *however, make a note that this occurred.*

(Community Support) Score 1 if observed there is no trash, garbage, cigarette butts, newspapers, or litter on the grounds, patio or deck, or entryway into the person's individual home or apartment. May also score 1 if debris is present and staff teach to it; *however, make a note that this occurred.*

(Circle of Friends – not applicable)

**9. Free of clutter**

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if items (mail, magazines, etc.) are stored or stacked neatly, and there are not excessive numbers of items (paper bags, newspapers, dishes, furniture, fast food containers, etc.). Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

(Community Support) Score 1 if observed items (mail, magazines, etc.) are stored or stacked neatly, and there are not excessive numbers of items (paper bags, newspapers, dishes, furniture, fast food containers, etc.). Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

(Circle of Friends – not applicable)

## 10. Clothes, leisure items stored

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if clothing is in drawers, laundry baskets, closets, hung on coat racks, etc. and leisure items are neatly placed on shelves, tables, etc. Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

(Community Support) Score 1 if observed clothing is in drawers, laundry baskets, closets, hung on coat racks, etc. and leisure items are neatly placed on shelves, tables, etc. Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

(Circle of Friends – not applicable)

## 11. Completely free of dust

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if surfaces are **free of dust, including \*top(s) of refrigerator, ceiling fan blades, cold air returns & heat vents, etc.** Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

(Community Support) Score 1 if observed surfaces **free of dust, including \*top(s) of refrigerator, ceiling fan blades, cold air returns & heat vents, etc.**

Also may score 1 if problem is present and staff teach to it, *however, make a note that this occurred.*

\* if top(s) of refrigerator is dusty, this should be reflect in an ‘O’ score on kitchens.

(Circle of Friends – not applicable)

## 12. No visible dirty dishes

(Apartment Programs/Group Homes/24-hour ISLs/Non 24-hour ISLs) Score 1 if there are no visible dirty dishes or dishes are clean in dish rack or rinsed and stacked neatly below counter level in the sink.

(Community Support) Score 1 if it is observed that there are no visible dirty dishes or dishes are clean in dish rack or rinsed and stacked neatly below counter level in the sink. Also may score 1 if problem is present and staff teach to it.

(Circle of Friends – not applicable)

## 13. Garage/Basements neat and organized

(All applicable settings) Score 1 if no trash is observed on floor or other surfaces; floors should be swept and free of leaves, etc.; items stored should be neatly organized; trash containers should be covered; and relatively free of dust, cobwebs, etc.

(Community Support) not applicable unless safety of consumer is in jeopardy.

## Homelike Environment

1. **Personally decorated**

(All settings) Score 1 if main living areas have homelike touches such as pictures, lamps, flowers, cushions, quilts, knickknacks, etc. AND there is reason to believe these were selected by people served. If people served cannot voice preferences, there is some reason to believe that the décor reflects their interests, likes and dislikes. Exceptions should be noted in the person's personal plan.

(Circle of Friends – not applicable)

2. **Age appropriate or in Personal Plan**

(All settings) Score 1 if décor is adult oriented and does not include children's characters in pictures or décor items, nor are toys visible. May also score 1 if childlike items are present but the fact that this is the person's choice has been documented in the person's Personal Plan; or if a child lives with a person.

(Circle of Friends – not applicable)

3. **Leisure materials available**

(All settings) Score 1 if games, magazines, videotapes, DVD, CD, cassette tapes, craft materials, etc. are either clearly visible or people served can demonstrate or tell where they are.

(Circle of Friends – not applicable)

4. **Meals served appropriately**

(All settings with more than 1 resident) Score 1 if table is set and all residents are invited to eat. Unless stated in the personal plans, at least one item in the meal should be served home-style. May score N/A if more than one person lives in the setting but they indicate that it is their personal choice to eat separately for a specific reason.

(Circle of Friends – not applicable)

**(Group Homes) All staff eat**

(Group Homes) Score 1 if all staff present share the same meal with people served. May score 1 if staff member(s) sits at table and declines to eat for a specific reason, but this cannot be scored 1 if the same person declines repeatedly (unless medical excuse is submitted).

(All other settings) Mark not applicable (N/A)

5. **Menus are current and available**

(Apartment Programs/Group Homes/ISLs) Score 1 if current menus are available.

