

**BUREAU OF LICENSING AND CERTIFICATION DS/ABD CERTIFICATION TOOL FOR CPS PROGRAMS**

<b>Site Address</b>				<b>Date of Review</b>	
<b>Cert #</b>				<b>Reviewer Name</b>	
<b>Individual Name</b>			<b>Date of Birth</b>	<b>Guardian Name and Contact Information (if applicable)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual's record include names and telephone numbers of persons to be notified in an emergency, as well as medical contacts? <b>He-M 507.08(d)(1)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the service agreement include the requirements of He-M 503.10(h)(1)? <b>He-M 503.10(h)(1) or He-M 522.12(d)(1)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do monthly progress reports reflect services and are goals stated in the service agreement? <b>He-M 503.10(m)(1)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do CPS schedules contain the days, times and locations of all activities? <b>He-M 507.08(e)(2), He-M 507.08(e)(2)a.1., He-M 507.08(e)(2)a.2., He-M 507.08(e)(2)a.3, and He-M 507.03(e)(2)b.</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do daily CPS notations include the name of the individual, the date the service was provided, activities that took place, the location of those activities, and who provided the service? <b>He-M 507.08(e)(3)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the guardian been notified of rights annually, and has the rights notification been updated and signed as required? <b>He-M 310.04(b)(4)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the health assessment been completed annually? <b>RSA 171-A:11, I(a)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are allergies consistent throughout the record? <b>He-M 507.08(e)(5)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the HRST tracking sheet been completed accurately each month? <b>He-M 503.12(a)(6)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have all individuals been initially assessed to determine the level of support needed specific to medication administration? <b>He-M 1201.04(a)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes above, is the individual capable of self-administration?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes above, was a self-administration assessment completed annually by the nurse trainer, and approved by the guardian? <b>He-M 1201.05(d) and He-M 1201.05(e)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are there medication orders for all medications administered to the individual? <b>He-M 1201.04(f) and He-M 1201.04(g)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are PRN Protocols present for all PRN medications? <b>He-M 1201.04(h)(2)a.</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are controlled medications being counted as required?		

			<b>He-M 1201.07(f)(5)</b>	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>	Does the record of service operation include a daily census? <b>He-M 507.08(f)(2)</b>	