**55 Pa. Code Chapter 2390 – Vocational Facilities**

**Inspection Record**

**A. Site Information**

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| **Legal Entity Name:** |  |
| **Service Location Name:**  |  |
| **Service Location Address:**  |  |
| **Service Location County:** |  |

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| **Licensed Capacity:** |  | **Bathrooms:**  |  |
| **Sinks:** |  | **Toilets:** |  |

**B. Inspection Information**

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| --- | --- | --- | --- |
| **Application Number:** |  | **Inspection Begin Date:** |  |
| **SIN Number:** |  | **Inspection End Date:**  |  |
| **PCID (13 Digits):** |  | **Notice:**  | Choose an item. |
| **Reason for Inspection:**  | Choose an item. | **Type of Inspection:**  | Choose an item. |
| **Inspectors:**  |  |

**C. Participant Demographics**

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| **Program**  | **Served** | **Number** |
| **Adult Autism Waiver:** | Yes[ ]  | No[ ]  |  |
| **Adult Community Autism Program**  | Yes[ ]  | No[ ]  |  |
| **Community Living Waiver**  | Yes[ ]  | No[ ]  |  |
| **Consolidated Waiver:** | Yes[ ]  | No[ ]  |  |
| **Base Funded:**  | Yes[ ]  | No[ ]  |  |
| **Not Funded by ODP:**  | Yes[ ]  | No[ ]  |  |
| **Total Served (Census):**  | **NA** |  |

**D. Entrance Conference**

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| --- | --- | --- | --- |
| **Start Time:** |  | **End Time:**  |  |
| **Provider Representatives Present:**  |  |
| **Inspection team introduced:** | Yes[ ]  | No[ ]  | **Notes:** |
| **Purpose of inspection stated:** | Yes[ ]  | No[ ]  | **Notes:** |
| **Overview of inspection process provided:** | Yes[ ]  | No[ ]  | **Notes:** |
| **Provider given opportunity to ask questions about inspection or process**  | Yes[ ]  | No[ ]  | **Notes:** |
| **General Entrance Conference Notes:**  |

**E. Exit Conference**

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| --- | --- | --- | --- |
| **Start Time:** |  | **End Time:**  |  |
| **Provider Representatives Present:**  |  |
| **Preliminary violations presented:** | Yes[ ]  | No[ ]  | **Notes:** |
| **Provider given opportunity to ask questions about findings:**  | Yes[ ]  | No[ ]  | **Notes:** |
| **Technical assistance provided:** | Yes[ ]  | No[ ]  | **Notes:** |
| **Next steps in process explained:**  | Yes[ ]  | No[ ]  | **Notes:** |
| **Guidance for acceptable plan of correction provided:** | Yes[ ]  | No[ ]  | **Notes:** |
| **General Exit Conference Notes:**  |

