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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02109 (04/2021) | | | | **STATE OF WISCONSIN**  Wis. Admin. Code ch. DHS 83  Page 1 of 5 | | | | |
| **COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)**  **APPLICANT COMPLIANCE STATEMENT** | | | | | | | | |
| Completion of this form is required by Wis. Admin. Code § DHS 83.05(2)(g). Prior to a surveyor coming to the community-based residential facility to inspect the facility, the applicant must ensure each item identified below is in compliance with Wis. Admin. Code ch. DHS 83 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 | | | | |
| Telephone No.(s) | | | | Email Address | | | | |
| **COMPLIANCE STATUS** | | | | | | | | |
| *Check each statement below when compliance is met.* | | | | | | | | |
|  | 1. Resident rights, grievance procedure, and house rules are posted in a prominent public place available to residents, employees, and guests. *[Wis. Admin. Code § DHS 83.13(3)(b)]* | | | | | | | |
|  | 2. The poster provided by the Board on Aging and Long-term Care Ombudsman Program is posted in a conspicuous location. *[Wis. Admin. Code § DHS 83.13(3)(c)]* | | | | | | | |
|  | 3. Leisure time activities are posted in an area available to residents. *[Wis. Admin. Code § DHS 83.13(3)(d)]* | | | | | | | |
|  | 4. The exit diagram is posted on each floor of the CBRF used by residents in a place where it can be seen by the residents. *[Wis. Admin. Code § DHS 83.13(3)(e)]* | | | | | | | |
|  | 5. Emergency phone numbers are posted near phones used by CBRF employees. *[Wis. Admin. Code § DHS 83.13(3)(f)]* | | | | | | | |
|  | 6. Medicine cabinets are locked and the key available only to personnel identified by the CBRF. *[Wis. Admin. Code § DHS 83.37(3)(c)]* | | | | | | | |
|  | 7. Medications stored in a common refrigerator are properly labeled and stored in a locked box. [*Wis. Admin. Code §*DHS 83.37(3)(d)] | | | | | | | |
|  | **Pets** *(Check* ***only one*** *of the two following boxes.)*  8. At the present time, there will not be any pets allowed on the premises that require a rabies vaccination.  ***OR***  8. 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 83.39(5)]* | | | | | | | |
|  | 9. The CBRF provides hand-washing facilities in the kitchen for use by food handlers. Use of a common towel is prohibited. *[Wis. Admin. Code § DHS 83.41(3)(a)2.]* | | | | | | | |
|  | 10. Each refrigeration unit is maintained at or below 40°F. Food is covered and stored in a sanitary manner. *[Wis. Admin. Code § DHS 83.41(3)(b)1.]* | | | | | | | |
|  | 11. Each freezing unit is maintained at 0°F or below. *[Wis. Admin. Code § DHS 83.41(3)(b)2.]* | | | | | | | |
|  | 12. The CBRF provides a living environment that is safe, clean, comfortable, and homelike. *[Wis. Admin. Code § DHS 83.43(1)]* | | | | | | | |
|  | 13. All common dining and living areas contain furnishings appropriate to the intended use of the room. *[Wis. Admin. Code § DHS 83.43(1)]* | | | | | | | |
|  | 14. There is a laundry area to sort, process, and store clean and soiled laundry in a manner that prevents the spread of infection. *[Wis. Admin. Code § DHS 83.44(1)(a)]* | | | | | | | |
|  | 15. Clothes dryer vent tubing is constructed of rigid material with a fire rating that exceeds the temperature rating of the dryer. *[Wis. Admin. Code § DHS 83.44(1)(c)]* | | | | | | | |
|  | 16. Documentation provided by a heating contractor or local utility company is maintained onsite showing current compliance with all heating system safe operation and inspection requirements. *[Wis. Admin. Code § DHS 83.46(1)(c)]* | | | | | | | |
|  | 17. There are no transoms, transfer grills, or louvers in bedroom walls or doors opening directly to a corridor. *[Wis. Admin. Code § DHS 83.46(2)(b)]* | | | | | | | |
