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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02108 (01/2024) | | | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code ch. DHS 88  Page 1 of 4 | | | | |
| **ADULT FAMILY HOME (AFH)**  **APPLICANT COMPLIANCE STATEMENT** | | | | | | | | | | | | |
| Prior to a surveyor coming to the adult family home to inspect the home, the applicant must ensure each item identified below is in compliance with Wis. Admin. Code ch. DHS 88 requirements.  **Disclaimer:** The statements in this document paraphrase the cited administrative rules. Refer to the language of the Wisconsin Administrative Code for the exact wording of the cited rules. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.  By submitting this signed and completed form, the applicant is attesting that this facility is in substantial compliance and ready for an onsite review of regulatory compliance. Applicants who are unsure as to the compliance status of their facility are encouraged to consult an experienced professional to assist with the completion of this form. Failure to demonstrate substantial compliance within 48 hours of the initial, onsite visit may result in a denial of licensure.  **The onsite licensing visit will not be scheduled until this signed and completed compliance document is received.**  Mail this fully completed form to: **Division of Quality Assurance**  **Attention: Licensing Associates**  **200 North Jefferson Street, Suite 501**  **Green Bay, WI 54301**  If you have questions regarding the completion of this form, call **608-266-8482** or email [dhsdqaballicensing@dhs.wisconsin.gov](mailto:dhsdqaballicensing@dhs.wisconsin.gov). | | | | | | | | | | | | |
| **FACILITY INFORMATION** | | | | | | | | | | | | |
| *Provide the actual physical location of the facility.* | | | | | | | | | | | | |
| Name – Facility | | | | | | | | | | | | |
| Street Address – Facility | | | | | | City | | | State | Zip Code | | County |
| **DESIGNATED CONTACT** | | | | | | | | | | | | |
| *The individual named below is authorized to schedule an onsite visit for the facility.* | | | | | | | | | | | | |
| Name – Designated Contact | | | | | | | | Title | | | | |
| Phone No(s). | | | | | | | | Email Address | | | | |
| **COMPLIANCE STATUS** | | | | | | | | | | | | |
| *Check each statement below when compliance is met.* | | | | | | | | | | | | |
|  | 1. Ambulatory: I will admit only ambulatory residents *[Wis. Admin. Code § DHS 88.02(6)]*  ***OR***  1. Not Ambulatory: I will admit residents that are not able to walk at all; able to walk only with difficulty or only with the assistance of crutches, a cane, or walker; or unable to easily negotiate stairs without assistance; therefore, the facility **meets all the following requirements:** *[Wis. Admin. Code § DHS 88.05(2)]* | | | | | | | | | | | |
|  |  | There are at least two exits from the home that are ramped to grade with a hard surfaced pathway and handrails. *[Wis. Admin. Code § DHS 88.05(2)(a)1 and Wis. Admin. Code § SPS 321.045]* | | | | | | | | | | |
|  |  | All entrance, exit, and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all have a clear opening of at least 32 inches. *[Wis. Admin. Code §§ DHS 88.05(2)(a)2 and SPS 321.03(7)(a)]* | | | | | | | | | | |
|  |  | Toilet and bathing facilities used by a resident not able to walk at all have enough space to provide a turning radius for the resident’s wheelchair and provide accessibility appropriate to the resident’s needs. *[Wis. Admin. Code § DHS 88.05(2)(a)3]* | | | | | | | | | | |
|  |  | Grab bars are provided for toilet and bath fixtures in those bathing and toilet facilities used by residents. *[Wis. Admin. Code § DHS 88.05(2)(b)]* | | | | | | | | | | |
|  |  | Any resident who is not able to easily negotiate stairs without assistance from staff or an assistive device will have his or her bedroom, toilet and bathing facilities, and all common living areas on the first floor. *[Wis. Admin. Code § DHS 88.05(2)(d)]* | | | | | | | | | | |
