

Name of Legal Entity: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ License Capacity: \_\_\_\_\_ Current Census: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Toilets: \_\_\_\_\_ Sinks: \_\_\_\_\_

Person in Charge : \_\_\_\_\_ Signature &amp; Time: \_\_\_\_\_

Circle the appropriate response to the regulation based on the characteristics of the location under review. (C) Compliance – There were no violations cited for the regulation. (V) Violation- It was found that the location does not comply with the regulation. (NA) Non Applicable - The citation is not measured since, it is not a characteristic of the home (i.e. the home has city water, therefore it will not need to test for Coliform under 59c)

**GENERAL REQUIREMENTS**

11	C	V	NA	Chapter 20
13	C	V	NA	Capacity
14a	C	V	NA	Occupancy Permit
14b	C	V	NA	Permit Withdrawn
14c	C	V	NA	Renovations Approval
15	C	V	NA	Wage & Hour Cert.
16	C	V	NA	Abuse
17b	C	V	NA	Unusual Incidents Policy
17c	C	V	NA	24 hours Oral Notification
17d	C	V	NA	72 hours Investigate/Report
17e	C	V	NA	Final Report Copies Sent
17f	C	V	NA	Incident Reports in Ind. Rec.
17g	C	V	NA	Copies of Reports Kept
17h	C	V	NA	Notifications Immediately
18a	C	V	NA	24 hours Death Report
18b	C	V	NA	24 hour. Investigate & Oral Reprt
18c	C	V	NA	Death Report in Ind. Record
18d	C	V	NA	Notifications Immediately
19	C	V	NA	Incident Record
20a	C	V	NA	PSP w/in 5 days
20b	C	V	NA	FBI w/in 5 days
20c	C	V	NA	1 yr. prior to DOH
20d	C	V	NA	Copy of Final Reports Kept
21a	C	V	NA	Civil Rights - Discrimination
21b1	C	V	NA	Nondiscrim. Services/Admission
21b2	C	V	NA	Phys. Access & Accommodation
21b3	C	V	NA	Lodge Civil Rights Complaints
21b4	C	V	NA	Informing Individuals Of Rights
22	C	V	NA	Grievance Procedures

**STAFFING**

32a	C	V	NA	CEO
32b1	C	V	NA	CEO – Implement Policies
32b2	C	V	NA	CEO – Admn/Discharge of Individ.

**STAFFING(CONT'D)**

32b3	C	V	NA	CEO – Safety & Protect. of Individ.
33b4	C	V	NA	PS - Attend ISP Meeting
33b5	C	V	NA	PS - Plan Lead
33b6	C	V	NA	PS - Review ISP
33b7	C	V	NA	PS - Report Content Discrepancy.
33b8	C	V	NA	PS - Implement ISP as written.
33b9	C	V	NA	PS - Supervise, Monitor, Evaluate
33b10	C	V	NA	PS - Review, Sign, Date Monthly
33b11	C	V	NA	PS - Report Changes to Team
33b12	C	V	NA	PS - Review ISP w/ Ind.
33b13	C	V	NA	PS - Document Review of ISP
33b14	C	V	NA	PS - ISP Review to Team
33b15	C	V	NA	PS - Option to Decline
33b16	C	V	NA	PS - Recommend Revision
33b17	C	V	NA	PS - Coordinate Services Prov.
33b18	C	V	NA	PS – Coordinate Training of DSW
33b19	C	V	NA	PS – Devel. & Implement Prov. Serv.
33c	C	V	NA	Program Specialist Qualifications
34	C	V	NA	Direct Services Worker
35a	C	V	NA	1 to 6 Ratio
35b	C	V	NA	1 to 10 During Meetings
35c	C	V	NA	Min. 2 Staff At All Times
35d	C	V	NA	Unsupervised if specified in ISP
35e	C	V	NA	Staff Qual. & ratios imp. as written
35f	C	V	NA	Unsupervised for Convenience
36a	C	V	NA	Staff Orientation
36b	C	V	NA	CEO 24 hours of training
36c	C	V	NA	Annual Human Services Training
36d	C	V	NA	Init.30dys/12month
36e	C	V	NA	Initial Fire Safety Training
36g	C	V	NA	36f
36g	C	V	NA	Min 2 staff 1st Aid/CPR/Heimlich
36h	C	V	NA	Training Records

