



Provider Agency Unlicensed AFL (UAFL) On-Site Review Form

Provider Agency:

Date of On-Site Review:

Location Site Name:

Location Site Address:

County:

AFL: Provider Name(s):

Provider Agency Reviewer's Name:

Comprehensive Health, Safety, and Personnel Review

Item to Review	Compliance (<i>Check Yes or No; explain if No</i>)	Recommendations	Corrective Actions (<i>include date completed</i>)
General Safety			
Are First Aid supplies stocked and current in the first aid kit? <i>10A NCAC 27G .0207</i>	☐ Yes ☐ No		
Is there a fire escape plan, and are semiannual practice tests conducted as recommended? <i>10A NCAC 27G .0207</i>	☐ Yes ☐ No		
Is there a backup plan for caregiver illness? <i>Clinical Coverage Policy 8P</i>	☐ Yes ☐ No		
Is a readiness plan for severe weather in place? <i>10A NCAC 27G .0207</i>	☐ Yes ☐ No		

Are medical emergency plans, contact numbers and consumer medical information up to date? <i>10A NCAC 27G .0201</i>	☐ Yes ☐ No		
Are criminal background checks and Health Care Registry checks completed for all individuals over 16 years old in the home and for backup staff providing care or services? <i>10A NCAC 27G .0202; NC GS 122C-80; APSM 45-2; Clinical Coverage Policy 8P</i>	☐ Yes ☐ No		
Meals and Nutrition			
Do meals meet nutritional needs and align with the person-centered plan (e.g., low-fat, diabetic standards)? <i>10A NCAC 27G .0208</i>	☐ Yes ☐ No		
Medication Administration			
Are medications: ☐ Securely stored? ☐ Properly documented? <i>10A NCAC 27G .0209</i>	☐ Yes ☐ No		
Is there documentation of: ☐ Caregiver medication administration training? OR ☐ The individual's ability to self-administer medications?	☐ Yes ☐ No		

10A NCAC 27G .0202; 10A NCAC 27G .0209			
Home Environment			
Is client privacy and visitation assured? 10A NCAC 27F .0102; Clinical Coverage Policy 8P	☐ Yes ☐ No		
Is there sufficient storage for the individual's personal belongings? 10A NCAC 27F .0104; 10A NCAC 27G .0304	☐ Yes ☐ No		
Are UL-approved fire extinguishers present? (Number: _____) 10A NCAC 27G .0303	☐ Yes ☐ No		
Are smoke detectors located: ☐ In sleeping rooms? ☐ Outside sleeping areas? ☐ On each story of the dwelling? 10A NCAC 27G .0303	☐ Yes ☐ No		
Are flammables in excess of 25 gallons (excluding heating fuel) stored away from the dwelling or garage? 10A NCAC 27G .0303	☐ Yes ☐ No		
Is there easy entry and egress from the home for clients? (Thumb-latch deadbolts are permitted; NO interior deadbolts requiring a key)	☐ Yes ☐ No		

10A NCAC 27G .0207;10A NCAC 27G .0208; 10A NCAC 27G .0304			
Is each sleeping room equipped with at least one working window or door for emergency egress? 10A NCAC 27G .0207;10A NCAC 27G .0208; 10A NCAC 27G .0304	☐ Yes ☐ No		
Do emergency exits operate without tools or keys and lead to clear openings? 10A NCAC 27G .0207;10A NCAC 27G .0208; 10A NCAC 27G .0304	☐ Yes ☐ No		
Is the water temperature between 100–116°F? 10A NCAC 27G .0304	☐ Yes ☐ No		
Is the drinking water source approved? ☐ City Water ☐ Well Water 10A NCAC 27G .0303	☐ Yes ☐ No		
Are bathrooms easily accessible, private and appropriately equipped? 10A NCAC 27G .0304	☐ Yes ☐ No		
Do bathrooms have adequate ventilation? 10A NCAC 27G .0304	☐ Yes ☐ No		
Do garages avoid opening directly into sleeping rooms?	☐ Yes ☐ No		

<i>10A NCAC 27G .030.</i>			
Is enclosed/accessible under-stair storage walled, with walls and outlets protected? <i>10A NCAC 27G .0303; 10A NCAC 27G .0304</i>	☐ Yes ☐ No		
Is there a stair landing at any door opening (excluding screen/storm doors)? <i>10A NCAC 27G .0304</i>	☐ Yes ☐ No		
Are sturdy railings present on porches, balconies, or raised flooring surfaces above 30"? <i>10A NCAC 27G .0304</i>	☐ Yes ☐ No		
Are hazardous conditions (e.g., outdoor decking, swimming pools, exposed carports) identified? <i>10A NCAC 27G .0303</i>	☐ Yes ☐ No		
Electrical Appliances			
Are range hoods and dryers vented to the outside? <i>10A NCAC 27G .0304</i>	☐ Yes ☐ No		
Is there adequate lighting in stairways, halls, exits and exterior exits? <i>10A NCAC 27G .0304</i>	☐ Yes ☐ No		
Are GFI outlets installed in required locations as per DFS standard for non-licensed facilities (e.g., bathrooms, kitchen countertops, wet bars, garages, crawl spaces, outdoors or unfinished basements?)	☐ Yes ☐ No		

10A NCAC 27G .0304			
Are heating and cooling appliances safe and appropriate? Note the type: ☐Electric ☐Gas ☐Oil ☐Not sole heat source 10A NCAC 27G .0304	☐ Yes ☐ No		
Partners Health Management Specific Health, Safety and Personnel Review			
Does transportation include accessible emergency information for the individual? 10A NCAC 27G .0201	☐ Yes ☐ No		
Are pets (cat, dog, ferret) vaccinated for rabies? NCGS§ 130A-185	☐ Yes ☐ No		
Are hazardous/toxic cleaning supplies stored separately and locked, if applicable? 10A NCAC 27G .0303	☐ Yes ☐ No		
Is a carbon monoxide tester installed if gas heat or appliances are used? 10A NCAC 27G .0303; 10A NCAC 27G .0304	☐ Yes ☐ No		
Is the home handicap accessible if the consumer uses a wheelchair/walker? 10A NCAC 27G .0304	☐ Yes ☐ No		

Are facilities and grounds safe, clean, and free from offensive odors, insects or rodents? <i>10A NCAC 27G .0303</i>	☐ Yes ☐ No		
Has training been provided for client-specific needs? <i>10A NCAC 27G .0304(a)(4)</i>	☐ Yes ☐ No		
Are personnel certified in CPR/First Aid? <i>10A NCAC 27G .0202; Clinical Coverage Policy 8P</i>	☐ Yes ☐ No		
Have staff completed Crisis Service Training? <i>Clinical Coverage Policy 8P</i>	☐ Yes ☐ No		
Do personnel follow proper incident reporting procedures? <i>10A NCAC 27G .0201</i>	☐ Yes ☐ No		

Additional Discussion/Recommendations with expected completed date:

Agency QP/ Reviewer's Signature:

Date: