

Date(s) of Assessment: \_\_\_\_\_ Name of Legal Entity: \_\_\_\_\_

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

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

Total Bedrooms: \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_ 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 is not in compliance 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 68c)

**GENERAL REQUIREMENTS**

11	C	V	NA	Chapter 20
13	C	V	NA	Max Capacity
14a	C	V	NA	Occupancy Permit
14b	C	V	NA	Permit Withdrawn
14c	C	V	NA	Renovations Approval
15a	C	V	NA	Self-Assessment
15b	C	V	NA	L.I.I. Used
15c	C	V	NA	L.I.I. Results
16	C	V	NA	Abuse
17	C	V	NA	Reporting to Childline
18b	C	V	NA	Unusual Incidents Policy
18c	C	V	NA	UI Oral Notice - 24 Hrs.
18d	C	V	NA	UI Report - 72 Hrs.
18e	C	V	NA	Final Report
18f	C	V	NA	UI Reports – Ind. Record
18g	C	V	NA	UI Reports Kept
18h	C	V	NA	Family Notification - UI
19a	C	V	NA	Death Report - 24 Hrs.
19b	C	V	NA	Invest. of Unusual Death
19c	C	V	NA	Death Report - Ind. Rec.
19d	C	V	NA	Family Notified of Death
20	C	V	NA	Incident Record
21a	C	V	NA	PSP Clearance- 5 days
21b	C	V	NA	FBI Clearance – 5 days
21c	C	V	NA	Clearances 1 Year
21c	C	V	NA	Clearances 1 Year
21d	C	V	NA	Clearances Kept
21e	C	V	NA	Child Abuse Clearance
22a	C	V	NA	Funds and Property Policy
22b	C	V	NA	Ind. Right to manage finances
22c	C	V	NA	Ind. Funds – Ind. Benefits
22d1	C	V	NA	Financial/Prop. Record

**GENERAL REQUIREMENTS (CONT'D)**

22d2	C	V	NA	Record - Disbursement
22e1	C	V	NA	Record Dep./Withdrawals
22e2	C	V	NA	Record Funds to Ind.
22e3	C	V	NA	Receipt over \$15
22f	C	V	NA	Comingling of Ind. Funds
22g	C	V	NA	Borrowing of Ind. Funds
23	C	V	NA	Grievance Procedures

**INDIVIDUAL RIGHTS**

31a	C	V	NA	Ind. Informed
31b	C	V	NA	Signed Statement
31c	C	V	NA	Exercise Rights
32	C	V	NA	Deprived of Rights
33a	C	V	NA	Neg. Abuse, Mistreatment
33b	C	V	NA	Research Projects
33c	C	V	NA	Manage Own Finances
33d	C	V	NA	Program Planning
33e	C	V	NA	Privacy
33f	C	V	NA	Personal Property
33g	C	V	NA	Visitors, Communication
33h	C	V	NA	Telephone Access
33i	C	V	NA	Mail
33j	C	V	NA	Voting
33k	C	V	NA	Religion
33l	C	V	NA	No Excess Meds.
33m	C	V	NA	Required to Work
34a	C	V	NA	Discrimination
34b	C	V	NA	Civil Rights Policies
34b1	C	V	NA	Policies Nondiscrimination
34b2	C	V	NA	Policies -Accessibility
34b3	C	V	NA	Policies - Complaints
34b4	C	V	NA	Policies – Rights

