



Professional Manager Host Home Checklist

Host Home Provider: _____

Date: _____

Cleanliness of home: _____ Is the temperature comfortable? Yes No

Documented effort towards community inclusion? YES NO

SAFETY: 3 Fire Drills per year, 1 Natural Disaster Drill per year, Fire drills must be conducted on each shift, Drills should always include evacuation,			
Emergency Drills completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> Earthquake Date: _____ <input type="checkbox"/> Gas Date: _____ <input type="checkbox"/> Fire Extinguisher Date Checked: _____ <input type="checkbox"/> Tornado Date: _____ <input type="checkbox"/> Fire Date: _____
Staff drill checklist with drill forms completed for all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Water Temperature Checked? <i>Must be below 120 degrees</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Temperature: _____
CO Detector reading (if applicable)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Smoke Detectors and Date checked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
First-Aid Kit complete and nothing expired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> Roll of gauze bandage, 3 inches wide <input type="checkbox"/> Sterile gauze pad 4X4- packaged separately <input type="checkbox"/> Band-Aids <input type="checkbox"/> Roll of adhesive tape, 1-inch size <input type="checkbox"/> Scissors <input type="checkbox"/> Elastic Ace-Wrap <input type="checkbox"/> Package of cotton-tipped swabs <input type="checkbox"/> Tweezers <input type="checkbox"/> Alcohol Swabs <input type="checkbox"/> Cold Pack <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Peroxide or antiseptic wipe packets <input type="checkbox"/> Antibiotic Ointment <input type="checkbox"/> CPR Mask
Comments: _____			

Professional Manager Signature

Date



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INDIVIDUAL:

STAFF/SERVICES			Comments:
Are PM Monthly reviews in the correct file and current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are Monthly PM QA Checks in the correct file and current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are Community Specialist monthly documentation current? (if applicable)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are RN summaries/Progress notes in the file and current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the current IP in the book with signed approval page and training record signed by all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the current implementation strategies in the book with a training record signed by all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is there a due process in the home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does individual have a personalized plan and is there a training record signed by all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

FINANCIALS			Comments:
Financial ledgers and checkbook registers up to date?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Ending Balance (from last month)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount of Cash Available:
Petty Cash count completed each shift and signed off on?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NAFS used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Food Stamps?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

HEALTH			Comments:
All adaptive equipment listed in IP and on physician orders? Is training sheet signed by all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Adaptive Equipment Log Check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last Check Date:
Last Maintenance Check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any repairs needed:

MEDICATIONS			Comments:
MAR without holes and signed by all?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, who needs to sign?
Meds expiration date checked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What expired? Refills needed?
Are there Psychotropic and/or Narcotic medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, is count sheet accurate and is there a 90 day review? list:
Physician orders current with training record signed by all staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Side effects sheets current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are immunizations current? (TB, Flu, Hep B, Tdap, Varicella, Pneumonia)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what is needed?
Is current annual physical in file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is current dental exam in file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is current lab work in file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is current vision exam in file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is current hearing exam in file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current Height & Weight: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current Blood Pressure: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current Pulse: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	