

Applicant's Name:	Completed by:	Date:
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RESIDENTIAL CARE FACILITIES SUPPLEMENTAL APPLICATION

Complete for each location providing residential care.

1. Please attach a copy of the most recent State Fire Marshall Inspection Report.
2. Indicate the type of care provided at your facility:
 - Skilled nursing care provided, which includes medication administration, injections, catheterizations or other procedures ordered by physicians.
 - Assistance with activities of daily living and some medication administration provided.
 - No administration of medication but some aspects of daily living such as meals and social programs are planned.
 - Other: (Please describe) _____

3. Was the facility designed or built for this occupancy? YES NO
 If 'No', what was the original building occupancy? _____

4. What is the construction type? _____	5. Fire protection class? _____
6. Number of exits per floor? _____	7. Number of stories? _____
8. Age of building? _____	

9. Does this location meet applicable 1994 NFPA life safety codes? YES NO
 If 'No', explain in the Comments Section.

10. Indicate when the electrical, heating and plumbing systems were last inspected, updated or replaced.

	Electrical	Heating	Plumbing
Qualified Inspection	_____	_____	_____
Replaced or Updated	_____	_____	_____

11. Please describe the recreational facilities provided and the management safety controls:

12. What is the minimum number of medical professional staff at the facility during the night? _____

13. What is the staff/resident ratio for each shift?
1st Shift _____
2nd Shift _____
3rd Shift _____

14. What is the staff turnover rate? _____ %

15. What is the average length of stay for residents? _____

16. What is the age range of the residents in each group?
 Please indicate number in each group.

_____	21 and Under
_____	22 – 25
_____	26 – 55
_____	55 and older

17. How are male and female residents separated and what safeguards are in place to prevent inappropriate interaction? _____

18. What percentage of residents are non-ambulatory? _____ %

19. Do you care for anyone with dementia or Alzheimer's disease? YES NO

20. Is there a clearly defined policy as to when the physician is contacted when a resident's condition changes? YES NO

21. How often are residents' plans of care reviewed and updated? _____

22. Who dispenses medications? _____

23. Can residents self-administer medications? YES NO

24. Using specific selection criteria, is a 'Pre-Admission' assessment conducted prior to admission on all residents? YES NO

25. Do you use restraints? YES NO

Comments Section:

