**55 Pa. Code Chapter 6400 – Community Homes for Individuals with an Intellectual Disability or Autism**

**Inspection Record**

**A. Site Information**

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

**B. Inspection Information**

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| **Assessment Begin Date:** |  | **Assessment End Date:** |  |
| **Assessors:** |  | | |

**General Requirements**

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|  | | **C** | **V** | **NA** | **NM** |  | | **C** | **V** | **NA** | **NM** |
| 11 | Chapter 20 |  |  |  |  | 19a6 | Social Needs |  |  |  |  |
| 13 | Max Capacity |  |  |  |  | 19a7 | Environmental Needs |  |  |  |  |
| 14a | Occupancy Permit |  |  |  |  | 19a8 | Personal Safety |  |  |  |  |
| 14b | Permit Withdrawn |  |  |  |  | 19b | Corrective Plan Implemented |  |  |  |  |
| 14c | Renovations Approval |  |  |  |  | 19c | Plan Revised, if Indicated |  |  |  |  |
| 15a | Self-Assessment |  |  |  |  | 20a1 | Confirmed Incident – Analysis of Cause |  |  |  |  |
| 15b | L.I.I. Used |  |  |  |  | 20a2 | Corrective Action |  |  |  |  |
| 15c | L.I.I. Results |  |  |  |  | 20a3 | Potential Risk Strategies |  |  |  |  |
| 16 | Abuse |  |  |  |  | 20b | 3-month review/analysis |  |  |  |  |
| 17 | Reporting to Childline |  |  |  |  | 20c1 | Preventative Measures: Reduce incidents |  |  |  |  |
| 18a | Incidents Reported –24 Hrs. |  |  |  |  | 20c2 | Severity of Risk |  |  |  |  |
| 18b | Incidents Reported-72 Hrs. |  |  |  |  | 20c3 | Likelihood of Recurrence |  |  |  |  |
| 18c | Family Notification- 24 Hrs. |  |  |  |  | 20d | Educate Staff |  |  |  |  |
| 18d | Notification Kept |  |  |  |  | 20e | Mitigate/Manage Risks |  |  |  |  |
| 18e | Report Available |  |  |  |  | 21a | PSP Clearance- 5 days |  |  |  |  |
| 18f | Immediate Action |  |  |  |  | 21b | FBI Clearance – 5 days |  |  |  |  |
| 18g | Investigation – 24 Hrs. |  |  |  |  | 21c | Clearances 1 Year |  |  |  |  |
| 18h1 | CI investigate: Death |  |  |  |  | 21d | Clearances Kept |  |  |  |  |
| 18h2 | Inpatient |  |  |  |  | 21e | Child Abuse Clearance |  |  |  |  |
| 18h3 | Abuse |  |  |  |  | 22a | Funds/Property Policy |  |  |  |  |
| 18h4 | Neglect |  |  |  |  | 22b | Ind. Right to manage finance. |  |  |  |  |
| 18h5 | Exploitation |  |  |  |  | 22c | Ind. Funds – Ind. Benefits |  |  |  |  |
| 18h6 | Injury: Treatment beyond first aid |  |  |  |  | 22d1 | Financial/Prop. Record |  |  |  |  |
| 18h7 | Theft/Misuse of Funds |  |  |  |  | 22d2 | Record - Disbursement |  |  |  |  |
| 18h8 | Rights Violation |  |  |  |  | 22e1 | Rec. Dep./Withdrawals |  |  |  |  |
| 18i | Final Report – 30 days |  |  |  |  | 22e2 | Record Funds to Ind. |  |  |  |  |
| 18j1 | Content of Report – Additional Info |  |  |  |  | 22e3 | Receipt over $15 |  |  |  |  |
| 18j2 | Results of Investigation |  |  |  |  | 22f | Comingling of Funds |  |  |  |  |
| 18j3 | Action Taken |  |  |  |  | 22g | Borrowing of Funds |  |  |  |  |
| 18j4 | Corrective Action |  |  |  |  | 210b | Payment for Damages |  |  |  |  |
| 18j5 | Responsible Person |  |  |  |  | 23 | Grievance Procedures |  |  |  |  |
| 18j6 | Date of Implementation |  |  |  |  | 24 | Other Statutes |  |  |  |  |
| 19a1 | Potential Risks |  |  |  |  | 25a | Child/Parent/Guardian |  |  |  |  |
| 19a2 | Health Care Info. |  |  |  |  | 25b | Generally Accepted Practices |  |  |  |  |
| 19a3 | Med History/Current Meds |  |  |  |  | 25c | Permanent Caregiving |  |  |  |  |
| 19a4 | Behavioral Health History |  |  |  |  | 25d | Shared Bedroom- Unrelated Child/Adult |  |  |  |  |
| 19a5 | Incident History |  |  |  |  |  |  |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 31a | Deprived of Rights |  |  |  |  | 32o | Manage Finances |  |  |  |  |
| 31b | Accommodations |  |  |  |  | 32p | Choice of Roommate |  |  |  |  |
| 31c | Exercise Rights - Punishment |  |  |  |  | 32q | Furnish/Decorate Bedroom, Common Areas |  |  |  |  |
| 31e | Legal Guardian – Rights/Decisions |  |  |  |  | 32r | Lock Bedroom Door |  |  |  |  |
| 31f | Individual Involved with Decision making |  |  |  |  | 32r1 | Locking Mechanism |  |  |  |  |
| 31g | Designated Person |  |  |  |  | 32r2 | Access to Bedroom |  |  |  |  |
| 32a | Discrimination |  |  |  |  | 32r3 | Assistive Technology |  |  |  |  |
| 32b | Civil/Legal Rights |  |  |  |  | 32r4 | Immediate Access |  |  |  |  |
| 32c | Abuse, Neglect, Mistreatment |  |  |  |  | 32r5 | Staff Key |  |  |  |  |
| 32d | Dignity/Respect |  |  |  |  | 32s | Entry Mechanism – Front Door |  |  |  |  |
| 32e | Make Choices/Accept Risks |  |  |  |  | 32s1 | Assistive Technology |  |  |  |  |
| 32f | Refusal of Activities |  |  |  |  | 32s2 | Immediate Access |  |  |  |  |
| 32g | Control Schedule |  |  |  |  | 32s3 | Staff Key |  |  |  |  |
| 32h | Privacy |  |  |  |  | 32t | Access to Food |  |  |  |  |
| 32i | Access/Security of Possessions |  |  |  |  | 32u | Health Care Decisions |  |  |  |  |
| 32j | Voice Concerns |  |  |  |  | 32v | Rights Modified |  |  |  |  |
| 32k | Participate in Plan Development |  |  |  |  | 33a | Violation of Others’ Rights |  |  |  |  |
| 32l | Visitors/Communication |  |  |  |  | 33b | Resolve Differences |  |  |  |  |
| 32m | Mail |  |  |  |  | 34a | Individual Informed |  |  |  |  |
| 32n | Telecommunications |  |  |  |  | 34b | Signed Statement |  |  |  |  |