**STAFFING**

42	C	V	NA	18 yrs.
43a	C	V	NA	CEO
43b	C	V	NA	CEO Responsibilities
43b1	C	V	NA	CEO Policies
43b2	C	V	NA	CEO Admin./Discharge
43b3	C	V	NA	CEO Safety of Ind.
43b4	C	V	NA	CEO Regs. Compliance
43c	C	V	NA	CEO Qualifications
44a	C	V	NA	P. S. 30 Ind.
44b1	C	V	NA	P. S. Daily Activities
44b2	C	V	NA	P. S. Assessments
44b3	C	V	NA	P. S. Develop ISP
44b4	C	V	NA	P. S. Attending ISP
44b5	C	V	NA	P. S. Fulfill Plan Lead
44b6	C	V	NA	P. S. Review ISP Updates
44b7	C	V	NA	P. S. Content Discrepancy
44b8	C	V	NA	Implement ISP
44b9	C	V	NA	Supervise Services
44b10	C	V	NA	Monthly Reports
44b11	C	V	NA	Report Change in Need
44b12	C	V	NA	Review ISP with Ind.
44b13	C	V	NA	Document Review of ISP
44b14	C	V	NA	Provide Document to SC
44b15	C	V	NA	Inform Team Dec. Rev.
44b16	C	V	NA	Recomm. Rev. of Serv./Out.
44b17	C	V	NA	Coordinate Services to Ind.
44b18	C	V	NA	Coordinate Staff Training
44b19	C	V	NA	Develop/Imp. Prov. Serv.
44b19	C	V	NA	Dev./Imp. Provider Serv.
44c	C	V	NA	PS Qualifications
45a	C	V	NA	1:8 Ratio Awake
45b	C	V	NA	1:16 Ratio Sleeping
45c	C	V	NA	Supervision
45d	C	V	NA	ISP Ratio Implementation
45e	C	V	NA	Unsupervised Conv. of Staff
46a	C	V	NA	Staff Orientation
46b	C	V	NA	Training Syllabus
46c	C	V	NA	CEO 24hrs. Training
46d	C	V	NA	Staff Training 24 hrs.
46e	C	V	NA	MR Training
46f	C	V	NA	Initial Fire Safety Training
46g	C	V	NA	Annual Fire Safety Training
46h	C	V	NA	Initial First Aid Training
46i	C	V	NA	First Aid/ CPR / Heimlich
46j	C	V	NA	Training Records
46g	C	V	NA	Annual Fire Safety Training
46h	C	V	NA	Initial First Aid Training

**PHYSICAL SITE**

61a	C	V	NA	Special Accommodations
61b	C	V	NA	Adaptive Equip.
62a	C	V	NA	Poisons Locked
62b	C	V	NA	Poisons Unlocked
62c	C	V	NA	Poisons Original Containers
62d	C	V	NA	Poisons Sep. from Food
63	C	V	NA	Heat Sources
64a	C	V	NA	Clean and Sanitary
64b	C	V	NA	Insects/Rodents
64c	C	V	NA	Trash Removal
64d	C	V	NA	Cleanable Trash Cans
64e	C	V	NA	Lids on Trash Cans
64f	C	V	NA	Closed Outside Trash
65	C	V	NA	Ventilation
66	C	V	NA	Lighting
67a	C	V	NA	Surfaces – Good Repair
67b	C	V	NA	Surfaces – Hazard Free
67c	C	V	NA	Paint Tested/Lead Stripped
68a	C	V	NA	Water Under Pressure
68b	C	V	NA	Hot Water - 120°
68c	C	V	NA	Coliform Water Test
69a	C	V	NA	65° Non-Sleeping
69b	C	V	NA	58° Sleeping
69c	C	V	NA	85° Mechanical Vent
70	C	V	NA	Telephone
71	C	V	NA	Emergency Numbers
72a	C	V	NA	Windows/Doors Screened
72b	C	V	NA	Screens – Good Repair
72c	C	V	NA	Outside Doors - Locks
73a	C	V	NA	Handrails
73b	C	V	NA	Porch Railings
74	C	V	NA	Nonskid Surfaces
75a	C	V	NA	Landings
75b	C	V	NA	Landing Width
76a	C	V	NA	Furniture Safe, Clean, Strdy
76b	C	V	NA	Furniture Appropriate
76c	C	V	NA	Furniture Homelike
76d	C	V	NA	Amount of Furniture
76e	C	V	NA	Dining Tables
77a	C	V	NA	First Aid Kit
77b	C	V	NA	First Aid Kit - Content
77c	C	V	NA	First Aid Manual
78a	C	V	NA	Living/Dining Area
78b	C	V	NA	30 Sq. Ft.
79	C	V	NA	Elevator Approval
80a	C	V	NA	Outside Walkways