**General Requirements**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 11 | Chapter 20 |[ ] [ ] [ ] [ ]  18j6 | Date of Implementation |[ ] [ ] [ ] [ ]
| 14a | Occupancy Permit |[ ] [ ] [ ] [ ]  19a1 | Potential Risks |[ ] [ ] [ ] [ ]
| 14b | Ann. Verification on File |[ ] [ ] [ ] [ ]  19a2 | Health Care Info. |[ ] [ ] [ ] [ ]
| 15a | Shelter / Handicapped Certif. |[ ] [ ] [ ] [ ]  19a3 | Med History/Current Meds |[ ] [ ] [ ] [ ]
| 15b | Min. Wage Cert. |[ ] [ ] [ ] [ ]  19a4 | Behavioral Health History |[ ] [ ] [ ] [ ]
| 15c | Both Certificates |[ ] [ ] [ ] [ ]  19a5 | Incident History |[ ] [ ] [ ] [ ]
| 16 | Public Eat & Drink License |[ ] [ ] [ ] [ ]  19a6 | Social Needs |[ ] [ ] [ ] [ ]
| 17 | Statement of Purpose |[ ] [ ] [ ] [ ]  19a7 | Environmental Needs |[ ] [ ] [ ] [ ]
| 18a | Reportable Incident - 24 hour |[ ] [ ] [ ] [ ]  19a8 | Personal Safety |[ ] [ ] [ ] [ ]
| 18b1 | Reportable Incident- 72 hours Restraint |[ ] [ ] [ ] [ ]  19b | Corrective Plan Implemented |[ ] [ ] [ ] [ ]
| 18b2 | Reportable Incident- 72 hours Medication error |[ ] [ ] [ ] [ ]  19c | Plan Revised, if Indicated |[ ] [ ] [ ] [ ]
| 18c | 24-hour Notification |[ ] [ ] [ ] [ ]  19d1 | Confirmed Incident – Analysis of Cause |[ ] [ ] [ ] [ ]
| 18d | Notification Kept |[ ] [ ] [ ] [ ]  19d2 | Corrective Action |[ ] [ ] [ ] [ ]
| 18e | Final Report Available |[ ] [ ] [ ] [ ]  19d3 | Potential Risk Strategies |[ ] [ ] [ ] [ ]
| 18f | Immediate Action |[ ] [ ] [ ] [ ]  19e | 3-month review/analysis |[ ] [ ] [ ] [ ]
| 18g | Investigation – 24 Hours |[ ] [ ] [ ] [ ]  19f1 | Preventative Measures: Reduce incidents |[ ] [ ] [ ] [ ]
| 18h1 | CI investigate: Death |[ ] [ ] [ ] [ ]  19f2 | Severity of Risk |[ ] [ ] [ ] [ ]
| 18h2 | Inpatient |[ ] [ ] [ ] [ ]  19f3 | Likelihood of Recurrence |[ ] [ ] [ ] [ ]
| 18h3 | Abuse |[ ] [ ] [ ] [ ]  19g | Educate Staff |[ ] [ ] [ ] [ ]
| 18h4 | Neglect |[ ] [ ] [ ] [ ]  19h | Mitigate/Manage Risks |[ ] [ ] [ ] [ ]
| 18h5 | Exploitation |[ ] [ ] [ ] [ ]  20 | Accident Prevention Policy |[ ] [ ] [ ] [ ]
| 18h6 | Injury: Treatment beyond first aid |[ ] [ ] [ ] [ ]  22a | Governing Body |[ ] [ ] [ ] [ ]
| 18h7 | Theft/Misuse of Funds |[ ] [ ] [ ] [ ]  22b | No Financial Benefits |[ ] [ ] [ ] [ ]
| 18h8 | Rights Violation |[ ] [ ] [ ] [ ]  22c | Conflict of Interest |[ ] [ ] [ ] [ ]
| 18i | Final Report – 30 days |[ ] [ ] [ ] [ ]  22d | Quarterly Meeting |[ ] [ ] [ ] [ ]
| 18j1 | Content of Report – Additional Info |[ ] [ ] [ ] [ ]  22e | Quarterly/Annual Financial Reports |[ ] [ ] [ ] [ ]
| 18j2 | Results of Investigation |[ ] [ ] [ ] [ ]  22f | Annual Prog. Report  |[ ] [ ] [ ] [ ]
| 18j3 | Action Taken |[ ] [ ] [ ] [ ]  23 | Sound & Ethical Practices |[ ] [ ] [ ] [ ]
| 18j4 | Corrective Action |[ ] [ ] [ ] [ ]  24 | Other Statutes |[ ] [ ] [ ] [ ]
| 18j5 | Responsible Person |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Individual Rights**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 21a | Deprived of Rights |[ ] [ ] [ ] [ ]  21l | Make Choices/Accept Risks |[ ] [ ] [ ] [ ]
| 21b | Accommodations |[ ] [ ] [ ] [ ]  21m | Refusal of Activities |[ ] [ ] [ ] [ ]
| 21c | Exercise Rights - Punishment |[ ] [ ] [ ] [ ]  21n | Privacy of Person/Possessions |[ ] [ ] [ ] [ ]
| 21d | Court Order Followed |[ ] [ ] [ ] [ ]  21o | Access/Security of Possessions |[ ] [ ] [ ] [ ]
| 21e | Legal Guardian – Rights/Decisions |[ ] [ ] [ ] [ ]  21p | Voice Concerns |[ ] [ ] [ ] [ ]
| 21f | Individual Involved with Decision making |[ ] [ ] [ ] [ ]  21q | Participate in Plan Development |[ ] [ ] [ ] [ ]
| 21g | Designated Person |[ ] [ ] [ ] [ ]  21r | Violation of Others’ Rights |[ ] [ ] [ ] [ ]
| 21h | Discrimination |[ ] [ ] [ ] [ ]  21s | Resolve Differences |[ ] [ ] [ ] [ ]
| 21i | Civil/Legal Rights |[ ] [ ] [ ] [ ]  21t | Rights Modified |[ ] [ ] [ ] [ ]
| 21j | Abuse, Neglect, Mistreatment |[ ] [ ] [ ] [ ]  21u | Individual Informed |[ ] [ ] [ ] [ ]
| 21k | Dignity and Respect |[ ] [ ] [ ] [ ]  21v | Signed Statement |[ ] [ ] [ ] [ ]

