

New York State Department of Health

Nursing Home Transition and Diversion Traumatic Brain Injury Housing Subsidy Program

Housing Quality Standards Checklist

Name of Waiver Participant
(mm/dd/yyyy)

Date of Last Inspection

Inspector (Service Coordinator)
(mm/dd/yyyy)

Date of Last Inspection

Type of inspection: Initial Annual Emergency

Address of the unit inspected:

Name and phone number of the authorized agent for the inspected unit:

Housing Type (check as appropriate)

- Single Family Detached
 Duplex or Two Family
 Row House or Town House
 Low Rise: 3, 4 Stories
 Including Garden Apartment
 High Rise; 5 or More Stories
 Manufactured Home
 Cooperative
 Condominium
 Shared Housing
 Other

Provide a brief description of the unit: (number of rooms etc)

Inspection Checklist

1. Living Room	Yes	No	Comment
1.1 Living Room Present			
1.2 Electricity: sufficient outlets and lighting in the room			
1.3 Electrical Hazards are not present			
1.4 Security: doors and window locks			
1.5 Window Condition: open and close adequately and have screens			

Living Room cont'd	Yes	No	Comment
1.6 Ceiling Condition is free of cracks and bulges: no sign of water leaks			
1.7 Wall Condition: free of cracks and holes, good wall paper condition			
1.8 Floor Condition: carpet clean and free of tears, no sign of damage			
2. Kitchen	Yes	No	Comment
2.1 Kitchen Area Present			
2.2 Electricity: sufficient outlets and lighting in the room			
2.3 Electrical Hazards are not present			
2.4 Security: doors and window locks			
2.5 Window Condition: open and close adequately and have screens			
2.6 Ceiling Condition is free of cracks or bulges: no sign of water leaks			
2.7 Wall Condition is free of cracks and holes. Wall paper is in good condition			
2.8 Floor Condition is free of cracks and trip hazards			
2.10 Stove or Range with Oven are clean and in working order			
2.11 Refrigerator is clean and in working order			
2.12 Sink drains effectively and is free of leaks			
2.13 Space for Storage, Preparation, and Serving of Food			
3. Bathroom	Yes	No	Comment
3.1 Bathroom Present			
3.2 Electricity: sufficient outlets and lighting for the room			
3.3 Electrical Hazards are not present			
3.4 Security: door and window locks			
3.5 Window Condition: opens and closes no cracks, has window screens, locks			

Bathroom cont'd	Yes	No	Comment
3.6 Ceiling Condition: no cracks or bulges. No sign of water leakage or condensation			
3.7 Wall Condition: no holes, cracks or peeling wall paper			
3.8 Floor Condition is good and water precautions are in place (floor mats) free of trip hazards			
3.9 Flush Toilet in Enclosed Room in Unit and free of leaks with sufficient pressure			
3.10 Fixed Wash Basin or Lavatory is in the Unit and free of leaks with sufficient water pressure			
3.11 Tub or Shower in Unit is clean and free from leaks with sufficient water pressure			
3.12 Ventilation is sufficient			
3.13 There is no sign of mold			
3.14 There is sufficient hot and cold water			
3.15 All fixtures drain properly			
4. Bedroom(s)	Yes	No	Comment
4.1 Bedroom present			
4.2 Electricity: has sufficient outlets and lighting for the room			
4.3 Electrical Hazards are not present			
4.5 Security: door and window locks			
4.6 Window Condition: open, closes, locks and have screens			
4.7 Ceiling Condition: is free of cracks or bulges: no sign of water leaks			
4.8 Wall Condition: no holes, cracks or peeling wall paper			
4.9 Floor Condition carpet clean and free of tears, no sign of damage			
4.10 Smoke /Carbon Monoxide Detectors are within at least 20 feet of the bedroom			
5. General Health and Safety	Yes	No	Comment
5.1 Access to Unit: Locks to the home are solid and secure			

General Health and Safety cont'd	Yes	No	Comment
5.2 Fire Exits: Provisions for fire evacuation and sufficient egress from the building			
5.3 The SC has designed and reviews the evacuation plan with the tenant			
5.4 Garbage and Debris is stored appropriately			
5.5 Refuse Disposal: routine removal is provided			
5.6 Interior stairs, halls and common space are clean and free from hazards			
5.7 Elevators are clean and operational			
5.8 Interior air quality is clean and ventilation sufficient.			
5.9 Overall site condition			
5.10 Window guards are installed if children are present in the home			
5.11 Emergency telephone numbers are posted and the closest hospital identified			
5.12 The home has a working telephone or cell phone			
5.13 Tenant is provided free exterminator services			
5.14 All light switches and outlets work			
5.15 Building has central air conditioning or can support outlet for air conditioning			
5.16 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?			
6. Heating and Plumbing	Yes	No	Comment
6.1 Living arrangement is adequately heated between October 15 and April 15			
6.2 Living arrangement has sufficient ventilation and/or cooling			
6.3 Sufficient hot water and water pressure			
6.4 Potable water and free of rust			
6.5 Adequate Plumbing: No leaks			
6.6 Sufficient sewer connection free of back up			

7. Building Exterior	Yes	No	Comment
7.1 Condition of Stairs, Rails and Porches are safe and can hold sustained weight			
7.2 Condition of Roof/Gutters: free of leaks and back up			
7.3 Condition of Exterior Surfaces: no holes, properly painted, no peeling paint or missing siding			
7.4 Condition of Chimney: does not present a hazard			
7.5 Intercoms and buzzers are in working order			
7.6 Safety bars and gates are in place for security			
7.7 Tenant has access to a secure mailbox			
7.8 Manufactured Home: have sufficient Tie Downs			

Special Amenities

This Section is designed to collect additional information about other positive features of the unit that may be present.

Living room has:	Yes	No	Comment
High quality flooring or wall coverings			
Patio, deck, porch, special windows or doors			
Offers exceptional space and/or comfort			
Fireplace			
Kitchen provides:	Yes	No	Comment
High quality cabinets			
Good counterspace/quality (granite)			
High quality appliances			
Dishwasher			
Additional appliances such as freezer and/or microwave			

Attachment #4

Bathroom provides:	Yes	No	Comment
High quality cabinets			
Good counterspace/quality (granite)			
Special feature shower head, heat lamp, glass doors/mirror			
Separate dressing room			
Special sink or lavatory			
Special Accessibility adaptations			
Exterior provides:	Yes	No	Comment
Additional weatherization			
Garage and/or parking facilities			
Snow removal is provided			
Lawn mowing and landscaping			
Accessible entry			

The participant has agreed to the location and neighborhood

Yes No If no, describe

The participant was involved in the selection of the home:

Yes No If no, describe

The participant understands that they are responsible for the care and maintenance of the living arrangement and is responsible for any damages caused by the participant, family and/or guests:

Yes No If no, describe

Recommendation of inspector:

Unit is approved Unit is not approved Unit is approved pending plan of correction (attached)

Signature of Inspector/Service Coordinator:

Date: _____

I have reviewed the Housing Inspection with my Service Coordinator and agree to the findings. I understand that I am responsible for the care and maintenance of the living arrangement and the terms of the lease:

Signature Participant/Housing Subsidy Recipient:

Date: _____