|  | 1. Home is safe, clean, and well-maintained, and provides a homelike environment. *[Wis. Admin. Code § DHS 88.05(3)(a)]* | | | | | | | | | | | |
|  | 1. Each clothes dryer is vented with rigid metal exhaust duct. *[Wis. Admin. Code §§ DHS 88.05(3)(b) and SPS 324.14(2)]* | | | | | | | | | | | |
|  | 1. Water temperature at all fixtures accessible to the residents is at 115 degrees F or less. *[Wis. Admin. Code § DHS 88.05(3)(b)]* | | | | | | | | | | | |
|  | 1. The home is free from hazards and kept uncluttered and free of dangerous substances, insects, and rodents. *[Wis. Admin. Code § DHS 88.05(3)(b)]* | | | | | | | | | | | |
|  | 1. The home has heating; hot and cold water; and electrical, plumbing, sewerage, and lighting systems that meet local building codes *[Wis. Admin. Code § DHS 88.05(3)(c)]* | | | | | | | | | | | |
|  | Water Source *(Check* ***only one*** *of the two following boxes.)*   1. The home is served by a public water utility.   ***OR***   1. Water samples have been taken from the private well and tested, as required. A copy of the test results has been submitted to the Department. *[Wis. Admin. Code § DHS 88.05(3)(d)]* | | | | | | | | | | | |
|  | 1. The facility’s heating system heating system shall be inspected as follows, with written documentation of the inspections maintained in the home *[Wis. Admin. Code § DHS 88.05(3)(e)]* | | | | | | | | | | | |
|  |  | | An oil furnace shall be inspected and serviced every two years by a heating contractor. | | | | | | | | | |
|  |  | | A gas furnace shall be inspected and serviced every three years by a heating contractor or local utility company. | | | | | | | | | |
|  |  | | The chimney shall be visually inspected by the inspector at the interval identified in subd. 2.a. or b. | | | | | | | | | |
|  | 1. There are large enough common areas with sufficient furnishings so that all occupants of the home can comfortably share the space at the same time. *[Wis. Admin. Code § DHS 88.05(3)(h)1]* | | | | | | | | | | | |
|  | 1. There is sufficient space and equipment in the kitchen for the sanitary preparation and storage of food. *[Wis. Admin. Code § DHS 88.05(3)(h)2]* | | | | | | | | | | | |
|  | 1. The dining room or other dining area is large enough so that all household members may dine together. *[Wis. Admin. Code § DHS 88.05(3)(h)3]* | | | | | | | | | | | |
|  | 1. There is at least one bathroom with at least one sink, stool, and shower or tub for every eight household members, and towel racks with sufficient space for each household member. *[Wis. Admin. Code § DHS 88.05(3)(h)4]* | | | | | | | | | | | |
|  | 1. Each resident bedroom does not accommodate more than two persons and each resident bedroom has floor area of at least 60 sq. ft. per resident in shared bedrooms, and 80 sq. ft. in single occupancy rooms. For a person requiring a wheelchair, the bedroom space is 100 sq. ft. for that resident. *[Wis. Admin. Code § DHS 88.05(3)(h)5 ]* | | | | | | | | | | | |
|  | 1. There is individual storage space in the resident’s bedroom sufficient for hanging clothes and for storing clothing, toilet articles, towels, and other personal belongings. *[Wis. Admin. Code § DHS 88.05(3)(h)6]* | | | | | | | | | | | |
|  | 1. The door of each bathroom has a lock which can be opened from the outside in an emergency. *[Wis. Admin. Code § DHS 88.05(3)(i)]* | | | | | | | | | | | |
|  | 1. A resident's bedroom will not be used by anyone else to get to any other part of the home *[Wis. Admin. Code § DHS 88.05(3)(j)]* | | | | | | | | | | | |
|  | 1. Each resident's bedroom provides comfort and privacy, is enclosed by full height walls, and has a rigid door that the resident can open and close. *[Wis. Admin. Code § DHS 88.05(3)(L)]* | | | | | | | | | | | |
