

## HOME CARE ORGANIZATION INSPECTION CHECKLIST

This checklist is designed to assist you and your employees in preparing for an unannounced inspection. This checklist covers the areas reviewed by your analyst at the time of the visit. Please review this checklist to ensure the following items are updated and, if required, contained in the appropriate files. Personnel and administrative records must be maintained at the Home Care Organization and available for review by the analyst.

<b>POSTING</b>		
<b>Requirement - <i>The following items must be posted in a conspicuous location, visible both to clients and Affiliated Home Care Aides:</i></b>	<b>California Health and Safety Code Section</b>	<b>Form Number (If Any)</b>
Business hours	1796.42(a)	
Home Care Organization license	1796.42(a)	
<b>PERSONNEL RECORDS</b>		
<b>Requirement - <i>The following documents must be kept in each licensee, employee, volunteer and Affiliated Home Care Aide's file at the licensed Home Care Organization in which they are employed:</i></b>	<b>California Health and Safety Code Section</b>	<b>Form Number (If Any)</b>
<input type="checkbox"/> Personnel record	1796.37(a)(12)	HCS 501
<input type="checkbox"/> For all individuals who are required to fingerprint and who have contact with clients or access to confidential client information:		
<input type="checkbox"/> A signed statement regarding their criminal record history. If sending the original to the Department, a copy will be sufficient.	1796.23(a); 1796.33; 1796.43(a)(1)	LIC 508
<input type="checkbox"/> Documentation of a criminal record clearance, criminal record exemption or transfer	1796.37(a)(12)	
<input type="checkbox"/> All communication received from the Caregiver Background Check Bureau by the Home Care Organization licensee including criminal record exemption needed requests, approvals, denials, closures and rescissions.	1796.37(a)(12)	
<input type="checkbox"/> A signed statement acknowledging the requirement to report suspected or known dependent adult or elder abuse and suspected or known child abuse.	1796.42(e)	SOC 341A
<b>Requirement – <i>In addition to the above documents, the following documents must be kept in each Affiliated Home Care Aide's file at the licensed Home Care Organization in which they are employed:</i></b>	<b>California Health and Safety Code Section</b>	<b>Form Number (If Any)</b>
<input type="checkbox"/> Training verification log and documentation of successful completion of training	1796.44	
<input type="checkbox"/> TB clearance	1796.45	
<input type="checkbox"/> All communication received pertaining to the Affiliated Home Care Aide's registration on the Home Care Aide Registry including, but not limited to, approvals, denials, revocations and forfeitures.	1796.37(a)(12)	

**ADMINISTRATIVE RECORDS**

<b>Requirement</b> - <i>The following administrative documents must be kept at each licensed Home Care Organization:</i>	<b>California Health and Safety Code Section</b>	<b>Form Number (If Any)</b>
<input type="checkbox"/> Certificate of insurance for a valid workers' compensation policy covering Affiliated Home Care Aides	1796.42(b)	
<input type="checkbox"/> Valid employee dishonesty bond, including third-party coverage, with a minimum limit of ten thousand dollars (\$10,000)	1796.42(c)	HCS 402
<input type="checkbox"/> Certificate of insurance for a general and professional liability insurance policy in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate	1796.42(d)	
<input type="checkbox"/> Documentation from the Department of any waivers and exceptions (if applicable)	1796.37(a)(12)	HCS 971
<input type="checkbox"/> Proof of completion of the Department orientation	1796.37(a)(7)	
<input type="checkbox"/> Suspected abuse reports (if applicable)	1796.42(e)	SOC 341

**ADDITIONAL INFORMATION: APPLICATION DOCUMENTS**

<b>Requirement</b> - <i>The following application documents shall be maintained by the licensed Home Care Organization and be complete, current and available for review:</i>	<b>Form Number (If Any)</b>
<input type="checkbox"/> Application For a Home Care Organization License	HCS 200
<input type="checkbox"/> Licensee Applicant Information	HCS 215
<input type="checkbox"/> Designation of Home Care Organization Responsibility	HCS 308
<input type="checkbox"/> Partnership/Corporation/Limited Liability Company Organization Structure	HCS 309
<input type="checkbox"/> Board of Directors' Statement	HCS 9165
<input type="checkbox"/> Partnership Agreement/Articles of Incorporation/Articles of Organization	HCS 281
<input type="checkbox"/> Program Description - A general overview of the program and services provided	
<input type="checkbox"/> Job Description(s) - Each Position	
<input type="checkbox"/> Personnel Policies	
<input type="checkbox"/> Affiliated Home Care Aide Training Plan	