Ohio Department of Mental Health and Addiction Services
5122-30 LICENSING OF RESIDENTIAL FACILITIES
Type 2 Survey Document

Facility Name:		Facility Number:
Operating Agency:		Exp. Date of Current License:
Contact Name:		Contact Phone:
Surveyor Name:		Date of Survey:
Licensed Capacity:	Current Residents:	Waivers or Variances
5122-30-04 Licensure Application and Procedures: All application materials including required inspections have been received YES NO		

Rule Reference 5122-30-10 Fines	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
5122-30-10 (A) (1) Fines The facility holds a valid license.		No probationary, expired licenses, operating without a license.	
Rule Reference 5122-30-11 Inspections	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A (1)(a) The facility has obtained a annual fire inspection by a certified fire authority, ie; fire marshal, or other constituted fire department approved by the State Fire Marshal.		Is there any violations? Are they pending? Have they been corrected?	
(A)(1)(b) The facility is not connected to public water services and has obtained an annual water supply and sewage disposal system inspection by the local health department.		Look for Septic Tank inspection, Well Water testing? Leech beds, Drainage systems.	
(A)(2)(b) The facility is for five or fewer household members and had obtained the required electrical/ wiring inspection by a licensed electrical contractor.		Look for contractor license number, can contact ODC Board of Contractor Licenses to verify.	
(A)(2)(c) The facility has obtained the required heating/cooling inspection by a licensed contractor.		Look for HVAC, Electrical, and Verify with ODC Board for valid contractor license.	
(A)(2)(d) The facility is for six or more household members and obtained the required building inspection by a certified building inspector or a certificate of use and occupancy.			

(C) Where the residential facility to be licensed occupies only a portion of the building or structure, the entire building or structure shall be inspected except where there is a firewall or other fire resistant separation between the part of the building to be licensed and the rest of the building. In this event, the existence of the firewall or other fire resistant separation shall be verified in writing by the building inspector or fire inspector.			
(D) The facility obtains any additional inspections, permits, or licenses as may be required by local authorities.		Townships, City, County Required Inspections	
Rule Reference 5122-30-12 Safety	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (TA needed)**
(A) Smoke detectors/fire extinguishers are operational and on each floor.		Areas near bedrooms	
(C) Emergency numbers are posted by telephones.			
(C) The telephone is accessible to all residents.			
(D) Windows, screens, ceilings, walls and floors are in adequate repair.			
(E) The facility has written evacuation plans, showing routes to exits, posted on each floor, in visible locations.			
(F) Evacuation drills are being held and documented at least quarterly for each shift.			
(F) Evacuation drills are held and documented at different times of day and night.		Tornado, Bomb, Fire, etc.	
(K) First aid supplies are accessible to all adult residents and staff.			
(L) Disinfectants, poisons, pesticides, and/or other hazardous materials are correctly labeled, and in proper containers			
Rule Reference 5122-30-12 Safety	**Rule Met Yes/No /NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(M) Exterior and interior steps and floor coverings are in good repair to avoid falls or injuries.		Uneven steps	
(N) All exits, stairways, corridors, ramps, elevators, and fire escapes are free of obstructions.			
(N) All common areas and all exits of the facility are well-lighted.			
(O) All interior and exterior door handles and locks are kept in good repair so they can be readily and easily operated.			