|  | 18. The CBRF has a written plan for responding to emergencies and disasters that is readily available to all employees. The plan shall specify the responsibilities of employees. The plan includes all of the following: *[Wis. Admin. Code § DHS 83.47(2)]*   * Procedures for orderly evacuation or other department−approved response during an emergency or disaster; plan shall include procedures for any resident who refuses to follow evacuation or emergency procedures * The CBRF’s response to serious illness or accidents * Procedures to follow when a resident is missing * The CBRF’s preparation for and response to severe weather including tornado and flooding * A route to dry land when the CBRF is located in a flood plain * Location of an emergency shelter for the residents * A means of transporting residents to the emergency shelter * How meals and medications will be provided to residents at the emergency shelter | | | | | | | |
|  | 19. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for two years. Documentation of a current fire inspection is maintained onsite. *[Wis. Admin. Code §§ DHS 83.47(3) and DHS 83.13(1)]* | | | | | | | |
|  | 20. Documentation is maintained onsite, demonstrating current compliance with smoke and heat detection requirements. *[Wis. Admin. Code § DHS 83.48(1)(b)]* | | | | | | | |
|  | 21. Documentation is onsite, demonstrating current compliance with sprinkler requirements. *[Wis. Admin. Code § DHS 83.48(8)(b)]* | | | | | | | |
|  | 22. Bedrooms open directly into a corridor, common living space, or the residents’ private living area. *[Wis. Admin. Code § DHS 83.54(1)(c)]* | | | | | | | |
|  | 23. Within each bedroom, each resident is provided a closet or wardrobe with clothes-hanging rods, shelves, and drawer space adequate to reasonably meet the needs of the resident. *[Wis. Admin. Code § DHS 83.54(1)(d)]* | | | | | | | |
|  | 24. Each resident’s bedroom has a ceiling height of at least seven feet. *[Wis. Admin. Code § DHS 83.54(1)(e)]* | | | | | | | |
|  | 25. Resident bedrooms are located near toilet and bathing facilities and provide internal access to congregate dining and living areas. *[Wis. Admin. Code § DHS 83.54(2)]* | | | | | | | |
|  | 26. Each resident bedroom accommodates no more than two residents per room. *[Wis. Admin. Code § DHS 83.54(3)]* | | | | | | | |
|  | 27. In class AA and class CA CBRFs, single occupancy bedrooms have a minimum of 80 square feet per resident and 60 square feet per resident in multiple occupancy bedrooms *[Wis. Admin. Code § DHS 83.54(4)(a)]* | | | | | | | |
|  | 28. In class AS, class CS, class ANA, and class CNA CBRFs — and all newly constructed CBRFs — single occupancy bedrooms will have a minimum of 100 square feet per resident and 80 square feet per resident in multiple occupancy bedrooms. *[Wis. Admin. Code § DHS 83.54(4)(b)]* | | | | | | | |
|  | 29. Basement bedrooms have at least two means of exiting that provide unobstructed egress to the outside or grade level. Windows in the basement are not considered exits. *[Wis. Admin. Code § DHS 83.54(5)]* | | | | | | | |
|  | 30. Each resident bed is at least 18 inches from a heat source or a distance that is recommended by the heat source manufacturer. *[Wis. Admin. Code § DHS 83.54(6)]* | | | | | | | |
|  | 31. There is a deflector on the register when the bed is located less than 18 inches from a forced air register. *[Wis. Admin. Code § DHS 83.54(6)]* | | | | | | | |
|  | 32. Beds do not block a forced air register. *[Wis. Admin. Code § DHS 83.54(6)]* | | | | | | | |
|  | 33. 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]* | | | | | | | |
|  | 34. All sink areas have dispensers for single use paper towels, electric hand dryers, or cloth towel dispensing units that are enclosed for protection against being soiled. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. *[Wis. Admin. Code § DHS 83.55(3)]* | | | | | | | |
|  | 35. Bath and toilet rooms have door locks to ensure privacy, except where the toilet, bath, or shower room is accessed only from a resident room that is occupied by one person. All door locks are operable from both sides. *[Wis. Admin. Code § DHS 83.55(4)]* | | | | | | | |
|  | 36. The temperature of all water heaters connected to sinks, showers, and tubs used by residents is set to at least 140° F. *[Wis. Admin. Code § DHS 83.55(6)(b)]* | | | | | | | |
