



Home Care Initial Survey Checklist

LICENSE APPLICATION PROCESS: An applicant must be able to complete all necessary requirements within one year (12 months) from receipt of the initial application and fee date to obtain a license. After initial licensure, the agency must have the license renewed every year.

Agency Name:	City:	Date:
Supporting Documentation <i>(submit the documents listed below)</i>		
Proof previously owned/operated a HC agency {.0903 (a)} <i>(if applicable)</i>		
Certificate of DHSR approved HC training course {.0903(a)} <i>(if applicable)</i>		
Agency Organization Chart {.1001 (8)}		
Proof of Premise for Operation {.0903 (b)} <i>(commercial lease if applicable)</i>		
Articles of Incorporation or Limited Liability Corporation <i>(if applicable)</i>		
Annual projected budget {.1002 (a)}		
Policies & Procedures		
Administrative Policies	Comments	
Scope of Services policy {.1001 (a)(1)}		
Emergency preparedness {.1001 (5)}		
Geographic Service area {.1001(g)} In-home Aide Services {.1107 (h)}		
Agency Director job description {.1001(b)(d)(e)}		
Companion Sitter Agency Director {.1503 (1) a-b} <i>(if applicable)</i>		
Service Supervisor job description {.1001(c)(d)}		
Job Descriptions for other positions {.1003(e)}		
Annual program evaluation policy {.1004 (a, b, c, & e)}		
Client record review policy {.1004 (d & e)}		
Infection control policies with Employee risk categories identified {.1003 (a)}		
Blood borne pathogen policy (include training and updates) <i>required for all in-home caregivers</i>		
TB (tuberculin skin test) policy {.1003 (b)} <i>required for all in-home caregivers</i>		
Hepatitis B immunization / declination policy <i>required for all in-home caregivers</i>		
Exposure control plan & Post exposure follow-up plan policy {.1003 (a)}		
Client Care Policies	Comments	
Client's rights and responsibilities policy {.1007(a) (b)} include {131E-144.3}		
Coordination and referral policy {.1001 (a) (11) & .1101 (8)}		
Acceptance of Clients for Service Provision {.1101 (1-8)}		
Initial Assessment policy {In-Home Aide Services .1107 (d)(e)}		
No Smoking policy {G.S. 131E-143}		
Supervision of Staff {.1001 (a)(3)} {.1110 (c-g)} Companion Sitters {.1504 (2)}		
Arrangements for Services with other Agencies or Individuals policy {.1111 (a-d)}		
Discharge policy {.1001 (a) (2) & .1402 (2)(d)}		
Agency complaint policy with state hotline number(s) {.1007(b) (c)} G.S. 131E-144.6 (b)		
Health Care Personnel Registry reporting policy {10A NCAC 13O .0102} https://info.ncdhhs.gov/dhsr/ciu/provider.html		



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Plan of care policy (include 90-day review) {.1202(a-b)} In-Home Aide Services {.1107(a)(b)}	
Client record content & handling {.1401 (a-f) & {.1402 (a)(b)}	
Personnel Policies	Comments
Competency verification, skills validation/checklist policy {.1003 (e)(g)} & {.1110 (a) (b) (c)} {.1504 (1)}	
Personnel records policy and content {.1003 (f)}	
Annual performance evaluation policy {.1003(f)(7)}	
In-service training policy {.1003(d)}	
Orientation policy {.1003(d)}	
Criminal background investigation policy {G.S. 131E-265}	

Personnel Record Review *(submit personnel records complete with all the items listed below)*

Required Items	Agency Director	Service Supervisor	In-Home Caregiver	Companion Sitter
Application	<i>N/A</i>			
Resume (only for Agency Director)		<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Signed Job Description				
License Verification	<i>If applicable</i>		<i>N/A</i>	<i>N/A</i>
NA Listing Verification /Health Care Personnel Registry Check	<i>N/A</i> <i>N/A</i>	<i>N/A</i> <i>N/A</i>		
Competency Verification	<i>N/A</i>	<i>N/A</i>		
Proof of TB Skin Test or Chest X-ray				
Proof of Blood Borne Pathogen Training				
Proof of Hepatitis B Immunization or Declination				
Proof of Orientation				
Reference Check(s)				
Signed Consent for Criminal Background Check				