**PHYSICAL SITE (CONT'D)**

80b	C	V	NA	Outside Conditions
81a	C	V	NA	Bedrooms – basements
81c	C	V	NA	60 Sq. Ft./80 Sq. Ft.
81d	C	V	NA	100 Sq. Ft. - Wheelchair
81e	C	V	NA	2 Ind. Per Bedroom
81f	C	V	NA	Bedrooms – Access
81g	C	V	NA	Bedrooms - Passageway
81h	C	V	NA	Window in Bedroom
81i	C	V	NA	Curtains, Shades
81j	C	V	NA	Doors for Privacy
81k1	C	V	NA	Bed
81k2	C	V	NA	Mattress Foundation
81k3	C	V	NA	Pillow/Linens
81k4	C	V	NA	Chest of Drawers
81k5	C	V	NA	Closet Space
81k6	C	V	NA	Mirror
81l	C	V	NA	Cribs with Domes
81m	C	V	NA	Shared Bedrooms
82a	C	V	NA	Toilets
82b	C	V	NA	Tubs/Showers
82c	C	V	NA	Bathrooms – Phys. Disability
82d	C	V	NA	Privacy in Bathrooms
82e	C	V	NA	Nonslip Surface
82f	C	V	NA	Bathroom Items
82g	C	V	NA	Towel, Washcloth, Toothbr.
83a	C	V	NA	Kitchen Area
83b	C	V	NA	Adaptive Eating Equipment
83c	C	V	NA	Utensils Washed
84a	C	V	NA	Laundry - Weekly
84b	C	V	NA	Laundry - Storage
85a	C	V	NA	In ground Pool
85b	C	V	NA	Above ground Pool
86	C	V	NA	Firearms

**FIRE SAFETY**

101	C	V	NA	Unobstructed Egress
102	C	V	NA	Two Exits/Fire Escape
103	C	V	NA	Evacuation Procedures
104	C	V	NA	Notification
105	C	V	NA	Combustible Supplies
106	C	V	NA	Furnaces Inspected
107	C	V	NA	Portable Space Heaters
108a	C	V	NA	Wood/Coal Stoves Insp.
108b	C	V	NA	Wood/Coal Stove- Clean.
109a	C	V	NA	Fireplace Guards
109b	C	V	NA	Fireplaces Cleaned

**FIRE SAFETY**

110a	C	V	NA	Smoke Detector per Floor
110b	C	V	NA	Smoke Detector – 15ft
110c	C	V	NA	Common Areas
110d	C	V	NA	UL or L&I Approved
110e	C	V	NA	Interconnected Detectors
110f	C	V	NA	Detect. Hearing Impaired
110g	C	V	NA	Inoperative Alarms
110h	C	V	NA	Monitoring Process
111a	C	V	NA	Fire Ext. Per Floor
111b	C	V	NA	Fire Ext. – 3000 St. Ft.
111c	C	V	NA	Fire Ext. - Kitchen
111d	C	V	NA	UL/FMS Approval
111e	C	V	NA	Fire Ext. Accessible
111f	C	V	NA	Annual Inspection
112a	C	V	NA	Fire Drills Per Month
112b	C	V	NA	Normal Staff Conditions
112c	C	V	NA	Fire Drill Records
112d	C	V	NA	Evacuation
112e	C	V	NA	Fire Drill Sleeping Hours
112f	C	V	NA	Alternate Routes
112g	C	V	NA	Fire Drills – Days/Times
112h	C	V	NA	Meeting Place
112i	C	V	NA	Detectors/Alarms Set Off
113a	C	V	NA	Ind. Trained
113b	C	V	NA	Doc. If No Training
113c	C	V	NA	Training Records
114a	C	V	NA	Smoking Safety Procedures
114b	C	C	NA	Written Procedures Followed