Rule Reference 5122-30-12 Safety	Rule Met Yes/No /NA	Guidance for Surveyor	Comments (note TA needed)
(P) Residents are not locked out of the facility. If the facility is locked during any portion of the day, each resident is provided with a working key, or staff are immediately available on the premises to open the door.			
(Q) All lockable doors are capable of being opened from the inside without the use of a key, such as by a panic bar, release of a dead bolt, etc.			
(Q) Locking of a resident's bedroom door while sleeping is prohibited.			
(R) No explosives, pyrotechnics, firearms, chemical weapons, or other similar weapons or substances are maintained or available in the facility or on its premises.			
(S) Outdoor areas are reasonably safeguarded, considering the functioning level of the residents. Such areas include water areas, lakes, ponds, swimming pools, cliffs, caves, open pits, wells, and heavily traveled roads.		Septic tanks, hill run-off, creeks, fire pits, bridges, snakes, holes in ground etc. (Only cite if actual health & safety concern)	In rural areas, these may be common/access based on age of children, supervision level.
(S) Playground equipment shall be securely anchored and include impact dispersion material under swing sets, slides, etc.			
(T) No open flame candles or smoking are permitted in resident bedrooms.			
(V) Portable heaters, if used, are approved by the "Underwriters Laboratory" and are not prohibited by local ordinances.			
(W) Pets or domestic animals are kept in a safe and sanitary manner in accordance with state/local law		Adequate shelter, water and food. Shot records up to date, if applicable. Waste picked up.	
Rule Reference **5122-30-13 Nutrition**	**Rule Met** **Yes/No/ NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) The facility provides or makes provisions for a minimum of three nutritionally balanced meals daily for each resident. If more than eight hours elapse between the evening meal and morning meal, a nutritious evening snack is provided.		Check for menu and what type of snacks.	
(B) Meals shall be palatable, properly prepared according to national standards for recommended dietary allowances adjusted for age and gender.			
(C) Menus shall provide a reasonable variety of foods, which reasonably accommodate religious restrictions of individual residents, as well as ethnic and cultural preferences. Residents may have appropriate input into meal planning.			
(D) Special diets are initiated and supervised by a licensed dietitian or physician.			
Rule Reference **5122-30-14 Sleeping & Living Space**	**Rule Met** **Yes/No/ NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) The facility has a minimum of eighty square feet per resident for a single bedroom. The facility has a minimum of sixty square feet per resident for a multiple occupancy bedroom.		Survey for new or renovated sites only	

Rule Reference 5122-30-14 Sleeping and Living Space	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note TA needed)
(A) Regardless of the square footage, no more than four residents share a bedroom. Multiple occupancy bedrooms are used only for child or adolescent residents of the same sex.			
(B) Each resident shall be provided a permanent bed with clean, comfortable mattress and pillow. Waterproof mattress cover shall be provided when necessary.			
(B) Bunk beds, if used for child and adolescent residents, are equipped with safety rails on the upper tier for residents under ten, or for any resident whose condition indicates the need for such protection. Beds are not bunked higher than two tiers.			
(C) Bedrooms for residents are not in areas such as cellars, basements, hallways, dining rooms, porches, or attics, except that a walk-out finished basement bedroom is permissible.			
(C) Bedrooms are not on a floor higher than a second floor unless approved, in writing, by a fire safety inspector			
(C) Each bedroom is adequately ventilated and has at least one screened window to the outside. Exceptions may only be granted by local building code officials or certified fire authorities.		Windows open.	
(D) The entrance to a resident's bedroom is not through another bedroom or bathroom.			
(E) Adequate drawer and closet space is provided for each resident to store his/her clothes/personal belongings.		Review previous approved waivers	
(H) The facility has at least sixty square feet, per household member, of common indoor living space for recreation, socialization, and other activities. Bedrooms, space for food preparation, storage, laundry, lavatory, and bathing facilities are not included.			
(I) The facility provides adequate indoor toilet, lavatory and bathing facilities with hot and cold running water.		1 Bathtub/shower for eight household members; 1toilet 1 lavatory for six household members	
(I) Accessibility to toilets, lavatories, bathtubs and showers for resident use is not through another bedroom or bathroom.		Review for previous approved waivers	
(L) The facility maintains at least one working refrigerator which is always unlocked & assessable.			
(L) The refrigerator contains beverages and snacks for the residents' consumption. .		Restricted access is only in accordance with the ISP	
(M) Adult residents have unrestricted access to at least one telephone at all times.		Restricted access is only in accordance with the ISP	
(M) Residents are not charged for local calls except where the facility has a pay telephone.			
(M) Access for children and adolescents to a telephone is in accordance with agency policy and procedures.		Child Care Agreements, Placement Contracts,Referral agreements/CSB/ Foster Care Contracts	
(N) Adult residents are not required to vacate the facility for specified time periods or because of the absence of the operator and or staff.		Review House Rules	