(Community Support – not applicable)

## Sanitation

(General Information) All apartments should be checked monthly. In settings where several people are served by the same team of Teaching Counselors and a Coordinator, the Residential Manager should check a sample of apartments on a rotating basis.

### 1. **Hands washed prior to food handling**

(All settings) Score 1 if all staff involved in food preparation (meal, snack) wash hands as needed throughout the food preparation, and that they have ensured through teaching (as needed) that all consumers involved in that food preparation have washed hands as needed. Score 1 if consumers' wash hands before eating or staff teach to the need to wash hands.

(Circle of Friends – not rated)

### 2. **Food defrosted safely**

(Group Homes/24-hour ISLs) Score 1 if all frozen food items have been defrosted safely in the refrigerator, microwave, or under *cold* running water. Score 0 if frozen food items are left on counter to defrost.

(Apartment Programs/Non 24-hour ISLs/Community Support) Score 1 if all frozen food items have been defrosted safely in the refrigerator, microwave, or under cold running water, OR TC teaches to unsafe defrosting methods as identified.

(Circle of Friends – not rated)

### 3. **Fridge temperature < 40 ; freezer temperature <10**

(Group Homes) Score 1 if the thermometers are present and register the correct settings.

(Apartment Programs/ISLs) Score 1 if the milk (other container, if no milk) is cold to the touch and the food is frozen solid in the freezer.

(Community Support) Generally not applicable. Score 1 if TC teaches to problem situations as identified.

(Circle of Friends – not applicable)

4. **Stored food sealed (fridge, pantries)**

(Group Homes/24-hour ISLs) Score 1 if all applicable food items in the refrigerator, freezer, pantry, and cupboards are stored in containers with lids, zip lock bags, or covered adequately with foil or plastic wrap.

(Apartment Programs/Non 24-hour ISLs) Score 1 if all applicable food items in the refrigerator, freezer, pantry, and cupboards are stored in containers with lids, zip lock bags, or covered adequately with foil or plastic wrap, or if TC teaches to opportunities as identified.

(Community Support) Generally not applicable. Score 1 if TC teaches to problem situations as identified.

(Circle of Friends – not rated)

5. **Stored food dated/labeled (fridge)**

(Group Homes/24-hour ISLs) Score 1 if all leftover food items stored in the refrigerator have a label which identifies the item and a date which identifies when the item was placed in the refrigerator, and no leftover item has been stored longer than 3 days.

(Apartment Programs/Non 24-hour ISLs) Score 1 if all leftover food items stored in the refrigerator have a date which identifies when the item was placed in the refrigerator and no item has been stored longer than 3 days.

(Community Support) Generally not applicable. Score 1 if TC teaches to problem situations as identified.

(Circle of Friends – not rated)

6. **Interior & contents of cabinets are clean**

(Apartment Programs/Group Homes/ ISLs) Score 1 if randomly observed cabinet and contents are organized and cleaned, free of food particles, dust, etc.

(Community Support) Not applicable.

(Circle of Friends – not rated)



**7. Dishtowels & cloths clean**

(Group Homes/24-hour ISLs) Score 1 if the dishcloths, dishtowels, hot pads, and oven mitts appear clean and are in good condition.

(Apartment Programs/ISLs) Score 1 if the dishcloths, dishtowels, hot pads, and oven mitts appear clean and are in good condition, or TC teaches to any problem.

(Community Support) Generally not applicable. Item will be scored if observed but rater will not request to see the item. Score 1 if TC teaches to problem situations as identified.

(Circle of Friends – not rated)

**8. Fridge, freezer clean inside & out**

(Group Homes/24-hour ISLs) Score 1 if refrigerator and freezer are relatively clean inside and out with no spilled items and no inappropriate odors.

(Apartment Programs/ISLs) Score 1 if refrigerator and freezer are relatively clean inside and out with no spilled items and no inappropriate odors or TC teaches to any problem.

(Community Support) Generally not applicable. Item will be scored if observed but rater will not request to see the item. Score 1 if TC teaches to problem situations as identified

(Circle of Friends – not rated)

**9. Hand Soap, paper towels, disinfectants available**

(Apartment Programs/Group Homes/ISLs) Score 1 when hand soap and paper towels are available at each sink. In bathrooms, cloth towels are acceptable. Disinfectants should be safely stored and staff is able to locate the item(s) or state where the item(s) are stored when asked. May score N/A if person's Personal Plan addresses reasons for the exception (i.e. person eats soap, etc.)