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| **Reg.** | **Comments** |
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**Staffing**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 42 | 18 yrs. |  |  |  |  | 50b | Record Per Person |  |  |  |  |
| 43a | CEO |  |  |  |  | 51a1 | Orientation: Mngmt/Admin/Prgrm/Fisc |  |  |  |  |
| 43b1 | CEO - Policies |  |  |  |  | 51a2 | Diet/Housekeep/Maint |  |  |  |  |
| 43b2 | CEO - Admin./Discharge |  |  |  |  | 51a3 | Full/Part time DSP |  |  |  |  |
| 43b3 | CEO - Safety/Protection |  |  |  |  | 51a4 | Volunteers |  |  |  |  |
| 43b4 | CEO - Compliance |  |  |  |  | 51a5 | Paid/Unpaid Interns |  |  |  |  |
| 43c1 | CEO Qualifications: Masters + 2 years exp |  |  |  |  | 51a6 | Consultants |  |  |  |  |
| 43c2 | Bachelors + 4 years exp |  |  |  |  | 51b1 | Orientation includes: Person Centered Practices, Community Integration, etc |  |  |  |  |
| 44a | P. S. 30 Ind. |  |  |  |  | 51b2 | Prevention, Detection, Reporting of Abuse |  |  |  |  |
| 44b1 | P.S. Coordinate/Complete Assessments |  |  |  |  | 51b3 | Individual Rights |  |  |  |  |
| 44b2 | P.S. Participate in Plan Process |  |  |  |  | 51b4 | Recognize/Report Incidents |  |  |  |  |
| 44b3 | P.S. Provide/Supervise Activities |  |  |  |  | 51b5 | Job-related skills/knowl |  |  |  |  |
| 44b4 | P.S. Community  Integration |  |  |  |  | 52a1 | Training - 24 Hrs: DSW |  |  |  |  |
| 44b5 | P.S. Family/Friend Involvement |  |  |  |  | 52a2 | Direct Sup(s) of DSW’s |  |  |  |  |
| 44c1 | PS Qualifications: Masters + 1-year experience |  |  |  |  | 52a3 | Program Specialists- |  |  |  |  |
| 44c2 | P.S. Bachelors + 2-year |  |  |  |  | 52b1 | Training -12 Hrs: Mngmt/Admin/Prgrm/Fisc- |  |  |  |  |
| 44c3 | P.S. Associates/60 credits + 4 years |  |  |  |  | 52b2 | Diet/Housekeep/Maint |  |  |  |  |
| 45a | 1:8 Ratio Awake |  |  |  |  | 52b3 | Consultants |  |  |  |  |
| 45b | 1:16 Ratio Sleeping |  |  |  |  | 52b4 | Volunteers |  |  |  |  |
| 45c | Unsupervised time |  |  |  |  | 52b5 | Paid/Unpaid Interns |  |  |  |  |
| 45d | ISP Ratio Implemented |  |  |  |  | 52c1 | Content: Person Centered Practices, Community Integration, etc |  |  |  |  |
| 45e | Unsupervised - Staff Convenience |  |  |  |  | 52c2 | Prevention, Detection, Reporting of Abuse |  |  |  |  |
| 46a | Prior to Work: Fire Safety |  |  |  |  | 52c3 | Individual Rights |  |  |  |  |
| 46b | Annually: F.S Expert |  |  |  |  | 52c4 | Recognize/Report Incidents |  |  |  |  |
| 46c | Initial First Aid |  |  |  |  | 52c5 | Use of Behavior Supp |  |  |  |  |
| 46d | F.A/CPR/Heimlich – 6mo |  |  |  |  | 52c6 | Plan Implementation |  |  |  |  |
| 50a | Training Records Kept |  |  |  |  |  |  |  |  |  |  |

