

**CrimeSHIELD Policy
NURSING HOME OR ADULT CARE
FACILITIES QUESTIONNAIRE**



NAME OF INSURED:	
ADDRESS:	
DATE:	

1.	Does the facility administer and store prescription medications on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	If Yes, are all drugs and medications kept in a locked cabinet or closet with limited access to designated employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are daily inventories made of drugs and medication? If No, how often are inventories performed? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the insured have a system for recording medication administration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are personnel required to wear photo identification badges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	If Yes, do these badges designate who has access to medication cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are unannounced audits and inventory checks made of medical supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	What are the average and maximum amounts of cash on hand daily? Average: _____ Maximum: _____		
9.	How are payments received from Medicare/Medicaid? Check all that apply <input type="checkbox"/> by check <input type="checkbox"/> electronically <input type="checkbox"/> electronic fund transfers		
10.	Are employees trained in proper credit card verification procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are checks, charge receipts, and petty cash stored in a safe until they can be deposited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are deposits made daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Does the Insured hold residents' money in trust or have access to residents' bank accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	If Yes, how often are transactions involving those accounts reconciled? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
15.	Do those who reconcile residents' trust accounts and/or bank accounts have authority to access those accounts and process transactions within those accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Are residents' personal belongings documented (e.g., recorded) with the nursing home during the initial admission process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Does the facility offer safe deposit boxes for the storage of residents' valuables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Most nursing homes do not have units with doors that lock; however, some nursing homes with lower levels of assisted care might have apartment units with lockable doors. Do residents have their own lockable doors in their units or apartments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Does the insured have an alarm system installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	If Yes, is it connected to a central-station alarm monitoring facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Does the Insured have security cameras which monitor the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Completed by _____

Title _____