**PHYSICAL SITE**

51	C	V	NA	Special Accommodations
52a	C	V	NA	50 Sq. Ft. per Ind.
52b	C	V	NA	Each Separate Room
53a	C	V	NA	Poisons Locked
53b	C	V	NA	Poisons; Original Contain. Label
53c	C	V	NA	Poisons Separate from Food
54	C	V	NA	Heat Sources
55a	C	V	NA	Clean & Sanitary
55b	C	V	NA	Infestation/Rodents
55c	C	V	NA	Trash Removed Weekly
55d	C	V	NA	Indoor Trash Covered, Cleanable
55e	C	V	NA	Outdoor Trash Covered
55f	C	V	NA	Sewage Approval
55g	C	V	NA	Sewage Checked 4yrs.
56	C	V	NA	Ventilation
57	C	V	NA	Lighting
58a	C	V	NA	Surfaces in good repair
58b	C	V	NA	Surfaces free of hazards
58c	C	V	NA	Lead Paint Testing
59a	C	V	NA	Water Under Pressure
59b	C	V	NA	Hot Water - 120°
59c	C	V	NA	Coliform Test every 3 months
60a	C	V	NA	Indoor Temp 65°
60b	C	V	NA	Fans above 85°
61	C	V	NA	Telephone
62	C	V	NA	Emergency Phone Numbers
63a	C	V	NA	Screens when Opened
63b	C	V	NA	Good Repair
64a	C	V	NA	Handrail; More Than 2 Steps
64b	C	V	NA	Porch Railing
65	C	V	NA	Nonskid Surfaces
66a	C	V	NA	Stairway Landing
66b	C	V	NA	Landing as wide as Stairs
66c	C	V	NA	3ft Landing
67a	C	V	NA	Furniture; Clean, Safe, Sturdy
67b	C	V	NA	Furniture & Equip. App.
68	C	V	NA	Storage Space
69a	C	V	NA	1:18 toilets
69b	C	V	NA	1:24 sinks
69c	C	V	NA	Handicap Accessible
69d	C	V	NA	Separate Bathrooms if >18
69e	C	V	NA	Bathroom Contents
69f	C	V	NA	Bathroom Privacy
70a	C	V	NA	Private First Aid Area
70b	C	V	NA	Private First Aid Area
70c	C	V	NA	First Aid Area Contents
70d	C	V	NA	First Aid Kit Each Floor

**PHYSICAL SITE (CONT'D)**

70e	C	V	NA	First Aid Manual
71	C	V	NA	Elevator Approval
72a	C	V	NA	Outside Walkways
72b	C	V	NA	Outside Conditions