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

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| 61a | Special Accommodations |  |  |  |  | 77b | First Aid Kit - Content |  |  |  |  |
| 61b | Adaptive Equipment |  |  |  |  | 77c | First Aid Manual |  |  |  |  |
| 62a | Poisons Locked |  |  |  |  | 78a | Living/Dining Area |  |  |  |  |
| 62b | Poisons Unlocked |  |  |  |  | 78b | 30 Sq. Ft./90 Sq. Ft. |  |  |  |  |
| 62c | Original Containers |  |  |  |  | 79 | Elevator Approval |  |  |  |  |
| 62d | Poisons Sep. from Food |  |  |  |  | 80a | Outside Walkways |  |  |  |  |
| 63a | Heat Sources/Protect |  |  |  |  | 80b | Outside Conditions |  |  |  |  |
| 63b | Protection not required |  |  |  |  | 81a | Bedroom-Basements |  |  |  |  |
| 64a | Clean and Sanitary |  |  |  |  | 81b | Apts- Below Grnd Level |  |  |  |  |
| 64b | Infestation |  |  |  |  | 81c | 60 Sq. Ft./80 Sq. Ft |  |  |  |  |
| 64c | Trash Removal |  |  |  |  | 81d | 100 Sq. Ft. - Wheelchair |  |  |  |  |
| 64d | Cleanable Trash Cans |  |  |  |  | 81e | 2 Ind. Per Bedroom |  |  |  |  |
| 64e | Lids on Trash Cans -18” |  |  |  |  | 81f | Bedrooms – Access |  |  |  |  |
| 64f | Closed Outside Trash |  |  |  |  | 81g | Bedrooms - Passageway |  |  |  |  |
| 65 | Ventilation |  |  |  |  | 81h | Window in Bedroom |  |  |  |  |
| 66 | Lighting |  |  |  |  | 81i | Curtains, Shades |  |  |  |  |
| 67a | Surfaces – Good Repair |  |  |  |  | 81j | Doors for Privacy |  |  |  |  |
| 67b | Surfaces – Hazard Free |  |  |  |  | 811k1 | Bed |  |  |  |  |
| 67c | Paint Tested |  |  |  |  | 81k2 | Mattress/Foundation |  |  |  |  |
| 68a | Water Under Pressure |  |  |  |  | 81k3 | Pillow/Linens |  |  |  |  |
| 68b | Hot Water - 120° |  |  |  |  | 81k4 | Chest of Drawers |  |  |  |  |
| 68c | Coliform Water Test |  |  |  |  | 81k5 | Closet Space |  |  |  |  |
| 69a | 65° Non-Sleeping |  |  |  |  | 81k6 | Mirror |  |  |  |  |
| 69b | 58° Sleeping |  |  |  |  | 81l | Cribs w/ Domes/12” sides |  |  |  |  |
| 69c | 85° Mechanical Vent |  |  |  |  | 82a | 1 Toilet: 4 Indiv. |  |  |  |  |
| 70 | Telephone |  |  |  |  | 82b | Tubs/Showers |  |  |  |  |
| 71 | Emergency Numbers |  |  |  |  | 82c | Bathrooms – Phys. Disability |  |  |  |  |
| 72a | Windows/Doors Screened |  |  |  |  | 82d | Privacy in Bathrooms |  |  |  |  |
| 72b | Screens – Good Repair |  |  |  |  | 82e | Nonslip Surface |  |  |  |  |
| 72c | Outside Doors - Locks |  |  |  |  | 82f | Bathroom Items |  |  |  |  |
| 73a | Handrails |  |  |  |  | 82g | Towel, Washcloth, Toothbrush |  |  |  |  |
| 73b | Porch Railings |  |  |  |  | 83a | Kitchen Area |  |  |  |  |
| 74 | Nonskid Surfaces |  |  |  |  | 83b | Adaptive Eating Equipment |  |  |  |  |
| 75a | Landings |  |  |  |  | 83c | Utensils Washed |  |  |  |  |
| 75b | Landing Width |  |  |  |  | 84a | Laundry - Weekly |  |  |  |  |
| 76a | Furnit. Safe, Clean, Sturdy |  |  |  |  | 84b | Laundry - Storage |  |  |  |  |
| 76b | Furniture Appropriate |  |  |  |  | 85a | In ground Pool |  |  |  |  |
| 76c | Furniture Homelike |  |  |  |  | 85b | Above ground Pool |  |  |  |  |
| 76d | Amount of Furniture |  |  |  |  | 86 | Firearms |  |  |  |  |
| 76e | Dining Tables |  |  |  |  |  | | | | | |
| 77a | First Aid Kit |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 101 | Unobstructed Egress |  |  |  |  | 111b | Fire Ext. – 3000 sq.ft |  |  |  |  |
