**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. Community  Integration |  |  |  |  | 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/safety  Risk 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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**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)**

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