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| **Reg.** | **Comments**  |
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**Staffing/Training**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 32a | CEO Employed, Designee |[ ] [ ] [ ] [ ]  37c2 | Bachelor’s 1 Yr Exp. |[ ] [ ] [ ] [ ]
| 32b1 | CEO - Admission/Discharge |[ ] [ ] [ ] [ ]  38a | PS & Floor Sup – 10+ |[ ] [ ] [ ] [ ]
| 32b2 | CEO - Safety of Clients |[ ] [ ] [ ] [ ]  38b | Qualifications – 2 Staff |[ ] [ ] [ ] [ ]
| 32b3 | CEO - Work Available |[ ] [ ] [ ] [ ]  39a | 2 Staff Present – 10+ |[ ] [ ] [ ] [ ]
| 32b4 | CEO – Compliance  |[ ] [ ] [ ] [ ]  39b | 1 Staff Present – < 10 |[ ] [ ] [ ] [ ]
| 32c1 | CEO Qual – Master’s 1+ Yr |[ ] [ ] [ ] [ ]  39c | 20+ clients- 1 PS present |[ ] [ ] [ ] [ ]
| 32c2 | CEO Qual – Bachelor’s 2+ Yrs. |[ ] [ ] [ ] [ ]  39d | Unsupervised if specif. in Assessment/ISP |[ ] [ ] [ ] [ ]
| 33a | 1:45 Program Specialist (PS) |[ ] [ ] [ ] [ ]  39e | Staff Qual. & ratios implemented as written |[ ] [ ] [ ] [ ]
| 33b1 | PS – Coord. & Compl. Asses |[ ] [ ] [ ] [ ]  39f | Unsupervised – convenience  |[ ] [ ] [ ] [ ]
| 33b2 | P.S. Participate in Plan Process  |[ ] [ ] [ ] [ ]  40a | Training Record Kept |[ ] [ ] [ ] [ ]
| 33b3 | P.S. Provide/Supervise Activities |[ ] [ ] [ ] [ ]  40b | Training Record Per Person |[ ] [ ] [ ] [ ]
| 33b4 | P.S. CommunityIntegration |[ ] [ ] [ ] [ ]  48a1 | Orientation: Mngmt/Admin/Prgrm/Fisc |[ ] [ ] [ ] [ ]
| 33b5 | P.S. Family/Friend Involvement |[ ] [ ] [ ] [ ]  48a2 | Diet/Housekeep/Maint |[ ] [ ] [ ] [ ]
| 33c1 | PS Qual – Master’s  |[ ] [ ] [ ] [ ]  48a3 | Full/Part time DSP |[ ] [ ] [ ] [ ]
| 33c2 | Bachelor’s 1+ Yr |[ ] [ ] [ ] [ ]  48a4 | Volunteers |[ ] [ ] [ ] [ ]
| 33c3 | Associate’s 3+ Yrs |[ ] [ ] [ ] [ ]  48a5 | Paid/Unpaid Interns |[ ] [ ] [ ] [ ]
| 33c4 | License or Cert + 1 Yr. |[ ] [ ] [ ] [ ]  48a6 | Consultants |[ ] [ ] [ ] [ ]
| 34a | 1 Production Manager(PM) |[ ] [ ] [ ] [ ]  48b1 | Orientation includes: Person Centered Practices, Community Integration, etc |[ ] [ ] [ ] [ ]
| 34b | Responsibilities  |[ ] [ ] [ ] [ ]  48b2 | Prevention, Detection, Reporting of Abuse |[ ] [ ] [ ] [ ]
| 34c1 | PM Qual – Bachelor’s |[ ] [ ] [ ] [ ]  48b3 | Individual Rights |[ ] [ ] [ ] [ ]
| 34c2 | PM Qual- Associates 2+ Yr |[ ] [ ] [ ] [ ]  48b4 | Recognize/Report Incidents |[ ] [ ] [ ] [ ]
| 34c3 | PM Qual – Diploma/GED 4+ Yrs. |[ ] [ ] [ ] [ ]  48b5 | Job-related skills/knowl |[ ] [ ] [ ] [ ]
| 35a | 1:15 Floor Supervision |[ ] [ ] [ ] [ ]  49a1 | 24 Hrs- Direct Sup of FS’s |[ ] [ ] [ ] [ ]
| 35b | Floor Sup (FS) Present |[ ] [ ] [ ] [ ]  49a2 | 24 Hrs – Other Positions |[ ] [ ] [ ] [ ]
| 35c | Responsibilities  |[ ] [ ] [ ] [ ]  49b1 | Training -12 Hrs: Mngmt/Admin/Prgrm/Fisc- |[ ] [ ] [ ] [ ]
| 35d1 | FS Qual – 30 credit hrs |[ ] [ ] [ ] [ ]  49b2 | Diet/Housekeep/Maint |[ ] [ ] [ ] [ ]
| 35d2 | Diploma/GED + 1 Yr. |[ ] [ ] [ ] [ ]  49b3 | Consultants |[ ] [ ] [ ] [ ]
| 36a | 1:10 Trainer |[ ] [ ] [ ] [ ]  49b4 | Volunteers |[ ] [ ] [ ] [ ]
| 36b | Trainer Responsibilities |[ ] [ ] [ ] [ ]  49b5 | Paid/Unpaid Interns |[ ] [ ] [ ] [ ]
| 36c1 | Trainer Qual – Bachelor’s |[ ] [ ] [ ] [ ]  49c1 | Content: Person Centered Practices, Community Integration, etc |[ ] [ ] [ ] [ ]
| 36c2 | Associate’s + 2 Yrs. |[ ] [ ] [ ] [ ]  49c2 | Prevention, Detection, Reporting of Abuse |[ ] [ ] [ ] [ ]
| 36c3 | License/Certification Tradesman |[ ] [ ] [ ] [ ]  49c3 | Individual Rights |[ ] [ ] [ ] [ ]
| 36c4 | 4 Yrs. as a Tradesman |[ ] [ ] [ ] [ ]  49c4 | Recognize/Report Incidents |[ ] [ ] [ ] [ ]
| 37a | 1 Vocational Eval.(VE) |[ ] [ ] [ ] [ ]  49c5 | Use of Behavior Supp |[ ] [ ] [ ] [ ]
| 37b | VE Responsibilities |[ ] [ ] [ ] [ ]  49c6 | Plan Implementation |[ ] [ ] [ ] [ ]
| 37c1 | VE Qual – Master’s |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Physical Site**