| 102 | Two Exits/Fire Escape |  |  |  |  | 111c | Fire Ext. – Kitchen  Min. 2A-10BC |  |  |  |  |
| 103 | Evacuation Procedures |  |  |  |  | 111d | UL/FMS Approval |  |  |  |  |
| 104 | Notification |  |  |  |  | 111e | Fire Ext. Accessible |  |  |  |  |
| 105 | Combustible Supplies |  |  |  |  | 111f | Annual Inspection |  |  |  |  |
| 106 | Furnace Inspected |  |  |  |  | 112a | Fire Drills Per Month |  |  |  |  |
| 107 | Portable Space Heaters |  |  |  |  | 112b | Normal Staff Conditions |  |  |  |  |
| 108a | Wood/Coal Stove Insp. |  |  |  |  | 112c | Fire Drill Records |  |  |  |  |
| 108b | Wood/Coal Stove Cleaned |  |  |  |  | 112d | Evacuation |  |  |  |  |
| 109a | Fireplace Guards |  |  |  |  | 112e | Fire Drill Sleeping Hours |  |  |  |  |
| 109b | Fireplaces Cleaned |  |  |  |  | 112f | Alternate Routes |  |  |  |  |
| 110a | Smoke Detector per Floor |  |  |  |  | 112g | Fire Drills – Days/Times |  |  |  |  |
| 110b | Smoke Detector – 15ft |  |  |  |  | 112h | Meeting Place |  |  |  |  |
| 110c | Common Areas |  |  |  |  | 112i | Detectors/Alarms Set Off |  |  |  |  |
| 110d | UL or L&I Approved |  |  |  |  | 113a | Ind. Trained |  |  |  |  |
| 110e | Interconnected Detectors |  |  |  |  | 113b | Doc. If No Training |  |  |  |  |
| 110f | Detect. Hearing Impaired |  |  |  |  | 113c | Training Records |  |  |  |  |
| 110g | Inoperative Alarms |  |  |  |  | 114a | Smoking Safety Procedures |  |  |  |  |
| 110h | Monitoring Process |  |  |  |  | 114b | Written Procedure Followed |  |  |  |  |
| 111a | 2-A Fire Ext. Per Floor |  |  |  |  |  |  |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 141a | Ind. Physical |  |  |  |  | 141c15 | Diet Instructions |  |  |  |  |
| 141b | Physician Sign/Date |  |  |  |  | 141d | RN/LPN – complete/sign Immun/TB/Hear/Vision |  |  |  |  |
| 141c1 | Medical History |  |  |  |  | 142a | Dental Exam |  |  |  |  |
| 141c2 | General Physical |  |  |  |  | 142b | Meds - Dental Probs |  |  |  |  |
| 141c3 | Immunizations Adults |  |  |  |  | 142c | Exam Record Content |  |  |  |  |
| 141c4 | Vis./Hearing Screen Adults |  |  |  |  | 142d | Cleaning/Gums/Dentures |  |  |  |  |
| 141c5 | Immun. Screening Children |  |  |  |  | 142e | Follow Up Completed |  |  |  |  |
| 141c6 | TB Testing |  |  |  |  | 142f | Dental Hygiene Plan |  |  |  |  |
| 141c7 | Gyn. Exam |  |  |  |  | 142g | Rewritten Annually |  |  |  |  |
| 141c8 | Mammogram |  |  |  |  | 142h | Plan in Record |  |  |  |  |
| 141c9 | Prostate Exam |  |  |  |  | 143a | Refusal of Treatment |  |  |  |  |
| 141c10 | Communicable Disease |  |  |  |  | 143b | Consent: Serious Condit |  |  |  |  |
| 141c11 | Health Maintenance |  |  |  |  | 144 | Health Services |  |  |  |  |
| 141c12 | Physical Limits |  |  |  |  | 145(1) | Med Plan: Hospital |  |  |  |  |
| 141c13 | Allergies/Cont. Meds |  |  |  |  | 145(2) | Med Plan: Transport |  |  |  |  |
| 141c14 | Emergency Info. |  |  |  |  | 145(3) | Med Plan: Emergency Staffing |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 151a | Staff Physicals |  |  |  |  | 151c4 | Medical Problems |  |  |  |  |
| 151b | Physician Sign/Date |  |  |  |  | 152 a | Communicable Disease Auth. |  |  |  |  |
| 151c1 | General Physical |  |  |  |  | 152 b | Specific Precautions |  |  |  |  |
| 151c2 | TB Testing |  |  |  |  | 152c | Precautions Followed |  |  |  |  |
| 151c3 | Communicable Disease |  |  |  |  |  |  |  |  |  |  |