Rule Reference 5122-30-15 Housekeeping & Property Maintenance	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note if TA needed)
(A) The facility meets applicable standards of the Ohio Department of Health or local health department regarding cleaning of utensils and dishes as well as proper storing, preparation and serving of food.			
(B) Sufficient refuse receptacles with tight-fitting lids are used. Receptacles throughout the facility do not require lids, but shall be emptied regularly.			
(C) The facility is kept free of offensive or unpleasant odors.			
(D) The facility provides for prompt, thorough, routine cleaning of all areas of the facility.			
(E) The facility provides a sufficient supply of general use items for residents including bath soap, toilet paper, sheets, pillow cases, blankets and towels. These items are readily accessible to residents. Each resident shall have clean bed linens supplied once per week, with no resident required to sleep on soiled sheets.			
(F) There shall be sufficient tableware and flatware for all residents, and this should be in good repair. Disposable dinnerware shall not be used on a regular basis.			
(G) Any responsibilities of residents for cleaning or maintaining an acceptable housekeeping standard shall be specified in the residential agreement.			
(H) The facility is free of insects or rodents.			
(I) Room temperatures are appropriate for the comfort and health of residents.			
(J) The facility provides for interior and exterior repairs to promote an acceptable appearance.			
(J) The facility is free of hazards.			
(K) The premises are free of trash.		Garbage/refuse container has lids	
(L) All structures associated with the home are maintained in a clean, safe, and sanitary condition.			
(M) Refrigerators are clean and food is stored in covered containers.			
(N) Kitchen and baths shall be clean including floors, counters, sinks, tubs, and commodes.			
Rule Reference **5122-30-16 Incident Reporting**	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(F)(2)(a)(b)(c)(3) Each Reportable Incident is prepared, signed & sent within twenty-four hours, excluding weekends & holidays, to the mental health agency(ies), the board, OhioMHAS, & the resident's guardian/ custodian, if applicable.			

Rule Reference 5122-30-18 Persons with Disabling Conditions	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note TA needed)
(A)(1) If one or more residents has a physical disability, the facility is accessible to and usable by persons with a physical disability.		Unsteady Gait, Mobility Issues	
(A)(2) When necessary, readers, interpreters, telephone amplification or other accommodations are provided.			
(B) The facility has installed appropriate alarms, lights, or other safety devices/supports or emergency equipment required by a certified fire official and/or the department to meet the needs of residents with disabling conditions.		Hearing/Sight Impairment TDD/TDDY available?	
Rule Reference 5122-30-19 Facility Administration and Management	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) Appropriate policies and procedures are in place regarding the administration and management of the facility, including compliance with the requirements for licensure, and responsibility for:			
(A)(1) Arranging for inspections, permits and fees;			
(A)(2) Daily monitoring and supervision of staff to assure acceptable performance of assigned job duties and compliance with the requirements for licensure;			
(A)(3) Participating in an appropriate and cooperative working relationship with the affiliating mental health agency, or board, and the department;			
(A)(4) Reporting to the department, any changes regarding facility operation or use that relates to requirements for licensure;			
(A)(5) Secure appropriate alternate responsibility for operation and staffing of the facility during planned or unplanned staff or operator absence;			
(A)(6) Maintain the finances necessary for the stable and safe operation of the facility;			
(A)(7) Maintain a supportive and stable environment for residents of the facility through respect for the rights of residents, sensitivity and responsiveness to resident needs and preferences, and through culturally competent services and care;			
(A)(8) Knowledge of and compliance with federal, state and local laws concerning ownership and operation of the facility.			

Rule Reference 5122-30-20 Qualifications of Staff	Rule Met Yes/No//NA	Guidance for Surveyor	Comments (note TA needed)
(A)(4) Each staff person obtains TB testing prior to employment.		If +TB obtain a physician's statement, refer to (A)(3)	
(B)(1) Each staff person providing assistance with self-administration of medication has training, from a registered nurse or physician, regarding the proper usage, effects, and side effects of all medication (psychotropic or otherwise) used by residents in the facility.		Request staff to walk you through the medication assistance process.	
(B)(2) Identification of medication by type and dosage; and			
(B)(3) Safe procedures to assist in self-administration of medication.			
(C)(1)(a)(b) Each staff person has training in standard first aid and CPR, or an appropriate equivalent.			
(C)(1)(c) Each staff person has training in fire and other disaster procedures.			
(C)(1)(d) Each staff person has training in securing medical and psychiatric emergency assistance.			
(C)(2) Each staff person has training in client rights and grievance procedures.			
(C)(3) Each staff person has training in provisions of state law concerning the reporting of abuse and neglect.			
(D) Untrained staff work under supervision of or with trained staff. Training was completed within 30 days of hire or initial licensure.			
Rule Reference **5122-30-21 Staffing Requirements for Type 2 Facilities**	**Rule Met** **Yes/No//NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) Each type 2 facility shall: (1) Specify the staffing pattern of the facility in the affiliation agreement. Staffing patterns shall be updated annually with affiliation agreements and/or the licensure application;			
(2) Provide sufficient numbers and types of staff in the facility, scheduled for appropriate periods of time during each twenty-four hour period, to assure that the room, board, and/or personal care, and/or mental health service needs of each resident are met, as appropriate to the licensure type of the facility and ISP of each resident;		Staff if at night have to be awake, what is the operators/staff schedules	
(3) Ensure that residents shall not be required to vacate the facility at any time because of the absence of available staff;			
(4) Ensure that no resident shall be required or designated to supervise other residents, provide for the personal care or mental health service needs of other residents, or supervise any aspect of the operation or management of the facility;			