**INDIVIDUAL HEALTH**

141a	C	V	NA	Ind. Physical
141b	C	V	NA	Physician Sign/Date
141c1	C	V	NA	Medical History
141c2	C	V	NA	General Physical
141c3	C	V	NA	Immunizations Adults
141c4	C	V	NA	Vis./Hearing Screen Adults
141c5	C	V	NA	Immun. Screening Child.
141c6	C	V	NA	TB Testing
141c7	C	V	NA	Gyn. Exam
141c8	C	V	NA	Mammogram
141c9	C	V	NA	Prostate Exam
141c10	C	V	NA	Communicable Disease
141c11	C	V	NA	Health Maintenance

<b><u>INDIVIDUAL HEALTH</u></b>					<b><u>MEDICATIONS</u></b>				
141c12	C	V	NA	Physical Limits	161a	C	V	NA	Original Containers
141c13	C	V	NA	Allergies, Cont. Meds	161b	C	V	NA	Meds. Locked
141c14	C	V	NA	Emergency Information	161c	C	V	NA	Refrigerated Meds. Locked
141c15	C	V	NA	Diet Instructions	161d	C	V	NA	Storage Containers
141d	C	V	NA	RN/LPN Sign Tests	161e	C	V	NA	Disposal of Meds.
142a	C	V	NA	Dental Exam	162a	C	V	NA	Medications Labeled
142b	C	V	NA	Dental if Meds.	162b	C	V	NA	Nonprescription- Original Labels
142c	C	V	NA	Dental Exam Records	163a	C	V	NA	Use of Medications
142d	C	V	NA	Teeth Cleaning	163A	C	V	NA	Protocol Diag. Psych. Illness
142e	C	V	NA	Follow Up Dental Work	164a	C	V	NA	Diag. Psych. Illness Phys
142f	C	V	NA	Dental Hygiene Plan	164b	C	V	NA	Logged Immediately
142g	C	V	NA	Plan Rewritten	164c	C	V	NA	Meds. Records for SA
142h	C	V	NA	Plan in Ind. Record	164A	C	V	NA	Statement of Policy
143a	C	V	NA	Refusal of Treatment	165	C	V	NA	Doc. Of Med Errors
143b	C	V	NA	Consent Serious Condit.	166	C	V	NA	Adv. React. Notification/Record
144	C	V	NA	Health Services	166A	C	V	NA	Statement of Policy
145a	C	V	NA	Hospital	167a	C	V	NA	Meds. Administration
145b	C	V	NA	Method of Transportation	167b	C	V	NA	Meds. Admin. Directions
145c	C	V	NA	Emergency Staff	168a	C	V	NA	Staff Training
					168b	C	V	NA	Insulin Admin. Train/Injection
					168c	C	V	NA	Instructor Certified
					168d	C	V	NA	Practicum Annually
					168e	C	V	NA	Training Documentation
					169a1	C	V	NA	SA – Recognize, Distinguish
					169a2	C	V	NA	SA – How Much Med.
					169a3	C	V	NA	SA – When Med.
					169b	C	V	NA	SA – Insulin Measured
<b><u>STAFF HEALTH</u></b>					<b><u>NUTRITION</u></b>				
151a	C	V	NA	Staff Physicals	171	C	V	NA	Food Protected
151b	C	V	NA	Physician Sign/Date	172	C	V	NA	3 Meals Per Day
151c1	C	V	NA	General Physical	173	C	V	NA	Quantity of Food
151c2	C	V	NA	TB Testing	174	C	V	NA	4 Food Groups
151c3	C	V	NA	Communicable Disease	175	C	V	NA	Tables – 12 or Fewer Ind.
151c4	C	V	NA	Medical Problems	176	C	V	NA	Food Returned
152 a	C	V	NA	Communicable Disease Auth.	<b><u>ASSESSMENTS</u></b>				
152 b	C	V	NA	Specific Precautions	181a	C	V	NA	Initial Assessment
152c	C	V	NA	Precautions Followed	181b	C	V	NA	Assess/Service Revised
151a	C	V	NA	Staff Physicals	181c	C	V	NA	Basis of Assessment
151b	C	V	NA	Physician Sign/Date	181d	C	V	NA	P.S. Sign Date
151c1	C	V	NA	General Physical	181e1	C	V	NA	Strengths/Needs/Preference
151c2	C	V	NA	TB Testing	181e2	C	V	NA	Likes/Dislikes/Interests
151c3	C	V	NA	Communicable Disease	181e3i	C	V	NA	Functional Skills
151c4	C	V	NA	Medical Problems	181e3ii	C	V	NA	Communication
152 a	C	V	NA	Communicable Disease Auth.					
152 b	C	V	NA	Specific Precautions					
152c	C	V	NA	Precautions Followed					