|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
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| 51 | Handicap Accommodations |[ ] [ ] [ ] [ ]  67 | Conditions Safe & Sanitary |[ ] [ ] [ ] [ ]
| 52a | 80 Sq. Ft./Ind. – heavy work |[ ] [ ] [ ] [ ]  68 | Hazardous Equip. Guards & Safe |[ ] [ ] [ ] [ ]
| 52b | 60 Sq. Ft./Ind. – light work |[ ] [ ] [ ] [ ]  69 | Protective Equip. Worn |[ ] [ ] [ ] [ ]
| 52c | Measurements |[ ] [ ] [ ] [ ]  70 | Equip. Special Signals |[ ] [ ] [ ] [ ]
| 52d | Separate Space |[ ] [ ] [ ] [ ]  71a | Ventilation |[ ] [ ] [ ] [ ]
| 53 | Outside Walls - Hazards |[ ] [ ] [ ] [ ]  71b | Toxic fumes/dust/odor |[ ] [ ] [ ] [ ]
| 54 | Combustible Materials |[ ] [ ] [ ] [ ]  72a | Aisles Unobstructed |[ ] [ ] [ ] [ ]
| 55a | Trash Removed Weekly |[ ] [ ] [ ] [ ]  72b | Work Aisles 36 In. Wide |[ ] [ ] [ ] [ ]
| 55b | Insects/Rodents |[ ] [ ] [ ] [ ]  72c | Lines 2 In. Wide/tactile guide |[ ] [ ] [ ] [ ]
| 56 | Hot & Cold Water |[ ] [ ] [ ] [ ]  73 | Elevator Approved |[ ] [ ] [ ] [ ]
| 57 | Indoor Temperature 65° - 90° |[ ] [ ] [ ] [ ]  74a | Handicap Lavatories |[ ] [ ] [ ] [ ]
| 58 | Telephone |[ ] [ ] [ ] [ ]  74b | 1:30 Toilet Ratio |[ ] [ ] [ ] [ ]
| 59 | Emergency Numbers Posted |[ ] [ ] [ ] [ ]  74c | Men & Women Separate La |[ ] [ ] [ ] [ ]
| 60a | First Aid Area |[ ] [ ] [ ] [ ]  74d | Lavatories Required Equip. |[ ] [ ] [ ] [ ]
| 60b | First Aid Equipment |[ ] [ ] [ ] [ ]  75a1 | Food Protection & Storage |[ ] [ ] [ ] [ ]
| 60c | First Aid Access to Staff |[ ] [ ] [ ] [ ]  75a2 | Food Temps |[ ] [ ] [ ] [ ]
| 60d | First Aid Contents |[ ] [ ] [ ] [ ]  75a3 | Dishwasher for all Dishes |[ ] [ ] [ ] [ ]
| 61 | Surfaces free of Hazards |[ ] [ ] [ ] [ ]  75a4 | Dishwasher Temp |[ ] [ ] [ ] [ ]
| 62 | Sanitary Conditions |[ ] [ ] [ ] [ ]  75a5 | Dishwasher used per Instruct. |[ ] [ ] [ ] [ ]
| 63 | Adequate Lighting |[ ] [ ] [ ] [ ]  75b | Dining Area |[ ] [ ] [ ] [ ]
| 64 | Well Secured Handrails |[ ] [ ] [ ] [ ]  75b1 | Dining Area Clean |[ ] [ ] [ ] [ ]
| 65 | Stairs – Non-Skid Surfaces |[ ] [ ] [ ] [ ]  75b2 | Dining Area – Tab & Chairs |[ ] [ ] [ ] [ ]
| 66 | Landings |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Fire Safety**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 81 | Unobstructed Exits |[ ] [ ] [ ] [ ]  84e | Over 45 lbs. – Wheeled Unit |[ ] [ ] [ ] [ ]
| 82(a) | Emergency Evacuation Procedure |[ ] [ ] [ ] [ ]  84f | Fire Extinguisher - Accessible |[ ] [ ] [ ] [ ]
| 82(b) | Fire Safety Inspection Or Notific. |[ ] [ ] [ ] [ ]  84g | Fire Extinguisher – Insp. Approval |[ ] [ ] [ ] [ ]
| 83(a) | Operable Fire Alarm |[ ] [ ] [ ] [ ]  85a | Fire Drill every 90 days, Doc. |[ ] [ ] [ ] [ ]
| 83b | Fire Alarms Checked Mnthly, Doc. |[ ] [ ] [ ] [ ]  85b | Fire Drills – Diff Times/Loc. |[ ] [ ] [ ] [ ]
| 83c | Not. f/ Repair 24 Hrs., Doc. |[ ] [ ] [ ] [ ]  85c | Fire Drills – Clients Evacuation |[ ] [ ] [ ] [ ]
| 84a | 10 ABC Fire Extinguishers |[ ] [ ] [ ] [ ]  85d | Fire Alarms Tested |[ ] [ ] [ ] [ ]
| 84b | Fire Extinguisher - 100 Ft. |[ ] [ ] [ ] [ ]  86 | Signs, Exits marked, tactile, ¾” |[ ] [ ] [ ] [ ]
| 84c | 10B Fire Extinguisher - Kitchen |[ ] [ ] [ ] [ ]  87 | Fire Safety Training, Document. |[ ] [ ] [ ] [ ]
| 84d | Under 45 lbs. - Mounted |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Health**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 101 | Communicable Disease |[ ] [ ] [ ] [ ]  104 1 | Contact info - Emerg. Contacts |[ ] [ ] [ ] [ ]
| 102 | First Aid Tech. Staff Cert, Doc. |[ ] [ ] [ ] [ ]  104 2 | Contact info – Health Care |[ ] [ ] [ ] [ ]
| 103 1 | Source of Health Care |[ ] [ ] [ ] [ ]  104 3 | Consent for Medical Treatment |[ ] [ ] [ ] [ ]
| 103 2 | Method of Transportation |[ ] [ ] [ ] [ ]  104 4 | Med Info – Diagnosis/Treatment |[ ] [ ] [ ] [ ]
| 103 3 | Staffing Plan |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Admission and Placement**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 111a | Preadmission Interview |[ ] [ ] [ ] [ ]  113c1 | Placement Serv. – Employ. Info |[ ] [ ] [ ] [ ]
| 111b | Notified 30 days, Reasons Y/N |[ ] [ ] [ ] [ ]  113c2 | Placement Serv. - Notifications |[ ] [ ] [ ] [ ]
| 111c | Kept on File for 3 years |[ ] [ ] [ ] [ ]  113c3 | Placement Serv. – Client Prep |[ ] [ ] [ ] [ ]
| 112a | Client Orientation, Doc. Record |[ ] [ ] [ ] [ ]  113c4 | Placement Serv. – Client’s Ability |[ ] [ ] [ ] [ ]
| 112b | Written Info, Signed, Record |[ ] [ ] [ ] [ ]  113c5 | Placement Serv. – Follow up |[ ] [ ] [ ] [ ]
| 113a | Arrangement for Placement Serv. |[ ] [ ] [ ] [ ]  113d | Doc. – Competitive Employment |[ ] [ ] [ ] [ ]
| 113b | Placement Serv. – Staff Resp. |[ ] [ ] [ ] [ ]  113e | Placement Serv. - Components |[ ] [ ] [ ] [ ]