Rule Reference **5122-30-21 Staffing Requirements for Type 2 Facilities**	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(5) Ensure continuous care for residents in accordance with the ISP. Each shift staffing shall be provided by staff who are on duty and awake;			
(6) At least one staff person shall be available on or off the premises to residents twenty-four hours per day.			
(7) In the event that no staff person is on the premises, the operator shall be responsible for ascertaining and ensuring that each resident is capable of self-preservation, and is knowledgeable about obtaining emergency assistance; and			
(8) In the event that no staff person is on the premises, residents shall be informed of how to locate staff, who shall be promptly available to provide appropriate and needed assistance to residents.			
(B) Facility which uses volunteers or students shall have a written policy for screening, orientation, training, supervising and assigning volunteers and students, as appropriate to the functions to be performed			
Rule Reference **5122-30-22 Resident Rights/ Grievance Procedures**	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) The operator shall be responsible for assuring the compliance by the facility with all resident rights. Facility violations of resident rights shall be regarded as sufficient cause to institute proceedings to deny or revoke the facility's license.			
(C) Each resident shall have the following **twenty-five rights** which are the same as or similar to those that are described in rule 5122-26-18 of the Administrative Code for an individual receiving mental health services from a community mental health agency, as well as the additional rights listed in paragraph (D) of this rule:		Reference Rights in Rules	
(D) In addition to all of the rights specified in Rule **5122-30-22 (C) (1) thru (15)**, each consumer residing in a residential facility shall have the following **sixteen rights as specified in rule 5122-30-22 (D).**		Reference Rights in Rules	
(E) Resident rights procedures. (1) Each facility must have a written resident rights policy which contains the following: (a) Specification of the resident rights as listed in paragraphs (C) and (D) of this rule; (b) Assurance that staff will explain any and all aspects of resident rights and the grievance procedure upon request.			
(2) Agency policy shall specify how explanation of client rights shall be accomplished, and shall include provision that in a crisis or emergency situation, the resident shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement/refusal. Full verbal explanation of the resident rights policy may be delayed to a subsequent meeting.			
(3) A copy of the resident rights policy shall be posted in a conspicuous location accessible to residents and the public. It shall also include the name, title, location, hours of availability, and telephone number of the resident rights officer with a statement of that person's responsibility to accept and oversee the process of any grievance filed by a resident or other person or agency on behalf of a resident			

Rule Reference 5122-30-22 Resident Rights/ Grievance Procedures	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note TA needed)
(4) Each facility shall provide that every staff person, including administrative and support staff, is familiar with all specific client rights and the grievance procedure.			
(F) Grievance procedure. (1) (a) thru (g) Each type 1 facility must have a written grievance procedure which provides for the following, or in a type 2 and type 3 facility the method for implementing the following shall be specified in the affiliation agreement.		Reference Rights in Rules	
(2) Each facility shall make provision for posting the grievance procedure in a conspicuous location accessible to residents and the public, and for distributing a copy of the written grievance procedure to each resident, upon request.			
(3) Each facility shall make provision for prompt accessibility of the resident rights officer to the griever.			
(4) Each facility shall provide alternative arrangements for situations in which the resident rights officer is the subject of the grievance.			
(5) Each facility shall provide that every staff person, including administrative, clerical, and support staff, has a clearly understood, specified, continuing responsibility to immediately advise any resident or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the resident rights officer and the complainant's right to file a grievance.			
Rule Reference **5122-30-23 Facility Records**	**Rule Met** **Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A)(1)(a) The facility maintains a written referral from the referring mental health agency, hospital, or private practitioner for each mental health resident.			
(A)(1)(a)(i) The written referral specifies the name, address, and telephone number of the referring entity.			
(A)(1)(a)(i) The written referral specifies the name, address, and telephone number of the person responsible for the continued provision of mental health services, if applicable.			
(A)(1)(b) The facility maintains immediately accessible written emergency information, and current medical information, which includes the name and birth date of the resident, and the name, address, and phone number of the person(s) to be notified in the event of an emergency.			
(A)(1)(c) The facility maintains a copy of the signed residential agreement, including documentation from the placing or referring agency of any restriction, as provided by law, including but not limited to, visitation and communication			
(A)(2) Each mental health resident's records is stored and maintained separately.			
(A)(3)(a) The facility maintains a copy of the current, signed affiliation agreement.		Indicate date of agreement	