|  | 37. The temperature of water at fixtures used by residents is automatically regulated by valves and does not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. *[Wis. Admin. Code § DHS 83.55(6)(b)]* | | | | | | | |
|  | 38. The fixtures at sinks used by residents are the single nozzle, lever−handled mixing type fixtures or the single nozzle, 2 handled mixing type fixtures which are easy for all residents to control *[Wis. Admin. Code § DHS 83.55(6)(c)]* | | | | | | | |
|  | 39. No exit passageway is through areas such as a resident room, bath or toilet room, closet or furnace rooms *[Wis. Admin. Code § DHS 83.59(1)(e)]* | | | | | | | |
|  | 40. There is a clear and unobstructed pathway to a safe distance away from the building. *[Wis. Admin. Code § DHS 83.59(1)(g)]* | | | | | | | |
|  | 41. An exit path from the CBRF through the garage to the outside is clear, safe, and unobstructed. *[Wis. Admin. Code § DHS 83.59(1)(h)]* | | | | | | | |
|  | 42. All doors shall have latching hardware to permit opening from the inside with a one−hand, one−motion operation without the use of a key or special tool. *[Wis. Admin. Code § DHS 83.59(2)(a)]* | | | | | | | |
|  | 43. A solid core wood door or an equivalent fire resistive door, equipped with a positive latch and an automatic closing device, is provided at any interior stair between the basement and the first floor. *[Wis. Admin. Code § DHS 83.59(2)(b)]* | | | | | | | |
|  | 44. Enclosed furnace and laundry areas with self−closing doors in a split level home may substitute for the self−closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing, solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. *[Wis. Admin. Code § DHS 83.59(2)(b)]* | | | | | | | |
|  | 45. All interior doors equipped with locks shall be designed to unlock from either side in case of emergency. *[Wis. Admin. Code § DHS 83.59(2)(c)]* | | | | | | | |
|  | 46. Furniture and other obstacles are not placed in front of the patio door. *[Wis. Admin. Code § DHS 83.59(3)(c)]* | | | | | | | |
|  | 47. Any shaft, such as a dumbwaiter or laundry chute leading to the basement, shall be provided with a door on each level above the lowest floor. The door shall have a positive latch and an automatic closing device and shall normally be kept closed. A spring of sufficient strength to close the door and activate the door latch is acceptable for meeting the automatic closing device portion of this requirement. *[Wis. Admin. Code § DHS 83.59(5)(f)]* | | | | | | | |
|  | 48. All required open-able windows shall have insect−proof screens. *[Wis. Admin. Code § DHS 83.60(2)]* | | | | | | | |
|  | 49. Every habitable room shall have shades, drapes, or other covering material or device that affords privacy and light control. *[Wis. Admin. Code § DHS 83.60(3)]* | | | | | | | |
| **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 websites: <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.** | | | | | | | | | |
| The federal rule assumes that certain settings are not home and community-based. These include:   * Settings in a publicly or privately owned facility providing inpatient treatment (including hospitals and skilled nursing facilities) * Settings on the grounds of, or adjacent to, a public institution (A public institution is owned and operated by a county, state, municipality, or other unit of government.) * Settings with the effect of isolating individuals from the broader community (e.g., an intermediate care facility for individuals with intellectual disabilities)   If a setting meets one of the above criteria, it will require additional review to overcome the assumption that it is not home and community-based. For example, if the facility is located on the grounds or adjacent to a hospital or skilled nursing facility, it will not be considered home and community-based unless an additional review determines otherwise.  **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)* | | | | | | |