**ASSESSMENTS**

181e3ii	C	V	NA	Personal Adjustment
181e3iv	C	V	NA	Pers. Needs w/wo Assist.
181e4	C	V	NA	Supervision Needs
181e5	C	V	NA	Self – Admin. of Medications.
181e6	C	V	NA	Poisons
181e7	C	V	NA	Heat Sources
181 8	C	V	NA	Evacuation
181e9	C	V	NA	Functional./Med. Limits
181e10	C	V	NA	Lifetime Med History
181e11	C	V	NA	Psychological Evaluation
181e12	C	V	NA	Recommendations
181e13i	C	V	NA	Progress - Health
181e13ii	C	V	NA	Motor/Communication
181e13iii	C	V	NA	Daily Living
181e13iv	C	V	NA	Personal Adjustment
181e13v	C	V	NA	Socialization
181e13vi	C	V	NA	Recreation
181e13vii	C	V	NA	Financial Independence
181e13viii	C	V	NA	Manage Personal Property
181e13ix	C	V	NA	Community Integration
181e14	C	V	NA	Water/Swim Safety
181f	C	V	NA	Copy to SC/Team ISP

**ISP DEVELOPMENT**

182a	C	V	NA	One Plan
182b	C	V	NA	P.S. Plan Lead
182c	C	V	NA	Lead Dev. & Imp. Plan
182d1	C	V	NA	Rev. to Current Assessment
182d2	C	V	NA	Developed w/in 90 days
182d3	C	V	NA	HCSIS form
182d4	C	V	NA	Invitation to PT w/in 30 days
182d5	C	V	NA	Copies

**CONTENT OF THE ISP**

183 1	C	V	NA	Services & Outcomes
183 2	C	V	NA	Incr. Community Involv.
183 3	C	V	NA	Current Status & Eval. / Meth
183 4	C	V	NA	Ind. w/o Supervision
183 5	C	V	NA	Soc. Emotional Environ.
183 6i	C	V	NA	Restrictive Procedures
183 6ii	C	V	NA	Protocol to assess
183 6iii	C	V	NA	Meth./Time. to Elim. Proc.
183 6iv	C	V	NA	Intervention /Redirection
183 7i	C	V	NA	Residential Independence
183 7ii	C	V	NA	Community Involvement
183 7iii	C	V	NA	Vocational Programming

**CONTENT OF THE ISP (CONT'D)**

183 7iv	C	V	NA	Competitive Comm. Integrated
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**ISP DEVELOPMENT 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	DSW Serv.
184a1iv	C	V	NA	Others Ind. Chooses
184a2i	C	V	NA	Medical Professionals
184a2ii	C	V	NA	Additional DSW
184a2iii	C	V	NA	Ind. Parent/Guard./Adv.
184b	C	V	NA	Min. 3 Team Members
184c	C	V	NA	Sign/Date

**ISP IMPLEMENTATION**

185a	C	V	NA	Implementation by Start
185b	C	V	NA	Implemented as Written

**ISP REVIEW & 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	Review Spec. to Loc.
186c3	C	V	NA	Documents Change in Need
186c4i	C	V	NA	Deletion per Accomplishment
186c4ii	C	V	NA	Medical Professionals
186c4iii	C	V	NA	Additional DSW
186c5	C	V	NA	PS Revised Assesment
186d	C	V	NA	Min. 3 Team Members
186e	C	V	NA	Sign/Date
186f	C	V	NA	Implementation by
186g	C	V	NA	Implemented as
187	C	V	NA	Copies to team

**PROVIDER SERVICES**

188a	C	V	NA	Residential Home Assist.
188b	C	V	NA	Community Life
188c	C	V	NA	Serv. Specified in ISP
188d	C	V	NA	Age/Functionality Approp..
188a	C	V	NA	Residential Home Assistance
188b	C	V	NA	Community Life
188c	C	V	NA	Serv. Specified in ISP
188d	C	V	NA	Age/Functionality Appropriate.

