

LIFE-SAFETY INSPECTION REPORT

RSU ID.: _____

QC ID: _____

Name: _____ Date: _____ Time: _____

Address (No., Street, City, State, ZIP Code): _____

Telephone: _____ Licensing/Certification Agency: _____

New Application Renewal Address Change Special Request
 Developmental Setting: HCBS Certified Respite Day Program Therapy

| General Conditions & Cleanliness (R6-18-702): | YES | NO | Inspector's Comments | Date Corrected |
|---|-----|----|----------------------|----------------|
| 1. Interior & exterior in good repair and free of damage that poses a hazard | | | | |
| 2. Play areas and therapy equipment are in good repair | | | | |
| 3. Setting is clean to the degree that the condition does not constitute a hazard | | | | |
| 4. Garbage is removed from the setting & premises at least once each week | | | | |
| 5. The setting and outside play areas are free of insect and rodent infestation | | | | |
| Safeguarding Hazards (R6-18-703) | YES | NO | Inspector's Comments | Date Corrected |
| 1. Setting has a system to lock highly toxic substances. | | | | |
| 2. Setting has a system to safeguard cleaning supplies Specify system for safeguarding: _____ | | | | |
| 3. Weapons are safeguarded No weapons on premises | | | | |
| 4. Firearms are locked in an unbreakable container No firearms on premises | | | | |
| 5. Firearms are trigger-locked or rendered inoperable No firearms on premises Number of firearms identified on the premises: _____ | | | | |
| 6. Ammunition is locked separate from firearms No ammunition on premises | | | | |
| 7. Bathtubs/showers and ramps have slip resistant surfaces | | | | |
| 8. Handrails and grab-bars are securely attached and stationary NA | | | | |
| 9. Skirting is intact around the base of the setting, if a mobile home NA | | | | |
| 10. Animals do not pose a hazard due to behavior, disease, etc NA | | | | |
| 11. Evidence is available in the setting for each dog's current rabies NA Vaccinations: _____ _____ | | | | |

| Storage of Medication (R6-18-704): | YES | NO | Inspector's Comments | Date Corrected |
|---|------------|-----------|-----------------------------|-----------------------|
| 1. Prescription and over-the-counter medications in the setting are locked in a securely fastened storage container | | | | |
| 2. Medications that must be readily available or may be accessed per an individual's case plan are safeguarded NA | | | | |
| 3. Medications that must be refrigerated are locked, without preventing access to refrigerated food NA | | | | |
| Safe Appliances (R6-18-705): | YES | NO | Inspector's Comments | Date Corrected |
| 1. Appliances for refrigerating & cooking food are functioning and safe Refrigerator temperature: _____ °F | | | | |
| 2. Setting has sufficient lighting to perform normal activities in bedrooms and living/program areas. | | | | |
| 3. Setting has adequate heating, cooling, & ventilation in bedrooms and living/program areas Interior temperature: _____ °F | | | | |
| 4. Setting has an operable telephone | | | | |
| 5. The clothes dryer is safely vented with a non-flammable vent hose NA | | | | |
| 6. Each portable heater meets the following standards NA | | | | |
| Electric, UL Approved, and equipped with a tip-over shut-off switch | | | | |
| Has a protective covering for the heating element | | | | |
| Is placed at least 3 ft. from flammable object when in use | | | | |
| Is not used in bedrooms or as the primary source for heat in the setting | | | | |
| 7. A carbon monoxide detector is installed on each level that has a fuel-burning appliance or heating device NA | | | | |
| Electrical Safety (R6-18-706): | YES | NO | Inspector's Comments | Date Corrected |
| 1. Electricity/wiring appears safe | | | | |
| 2. Light sockets have light bulbs/are safely covered to prevent electrical shock | | | | |
| 3. Interior and exterior electrical panels and outlets are covered and have no exposed wiring | | | | |
| 4. Electrical outlets are not overloaded | | | | |
| 5. Electrical cords are in good condition; no broken or frayed cords are in use | | | | |
| 6. Extension cords are not used on a permanent basis | | | | |
| 7. Mid-sized appliances are plugged into grounded outlets/power strips | | | | |
| 8. Major appliances are plugged directly into grounded outlets | | | | |