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| **Reg.** | **Comments** |
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**Medications**

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| 161a | Self-Admin: Assistance |  |  |  |  | 166a6 | Dosage Form |  |  |  |  |
| 161b | Types of Assistance |  |  |  |  | 166a7 | Dose of Med |  |  |  |  |
| 161c | Assistive Technology |  |  |  |  | 166a8 | Route of Administration |  |  |  |  |
| 161d | Self-Admin Status in Plan |  |  |  |  | 166a9 | Frequency of Admin |  |  |  |  |
| 161e1 | SA: recognize meds |  |  |  |  | 166a10 | Administration Times |  |  |  |  |
| 161e2 | SA: How much |  |  |  |  | 166a11 | Diagnosis/Purpose |  |  |  |  |
| 161e3 | SA: When to take |  |  |  |  | 166a12 | Date/Time of Admin |  |  |  |  |
| 161e4 | SA: Assistive Tech. |  |  |  |  | 166a13 | Name/Initials of Person Administering |  |  |  |  |
| 162a | Admin by Qualified Staff |  |  |  |  | 166a14 | Duration of Treatment, If applicable. |  |  |  |  |
| 162b | Qualified Staff |  |  |  |  | 166a15 | Special Precautions, If Applicable. |  |  |  |  |
| 162c1 | Med Admin: Identify Indiv. |  |  |  |  | 166a16 | Side Effects, if Applicable |  |  |  |  |
| 162c2 | Remove from orig. cont. |  |  |  |  | 166b | Logged Immediately |  |  |  |  |
| 162c3 | Prepare Med as Ordered |  |  |  |  | 166c | Refusal Documented on Log |  |  |  |  |
| 162c4 | Med in Med Cup/Cont. |  |  |  |  | 166d | Directions Followed |  |  |  |  |
| 162c5 | Vital Signs, if indicated |  |  |  |  | 167a1 | Med Errors: Failure to administer Med |  |  |  |  |
| 162c6 | Injection of insulin/epineph |  |  |  |  | 167a2 | Wrong Med Admin |  |  |  |  |
| 163a | Original Labeled Container |  |  |  |  | 167a3 | Wrong Dose Admin |  |  |  |  |
| 163b | Removal from Container |  |  |  |  | 167a4 | Failure to Admin at Pres. Time |  |  |  |  |
| 163c | Insulin/Epinephrine not individual dose container |  |  |  |  | 167a5 | Administered -Wrong Person |  |  |  |  |
| 163d | Meds/Syringes Locked |  |  |  |  | 167a6 | Wrong Route |  |  |  |  |
| 163e | Epinephrine Stored Safe/Accessible |  |  |  |  | 167a7 | Wrong Position |  |  |  |  |
| 163f | Refrig. Meds – Locked Container |  |  |  |  | 167a8 | Improper preparation |  |  |  |  |
| 163g | Storage of Meds |  |  |  |  | 167b | Doc. of Med Errors |  |  |  |  |
| 163h | Disposal of Meds |  |  |  |  | 167c | Error Reported as in 18b |  |  |  |  |
| 165a | Authorized Prescriber |  |  |  |  | 167d1 | Reported to prescriber: Not Admin as directed |  |  |  |  |
| 165b | Current Order |  |  |  |  | 167d2 | Admin to Wrong person |  |  |  |  |
| 165c | Administered as Prescribed |  |  |  |  | 167d3 | Harm to Individual |  |  |  |  |
| 165d | Use of Meds |  |  |  |  | 168a | Adv Reaction- Consult Dr. |  |  |  |  |
| 165e | Written Changes |  |  |  |  | 168b | Response/Action Documented |  |  |  |  |
| 165f | SEEN Protocol in Plan |  |  |  |  | 169a | Med Admin Training |  |  |  |  |
| 165g | 3-month psych med review |  |  |  |  | 169b1 | Insulin Admin: Med Admin Course |  |  |  |  |
| 166a1 | Med Log: Individual Name |  |  |  |  | 169b2 | Training by Health Care Professional: 24 Months |  |  |  |  |
| 166a2 | Prescriber |  |  |  |  | 169c1 | Epinephrine Admin: Med Course |  |  |  |  |
| 166a3 | Drug Allergies |  |  |  |  | 169c2 | Training by Health Care Professional- 24 Months |  |  |  |  |
| 166a4 | Medication Name |  |  |  |  | 169d | Training Record Kept |  |  |  |  |
| 166a5 | Strength of Med |  |  |  |  |  |  |  |  |  |  |