**DAY SERVICES**

189a	C	V	NA	Day Services Provided
189b1	C	V	NA	Phys. Approved
189b2	C	V	NA	Team Approved

**RECREATIONAL & SOCIAL ACTIVITIES**

190a1	C	V	NA	Rec/Soc at Res.. Home
190a2	C	V	NA	Rec/Soc Away from Res.
190b	C	V	NA	Time Away from Home
190c	C	V	NA	Doc. Of Rec. / Soc. Activates

**RESTRICTIVE PROCEDURES**

192	C	V	NA	Policy
193a	C	V	NA	Retribution/Convenience
193b1	C	V	NA	Anticipate/Least Restrict
193b2	C	V	NA	Less Restrict. Techs. Fail
194a	C	V	NA	Review Committee
194b	C	V	NA	Committee Composition
194c	C	V	NA	Review Time Frame
194d	C	V	NA	Record of Meetings
195a	C	V	NA	Plan Prior to Use
195b	C	V	NA	Development of RPP
195c	C	V	NA	Revision of RPP
195d	C	V	NA	Approval of RPP
195e1	C	V	NA	RPP – Specific Behavior
195e2	C	V	NA	RPP - Outcome
195e3	C	V	NA	RPP – Methods to Modify
195e4	C	V	NA	RPP – Types of Procedures
195e5	C	V	NA	RPP – Target Date
195e6	C	V	NA	RPP – Time Limits
195e7	C	V	NA	RPP – Physical Problems
195e8	C	V	NA	RPP – Person Responsible
195f	C	V	NA	RPP - Implementation
195g	C	V	NA	RPP – Copies in Ind. Rec.
196a	C	V	NA	Positive App. Training
196b	C	V	NA	Specific RP Training
196a	C	V	NA	Experienced Use of RP
196b	C	V	NA	Specific RP Training
196c	C	V	NA	Experienced Use of RP
196d	C	V	NA	Doc. Of Training
197	C	V	NA	Seclusion
198	C	V	NA	Aversive Conditioning
199b	C	V	NA	Chemical Restraints
199c1	C	V	NA	Physical Exam Order
199c2				Re- admin. – Physician Order
199d1	C	V	NA	Viral Signs

**RESTRICTIVE PROCEDURES (CONT'D)**

199d2	C	V	NA	PRN Meeting
199e	C	V	NA	Training for Individual
199j	C	V	NA	Documentation of CR
199k	C	V	NA	PRN Meeting
200b	C	V	NA	Mechanical Restraint
200c1	C	V	NA	Exceed 2 hours
2002c	C	V	NA	Physician Notified
200c3	C	V	NA	15 min., checks
200c4	C	V	NA	Physical Needs- MR
200c5	C	V	NA	Removed 10 mins. Per 2 hrs.
200c6				Training for Ind.
200c7	C	V	NA	Documentation - MR
201a	C	V	NA	Funds, Property
201b	C	V	NA	Payment for Damages
202b	C	V	NA	MR Necessary
202c	C	V	NA	Least Restrictive Procedures
202d	C	V	NA	30 min./2 hrs,
203b	C	V	NA	Exclusion Necessary
203c	C	V	NA	Least Restrictive Procedures
203d	C	V	NA	60 min./2 hrs,
203e	C	V	NA	4x/ 24 hrs.
203f	C	V	NA	Continual Monitoring
203g	C	V	NA	40 sq. Ft./ 7 ft. room
203h	C	V	NA	Open Door or Window
203i	C	V	NA	Lighted, Ventilated
204	C	V	NA	Emergency Use
205	C	V	NA	RP Records
206	C	V	NA	Notice to Day Service