Record No.: _____

| Plumbing (R6-18-707): | YES | NO | Inspector's Comments | Date Corrected |
|--|------------|-----------|-----------------------------|-----------------------|
| 1. The setting has a continuous source of safe drinking water | | | | |
| 2. Hot water temperature in areas for bathing does not exceed 120°F Hot water temperature: _____ °F | | | | |
| 3. Sewage disposal is functioning with no visible signs of leakage | | | | |
| 4. Setting has at least 1 working toilet, sink, and tub/shower per 10 residents Number of working toilets: _____ Shower/tubs: _____ Bathroom sinks: _____ | | | | |
| Fire Safety (R6-18-708): | YES | NO | Inspector's Comments | Date Corrected |
| 1. Flammables/combustibles are stored more than 3 feet from the hot water heater and other heat sources | | | | |
| 2. Working fireplaces/wood stoves are protected by fire screens NA | | | | |
| 3. Setting has at least one functioning fire extinguisher with a minimum rating of 2A: 10BC on each level | | | | |
| 4. Setting has at least one working smoke detector on each level | | | | |
| 5. Setting has at least one working smoke detector in each bedroom | | | | |
| 6. Setting has an emergency evac. plan which meets the following standards | | | | |
| Identifies two routes to evacuate from bedrooms used for care | | | | |
| Identifies the location of fire extinguishers & fire evacuation equipment | | | | |
| Designates a safe meeting place outside the setting | | | | |
| Is maintained in the setting | | | | |
| 7. Exits from the setting are unobstructed | | | | |
| 8. Bedrooms used for care must have an exit that opens directly to the outside | | | | |
| 9. Locks/bars on windows in bedrooms used for care and on doors leading to the outside have a quick release mechanism | | | | |
| 10. Settings providing care to 6 or more individuals practice and document an evacuation drill at least once every 3 months NA | | | | |
| 11. The address for the setting is posted and visible from the street NA | | | | |

| Pools and Spas (R6-18-709): | YES | NO | Inspector's Comments | Date Corrected |
|--|-----|----|----------------------|----------------|
| 1. Pools are maintained, not stagnant, & are clear enough to see through the water to the bottom surface of the pool | | | | |
| 2. If water is deeper than 4 ft., a shepherds crook & ring buoy with attached rope are available in the pool area NA | | | | |
| 3. The enclosure/fence meets the following standards NA | | | | |
| The exterior side of the fence is at least 5 ft. high with no foot/handholds | | | | |
| If chain link, the mesh measures less than 1 3/4" horizontally NA | | | | |
| Openings measure less than 4 inches | | | | |
| Gates are self –closing, self-latching and open away from the pool | | | | |
| The gate latch is at least 54" above the ground | | | | |
| The gate to the enclosure is locked | | | | |
| 4. If the setting constitutes part of the enclosure, the following standards are met NA - No part of the setting is inside or connected to the pool fence | | | | |
| The fence does not interfere with safe egress from the setting | | | | |
| A door from the setting does not open within the pool enclosure | | | | |
| A window in a bedroom designated for an individual receiving care is not positioned within the pool enclosure | | | | |
| Other windows within the pool enclosure are permanently secured to open no more than 4 inches | | | | |

This inspection represents the condition of the setting only on the date and time of the inspection.

The setting was in full compliance with all safety measures evaluated by the OLCR Life-Safety Inspector.

The setting was not in full compliance with all safety measures and corrections are required.

Licensing agency must verify corrections OLCR must verify corrections

Date full compliance verified by OLCR: _____

Inspector's comments:

Inspector's Name (*print*): _____ Inspector's Signature: _____

I acknowledge that the findings of this inspection have been reviewed with me and I have been provided with a copy.

Provider's Name (*print*): _____ Provider's Signature: _____

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