

State of Alaska
Department of Health
Division of Health Care Services
Residential Licensing



Self-Monitoring Inspection Report

Name of Home: _____

Administrator: _____

Physical Address: _____

Name of Owner(s): _____

Please answer all the questions below.

Life and Fire Safety

1. Do you have operational smoke detectors in each bedroom and on each level of the home?
 Yes
 No, why? _____
2. Do you have a fully charged 2a10bc (or larger) fire extinguisher on each floor that has been serviced within the last year?
 Yes
 No, why? _____
3. Do you have an operating carbon monoxide detector on each level of the home and within 3 feet of each sleeping area?
 Yes
 No, why? _____
4. Has the home conducted an evacuation drill once **every three months** for **each shift** since your last inspection?
 Yes
 No, why? _____

Disaster Preparedness

5. Do you have a first aid kit that meets the requirements of 7 AAC 10.1075?
 Yes
 No, why? _____
6. Do you have a disaster kit that meets the requirements of 7 AAC 10.1010?
 Yes
 No, why? _____

Medications

7. Are medications stored in an inaccessible manner?

Yes

No, why? _____

8. Are controlled substances stored in a permanently affixed and locked container?

Yes

No, why? _____

9. Are you tracking the receipt, use, and reconciliation of controlled substances?

Yes

No, why? _____

Toxic Substances, Plants, Animals

10. Have residents and/or their legal representatives been notified of any animals and/or poisonous plants in the home?

Yes

No, why? _____

11. Do your animals have current vaccinations?

Yes

No, why? _____

12. Are toxic substances stored in an inaccessible manner?

Yes

No, why? _____

Resident Safety

13. Is the home using alarms for residents that may wander?

Yes

No, why? _____

14. Is the water temperature between 100 and 120 degrees?

Yes

No, why? _____

15. Are the building and surrounding grounds in good repair and free from hazards (including icy walkways)?

Yes

No, why? _____

16. If applicable - Have residents been notified of the presence of any firearms in the home?

Yes

No, why? _____

Caregivers, volunteers, contract employees, other persons in the home

17. Do these individuals all have background check clearance or a current variance?

Yes

No, why? _____

18. Have you logged into the Background Check System and completed your annual verification of employment on your employees?

Yes

No, why? _____

19. Does the home always have one caregiver on duty with first aid and CPR certification?

Yes

No, why? _____

20. Have all caregivers received orientation within 14 days of hire?

Yes

No, why? _____

21. Have caregivers received training on each resident's needs and how they will be met?

Yes

No, why? _____

22. Are all these individuals free from active Tuberculosis (TB)?

Yes

No, why? _____

23. In the last year have these individuals completed their mandatory minimum training hours (12 for caregivers, 18 for the administrator).

Yes

No, why? _____

24. Have these individuals received training regarding abuse, neglect, exploitation, and mandated reporting?

Yes

No, why? _____

Resident Rights and Records

25. Do all the residents have current residential service contracts?

Yes

No, why? _____

26. Do all the residents have a current assisted living plans or Waiver Plans of Care?

Yes

No, why? _____

27. Do the residents in the home have a diagnosis that fits within the scope of the license the home has been issued?
 Yes
 No, why? _____
28. Is the home offering balanced meals that include fresh fruits and vegetables and documenting what is served?
 Yes
 No, why? _____
29. Have residents been notified of their rights?
 Yes
 No, why? _____

Operations

30. If applicable, has the home obtained the required water test, DEC food service permits, and/or fire safety inspection reports since the last licensing inspection?
 Yes
 No, why? _____
31. Have there been any changes to ownership (including changing to a LLC), location, or administration since your last inspection?
 Yes
 No, why? _____
32. Have any of the home’s policies and procedures changed since you last inspection?
 Yes
 No, why? _____

Please attach the following items to your self-monitoring inspection:

- List of Current Staff and household members along with their title or positions (including your current designee and resident manager [if any]).
- List of Current Residents and their date of birth.
- Current Staff Plan.
- All Evacuation Drills conducted in the last year.
- Copies of well water testing results for the last 12 months (if applicable).
- Last fire inspection (if applicable).
- Last DEC kitchen inspection (if applicable).
- Any updated policies and procedures.

By my signature below, I certify the information contained in this self-monitoring report and all applicable attachments is true, accurate, and complete. I understand providing false information to the Department may result in administrative actions up to and including revocation of a license.

Signature of Administrator: _____ Date: _____

Printed Name of Administrator: _____

Completed reports with attached records can be emailed directly to your Licensing Specialist.

Reports with all attached records can also be mailed to:

Residential Licensing
4601 Business Park Blvd Bldg K
Anchorage, AK 99503

If you have any questions, please contact your Licensing Specialist or feel free to contact us at our main line (907) 334-2400

For Residential Licensing Use Only:

Reviewed by: _____ Approved Date: _____