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**Nutrition**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 171 | Food Protected |  |  |  |  | 174 | Food Groups |  |  |  |  |
| 172 | 3 Meals Per Day |  |  |  |  | 175 | Tables – 12 or Fewer Ind. |  |  |  |  |
| 173 | Quantity of Food |  |  |  |  | 176 | Food Returned |  |  |  |  |

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| **Reg.** | **Comments** |
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**Assessments**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 181a | Initial/Annual Assessment |  |  |  |  | 181e9 | Functional/Med. Limits |  |  |  |  |
| 181b | Assess/Service Revised |  |  |  |  | 181e10 | Lifetime Med History |  |  |  |  |
| 181c | Basis of Assessment |  |  |  |  | 181e11 | Psychological Evaluation |  |  |  |  |
| 181d | P.S. Sign Date |  |  |  |  | 181e12 | Recommendations |  |  |  |  |
| 181e1 | Strengths/Needs/Prefer. |  |  |  |  | 181e13i | Progress - Health |  |  |  |  |
| 181e2 | Likes/Dislikes/Interests |  |  |  |  | 181e13ii | Motor/Communication |  |  |  |  |
| 181e3i | Functional Skills |  |  |  |  | 181e13iii | Daily Living |  |  |  |  |
| 181e3ii | Communication |  |  |  |  | 181e13iv | Personal Adjustment |  |  |  |  |
| 181e3ii | Personal Adjustment |  |  |  |  | 181e13v | Socialization |  |  |  |  |
| 181e3iv | Pers. Needs w/wo Assist. |  |  |  |  | 181e13vi | Recreation |  |  |  |  |
| 181e4 | Supervision Needs |  |  |  |  | 181e13vii | Financial Independence |  |  |  |  |
| 181e5 | Ability to Self-Admin |  |  |  |  | 181e13viii | Manage Personal Property |  |  |  |  |
| 181e6 | Poisons |  |  |  |  | 181e13ix | Community Integration |  |  |  |  |
| 181e7 | Heat Sources |  |  |  |  | 181e14 | Water/Swim Safety |  |  |  |  |
| 181e8 | Evacuation |  |  |  |  | 181f | Copy to SC/Plan Team |  |  |  |  |

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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** |
| 182a | PS Coordinate Plan |  |  |  |  | 184(8) | Method to request updates |  |  |  |  |
| 182b | Developed w/in 90 days |  |  |  |  | 185(1) | Plan: strengths/abilities/needs |  |  |  |  |
| 182c | Initial Develop, Revised Annually/Needs Change |  |  |  |  | 185(2) | Individual Preferences |  |  |  |  |
| 182d | Individual/Designees Involved |  |  |  |  | 185(3) | Desired Outcomes |  |  |  |  |
| 183a1 | Plan Team Includes: Indiv |  |  |  |  | 185(4) | Services to Assist Achievement of Outcomes |  |  |  |  |
| 183a2 | Designated Persons |  |  |  |  | 185(5) | Risks to health/safety  Risk Mitigation Strategies |  |  |  |  |
| 183a3 | Direct Care Staff |  |  |  |  | 185(6) | Modification of rights |  |  |  |  |
| 183a4 | Program Specialist |  |  |  |  | 186 | Plan Implemented |  |  |  |  |
| 183a5 | SC/TSM/Funding Source |  |  |  |  | 195a | Restrictive Plan Prior to Use |  |  |  |  |
| 183a6 | Day Program PS, If applic |  |  |  |  | 195b | Human rights Team Review – 6 months |  |  |  |  |
| 183a7 | Other Specialists as appropriate |  |  |  |  | 195c1 | Specific Behaviors |  |  |  |  |
| 183b | 3 Members + indiv Present |  |  |  |  | 195c2 | Assessment of Behavior |  |  |  |  |
| 183c | Participant List Kept |  |  |  |  | 195c3 | Desired Outcome |  |  |  |  |
| 184(1) | Plan Process: Individual Directs Plan Process |  |  |  |  | 195c4 | Methods for Facilitating Positive Behaviors |  |  |  |  |
| 184(2) | Make Choices/Decisions |  |  |  |  | 195c5 | Restrictions and Circumstance for use |  |  |  |  |
| 184(3) | Important to Individual |  |  |  |  | 195c6 | Outcome Target Date |  |  |  |  |
| 184(4) | Occur Timely |  |  |  |  | 195c7 | Amount of Time |  |  |  |  |
| 184(5) | Understandable Language |  |  |  |  | 195c8 | Staff Person Responsible |  |  |  |  |
| 184(6) | Cultural Considerations |  |  |  |  | 195d | BSP Developed by Certified BS if modifying rights |  |  |  |  |
| 184(7) | Guideline: Solving Disagreements |  |  |  |  | 209 | Emergency Basis |  |  |  |  |