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| **Reg.** | **Comments**  |
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**Content of Records**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 121 | Entries Legible. |[ ] [ ] [ ] [ ]  124 7 | Voc. Evaluation |[ ] [ ] [ ] [ ]
| 122 | Records at Facility – 3 Yrs. |[ ] [ ] [ ] [ ]  124 8 | Individual Plan Docs. |[ ] [ ] [ ] [ ]
| 123 | Records Locked |[ ] [ ] [ ] [ ]  124 9 | Incident Reports |[ ] [ ] [ ] [ ]
| 124 1 | Name, Sex, Admin, DOB, Place of birth, SS |[ ] [ ] [ ] [ ]  124 10 | Psych Eval, if App. |[ ] [ ] [ ] [ ]
| 124 2 | Emergency Contact – name, address, phone. |[ ] [ ] [ ] [ ]  124 11 | Voc. Eval. |[ ] [ ] [ ] [ ]
| 124 3 | Source of healthcare – name, phone. |[ ] [ ] [ ] [ ]  125 | Record Policy |[ ] [ ] [ ] [ ]
| 124 4 | Written Consent for Txt. |[ ] [ ] [ ] [ ]  126a | Client/Parent/Guard. Access |[ ] [ ] [ ] [ ]
| 124 5 | Physical Exam |[ ] [ ] [ ] [ ]  126b | Facility Responsible |[ ] [ ] [ ] [ ]
| 124 6 | Assessment |[ ] [ ] [ ] [ ]  127 | Written Consent – Release Info |[ ] [ ] [ ] [ ]

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| **Reg.** | **Comments**  |
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**Handicapped Employment**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 141 | Annual Written Doc |[ ] [ ] [ ] [ ]  143b3 | WPR – Up Move / Comp. Emply |[ ] [ ] [ ] [ ]
| 142 | Applicable Requirements – 143 and 144 |[ ] [ ] [ ] [ ]  143b4 |  WPR – Work related prob. |[ ] [ ] [ ] [ ]
| 143a | Work Perform. Revise Comp. |[ ] [ ] [ ] [ ]  143c |  WPR – Copy Provided |[ ] [ ] [ ] [ ]
| 143b1 | WPR – Quality & Control |[ ] [ ] [ ] [ ]  144 | 1:20 Floor Ratio |[ ] [ ] [ ] [ ]
| 143b2 | WPR – Changes in Prod. |[ ] [ ] [ ] [ ]   |