Rule Reference 5122-30-23 Facility Records	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note TA needed)
(A)(3)(e) The facility maintains current fire alarm system testing reports, as applicable.		Indicate date of testing	
(A)(3)(f) The facility maintains current sprinkler system testing reports, as applicable.		Indicate date of testing	
(A)(3)(g) The facility maintains evidence of a physical examination, performed within one year prior to employment. (See Attachment 1.)			
(A)(3)(i) The facility maintains a copy of the current license.			
(A)(3)(i) The facility maintains a copy of the current plan of correction, if any.			
(A)(3)(j) The facility maintains a copy of appropriate permits and inspections.			
(A)(3)(k) Documentation of disaster procedure instruction.			
Rule Reference **5122-30-24 Provision of Room & Board**	**Rule Met** **Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(B) A properly signed residential agreement is present and includes: (1)Monthly charges, and itemized fees; (2)Security deposit, and terms for refunding; (3)Refund of monthly charges in the event of absence; (4)Thirty day prior notification for increasing monthly charges; and (5)Visitors and communication in accordance with 5122-30-22.			
(C) The affiliating agency shall assure that the terms of the residential agreement for type 2 and 3 residential facilities are consistent with the affiliation agreement. If any provision of either the residential agreement or the affiliation agreement is inconsistent with, or in violation of, any local, state, federal law, or administrative rule, such provision shall be void and unenforceable.			
(D) Except for agency managed payeeship programs, when the agency is the operator of the facility, the staff or operator do not assume payeeship for a resident's income, require income checks to be signed over and/or cashed by facility staff, nor in any manner establish controls over the handling of any resident's funds.			
Rule Reference **5122-30-25 Changes in Residents Health Status**	**Rule Met** **Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A) In Type 2 facilities, the operator shall monitor and report changes in health status of residents that would require a change of facility type or referral for skilled nursing care or licensed health professional intervention.			
(B) In Type 2 facilities, the affiliating agency shall ensure operators receive training in methods of monitoring and reporting changes in health status.			

Rule Reference 5122-30-26 Provision of Personal Care	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (note TA needed)
(C)(1) The agreed-upon, specific personal care services to be performed by the facility for the individual resident are written in the ISP and the residential agreement between the facility and the resident.		Is the Personal care plan/MH Plan for Care/ISP based on client needs and preferences.	
(C)(2) Monthly progress notation documentation of personal care services is maintained in the facility.			
(E) Residents shall be encouraged to participate in community activities, social events and mental health services, and facility staff shall make a reasonable effort to support such involvement.		Provides a local newspaper or community activity brochure/ advertisements and info about transportation?	
(F) The facility shall provide opportunities for social or recreational activities within the facility and provides staff and space to facilitate.		TV and well-lighted space for crafts, reading, or games.	
(G)(1)(2) Operators responsible for care of child/adolescent shall ensure that alternative arrangements for the care of child/adolescent by someone other than operator/staff has prior approval in writing from parent custodian/guardian. Operator shall have a prior written plan of care for the child/adolescent in emergency situations and shall be approved by custodian/guardian/parent.			
(H) Operator shall prior written approval for child/adolescent whether child can/adolescent can be left unattended and for what time period.			
Rule Reference **5122-30-28 Assistance w/Self-Administration Medications**	**Rule Met** **Yes/No/NA**	**Guidance**	**Comments (note TA needed)**
(A) Personal care activities may include assisting residents with self-administration of medications. For children/adolescents the operator or staff shall assist with self-administration or supervise the self-administration of prescription medication to a child/adolescent only for whom the medication was prescribed and according to the prescribing physician's written instructions.			
(A)(1) Assistance with self-administration of medications may include any of the following staff actions:			
(a) Reminding a resident when to take medication, and observing to ensure that the resident follows the directions on the container;			
(b) Removing the resident's medication container from the locked area, and handing it to the resident. If the resident is unable to open the container, a staff person may open the container for the resident; and			
(c) Assisting a physically impaired, but mentally alert resident, such as a resident with arthritis, cerebral palsy, or Parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medication to his mouth without spilling it, the staff person may place the dose in a container and place the container to the mouth of the resident.			

