

**COMMUNITY BASED RESIDENTIAL FACILITY (CBRF)
 INITIAL LICENSURE CHECKLIST**

Name - CBRF			
Address - Facility (Street Address)	City	County	Zip Code
Name - Reviewer		Date Form Completed (MM/dd/yyyy)	

A completed application includes completion and/or submission of all the items in Sections A and B, as well as the review of items by an assisted living surveyor to ensure compliance with applicable regulations.

A. Plan Review

All CBRFs, regardless of size, shall have a plan submittal (1) prepared by a design professional, (2) submitted to the Department of Health Services (DHS), and (3) reviewed prior to construction. Existing structures seeking CBRF licensure shall also have completed the plan review process prior to licensure. If an existing CBRF is being considered for purchase, it is important to note that there is **no transfer of licensure**. Additional information regarding plan review is available on the DHS website at: <https://www.dhs.wisconsin.gov/regulations/plan-review/index.htm>

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|--------------------------|---|
| <input type="checkbox"/> | 1. Plans have been prepared by a design professional to substantiate compliance with DHS 83, Wisconsin Commercial Building Code, Wisconsin Uniform Dwelling Code, or any applicable local municipal zoning codes. |
| <input type="checkbox"/> | 2. Plans have been submitted to DHS, allowing 45 working days for completion of the review. |
| <input type="checkbox"/> | 3. Plans accurately identify all exits, congregate dining and living square footage areas, and exterior window opening sizes. |
| <input type="checkbox"/> | 4. Detection plans accurately identify all smoke and heat locations per DHS 83. |
| <input type="checkbox"/> | 5. Sprinkler plans, specifications, and hydraulic calculations comply with DHS 83. |
| <input type="checkbox"/> | 6. Facility has been inspected either by DHS, Department of Safety and Professional Services (DSPS), or local municipality. |
| <input type="checkbox"/> | 7. Owner or facility designated representative has resolved all plan review conditions and inspection concerns. |
| <input type="checkbox"/> | 8. Documentation of plan reviews, inspections, and permits are available for the licensing specialist. |

B. Required Application Materials

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|--------------------------|---|
| <input type="checkbox"/> | 1. Fully completed DQA form F-60287, <i>CBRF Initial License Application</i> |
| <input type="checkbox"/> | 2. Background check completed by Office of Caregiver Quality on the licensee and all non-residents age 10 and older |
| <input type="checkbox"/> | 3. Floor plan (no larger than 11 x 17') <i>DHS 83.05(2)(b)</i> |
| <input type="checkbox"/> | 4. A biennial licensing fee of \$389, plus \$50.25 per resident based on capacity of facility
NOTE: For a PROBATIONARY LICENSE, the fee for 12 months is 1/2 this amount. |
| <input type="checkbox"/> | 5. Evidence of financial ability to operate for 60 days <i>DHS 83.05(2)(f)</i> |
| <input type="checkbox"/> | 6. DQA form F-62674A, <i>Assisted Living Facility Model Balance Sheet</i> <i>DHS 83.05(2)(e)</i> |
| <input type="checkbox"/> | 7. Program statement <i>DHS 83.05(2)(a)</i> |
| <input type="checkbox"/> | 8. Fire inspection <i>DHS 83.05(2)(c)</i> |
| <input type="checkbox"/> | 9. The Department (DHS) has received a response to the hazard request from the municipality or thirty (30) days have elapsed since DHS sent the hazard request to the municipality. |
| <input type="checkbox"/> | 10. Verification of Completion Certificate - CBRF Webcast, if a new provider |
| <input type="checkbox"/> | 11. Emergency plan <i>DHS 83.47(2)</i> |
| <input type="checkbox"/> | 12. Admission agreement <i>DHS 83.29</i> |
| <input type="checkbox"/> | 13. Community Advisory Committee documentation <i>DHS 83.05(3)</i> and <i>Chapter 50.03(4)(g), Wis. Stats.</i> |
| <input type="checkbox"/> | 14. Resident rights, house rules policy <i>DHS 83.32</i> |
| <input type="checkbox"/> | 15. Grievance procedure <i>DHS 83.33</i> |
| <input type="checkbox"/> | 16. Approval by the Department of Natural Resources where a public water supply is not available |
| <input type="checkbox"/> | 17. Documentation of approval of building plans by DHS and/or Dept. of Commerce |
| <input type="checkbox"/> | 18. Documentation of final inspection of the building by DHS and/or Dept. of Commerce |
| <input type="checkbox"/> | 19. Documentation of sprinkler plan approval for new construction or documentation of sprinkler system inspection for existing buildings |
| <input type="checkbox"/> | 20. Documentation of smoke and heat detection system compliance |