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| **Reg.** | **Comments**  |
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**Assessment**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 151a | Initial – 1 year PR/60 days |[ ] [ ] [ ] [ ]  151e6 | Avoid Poisons |[ ] [ ] [ ] [ ]
| 151b | PS Recommend Service |[ ] [ ] [ ] [ ]  151e7 | Know of Heat Sources |[ ] [ ] [ ] [ ]
| 151c | Assessment |[ ] [ ] [ ] [ ]  151e8 | Evacuation in Fire |[ ] [ ] [ ] [ ]
| 151d | PS Sign & Date |[ ] [ ] [ ] [ ]  151e9 | Documentation Of Disability |[ ] [ ] [ ] [ ]
| 151e1 | Strengths, Needs, Pref. |[ ] [ ] [ ] [ ]  151e10 | Lifetime Med. |[ ] [ ] [ ] [ ]
| 151e2 | Likes, Dislikes, Interests |[ ] [ ] [ ] [ ]  151e11 | Psych Evaluation |[ ] [ ] [ ] [ ]
| 151e3i | Acquisition of Vocational Skills |[ ] [ ] [ ] [ ]  151e12 | Rec. Training, Etc. |[ ] [ ] [ ] [ ]
| 151e3ii | Communication |[ ] [ ] [ ] [ ]  151e13i  | Motor & Comm. Skills |[ ] [ ] [ ] [ ]
| 151e3iii | Personal Adjustment |[ ] [ ] [ ] [ ]  151e13ii | Socialization |[ ] [ ] [ ] [ ]
| 151e3iv  | Needs with, w/o assist |[ ] [ ] [ ] [ ]  151e13iii | Vocational Skills |[ ] [ ] [ ] [ ]
| 151e4 | Supervision |[ ] [ ] [ ] [ ]  151e13iv | Assess 30 days prior |[ ] [ ] [ ] [ ]
| 151e5 | Ability. to Self-Administer Meds |[ ] [ ] [ ] [ ]  151f | ISP to Team 30 days prior |[ ] [ ] [ ] [ ]

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| **Reg.** | **Comments**  |
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**Plan Development/Process/Content**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 152a | PS Coordinate Plan |[ ] [ ] [ ] [ ]  155(2) | Individual Preferences |[ ] [ ] [ ] [ ]
| 152b | Developed w/in 90 days |[ ] [ ] [ ] [ ]  155(3) | Desired Outcomes |[ ] [ ] [ ] [ ]
| 152c | Initial Develop, Revised Annually/Needs Change |[ ] [ ] [ ] [ ]  155(4) | Services to Assist Achievement of Outcomes |[ ] [ ] [ ] [ ]
| 152d | Individual/Designees Involved |[ ] [ ] [ ] [ ]  155(5) | Risks to health/safetyRisk Mitigation Strategies |[ ] [ ] [ ] [ ]
| 153a1 | Plan Team Includes: Indiv |[ ] [ ] [ ] [ ]  155(6) | Modification of rights |[ ] [ ] [ ] [ ]
| 153a2 | Designated Persons |[ ] [ ] [ ] [ ]  156 | Plan Implemented |[ ] [ ] [ ] [ ]
| 153a3 | Direct Care Staff |[ ] [ ] [ ] [ ]  175a | BSP/RPP in Plan -Approved by Human Rights Team  |[ ] [ ] [ ] [ ]
| 153a4 | Program Specialist |[ ] [ ] [ ] [ ]  175b | Human rights Team Review – 6 months  |[ ] [ ] [ ] [ ]
| 153a5 | Residential PS – If Applic. |[ ] [ ] [ ] [ ]  175c1 | Specific Behaviors  |[ ] [ ] [ ] [ ]
| 153a6 | Other Specialists |[ ] [ ] [ ] [ ]  175c2 | Assessment of Behavior |[ ] [ ] [ ] [ ]
| 153b | 3 Members + Indiv Present |[ ] [ ] [ ] [ ]  175c3 | Desired Outcome |[ ] [ ] [ ] [ ]
| 153c | Participant List Kept.  |[ ] [ ] [ ] [ ]  175c4 | Target Date |[ ] [ ] [ ] [ ]
| 154(1) | Plan Process: Individual Directs Plan Process |[ ] [ ] [ ] [ ]  175c5 | Methods for Facilitating Positive Behaviors |[ ] [ ] [ ] [ ]
| 154(2) | Make Choices/Decisions |[ ] [ ] [ ] [ ]  175c6 | Restrictions and Circumstance for use  |[ ] [ ] [ ] [ ]
| 154(3) | Important to Individual |[ ] [ ] [ ] [ ]  175c7 | Amount of Time  |[ ] [ ] [ ] [ ]
| 154(4) | Occur Timely |[ ] [ ] [ ] [ ]  175c8 | Staff Person Responsible  |[ ] [ ] [ ] [ ]
| 154(5) | Understandable Language |[ ] [ ] [ ] [ ]  175d | BSP Developed by Certified BS if modifying rights |[ ] [ ] [ ] [ ]
| 154(6) | Cultural Considerations |[ ] [ ] [ ] [ ]  179 | Emergency Basis |[ ] [ ] [ ] [ ]
| 154(7) | Guideline: Solving Disagreements |[ ] [ ] [ ] [ ]   |  |  |  |  |  |
| 154(8) | Method to request updates |[ ] [ ] [ ] [ ]   |  |  |  |  |  |
| 155(1) | Plan: strengths/abilities/needs |[ ] [ ] [ ] [ ]   |  |  |  |  |  |

