

# Michigan Association of Recovery Residences

## SITE REVIEW FORM

Name of Organization: \_\_\_\_\_ ADA Accessible? \_\_\_\_\_

Main Address of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Type/Gender: \_\_\_\_\_ Bed #: \_\_\_\_\_ Full-Bath#: \_\_\_\_\_ Narcan Expiration: \_\_\_\_\_ Standard Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

House Monitor: \_\_\_\_\_ 12-Step/Recovery Meeting Requirement: \_\_\_\_\_ Length of Stay Allowed: \_\_\_\_\_

Documentation received and approved	Posting – Maintenance List	Fire Extinguishers Meet standards
Payment has been received	Posting -Recipient Rights	Smoke Detectors Meet Standards
Initial Application Site Review	Posting – Grievance & Appeals Policy	CO2 Detectors Meet Standards
Re-certification/Annual Site Review	No Signs of Pests/Infestations	No Overloaded Electrical Outlets
Random/Pop-in Site Review	Thermometers in all fridge/freezers	Home is clean and well-maintained
MAT is accepted	Met with a Resident 1:1	Evidence of recovery taking place
Resident Records Secure & Reviewed	Bedrooms / Size Meet Standards	Works with those with Felonies
Posting - Code of Ethics	Enough Seating in Home for Everyone	Works with Prison Re-Entry
Post or Binder -Community Resources	Adequate Food Storage Per Person	COVID/Variant Policies in Place
Posting - Emergency Numbers & Home Address.	Provide or refer out for HIV and Hepatitis A, B and C Testing as needed	Accept those with OUD & Stimulant Use; Cocaine, Meth., etc.
Posting – MARR Cleaning List	All Food and Beverages Off Floor	At least 2 Identified Exits or Maps

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**MARR represents the quality standards that benefit operators and residents.** By signing below, you are stating that you understand the purpose of the MARR Review and Certification process. You are also attesting that everything you have disclosed, and documents uploaded/given to MARR are an accurate representation of your organization, services, and recovery residences. You also agree to report any changes to your program to MARR within 30-days of occurrence. Examples: Number of beds, change in gender, open/close a home, etc. must be reported to MARR within 30-days.

The NARR Standard 3.0 must be met, all documentation, payment and site reviews completed and “Approved” for a home to be fully assessed for Certification. A complete review of each recovery residence location/address is essential for Certification. The reviewer/s will determine if the recovery residence is a clean, healthy, safe, recovery supportive, and ethically managed environment. A “Conditionally Approved” recovery residence must correct all deficiencies within 30 days. If additional time is needed, the operator can request an additional 30 days in writing, for a total of 60 days to complete all the corrections needed.

Site Review Results:	Approved _____	Conditionally Approved _____
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Operator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL ENVIRONMENT DOMAIN

### E. Core Principle: Provide a Home-like Environment

INSPECTION POINT	Yes/ No	COMMENTS
14. The residence is comfortable, inviting, and meets residents' needs. Free from signs of pest issues.		
14a. Verification that the residence is in good repair, clean and well maintained.		
14b. Verification that furnishings are typical of those in single family homes as opposed to institutional settings.		
14c. Verification that entrances and exits are home-like vs. institutional or clinical.		
14d. Sleeping rooms provide residents with adequate space? 75sq.ft -one resident. 50sq. ft per person for 2 or more per room		
14e. Bathrooms adequate to serve the maximum population? (Minimum 1 full bathroom per 6 residents) Clean and orderly.		
14f. Each resident has adequate dresser and closet space to store their clothing and other personal items?		
14g. Each resident has adequate and clean storage space for food; off the floor and separate from cleaning and hazardous		
14h. Laundry services are accessible to all residents.		
14i. All appliances are in safe, clean, and working condition.		
15. The living space is conducive to building a community.		
15a. Verification that a meeting space is large enough to accommodate all residents.		
15b. Verification that there is comfortable space for small group activities and socializing.		

15c. Verification that kitchen and dining area are large enough to accommodate all residents sharing meals together.		
15d. Verification that entertainment or recreational areas and/or furnishings promoting social environment are provided.		
<ul style="list-style-type: none"> <li>• Is there adequate and clean food storage space provided? (Minimum 1 fridge per 6 residents).</li> </ul>		
<ul style="list-style-type: none"> <li>• Is there a thermometer in each refrigerator reading at or below 40 degrees and freezers reading 0-5 degrees?</li> </ul>		

## F. Core Principle: Promote a safe and Healthy Environment

16. Provide an alcohol and illicit drug free environment.		
16d. Evidence addressing residents' prescription and OTC med usage and storage consistent with residents Level and state law?		
Are there records that document random drug testing of residents and staff?		
17. Is it evident that the Operator promotes home safety?		
17a. Operator attests that electrical, mechanical, structural component of property are functional & free of fire and safety hazards.		
17b. Operator and site reviewer agree the home/residence meets Building, Health, and Safety codes.		
17c. Do smoke detectors meet the minimum city/county requirements? (Minimum 1 per level)		
c.2 Do carbon monoxide detectors meet minimum city/county requirements? (1 per level minimum)		
c.3 Do fire extinguishers meet minimum city/county requirements? (1 per level minimum including kitchen & laundry)		
c.4 Regular documented inspections of smoke det., carbon mon., and fire extinguishers.		

c.5 Monthly Fire, and other emergency evacuation drills take place and are documented.		
18a. Are there appropriate approved safety disposal containers for smoking materials separate from trash?		
18b. Procedure regarding exposure to bodily fluids and contagious disease. Adequate First Aid kit for multiple injuries.		
19a. Verification that residence address, emergency numbers, and procedures are posted.		
a.2 Verification of posted procedure for overdose and other emergency responses, (CPR, First aid, Fire, Tornado, etc.)		
b. Documentation that emergency contact information is collected from residents.		
c. Documentation that residents are oriented to emergency procedures, (Narcan, CPR, Tornado, Fire, First aid, etc.).		
d. Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.		
<ul style="list-style-type: none"> <li>• Are there at least two properly identified exits and evacuation plans posted.</li> </ul>		
<ul style="list-style-type: none"> <li>• Is the property address prominently posted in front, and back, if alley is present?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are there any overloaded electric outlets or extension cords that could be considered a fire hazard? (Use surge protectors)</li> </ul>		
<ul style="list-style-type: none"> <li>• Is the facility free of piles of newspapers, clothes or other stored materials create a fire hazard?</li> </ul>		
<ul style="list-style-type: none"> <li>• Is there an available, on-site or on-call staff person responsible for the safety of the residents 24 hours per day, seven days per week?</li> </ul>		