**FIRE SAFETY**

81	C	V	NA	Exits
82	C	V	NA	Unobstructed Egress
83a	C	V	NA	Emergency Evacuation Policy
83b	C	V	NA	Diagram in Facility
84	C	V	NA	Annual Fire Safety Inspection
85	C	V	NA	Flammable Materials
86	C	V	NA	Portable Space Heaters
87a	C	V	NA	Operable Fire Alarms
87b	C	V	NA	Accommodations to Alarms
87c	C	V	NA	Inoperative Alarms Repairs
87d	C	V	NA	Inoperable Alarms Policy
88a	C	V	NA	1 2-A Fire Extinguisher per
88b	C	V	NA	5,000 sq. ft. 2-A Extinguishers
88c	C	V	NA	10-B Extinguisher in Kitchens
88d	C	V	NA	Fire Extinguishers Approved
88e	C	V	NA	Fire Extinguishers Accessible
88f	C	V	NA	Extinguishers Inspected Annually
89a	C	V	NA	Monthly unannounced Fire Drills
89b	C	V	NA	Normal Staffing Conditions
89c	C	V	NA	Written Fire Drill Records
89d	C	V	NA	Within 2 ½ Minutes
89e	C	V	NA	Alternate Routes
89f	C	V	NA	Alternate Times/Days
89g	C	V	NA	Normal Staffing Conditions
89c	C	V	NA	Written Fire Drill Records
89d	C	V	NA	Within 2 ½ Minutes
89e	C	V	NA	Alternate Routes
89f	C	V	NA	Alternate Times/Days
89g	C	V	NA	Designated Meeting Place
89h	C	V	NA	Alarms Set Off
90a	C	V	NA	Exit Signs
90b	C	V	NA	Direction Signs
91a	C	V	NA	Fire Safety Training for Individuals
91b	C	V	NA	Doc. of Inability to Train
91c	C	V	NA	Record of Training
92a	C	V	NA	Smoking Safety Procedures
92b	C	V	NA	Procedures Followed

**HEALTH**

111a	C	V	NA	Phys. Exam w/in 12 mo. & Annual
111b	C	V	NA	Signed & Dated
111c1	C	V	NA	Previous Medical History
111c2	C	V	NA	General Physical Exam
111c3	C	V	NA	Immunizations
111c4	C	V	NA	Vision & Hearing Screenings
111c5	C	V	NA	TB Test & Results – every 2yrs
111c6	C	V	NA	Comm. Disease Prescription
111c7	C	V	NA	Health Maintain Blood Wrk, Meds
111c8	C	V	NA	Physical Limitations
111c9	C	V	NA	Allergy./Contradicting Med.
111c10	C	V	NA	Info in case of Emergency
111c11	C	V	NA	Special Diet Instructions
111d	C	V	NA	RN/LPN Signature Exceptions
112	C	V	NA	Doc. Refusals
113a	C	V	NA	Staff Phys. w/in 12 mo. & 2yrs
113b	C	V	NA	Signed & Dated
113c1	C	V	NA	General Physical Exam
113c2	C	V	NA	TB Test & Results – every 2yrs
113c3	C	V	NA	Commun.. Disease Statement
113c4	C	V	NA	Med Probs. that May Interfere
114a	C	V	NA	Communicable Disease Auth.
114b	C	V	NA	Statement
114c	C	V	NA	Precautions Followed
115 1	C	V	NA	Emergency Plan – Hospital

**MEDICATIONS**

121a	C	V	NA	Original Containers
121b	C	V	NA	Meds Locked
121c	C	V	NA	Refrigerated Meds Locked
121d	C	V	NA	Storage Conditions
121e	C	V	NA	Disposal of Meds
122a	C	V	NA	Prescription Meds; Original Label
122b	C	V	NA	Non-Prescrip. Meds Original Label
122A	C	V	NA	Labeling – Statement of Policy
123a	C	V	NA	Medication Use
123b	C	V	NA	Psych Med Requirements
124a	C	V	NA	Medication Log
124b	C	V	NA	Logged Immediately
124c	C	V	NA	Self-Admin List
124A	C	V	NA	Med Log – Statement of Policy
125	C	V	NA	Medication Errors
126 1	C	V	NA	Adverse Reactions - Notifications
126 2	C	V	NA	Adverse Reaction –Document.
126A	C	V	NA	Adv. React.- Statement of Pol.