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| **Reg.** | **Comments**  |
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**Provider Services**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 158a | Home Provide Services |[ ] [ ] [ ] [ ]  158c | Services as Specified |[ ] [ ] [ ] [ ]
| 158b | Home Provide Community Life |[ ] [ ] [ ] [ ]  158d | Age Appropriate |[ ] [ ] [ ] [ ]

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**Vocational Evaluation**

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|    | **C** | **V** | **NA** | **NM** |    | **C** | **V** | **NA** | **NM** |
| 159 1 | Vocational Evaluation |[ ] [ ] [ ] [ ]  159 3vii | Abil. to rec. Ret. & Carry out Instr. |[ ] [ ] [ ] [ ]
| 159 2 | Copy of Evaluation in Record |[ ] [ ] [ ] [ ]  1593viii  | Recomm. Area of Train. or Place. |[ ] [ ] [ ] [ ]
| 159 3i | Current Level of Voc. Function |[ ] [ ] [ ] [ ]  159 4 | Informed of Results of Evaluation |[ ] [ ] [ ] [ ]
| 159 3ii | Employment Objective |[ ] [ ] [ ] [ ]  159 4i | Receipt of Evaluation |[ ] [ ] [ ] [ ]
| 159 3iii | Voc. Interest of Client |[ ] [ ] [ ] [ ]  159 4ii | Evaluation In Client Record |[ ] [ ] [ ] [ ]
| 159 3iv | Level of Pers.& Soc. Adj. |[ ] [ ] [ ] [ ]  159 3vii | Abil. to rec. Ret. & Carry out Instr. |[ ] [ ] [ ] [ ]
| 159 3v | Client Work Attitudes |[ ] [ ] [ ] [ ]  1593viii  | Recomm. Area of Train. or Place. |[ ] [ ] [ ] [ ]
| 159 3vi | Client Fatigue Level |[ ] [ ] [ ] [ ]   |

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**Restrictive**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 171(1) | Definition |[ ] [ ] [ ] [ ]  177(4) | Chemical Restraint |[ ] [ ] [ ] [ ]
| 172 | Policy |[ ] [ ] [ ] [ ]  177(5) | Mechanical Restraint |[ ] [ ] [ ] [ ]
| 173a | Retribution, Convenience |[ ] [ ] [ ] [ ]  178c | Phys. Restraint - Prone Position |[ ] [ ] [ ] [ ]
| 173b1 | Anticipate, De- Escalate |[ ] [ ] [ ] [ ]  178d | Phys Rest – Pain, Hyperextension, Humiliation |[ ] [ ] [ ] [ ]
| 173b2 | Less Restrictive Technique |[ ] [ ] [ ] [ ]  180a | Funds/Property as Reward/Punishment |[ ] [ ] [ ] [ ]
| 174a | Review Committee |[ ] [ ] [ ] [ ]  **Permitted Procedures** |
| 174b | Committee Includes BSP |[ ] [ ] [ ] [ ]  177(3) | Clinically Accepted Bite Release |[ ] [ ] [ ] [ ]
| 174c | Majority Not Providing Services |[ ] [ ] [ ] [ ]  177(4) | Prescribed Drug |[ ] [ ] [ ] [ ]
| 174d | Record of Meetings kept |[ ] [ ] [ ] [ ]  177(5) | Prescribed Device |[ ] [ ] [ ] [ ]
| 176a  | Ethics/ Use of RP- 12 mos |[ ] [ ] [ ] [ ]  178a | Phys. Rest Emergency |[ ] [ ] [ ] [ ]
| 176b | Specific RPs used |[ ] [ ] [ ] [ ]  178b | Escort/Guide/Redirect/Physical Prompts |[ ] [ ] [ ] [ ]
| 176c | Experienced Use of RP |[ ] [ ] [ ] [ ]  178e | Phys Rest: 30min/2Hrs |[ ] [ ] [ ] [ ]
| 176d | Doc. Of Training |[ ] [ ] [ ] [ ]  180b1 | Personal Funds- Consent for Restitution |[ ] [ ] [ ] [ ]
| **Prohibited Procedures** | 180b2 | Consent obtained w/indiv or designee |[ ] [ ] [ ] [ ]
| 177(1) | Seclusion |[ ] [ ] [ ] [ ]  180b3 | Coercion prohibited |[ ] [ ] [ ] [ ]
| 177(2) | Aversive Conditioning |[ ] [ ] [ ] [ ]   |
| 177(3) | Pressure Point Tech. |[ ] [ ] [ ] [ ]   |