|  | 1. All resident bedrooms, kitchens, hallways, bathrooms, and corridors must have a ceiling height of seven or more feet over at least 50% of the floor space within that area. *[Wis. Admin. Code § SPS 321.06]* | | | | | | | | | | | |
|  | 1. No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of a single family dwelling unless there are two exits to the grade from that floor level. *[Wis. Admin. Code §§ DHS 88.05(3)(m)and SPS 321.03(5)(b)1]* | | | | | | | | | | | |
|  | 1. Resident bedrooms must be provided with natural light by means of glazed window openings equal to at least 8% of the room’s net floor area. *[Wis. Admin. Code § SPS 321.05]* | | | | | | | | | | | |
|  | 1. The home has clean, functioning, and safe household items and furnishings, including the following: | | | | | | | | | | | |
|  |  | | A separate bed for each resident, unless a couple chooses to share a bed. The bed shall be clean, in good condition, and of proper size and height for the comfort of the resident. *[Wis. Admin. Code § DHS 88.05(3)(n)1]* | | | | | | | | | |
|  |  | | Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover. *[Wis. Admin. Code § DHS 88.05(3)(n)2]* | | | | | | | | | |
|  | 1. The home will not be used for any business purpose that regularly brings customers to the home in a way that adversely affects residents' privacy. *[Wis. Admin. Code § DHS 88.05(3)(o)]* | | | | | | | | | | | |
|  | 1. Fire Extinguishers: There is a fire extinguisher on each floor of the adult family home. *[Wis. Admin. Code § DHS 88.05(4)(a)]* | | | | | | | | | | | |
|  |  | | | Each fire extinguisher has a minimum 2A, 10−B−C rating. | | | | | | | | |
|  |  | | | All fire extinguishers are mounted. | | | | | | | | |
|  |  | | | A fire extinguisher is located at the head of each stairway and in or near the kitchen, except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. | | | | | | | | |
|  |  | | | Each fire extinguisher is maintained in readily usable condition and has been inspected by an authorized dealer or the local fire department and has an attached tag showing the date of the dealer or fire department inspection. | | | | | | | | |
|  | 1. Smoke Detectors: Every smoke detector in the adult family home is a single station, battery operated, electrically interconnected, or radio signal emitting smoke detector. *[Wis. Admin. Code § DHS 88.05(4)(b)]* | | | | | | | | | | | |
|  |  | | | Each smoke detector is in working condition. | | | | | | | | |
|  |  | | | There is a smoke detector located in each habitable room except the kitchen and bathroom and, specifically, in the following locations: | | | | | | | | |
|  |  | | | | At the head of each open stairway | | | | | | | |
|  |  | | | | At the door leading to every enclosed stairway | | | | | | | |
|  |  | | | | On the ceiling of the living room or family room | | | | | | | |
|  |  | | | | On the ceiling of each sleeping room and in the basement | | | | | | | |
|  |  | | | | In each office and non-resident working or living quarters | | | | | | | |
|  | 1. The first floor of the home has at least two exit doors which provide unobstructed access to the outside. Door hardware that prevents exiting from the inside while locked, is considered an obstruction. (Obstructions include dead bolts, keyed locks, chain locks, security bars, sliding bolts, hook and eye, and door locksets that must be turned before turning the door handle will open the door.) Overhead garage doors may not be used as exit doors to the outside. *[Wis. Admin. Code §§ DHS 88.05(4)(c) and SPS 321.03(1)]* | | | | | | | | | | | |
|  | 1. Fire Safety Evacuation Plan: A written plan for the immediate and safe evacuation of all occupants is readily available in the home. The plan identifies an external meeting place in the event of an emergency evacuation. *[Wis. Admin. Code § DHS 88.05(4)(d)1]* | | | | | | | | | | | |
