RESPITE HOME EVALUATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HCBS
SFN 659 (12-2017)

Clear Fields

Name			Provider Number
Address			
City	State	Zip Code	Provider's Telephone Number

STANDARDS FOR HOME RESPITE CARE:

1. ☐ Yes ☐ No	1.	The home shall be clean, free of clutter, maintained in a sanitary condition, and free from hazards that jeopardize health and safety.
2. ☐ Yes ☐ No	2.	The home shall have adequate heating, ventilation, and lighting. During heating season, a temperature of not less than 68 degrees Fahrenheit (20 degrees Celsius) shall be maintained in all rooms occupied by the client.
3. ☐ Yes ☐ No	3.	The home shall be equipped with at least one (1) smoke detector per floor used by the client and a minimum of one (1) fire extinguisher per home.
4. ☐ Yes ☐ No	4.	Elevated areas such as stairs or porches shall have railings.
5. ☐ Yes ☐ No	5.	The home shall have a drinking water supply from an approved community water system or if the water is from another source, a sample shall be tested and approved by the local health department. Food and cooking utensils shall be stored to protect from dust, leakage from pipes, or other contamination.
6. ☐ Yes ☐ No	6.	Each client shall have a comfortable and clean place to sleep or rest. A client who is in respite care between the hours of ten (10) p.m. and six (6) a.m. shall have an individual sleeping place.
7. ☐ Yes ☐ No	7.	Potential hazards such as guns, household-cleaning chemicals, uninsulated wires, medicines, and open stairways shall not be accessible to the client.
8. ☐ Yes ☐ No	8.	The home shall have a telephone available for the clients use. The phone numbers of the local police, fire department, and ambulance service shall be posted near every telephone located in areas where services are provided.
9. ☐ Yes ☐ No	9.	The home shall have an indoor bathroom with a toilet and plumbing.
10. ☐ Yes ☐ No	10.	Identified problems have been corrected or inspections were not required. The Case Manager may require the respite care QSP to obtain an appropriate inspection(s) from local officials (fire, sanitation, etc) and submit the results of the inspection(s) to the Case Management entity.
11. ☐ Yes ☐ No	11.	The home shall have a first aid kit.
12. ☐ Yes ☐ No	12.	A client present at mealtime shall be served a nutritious meal, including a food from each of the basic food groups. Meals shall be prepared and served in a sanitary manner using safe food handling techniques. A nutritious mid-morning and mid-afternoon snack shall be offered, and fluids shall be available as needed by clients.
13. ☐ Yes ☐ No	13.	The respite care QSP is responsible for the care of the client at all times the client is in the respite care QSP's home.
14. ☐ Yes ☐ No	14.	The home shall have at least two means of exit, each being at least 30 inches wide, at least one of which shall be a door providing a means of unobstructed travel to the outside of the building at street or ground level.
15. ☐ Yes ☐ No	15.	The document certifying the respite care QSP's home is in compliance with the standards shall be on the premises before the home is utilized for out-of- (client's) home respite care.
16. ☐ Yes ☐ No	16.	If a client occupies a bedroom below grade level there are two means of egress, including one which leads to the outside of the home.

Respite Home Care Provider: ☐ Meets standard based on AFC License ☐ Does Not Meet Standards	Approved though Date
Signature of Case Manager	Date

I agree to adhere to and maintain the Home Respite Care Standards listed above.

Signature of Respite Home Care Provider

Date