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**Home Services**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 188a | Residential Home Assist. |  |  |  |  | 188c | Serv. Specified in ISP |  |  |  |  |
| 188b | Community Life |  |  |  |  | 188d | Age/Functionally Approp. |  |  |  |  |

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**Day Services/Recreational and Social Activities**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 189a | Day Services Provided |  |  |  |  | 190a2 | Rec/Soc Activity - Away |  |  |  |  |
| 189b1 | Day Services at home: Phys. Approved Annually |  |  |  |  | 190b | Time Away from Home |  |  |  |  |
| 189b2 | Team Approved Annually |  |  |  |  | 190c | Doc of rec/soc activities |  |  |  |  |
| 190a1 | Rec/Soc Activity - Home |  |  |  |  |  |  |  |  |  |  |

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**Restrictive Procedures**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 191 | Definition |  |  |  |  | 207(3) | Pressure Point Tech. |  |  |  |  |
| 192 | Written Policy |  |  |  |  | 207(4) | Chemical Restraint |  |  |  |  |
| 193a | Retribution/Convenience |  |  |  |  | 207(5) | Mechanical Restraint |  |  |  |  |
| 193b1 | Anticipate/Least Restrict |  |  |  |  | 208c | Phys. Restraint - Prone Position |  |  |  |  |
| 193b2 | Less Restrict. Techs. Fail |  |  |  |  | 208d | Phys Rest – Pain, Hyperextension, Humiliation |  |  |  |  |
| 194a | Review Committee |  |  |  |  | 210a | Funds/Property as Reward/Punishment |  |  |  |  |
| 194b | Committee Includes BSP |  |  |  |  | **Permitted Procedures** | |  | | | |
| 194c | Majority Not Providing Services |  |  |  |  | 207(3) | Clinically Accepted Bite Release |  |  |  |  |
| 194d | Record of Meetings |  |  |  |  | 207(4) | Prescribed Drug |  |  |  |  |
| 196a | Specific RP Training |  |  |  |  | 207(5) | Prescribed Device |  |  |  |  |
| 196b | Experienced Use of RP |  |  |  |  | 208a | Phys. Rest Emergency |  |  |  |  |
| 196c | Doc. Of Training |  |  |  |  | 208b | Escort/Guide/Redirect/  Physical Prompts |  |  |  |  |
| **Prohibited Procedures** | |  | | | | 208f | Phys Rest: 30min/2Hrs |  |  |  |  |
| 207(1) | Seclusion |  |  |  |  | 210b1 | Personal Funds - Consent for Restitution |  |  |  |  |
| 207(2) | Aversive Conditioning |  |  |  |  | 210b2 | Consent obtained w/ indiv or designee |  |  |  |  |
|  | | | | | | 210b3 | Coercion prohibited |  |  |  |  |

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**Individual Records**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 211a | Ind. Emergency Info |  |  |  |  | 213(3) | Physical Exams |  |  |  |  |
| 211b1 | Contact Info – Designated Person |  |  |  |  | 213(4) | Dental Exams |  |  |  |  |
| 211b2 | Contact Info – Physician |  |  |  |  | 213(5) | Dental Hygiene Plans |  |  |  |  |
| 211b3 | Contact Info – Consent to Treatment |  |  |  |  | 213(6) | Assessments |  |  |  |  |
| 211b4 | Copy- Most Recent Phys. Exam |  |  |  |  | 213(7) | Individual Plan Docs |  |  |  |  |
| 212 | Separate Record |  |  |  |  | 213(8) | Psych Eval. |  |  |  |  |
| 212b | Entries legible/dated/signed |  |  |  |  | 214a | Record info kept at home |  |  |  |  |
| 213(1)i | Name, sex, DOA, DOB, SSN |  |  |  |  | 214b | Current copies at home |  |  |  |  |
| 213(1)ii | Race/ht/wt/hair/eye/mark |  |  |  |  | 214c | Not Current Kept in home/admin office |  |  |  |  |
| 213(1)iii | Means of Communication |  |  |  |  | 215a | Information kept 4yrs. |  |  |  |  |
| 213(1)iv | Religion |  |  |  |  | 216a | Records Locked |  |  |  |  |
| 213(1)v | Next of Kin |  |  |  |  | 216b | Access to Records |  |  |  |  |
| 213(1)vi | Current, Dated Photo. |  |  |  |  | 217 | Release of Info |  |  |  |  |
| 213(2) | Incident Reports |  |  |  |  |  |  |  |  |  |  |  |

