

RESIDENTIAL CARE APARTMENT COMPLEX (RCAC) REGULATION COMPLIANCE STATEMENT

- Completion of this form is required per HFS 89.53, Wisconsin Administrative Code, for certification or HFS 89.42, Wis. Admin. Code, for registration as a Residential Care Apartment Complex (RCAC).
- Check the boxes to confirm compliance with Wisconsin Administrative Code, HFS 89, Residential Care Apartment Complexes.
- For all initial applications, complete, sign, and submit this form to the Division of Quality Assurance (DQA) Regional Office that serves the county in which the RCAC is located.
- DQA regional office locations are found at http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm . Contact the appropriate regional office if you have questions about completion of this form.

Name – Facility

Street Address

County

City

State

Zip

Name – Person Completing This Form

Telephone Number

COMPLIANCE WITH GENERAL CODES

- 1. The facility has developed written policies and procedures and has conducted staff orientation that reflects the requirements of all applicable statutes, rules and regulations. **HFS 89.22(1)**
- 2. The facility has evidence of plan approval by the Wisconsin Department of Commerce. **HFS 89.22(1)**
- 3. The facility has a copy of local building inspection approval and / or a copy of the occupancy permit.
- 4. The facility has developed policies and procedures to ensure tenant health and safety. A written emergency plan has been developed in cooperation with local fire and emergency services. Policies shall address staff orientation and availability of 24 hour service. **HFS 89.23(2)(c)**
- 5. Nursing services are provided consistent with the standards contained in "Wisconsin Statutes and Administrative Code Relating to the Practice of Nursing." **HFS 89.23(4)(2)**
- 6. The facility routinely conducts criminal records checks for all staff. **HFS 89.23(4)(c)**
- 7. The facility has written policies and procedures regarding the prohibition of coercion or retaliation preventing a tenant, employee, or service provider from filing a complaint or grievance. **HFS 89.36, HFS 89.44(5) and HFS 89.58**
- 8. The facility has written evidence of compliance with all fire, health, safety, and sanitation requirements. **HFS 89.22(1) and HFS 89.55(2)**
- 9. If the applicant is planning to convert a separate area of a nursing home or community based residential facility to a residential care apartment complex, the facility has submitted to the department the required information under **HFS 89.61**
- 10. The facility is in compliance with public and common use areas accessibility consistent with the requirements of the Wisconsin Department of Commerce. **HFS 89.22(3)**
- 11. A **registered** facility informs tenants that the Department does not routinely inspect or monitor registered residential care apartment complexes or enforce contractual obligations under the service or risk agreements. **HFS 89.43(4)**

COMPLIANCE WITH OPERATIONAL CODES

1. The facility is in compliance with the requirements for independent apartments. **HFS 89.22(2),(3) and (4) and HFS 89.13(3), (11), (16), (17), (18) and (19)**
2. The facility provides or contracts with sufficient staff to meet the needs identified in the tenants' service agreements. **HFS 89.23(2)**
3. The facility has sufficient staff to meet the unscheduled needs of tenants and provide emergency assistance. **HFS 89.23(2)(b) and (c)**
4. The facility has qualified personnel to meet the care needs identified in the tenants' service agreements. Medication administration is a delegated task under the supervision of a nurse or pharmacist. **HFS 89.23(3) and (4)**
5. The facility has a written staffing plan which includes a designated person in charge when the service manager is not present. **HFS 89.23(4) and (6)**
6. The facility requires that all facility staff have training in safety procedures and in tenant rights. **HFS 89.23(4)(d)**
7. The facility has a procedure for computing tenants' services hours including procedures for allowing tenants to subcontract for additional hours. **HFS 89.24**
8. The facility's fee schedule includes separate identification of the monthly rent, meals, and services. The facility provides a copy of the fee schedule to the tenant and appropriate individuals. **HFS 89.25**
9. The facility conducts a comprehensive assessment prior to each admission and annually thereafter. **HFS 89.26(1),(2),(3) and (4)**
10. The facility has a mutually agreed-upon written service agreement with each tenant. **HFS 89.27(1),(2),(3) and (4)**
11. The facility has a jointly negotiated risk agreement with each tenant. **HFS 89.28(1),(2),(3),(4),(5) and (6)**
12. The facility has a policy for the admission and retention of residents. **HFS 89.29(1),(2) and (3)**
13. The facility is in compliance with tenants rights. **HFS 89.32 and HFS 89.33**

I attest that all statements made on this form are correct and accurate and that I will comply with all laws, rules, and regulations governing residential care apartment complexes.

SIGNATURE – Applicant

Date Signed