(Circle of Friends – not rated)

## CLEAN, TIDY, HOMELIKE ENVIRONMENT

### CHECKLIST

**OUTCOME**

**1 OR 0**

**COMMENTS**

**CLEANLINESS:**

1. Home appears clean (all rooms, exc. bathrooms & kitchen)	
2. Individual responsibilities written & available.	
3. Free of unpleasant odors.	
4. Trash/garbage in suitable container.	
5. Bathrooms neat & clean	
6. Kitchen neat & clean [ <b>includes appliances, microwave, counters, top of refrigerator is item and dust-free</b> ]	
7. Personal hygiene items stored appropriately	

**TIDINESS:**

8. Yard/approach free of debris.	
9. Free of clutter.	
10. Clothes, leisure items stored appropriately.	
11. Free of dust on all surfaces.	
12. No visible dirty dishes. (Rinsed in sink, below level of counter is ok)	
13. Garage/Basement neat and organized	

**Criterion=2 Os**

TOTAL:

*Score:*

**HOMELIKE ENVIRONMENT**

1. Personally decorated.	
2. Age-appropriate or in Plan.	
3. Leisure materials available.	
4. Meals served appropriately.	
5. (Group Homes only) All staff eat what consumers are eating.	
6. Menus are current and available	

**Criterion=No Os 1-5**

TOTAL:

*Score:*

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADMINISTERED BY: \_\_\_\_\_  
 FEEDBACK RECEIVED BY: \_\_\_\_\_

Reviewed 1-10

**SAFETY & SANITATION**

<b>OUTCOME</b>	<b>1 OR 0</b>	<b>COMMENTS &amp; CORRECTIONS</b>	
<b>SAFE ENVIRONMENT:</b>	[ ]	<b>Actions taken, if scored 0:</b>  Temp: _____ _____ _____ <b>[100-115 degrees]</b>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">Score:</div>	
1. No fire hazards (improper extension cords, overloaded outlets, electrical fire hazards, fire exit routes blocked; flammable materials should be stored away from heat source and locked according to toxic compound definition.)			
2. Smoke detectors OK.			
3. Meds/toxic substances stored safely.			
4. No obvious health/safety hazards.			
5. No tripping hazards			
6. Tap water safe to touch (if applicable)			
<b>Criterion=No Os</b>	<b>TOTAL:</b>		
<b>EMERGENCY PREPAREDNESS:</b>	[ ]		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Score:</div>
1. First Aid supplies available (alcohol wipes, digital thermometer, antibiotic cream, gloves, acetaminophen, CPR mask) <i>Apt program: CPR mask in apt. or staff carry on shift</i>			
2. Emergency lighting works (flashlight in ISLs & CSP.)			
3. Fire extinguisher tags initialed as applicable			
4. Emergency Plan available & current as applic.			
5. Evacuation Chart posted if applicable			
6. Emergency kits available (blanket or sheet, flashlight, small amt first aid, and batteries in grab-n-go bag...also need battery radio, non-cordless phone, & water – water in bag at ISL's)			
7. Drills current. <i>Previous month</i>			
8. MSDS book available as applicable.			
9. Sharps container available			
10. Emergency numbers readily available			
<b>Criterion=No more than 2 Os</b>	<b>TOTAL:</b>		
<b>SANITATION:</b>	[ ]	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Score:</div>	
1. Hands washed prior to food handling.			
2. Food defrosted safely.			
3. Fridge temp. < 40; freezer temp. <10			
4. Stored food sealed (fridge, pantries)			
5. Stored food dated/labeled (fridge)			
6. Interior & contents of cabinets are clean			
7. Dishtowels/cloths clean.			
8. Fridge, freezer clean inside & out			
9. Hand soap, paper towels, disinfectants available			
<b>Criterion=no more than 1 O</b>	<b>TOTAL:</b>		
FACILITY: _____ DATE: _____ ADMINISTERED BY: _____ FEEDBACK RECEIVED BY: _____			