**HEALTH (CONT'D)**

127a	C	V	NA	Med. Administration
127b	C	V	NA	Admin Instructions Followed
128a	C	V	NA	Med. Admin. Training
128b1	C	V	NA	Insulin Admin- Training
128b2	C	V	NA	Insulin- Physician's Care
128c	C	V	NA	Instructor Certified
128d	C	V	NA	Practicum Annually
128e	C	V	NA	Training Documentation
129a1	C	V	NA	S.A. Recognize, Distinguish
129a2	C	V	NA	S.A- How Much
129a3	C	V	NA	S.A.- When Med
129b	C	V	NA	S.A. – Insulin Measured

**NUTRITION**

131a	C	V	NA	Dining Area
131b	C	V	NA	Dining Area-Clean & Sanitary
131c	C	V	NA	Dining Area-Tables & Chairs
132 1	C	V	NA	Menus – Posted/Visible
132 2	C	V	NA	Menus-Posted 1day Prior
132 3	C	V	NA	Menus – Followed
132 4	C	V	NA	Menus – Retained/2 Mos.
132 5	C	V	NA	Food-4 Hours/Meal, 6 Hours/Snack
132 6	C	V	NA	Food –4 Food Groups
132 7	C	V	NA	Food – Quantity
132 8	C	V	NA	Ind. – Prescription Diet Followed
132 9	C	V	NA	Food-Storage/Proper Temperature
132 10	C	V	NA	Food-Protected
132 11	C	V	NA	Food Returned
132 12	C	V	NA	Utensils-Properly Cleaned
132 13	C	V	NA	Dishwasher Temp./San.
132 14	C	V	NA	Dishwasher- Operation

**RESTRICTIVE PROCEDURES**

152	C	V	NA	Policy
153a	C	V	NA	Retribution, Convenience
153b1	C	V	NA	Anticipate, De- Escalate
153b2	C	V	NA	Less Restrictive Technique
154a	C	V	NA	Res. Proc. Rev. Comm.
154b	C	V	NA	Committee Composition
154c	C	V	NA	Time Frame For Review
154d	C	V	NA	Record of Meetings
155a	C	V	NA	Plan Prior to Use of RP
155b	C	V	NA	Development Of RPP
155c	C	V	NA	Revision of RPP
155d	C	V	NA	Approval of RPP

**RESTRICTIVE PROCEDURES (CONT'D)**

155e1	C	V	NA	Specific Behavior to Address
155e2	C	V	NA	Measurable Outcomes
155e3	C	V	NA	Modify/Eliminate Behaviors
155e4	C	V	NA	Types of RP's
155e5	C	V	NA	Outcome Target Date
155e6	C	V	NA	Amount of Time RP can be used
155e7	C	V	NA	Physical Problems
155e8	C	V	NA	Person Responsible
155f	C	V	NA	Implemented as Written
155g	C	V	NA	Copies of RP in Ind. Record
156a	C	V	NA	Staff Trained in past 12 months
156b	C	V	NA	Person Responsible Trained
156c	C	V	NA	Staff Experienced Techniques
156d	C	V	NA	Training Documentation
157	C	V	NA	Seclusion
158	C	V	NA	Adverse Conditioning
159b	C	V	NA	Chemical Res. Ordered by Phys.
159c1	C	V	NA	Phys. Examine Ind. Prior
159c2	C	V	NA	Re-Admission Phys. Examine
159c3	C	V	NA	Vitals Monitored Hourly
159c4	C	V	NA	Physical Needs Met Promptly
159d	C	V	NA	PRN for acute beh. prohibition
159i	C	V	NA	Training for Individual
159j	C	V	NA	Documentation
160b	C	V	NA	Helmets, mitts, muffs, 3months
160c1	C	V	NA	>2 hours, examined if longer
160c2	C	V	NA	Phys. notified Immediately
160c3	C	V	NA	15 minute checks
160c4	C	V	NA	Physical Needs Met Promptly
160c5	C	V	NA	Removed 10 minutes/2hrs used
160c6	C	V	NA	Training for Individual
160c7	C	V	NA	Documentation
161b	C	V	NA	Manual Restraints
161c	C	V	NA	Doc. less-restrictive failed
161d	C	V	NA	Release time; 30mins/2hrs
162b	C	V	NA	Exclusion
162c	C	V	NA	Doc. less restrictive failed
162d	C	V	NA	Individ. Return time; 60min/2hrs
162e	C	V	NA	No more than 2x in 24hrs
162f	C	V	NA	Continually Monitored
162g	C	V	NA	Exclusion room 40ft by 7ft.
162h	C	V	NA	Exclusion room door/window
162i	C	V	NA	Exclusion room light/ventilated
163	C	V	NA	Emergency Exclusions/Manual