|  | Pets *(Check* ***only one.)***   1. At the present time, there will not be any pets allowed on the premises that require a rabies vaccination.   ***OR***   1. There is currently a cat, dog, and/or other pet vulnerable to rabies that will be allowed on the premises. The pet(s) has been vaccinated as required under local ordinance and documentation of the vaccination record for each pet is maintained onsite. *[Wis. Admin. Code § DHS 88.05(6)]* | | | | | | | | | | | |
|  | 1. If House Rules are used to identify expectations and household responsibilities, these are readily available to all occupants of the home *[Wis. Admin. Code § DHS 88.06(1)(a)3]* | | | | | | | | | | | |
|  | 1. The medication storage area is locked *[Wis. Admin. Code § DHS 88.07(3)(e)]* | | | | | | | | | | | |
|  | 1. Resident record-keeping system(s) are in place, and a sample resident record is onsite and ready for review *[Wis. Admin. Code § DHS 88.09(1)(d)]* | | | | | | | | | | | |
|  | 1. Employee record-keeping system(s) are in place, and a sample employee record is onsite and ready for review *[Wis. Admin. Code § DHS 88.09(2)]* | | | | | | | | | | | |
|  | 1. A copy of Resident’s Rights in an adult family home is onsite and readily available to any individual being admitted and that person’s family members or representatives *[Wis. Admin. Code § DHS 88.10(2)]* | | | | | | | | | | | |
|  | 1. A copy of the adult family home’s Grievance Procedure is onsite and readily available to any individual being admitted and that person’s family members or representatives *[Wis. Admin. Code §§ DHS 88.10(2)and DHS 88.10(5)(b)]* | | | | | | | | | | | |
| **ELIGIBILITY FOR MEDICAID WAIVER FUNDING** | | | | | | | | | | | | |
| **Compliance with the following criteria** **is required before providing services to individuals who receive Medicaid waiver funding (such as county, IRIS, or Family Care contracts.** | | | | | | | | | | | | |
| Eligibility criteria have been established by: **The Centers for Medicare & Medicaid Services (CMS)**  **Home and Community-Based Services Requirements (HCBS)**  **42 CFR *§* 441.301(c)(4) and *§* 441.710**  In 2014, CMS released new federal requirements for home and community-based settings. Under the new requirements, the Wisconsin Department of Health Services (DHS) must ensure that residential providers meet the HCBS setting requirements.  Beginning July 1, 2017, facilities seeking eligibility to serve individuals receiving Medicaid funding must demonstrate compliance with CMS and HCBS settings rule during the onsite survey. For additional information regarding this requirement, visit the following website: <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm>.  **Failure to be identified as HCBS-compliant during the initial onsite licensing visit may significantly delay the facility’s ability to admit individuals receiving Medicaid waiver funding.**  **Being identified as HCBS compliant does not guarantee a contract to provide services for individuals receiving Medicaid funding.**  **To be eligible to receive Medicaid waiver funding, review and submit a completed** [**DQA Form F-02138, *Home and Community-Based Services (HCBS) Compliance Review Request***](https://www.dhs.wisconsin.gov/library/f-02138.htm) **with the application*.*** | | | | | | | | | | | | |
| **ATTESTATION** | | | | | | | | | | | | |
| The signatory of this document is duly authorized by the applicant/licensee to sign this agreement on its behalf. The applicant/licensee hereby accepts responsibility for knowing and ensuring compliance with all licensing and operational requirements for this facility. | | | | | | | | | | | | |
| *I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that any misrepresentation of the facts may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years, or both [Wis. Stat. § 946.32]* | | | | | | | | | | | | |
| **SIGNATURE** (In full) – Applicant or Designee | | | | | | | | | | | Date Signed | |
| Name – Applicant or Designee *(Print or type.)* | | | | | | | Title/Position *(must be owner or board member)* | | | | | |