<input type="checkbox"/>	21. Well water test results, if applicable <i>DHS 83.46(3)</i>
<input type="checkbox"/>	22. Administrator qualifications (<i>degrees, licenses, training completions, and/or resumes</i>) <i>DHS 83.15(1)</i>
<input type="checkbox"/>	23. Furnace and chimney inspection results <i>DHS 83.46(1)(c)</i>
<input type="checkbox"/>	24. Pet vaccinations, if applicable <i>DHS 83.39(5)</i>

C. The following items will be reviewed during the on-site visit or tour of the facility.

<input type="checkbox"/>	1. Background Information Disclosure (DHS form F-82064) and completed background check for employees
<input type="checkbox"/>	2. Resident room size (60/80/100) <i>DHS 83.54(4)</i>
<input type="checkbox"/>	3. Carpet flame spread rating <i>DHS 83.61(2)</i>
<input type="checkbox"/>	4. Clothes dryer vented with rigid metal ducting <i>DHS 83.44(1)(c)</i>
<input type="checkbox"/>	5. Windows operate easily, are screened, and have window coverings <i>DHS 83.60</i>
<input type="checkbox"/>	6. Water temperature at 115 degrees F or less <i>DHS 83.55(6)(b)</i>
<input type="checkbox"/>	7. Fire extinguishers with current tags mounted at the proper height and in the proper locations <i>DHS 83.47(4)(a-b)</i>
<input type="checkbox"/>	8. Posting of house rules, resident rights, grievance procedure, activity schedule, and exit diagram <i>DHS 83.13(3)</i>
<input type="checkbox"/>	9. Emergency plan readily available to all employees <i>DHS 83.47(2)(a)</i>
<input type="checkbox"/>	10. Menus available to residents <i>DHS 83.41(2)(c)2</i>
<input type="checkbox"/>	11. Medication storage area (locked) <i>DHS 83.37(3)(c)</i>
<input type="checkbox"/>	12. Accessibility requirement in bathrooms, bedrooms, and common areas <i>DHS 83.54(1)(a), 83.55(2), and 83.52(2)</i>
<input type="checkbox"/>	13. The facility has proper exits. If exits are ramped, the ramps comply with requirements <i>DHS 83.59(1) and (6)</i>
<input type="checkbox"/>	14. Properly located smoke detectors, heat detectors, and sprinkler heads <i>DHS 83.48(4), (6), and (8)</i>
<input type="checkbox"/>	15. All doors have one-hand-one-motion door hardware <i>DHS 83.59(2)(a)</i>
<input type="checkbox"/>	16. Food storage areas meet requirements <i>DHS 83.41(3)(b)</i>

D. Miscellaneous Review and Discussion Items

<input type="checkbox"/>	1. Background Information Disclosure (DHS form F-82064) and criminal background check on staff. Must be 18 years of age.
<input type="checkbox"/>	2. Employees screened for illness detrimental to residents, including TB, within 90 days <i>DHS 83.17(2)</i>
<input type="checkbox"/>	3. Staff Orientation <i>DHS 83.19</i>
<input type="checkbox"/>	4. Department Approved Training <i>DHS 83.20</i>
<input type="checkbox"/>	5. Employee Training <i>DHS 83.21</i>
<input type="checkbox"/>	6. Task Specific Training <i>DHS 83.22</i>
<input type="checkbox"/>	7. Training Exemptions <i>DHS 83.24</i>
<input type="checkbox"/>	8. Continuing Education <i>DHS 83.25</i>
<input type="checkbox"/>	9. Training Documentation <i>DHS 83.26</i>
<input type="checkbox"/>	10. Resident Record: Statement of financial condition/resource center referral, pre-admission assessment, individual service plan, documentation of physician's orders and visits, health screening, medication administration records, resident evacuation assessment, admission agreement, annual satisfaction evaluation.
<input type="checkbox"/>	11. DHS 12 and DHS 13 requirements; Chapter 50, Wis. Stats.; and DHS 94 (if applicable).
<input type="checkbox"/>	12. Fire and other evacuation drill requirements, including simulated night time <i>DHS 83.47(2)(d) and (e)</i>
<input type="checkbox"/>	13. Medication administration system and requirements
<input type="checkbox"/>	14. Smoke and heat detection system testing requirements <i>DHS 83.48(1)(b) and (3)</i> .
<input type="checkbox"/>	15. Sprinkler system testing requirements <i>DHS 83.48(8)(b)1</i>
<input type="checkbox"/>	16. Investigation, notification, and reporting requirements <i>DHS 83.12</i>
<input type="checkbox"/>	17. Management of resident funds <i>DHS 83.34</i>
<input type="checkbox"/>	18. DHS 83 available for review
<input type="checkbox"/>	19. Hospice and respite care requirements
<input type="checkbox"/>	20. Restraints (Department approval required) <i>DHS 83.32(3)(g)</i>
<input type="checkbox"/>	21. Annual fire inspection requirement <i>DHS 83.47(3)</i>