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| **Reg.** | **Comments** |
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**9 or More Individuals**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 231 | Other regs apply |  |  |  |  | 240c | Manufacturer’s Instruct |  |  |  |  |
| 232 | Awake Staff |  |  |  |  | 241a | Food-Covered Containers |  |  |  |  |
| 233 | Sewage System |  |  |  |  | 241b | Food-Proper Temp. |  |  |  |  |
| 234 | Indoor Living Furniture |  |  |  |  | 242 | Returned Food |  |  |  |  |
| 235 | Elevators, Ramps |  |  |  |  | 243a | Menus Prepared |  |  |  |  |
| 236 | Evacuation Procedures |  |  |  |  | 243b | Menus- Accessible 1 day Prior |  |  |  |  |
| 237a | Exit Signs |  |  |  |  | 243c | Menu Changes |  |  |  |  |
| 237b | Direction of Travel |  |  |  |  | 243d | Menus Followed |  |  |  |  |
| 237c | Exit Sign Letters |  |  |  |  | 243e | Written Menus Retained |  |  |  |  |
| 238a | Separate Laundry |  |  |  |  | 244 | Bedrooms-200ft from bath |  |  |  |  |
| 238b | Laundry Entrance |  |  |  |  | 245a | (b)-(d) Supersede 82(a-c) |  |  |  |  |
| 239a | Dining Area |  |  |  |  | 245b | 9-14 - 2 Tub/Shower/toilets |  |  |  |  |
| 239b | Dining Tables – 12 Ind. |  |  |  |  | 245c | 15+ 1 toilet/10 indiv.  1 shower/20 indiv. |  |  |  |  |
| 240a | Dishwater |  |  |  |  | 245d | Bathrooms- Physical disabilities. |  |  |  |  |
| 240b | Hot Water Temp. |  |  |  |  |  |  |  |  |  |  |

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| **Reg.** | **Comments** |
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**Emergency Placement**

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|  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 251a | Notice: 2 weeks or less |  |  |  |  | 251b | Physical Exam w/in 31 days |  |  |  |  |

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**Respite Care**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 261a | Not to Exceed 31 Days |  |  |  |  | 262b1 | Not Applicable: 6400.78 |  |  |  |  |
| 261b1 | Not Applicable: 6400.78 |  |  |  |  | 262b2 | N/A: 6400.87(g)(h) |  |  |  |  |
| 261b2 | N/A: 6400.81(g)(h) |  |  |  |  | 262b3 | N/A: 6400.121-127 |  |  |  |  |
| 261b3 | N/A: 6400.121-127 |  |  |  |  | 262b4 | N/A: 6400.141 6400.142 |  |  |  |  |
| 261b4 | N/A: 6400.142 |  |  |  |  | 262b5 | N/A: 6400.213(3-8) |  |  |  |  |
| 261b5 | N/A:6400.213(4)(5)(7)(8) |  |  |  |  | 263 | Other Requirements Apply |  |  |  |  |
| 262a | Emergency Respite: 2 weeks or less notice |  |  |  |  |  |  |  |  |  |  |

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| **Reg.** | **Comments** |
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**Semi-Independent Living**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 271(1) | Evacuation |  |  |  |  | 273(2) | N/A: 6400.62(a)(b),  6400.63, 6400.68(b) |  |  |  |  |
| 271(2) | Intermittent Training |  |  |  |  | 273(3) | N/A: 6400.161(b)(c) |  |  |  |  |
| 271(3) | 18 yrs. Or Older |  |  |  |  | 273(4) | N/A: 6400.18(b) 6400.192 |  |  |  |  |
| 272 | Annual Doc. Of Abilities |  |  |  |  | 274(1) | 1 staff member available |  |  |  |  |
| 273(1) | Not Applicable: 6400.45 |  |  |  |  | 274(2) | Initial/Annual Fire Safety |  |  |  |  |
|  |  |  |  |  |  | 275 | Other requirements apply |  |  |  |  |

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