**RESTRICTIVE PROCEDURES (CONT'D)**

164a	C	V	NA	Funds/Prop. Used as Reward
164b	C	V	NA	Funds/Prop. Used as Payment
165	C	V	NA	RP Records

**RECORDS**

171a	C	V	NA	Emergency Information
171b1	C	V	NA	Info. – Emergency Contact Person
171b2	C	V	NA	Info. – Source of Health
171b3	C	V	NA	Info. – Consent Person
171b4	C	V	NA	Info. – Physical Exam
172a	C	V	NA	Separate Individual Record
172b	C	V	NA	Record Entries
173 1i	C	V	NA	Contents Name, Sex, Admin Date.
173 1ii	C	V	NA	Race, Height, Weight, etc.
173 1iii	C	V	NA	Language/ Means of Comm.
173 1iv	C	V	NA	Religious Affiliation
173 1v	C	V	NA	Current Photograph
173 2	C	V	NA	Unusual Incident Reports
173 3	C	V	NA	Physical Examinations
173 4	C	V	NA	Assessments
173 5i	C	V	NA	Copy of Invitation to Initial ISP
173 5ii	C	V	NA	Copy of Invitation. to Annual Update
173 5iii	C	V	NA	Copy of Invitation. to Rev. Meeting
173 6i	C	V	NA	Copy of Sig. Sheet for Initial Mtg.
173 6ii	C	V	NA	Copy of Sig. Sheet for Annl. Update
173 6iii	C	V	NA	Copy of Sig. Sheet ISP Rev. Mtg.
173 7	C	V	NA	Copy of Current ISP
173 8i	C	V	NA	ISP Review. Signature Sheet
173 8ii	C	V	NA	Recommendations to Revise ISP
173 8iii	C	V	NA	ISP Revisions
173 8iv	C	V	NA	P.T. Decline ISP Revision Document
173 8v	C	V	NA	Request of/ P.T. Not to Rec. Doc
173 9	C	V	NA	Content Discrepancy
173 10	C	V	NA	Restrictive Procedure Protocol
173 11	C	V	NA	Copies of Psychiatric Evaluations

**RECORD LOCATION**

174a	C	V	NA	Records Kept at Facility
174b	C	V	NA	Recent Copies Kept at Fac.
174c	C	V	NA	Not Current Copies- Facility
175a	C	V	NA	Record Info.- 4 Yrs.
175b	C	V	NA	Ind. Record – 4Yrs./Depart
176a	C	V	NA	Inf. Records Locked
176b	C	V	NA	Access to Records
177	C	V	NA	Consent for Info. Release

**ASSESSMENT**

181a	C	V	NA	Initial Assess. 1yr prior/60 days
181b	C	V	NA	Assess per P.S. Recommend
181c	C	V	NA	Assess based on
181d	C	V	NA	P.S. Sign & Date Assessment
181e1	C	V	NA	Strengths, Needs, & Preferences
181e2	C	V	NA	Likes, Dislikes, & Interests
181e3i	C	V	NA	Acquisition of Functional Skills
181e3ii	C	V	NA	Communication
181e3iii	C	V	NA	Personal Adjustment
181e3iv	C	V	NA	Needs w/ or w/o Assistance
181e4	C	V	NA	Need for Supervision
181e5	C	V	NA	Ability to Self-Admin Meds
181e6	C	V	NA	Ability to Avoid Poisons
181e7	C	V	NA	Knowledge of Heat Sources
181e8	C	V	NA	Ability to Evacuate in case of Fire
181e9	C	V	NA	Dis., Functional & med. limits
181e10	C	V	NA	Lifetime Medical History
181e11	C	V	NA	Psychological Evaluations
181e12	C	V	NA	Recommendations for Trainings
181e13i	C	V	NA	Health Progress
181e13ii	C	V	NA	Motor/Communication Progress
181e13iii	C	V	NA	Personal Adjustment Progress
181e13iv	C	V	NA	Socialization Progress
181e13v	C	V	NA	Recreation
181e13vi	C	V	NA	Community Integration
181e14	C	V	NA	Knowledge of Water
181f	C	V	NA	Provide Assessment to S.C./ P.T.

