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State of Delaware
Office of Health Facilities Licensing and Certification
Licensure Renewal Application for 3345 Personal Assistance Services Agencies (PASA)

(Please type)

License ID PASA -

Provider Legal Name

Doing Business As (DBA)

Agency Address

City State DE Zip Code

Agency Phone Agency Fax

Director Email

Alt. Director Email

Emergency Contact Name

Emergency Contact Phone Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Agency Type (Check all that apply)

- | | |
|---------------|------------|
| 1. Private | Public |
| 2. Non-Profit | For-Profit |

Office Hours

Check the county(ies) in which your agency will provide services

New Castle Kent Sussex

Licensure Survey

All PASAs providing personal assistance services exclusively are required to meet the Department of Health & Social Services Personal Assistance Services Agencies Regulations (3345).

1. List the number of consumers admitted in the previous 12 months
List your current census
2. Date of your last program review and evaluation (Reg. 4.3.3) (not by OHFLC)
3. Personal assistance services are provided directly by (Check one)
Employee Contractor Employee and Contractor
4. Have all direct care workers completed an annual competency test? (Reg. 4.3.2.4)
Yes No Explain a "No" response
5. Have all direct care workers passed an annual performance review? (Reg. 4.3.2.4 & 4.4.2.4)
Yes No Explain a "No" response
6. Have all newly hired/contracted direct care workers passed a competency test prior to providing care to consumers? (Reg. 4.5.3)
Yes No Explain a "No" response
7. Have all consumers received and signed the "Notice of Direct Care Worker Status" form? (Reg. 5.1.3)
Yes No Explain a "No" response
8. Have all consumers received written notice of the consumer's rights? (Reg. 6.2)
Yes No Explain a "No" response
9. Has there been a modification of ownership and control since the last survey?
Yes No If yes, give date
10. Is medication administration offered and in accordance with Reg. 5.4.3?
Yes No

Attach the following documents regarding the organization and services of the state licensed PASA. Documents should be labeled with the noted Exhibit identifier. For example, the "List of Services" should be labeled "Exhibit B."

Exhibit A – Business License (and city/town business license if applicable)

Exhibit B - List of Services

Exhibit C - Organizational Chart(s)

Exhibit D - Changes in organization (if applicable)

Exhibit E - List of governing body members

Exhibit F - Proof of insurance (Reg. 9.0)

Exhibit G - List showing the names, addresses and percent of interest of each officer, director and owners having an interest in the agency (complete "Ownership Interest" included).

Exhibit H - Name, address and types of agencies owned or managed by the applicant.

Exhibit I - Resumes of Director and Alternate Director.

Please Email the following to DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV

Exhibit J - Your Disaster Preparedness Plan (including reviewed/revised date).