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**Medications**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 191a | Self-Admin: Assistance |[ ] [ ] [ ] [ ]  195a5 | Strength of Med |[ ] [ ] [ ] [ ]
| 191b | Types of Assistance |[ ] [ ] [ ] [ ]  195a6 | Dosage Form |[ ] [ ] [ ] [ ]
| 191c | Assistive Technology |[ ] [ ] [ ] [ ]  195a7 | Dose of Med |[ ] [ ] [ ] [ ]
| 191d | Self-Admin Status in Plan |[ ] [ ] [ ] [ ]  195a8 | Route of Administration |[ ] [ ] [ ] [ ]
| 191e1 | SA: recognize meds |[ ] [ ] [ ] [ ]  195a9 | Frequency of Admin |[ ] [ ] [ ] [ ]
| 191e2 | SA: How much  |[ ] [ ] [ ] [ ]  195a10 | Admin Times |[ ] [ ] [ ] [ ]
| 191e3 | SA: When to take |[ ] [ ] [ ] [ ]  195a11 | Diagnosis/Purpose |[ ] [ ] [ ] [ ]
| 191e4 | SA: Assistive Tech. |[ ] [ ] [ ] [ ]  195a12 | Date/Time of Admin |[ ] [ ] [ ] [ ]
| 192a | Admin by Qualified Staff |[ ] [ ] [ ] [ ]  195a13 | Name/Initials of Person Administering |[ ] [ ] [ ] [ ]
| 192b1 | Qualified Staff  |[ ] [ ] [ ] [ ]  195a14 | Duration of Treatment, If applicable. |[ ] [ ] [ ] [ ]
| 192b2 | Med Trained Staff - Admin |[ ] [ ] [ ] [ ]  195a15 | Special Precautions, If Applicable. |[ ] [ ] [ ] [ ]
| 192c1 | Med Admin: Identify Indiv |[ ] [ ] [ ] [ ]  195a16 | Side Effects, if Applicable |[ ] [ ] [ ] [ ]
| 192c2 | Remove from orig. cont.  |[ ] [ ] [ ] [ ]  195b | Logged Immediately  |[ ] [ ] [ ] [ ]
| 192c3 | Prepare Med as Ordered |[ ] [ ] [ ] [ ]  195c | Refusal Documented on Log |[ ] [ ] [ ] [ ]
| 192c4 | Med in Med Cup/Cont. |[ ] [ ] [ ] [ ]  195d | Directions Followed |[ ] [ ] [ ] [ ]
| 192c5 | Vital Signs, if indicated |[ ] [ ] [ ] [ ]  196a1 | Med Errors: Failure to administer Med |[ ] [ ] [ ] [ ]
| 192c6 | Injection of insulin/epineph |[ ] [ ] [ ] [ ]  196a2 | Wrong Med Admin |[ ] [ ] [ ] [ ]
| 193a | Original Labeled Container |[ ] [ ] [ ] [ ]  196a3 | Wrong Dose Admin |[ ] [ ] [ ] [ ]
| 193b | Removal from Container |[ ] [ ] [ ] [ ]  196a4 | Failure to Admin at Pres. Time |[ ] [ ] [ ] [ ]
| 193c | Insulin/Epinephrine not individual dose container |[ ] [ ] [ ] [ ]  196a5 | Administered -Wrong Person |[ ] [ ] [ ] [ ]
| 193d | Meds/Syringes Locked |[ ] [ ] [ ] [ ]  196a6 | Wrong Route |[ ] [ ] [ ] [ ]
| 193e | Epinephrine Stored Safe/Accessible |[ ] [ ] [ ] [ ]  196a7 | Wrong Position |[ ] [ ] [ ] [ ]
| 193f | Refrig. Meds – Locked Container |[ ] [ ] [ ] [ ]  196a8 | Improper preparation |[ ] [ ] [ ] [ ]
| 193g | Storage of Meds |[ ] [ ] [ ] [ ]  196b | Doc. of Med Errors |[ ] [ ] [ ] [ ]
| 193h | Disposal of Meds |[ ] [ ] [ ] [ ]  196c | Error Reported as in 18b |[ ] [ ] [ ] [ ]
| 193i | N/A for Self-Admin Indiv. |[ ] [ ] [ ] [ ]  196d1 | Reported to prescriber: Not Admin as directed |[ ] [ ] [ ] [ ]
| 194a | Authorized Prescriber |[ ] [ ] [ ] [ ]  196d2 | Admin to Wrong person |[ ] [ ] [ ] [ ]
| 194b | Current Order |[ ] [ ] [ ] [ ]  196d3 | Harm to Individual |[ ] [ ] [ ] [ ]
| 194c | Administered as Prescribed |[ ] [ ] [ ] [ ]  197a | Adv Reaction- Consult Dr. |[ ] [ ] [ ] [ ]
| 194d | Use of Meds |[ ] [ ] [ ] [ ]  197b | Response/Action Documented |[ ] [ ] [ ] [ ]
| 194e | Written Changes |[ ] [ ] [ ] [ ]  198a | Med Admin Training |[ ] [ ] [ ] [ ]
| 195a1 | Med Record: Indiv Name |[ ] [ ] [ ] [ ]  198b1 | Insulin Admin: Med Admin Course |[ ] [ ] [ ] [ ]
| 195a2 | Prescriber |[ ] [ ] [ ] [ ]  198b2 | Training by Health Care Professional: 12 Months |[ ] [ ] [ ] [ ]
| 195a3 | Drug Allergies |[ ] [ ] [ ] [ ]  198c1 | Epinephrine Admin: Med Course |[ ] [ ] [ ] [ ]
| 195a4 | Name of Med |[ ] [ ] [ ] [ ]  198c2 | Training by Health Care Professional- 24 Months |[ ] [ ] [ ] [ ]
|  | 198d | Training Record Kept |[ ] [ ] [ ] [ ]

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**Privacy Coding Document (Last Page – No other content permitted)**

**Staff**

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| **#** | **Staff Name**  | **Title**  |
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**Individuals**

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