**INDIVIDUAL RECORDS**

211a	C	V	NA	Ind. Emergency Info
211b1	C	V	NA	Contact Info: Emerg. Person
211b2	C	V	NA	Contact Info: Consent Person
211b3	C	V	NA	Contact Info: Physician
211b4	C	V	NA	Copy of most Rec Phys. Exam
212a	C	V	NA	Separate Records
212b	C	V	NA	Entries legible, dated & sign
213 1i	C	V	NA	Name, sex, DOA, DOB, SSN
213 1ii	C	V	NA	Race/ht/wt/hair/eye/mark
213 1iii	C	V	NA	Means of Communication
213 1iv	C	V	NA	Religion
213 1v	C	V	NA	Next of Kin
213 1vi	C	V	NA	Current, Dated Photo.
213 2	C	V	NA	Unusual Incident Reports
213 3	C	V	NA	Physical Exams

**INDIVIDUAL RECORDS (CONT'D)**

213 4	C	V	NA	Dental Exams
213 5	C	V	NA	Dental Hygiene Plans
213 6	C	V	NA	Assessments
213 7i	C	V	NA	Invite to Initial ISP
213 7ii	C	V	NA	Invite to Annual Update
213 7iii	C	V	NA	Invite to Revision Meeting
213 8i	C	V	NA	Sig. Sheet for Initial Meeting
213 8ii	C	V	NA	Sig. Sheet for Annual Update
213 8iii	C	V	NA	Sig. Sheet for Rev. Meeting
213 9	C	V	NA	Copy of Current ISP
213 10	C	V	NA	Documentation of ISP
213 10i	C	V	NA	ISP Review Sign. Sheet
213 10ii	C	V	NA	ISP Revisions
213 10iv	C	V	NA	Notice to decline ISP info
213 11	C	V	NA	ISP Review Requests
213 12	C	V	NA	Restrictive Procedure Docs
213 13	C	V	NA	Psych. Evaluation
213 14	C	V	NA	Rec./Social Activities prov.
214a	C	V	NA	Record info kept at home
214b	C	V	NA	Current copies at home
214c	C	V	NA	Kept in home/admin office
215a	C	V	NA	Information kept 4yrs.
215b	C	V	NA	Record kept 4 yrs.
216a	C	V	NA	Records Locked
216b	C	V	NA	Access to Records
217	C	V	NA	Release of Info

**9 OR MORE INDIVIDUALS**

232	C	V	NA	Awake Staff
233	C	V	NA	Sewage System
234	C	V	NA	Indoor Living Furniture
235	C	V	NA	Elevators, Ramps
236	C	V	NA	Evacuation Procedures
237a	C	V	NA	Exit Signs
237b	C	V	NA	Direction of Travel
237c	C	V	NA	Exit Sign Letters
238a	C	V	NA	Separate Laundry
238b	C	V	NA	Laundry Entrance
239a	C	V	NA	Dining Area
239b	C	V	NA	Dining Tables – 12 Ind.
240a	C	V	NA	Dishwater
240b	C	V	NA	Hot Water Temp.
240c	C	V	NA	Manufacturer's Instruct.
241a	C	V	NA	Food-Covered Containers
241b	C	V	NA	Food-Proper Temp.
242	C	V	NA	Returned Food
243a	C	V	NA	Menus Prepared

**9 OR MORE INDIVIDUALS**

243b	C	V	NA	Menus-Accessible Day 1
243c	C	V	NA	Menu Changes
243d	C	V	NA	Menus Followed
243e	C	V	NA	Written Menus
244	C	V	NA	Bedrooms – 200ft. Bath
245b	C	V	NA	Tub/Shower – 9-14
245c	C	V	NA	Tub/Shower – 15+
245d	C	V	NA	Bathroom- Phys. Dis.

**EMERGENCY PLACEMENT**

251b	C	V	NA	Physical Exam w/in 31days
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**SEMI-INDEPENDENT LIVING**

271(1)	C	V	NA	Evacuation
271(2)	C	V	NA	Intermittent Training
271(3)	C	V	NA	18 yrs. Or Older
272	C	V	NA	Doc. Of Abilities
274a	C	V	NA	1 staff available
274b	C	V	NA	Fire Safety Instruction