



# Annual Self-Inspection Requirements

Per Chapter 45 of the Department of Health’s Medicaid Rules, providers who offer services in a Provider Operated Setting (defined as a setting that is owned, leased, operated, or controlled by a provider) shall complete an inspection of the setting annually. Please conduct an inspection of each Provider Operated Setting, and complete the following checklist for each location. Please be aware that, as a business, the provider is responsible for meeting other city, county, and insurance requirements outside of those established in Chapter 45.

Date:

Provider Name:

Building Address:

Property Owner, if different from Provider:

Is provider listed on the home mortgage, deed, or lease?  Yes  No

## FIRE PROTECTION

Local Fire Department (Name and Address):

Distance from nearest fire department:

Property Insurance carrier for this property:

Insurance Agent (Name and phone):

**Please check the appropriate answer – (to be completed by the provider).**

Date Completed:	YES	NO	N/A	Description of Problem
<b>General</b>				
Floors in good repair				
Walls and ceilings in good repair				
Doors in good repair				
Windows				
Chemicals secured				
Medications secured				
Firearms stored with ammo separate				
Pets				
Lockable entry doors with appropriate access to keys				
Extension cords and electrical outlets				
Fire extinguishers are working and accessible				
Smoke detectors (working) are installed on every level				

	YES	NO	N/A	Description of Problem
Carbon monoxide detectors are installed and working				
First Aid kits				
Deck/stair railings				
Exits/evacuation points are functional and accessible				
Ramps				
Medical equipment storage				
Insurance coverage is up to date				
The address is visible from the street				
The chimney/or vent pipe for fuel burning appliances has been inspected/cleaned within the past year				
Heating appliances and filters are clean				
A written fire escape plan is posted				
Emergency contact numbers, as well as the address of, and directions to the setting are posted by phone				
Water is safe to drink (if setting has a private water supply)				
Reasonably clean				
Setting is accessible				
<b>Kitchen</b> <input type="checkbox"/> N/A				
Access to food				
Food stored in original container, or labeled and dated				
Reasonably clean				
<b>Bathrooms</b>				
Trash cans				
Towels				
Toilet paper				
Hand cleanser				
Video monitors				

	YES	NO	N/A	Description of Problem
Reasonably clean				
<b>Bedrooms</b> <input type="checkbox"/> N/A				
# of participants/beds				
Accessible egress				
Decorated per participant preference				
Lockable door with appropriate access				
Secure location for belongings with appropriate access				
Video monitors				

**Please list any recommendations/deficiencies found during the inspection.**

Recommendation or Deficiency	Person Responsible for Corrective Action	Target Completion Date	Date Completed