**DEVELOPMENT, ANNUAL UPDATE & REVISION**

182a	C	V	NA	One ISP
182b1	C	V	NA	P.S. Plan Lead
182b2	C	V	NA	Individ. not receive services SCO
182c	C	V	NA	P.L. Develop & Implement Plan
182d1	C	V	NA	Initial Plan Developed
182d2	C	V	NA	Initial Plan Develop 90 Days
182d3	C	V	NA	Dept. Designated Form
182d4	C	V	NA	Invitation 30 Days b/f ISP Meeting
182d5	C	V	NA	Copies of the Plan Sent

**CONTENT OF THE ISP**

183 1	C	V	NA	Services Provided & Outcome
183 2	C	V	NA	Services to Inc. Comm. Involve.
183 3	C	V	NA	Current Status & Method
183 4	C	V	NA	Individual w/o Supervision
183 5	C	V	NA	S.E.E. Plan
183 6	C	V	NA	Elimination Restrictive Procedure
183 6i	C	V	NA	Asses. Cause & Antec. Behavior

**ASSESSMENT (CONT'D)**

183 6ii	C	V	NA	Protocol – Cause & Anteced. Behav..
183 6iii	C	V	NA	Method & Timeline- Restrictive
183 6iv	C	V	NA	RPP- Intervene, Redirect
183 7i	C	V	NA	Pot. to Advance in Voc. Program.
183 7ii	C	V	NA	Potent. to Advance. Commun. Involv
183 7iii	C	V	NA	Competitive Community Employment

**PLAN TEAM PARTICIPATION**

184a	C	V	NA	Plan Team Participation
184a1i	C	V	NA	Individual
184a1ii	C	V	NA	P.S. or F.L.S.
184a1iii	C	V	NA	Direct Service Worker
184a1iv	C	V	NA	Any other person Ind. chooses)
184a2i	C	V	NA	Medical professional
184a2ii	C	V	NA	Additional DSW
184a2iii	C	V	NA	Parent/Guard./Advocate
184b	C	V	NA	3 Plan Team Members
184c	C	V	NA	P.T. Sign and Date Signature Sheet

**IMPLEMENTATION OF THE ISP**

185a	C	V	NA	Implement by Start Date
185b	C	V	NA	Implemented as Written

**ISP REVIEW AND REVISION**

186a	C	V	NA	P.S. ISP Review
186b	C	V	NA	P.S. & Ind. Sign & Date
186c1	C	V	NA	Monthly Review
186c2	C	V	NA	Rev. of ISP- Specific. to Location
186c3	C	V	NA	Doc. Change in Need
186c4i	C	V	NA	Deletion of Outcome or Service
186c4ii	C	V	NA	Addition of Outcome or Service
186c4iv	C	V	NA	Modification of Outcome or Service
186c5	C	V	NA	P.S. Revised Assessment
186c5d	C	V	NA	P.s. Provide Rev. Doc
186c5e	C	V	NA	P.S. Notification to P.T
186c5f	C	V	NA	P.L. send invitation 30 days
186c5g	C	V	NA	Revise. Serv. Implemented By Start

**COPIES OF THE PLAN**

187	C	V	NA	Copies of the Plan to SC/P.T
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**PROVIDER SERVICES**

188a	C	V	NA	Provide Services
188b	C	V	NA	Participate in Community Life
188c	C	V	NA	Provide Services
188d	C	V	NA	Serv. Spec. in ISP