

## RESIDENTIAL CARE APARTMENT COMPLEX (RCAC) INITIAL CERTIFICATION OR REGISTRATION CHECKLIST

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

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

### A. Plan Review

All new RCACs **attached to a nursing home** 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. If an existing RCAC is being considered for purchase, it is important to note that there is **no transfer of licensure**. You can access more information regarding plan review at the DHS website: [http://www.dhs.wisconsin.gov/rl\\_dsl/PlanReview/index.htm](http://www.dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm)

<input type="checkbox"/>	Plans have been prepared by a design professional to substantiate compliance with DHS administrative codes, Wisconsin Commercial Building Code, Wisconsin Uniform Dwelling Code, and/or any applicable local municipal zoning codes.
<input type="checkbox"/>	Plans have been submitted to DHS allowing 45 working days for completion of the review.
<input type="checkbox"/>	Plans accurately identify all exits, congregate dining and living spare footage areas, and exterior window opening sizes.
<input type="checkbox"/>	Facility has been inspected by DHS, Department of Safety and Professional Services (DSPS), and/or local municipality.
<input type="checkbox"/>	Owner or facility designated representative has resolved all plan review conditions and inspection concerns.
<input type="checkbox"/>	Documentation of plan reviews, inspections, and permits are available for the licensing specialist.

### B. Required Application Materials

<input type="checkbox"/>	1. Completed DQA F-62380, <i>RCAC Initial Certification or Registration Application [DHS 89.42, Wis. Admin. Code]</i>
<input type="checkbox"/>	2. Completed DQA form F-62381, <i>RCAC Regulation Compliance Statement [DHS 89.42, Wis. Admin. Code]</i>
<input type="checkbox"/>	3. Completed DQA form F-62674A, <i>Assisted Living Facility Model Balance Sheet</i>
<input type="checkbox"/>	4. One-time conversion fee, if applicable
<input type="checkbox"/>	5. Background check completed by the Office of Caregiver Quality
<input type="checkbox"/>	6. Service Agreement (services, fees, policies, and procedures related to admission, retention, and termination) [DHS 89.27, Wis. Admin. Code]
<input type="checkbox"/>	7. Risk Agreement [DHS 89.28, Wis. Admin. Code]
<input type="checkbox"/>	8. Comprehensive assessment form and procedure [DHS 89.26(1), Wis. Admin. Code]
<input type="checkbox"/>	9. Written grievance procedure [DHS 89.35, Wis. Admin. Code]
<input type="checkbox"/>	10. Written policy regarding rights of tenants (Rights and policy must be visibly posted for tenants, visitors, and staff.) [DHS 89.32, Wis. Admin. Code]
<input type="checkbox"/>	11. Written schedule of fees [DHS 89.25(1), Wis. Admin. Code]
<input type="checkbox"/>	12. Written staffing plan [DHS 89.23(6), Wis. Admin. Code]
<input type="checkbox"/>	13. Floor plan with room sizes [DHS 89.22(2)(c)1, Wis. Admin. Code]
<input type="checkbox"/>	14. Diagram of apartment configuration for each type
<input type="checkbox"/>	15. Verification of completion of RCAC webcast, if you are a new provider

<input type="checkbox"/>	16. Copy of articles of incorporation and by-laws
<input type="checkbox"/>	17. Written emergency plans for fire, sudden serious illness, accident, severe weather, or other emergency <i>[DHS 89.23(2)(c), Wis. Admin. Code ]</i>
<input type="checkbox"/>	18. Inspection Reports <i>[DHS 89.55(2)]</i> a. Fire and safety inspection b. Occupancy permit and/or local building inspection c. Final inspection by the Department of Safety and Professional Services or a DHS final inspection, if attached to a CBRF, nursing home, or hospital

**C. The following items must be available for on-site review or upon request.**

<input type="checkbox"/>	1. Background check from the Department of Justice, caregiver background results, and completed form F-82064, Background Information Disclosure, for required persons <i>[DHS 89.23(4)(c), Wis. Admin. Code]</i>
<input type="checkbox"/>	2. Staff training (fire safety, first aid, standard precautions, emergency plan, and tenant rights) <i>[DHS 89.23(4)(d)1]</i>
<input type="checkbox"/>	2. If the facility is converting a portion of a CBRF or a nursing home, review for compliance <i>[DHS 89.61 and DHS 89.62, Wis. Admin. Code]</i>

**D. Ombudsman Access to RCAC**

<input type="checkbox"/>	1. The RCAC shall display the poster provided by the Board on Aging and Long Term Care Ombudsman Program.
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