Rule Reference 5122-30-28 Assistance w/Self-Administration Medications	Rule Met Yes/No/NA	Guidance	Comments (note TA needed)
(A)(2) The facility provides a central locked storage area for resident medications and shall store medications for residents needing assistance with self-administration. Residents who do not require assistance with self-administration of medication shall store medications in individual locked personal storage areas or in the facility central storage area, at the discretion of the resident.			
(A)(2) Residents who do not require assistance with self-administration of medication store medications in individual locked personal storage areas or in the facility central storage area, at the discretion of the resident.			
(A)(2)(a) All medications centrally stored by the facility are clearly labeled with the resident's name, the name of the medication, and instructions for use.			
Rule Reference **5122-30-28 Assistance w/Self-Administration Medications**	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (note TA needed)**
(A)(2)(b) All medications centrally stored by the facility that are no longer being used by the person for whom they were prescribed shall be promptly and safely destroyed in the presence of two staff persons. Records of medication destroyed shall be maintained.			
(A)(2)(c) The facility keeps a current written record of all medications prescribed for each resident as a part of the resident's emergency medical information.			
(A)(3) Residence in the facility shall not be contingent upon taking medications.			
(B) Personal care services may include providing appropriate personal care, in agreement with the affiliating agency, such as providing aspirin, or cold remedies to residents for minor illnesses, such as colds, or flu. The facility may also provide appropriate personal care to residents with regard to self-care for conditions such as diabetes or arthritis, (e.g., assistance with determining insulin level, or providing over the counter arthritis medication).			
(C) The facility shall not provide any physical health care activities for the treatment of a serious illness or disease, defined as skilled nursing care in accordance with section 3721.01(D) of the Revised Code.		These services shall be made and monitored by the affiliating agency.	
(D) The facility keeps a current record of medical problems and allergies for each resident.			
Rule Reference **5122-30-31 Background Investigations for Employment**	**Rule Met Yes/No/NA**	**Guidance for Surveyor**	**Comments (TA needed)**
(C) (3) Facilities shall check databases to determine if the applicant is included:			
(a) The Office of Inspector General in the US Dept. of HHS			
(b) The Abuser Registry			
(c) The Nurse Aid Registry			
(d) The Sex Offender and Child Victim Offender			
(e) The US General Services Admin. System for Award Management			
(f) Incarcerated & Supervised Offenders			

Rule Reference 5122-30-31 Background Investigations for Employment	Rule Met Yes/No/NA	Guidance for Surveyor	Comments (TA needed)
(C)(4) The facility shall not employ an applicant or continue to employ an employee if the applicant or employee is included in one or more of the databases			
(C)(5) The facility shall verify motor vehicle license and obtain driving record for those who transport individuals or to operate the responsible entity's vehicles for any other purpose.		A person with 6 or more points is prohibited from transporting individuals.	
(C)(6)(a) Prior to employing an applicant: Applicant's signature attesting that he/she has not been convicted of or pleaded guilty to a disqualifying offense. An applicant or employee shall disclose to the residential facility a conviction for any offense that has been sealed; and,			
(C)(6)(b) Sign an agreement under which the applicant agrees to notify the facility within 14 days if the applicant is formally charged with, is convicted of, or pleads guilty to a disqualifying offense. The agreement shall provide that failure to make the notification may result in termination of the applicant's employment.			
(C)(7) Each staff person has the appropriate BCI/FBI criminal records check		FBI needed if applicant does not present proof of OH resident the past 5 yrs.	
(C)(8) Facility may conditionally employ an applicant, for a period not to exceed 60 days, pending receipt of the criminal records check.		(C)(6) Required to be submitted.	
(C)(9) Facility shall, no less than once every five years, check the databases and request the BCI/FBI			
(C)(10) Facilities that have not been required, prior to the effective date of this rule, shall complete database and criminal record check for each direct service position by December 31, 2014.			