2608.0 Environmental Review of Supported Living Arrangements

2608.1 Policy Approval Clearance Record

☐ Rural Services Policy ☐ Rural Clinics Policy ☒ Rural Regional Center Policy	This policy supersedes:	Number of pages in Policy: 24
Review by Representative from the Office of the Attorney General: n/a	Date: n/a	Date Policy Effective: 8/1/12
Rural Services Director Approval Signature: *Barbara Legier*	Date: 7/18/12	Policy Lead: Tammy Ponder & Jessica Adams

2608.2 Statement of Purpose

2608.2.1 Policy Statement: Rural Regional Center (RRC) supports the monitoring of supported living (SLA) environments to assure all people receiving SLA services are supported in a way that promotes health and welfare, individual choice, attainment of personal goals and increased independence.

2608.2.2 Purpose: To provide procedures by which Supported Living (SLA) environments are reviewed in a standardized way through the use of developed tools.

2608.3 Authority

Medicaid Chapter 2100 – Home and Community Based Waiver for Persons with Mental Retardation and Related Conditions
NRS 435
NAC 435
MHDS Policy 4.050 – Service Coordination in Developmental Services
MHDS Policy DS 1.1 – Certification Process for Contracted Providers of Supported Living Services

2608.4 Procedures

2608.4.1 Environmental Reviews

A. Monitoring of services provided to people receiving residential services from certified providers is the responsibility of Rural Regional Center (RRC) and is in part facilitated through the Environmental Review process which monitors health and welfare standards in the person's place of residence.

B. Each person receiving supported living services independent of their family home will have their home environment assessed annually utilizing the Attachment A: DS-QA-06, Attachment B: DS-QA-06(ai) or Attachment C: DS-QA-07 Developmental Services Environmental Review tools.

C. Intermittent Supported Living Settings:

1. The assigned Developmental Specialist III (DS III) will annually complete Attachment B: DS-QA-06 (ai) with input from the individual receiving intermittent supported living services.

- The DS III will submit completed DS-QA-06 (ai) forms to Rural Services (RRC) Quality Assurance (QA) department within 7 working days for DS provider certification, tracking, trending, and the generation of a Plan of Correction, if necessary.

2. The RRC QA department will complete a random sample of intermittent environmental reviews annually utilizing Attachment A: DS-QA-06 for the

purpose of DS provider certification and to monitor quality and consistency with the environmental review process.

- The RRC QA department will give a copy of completed DS-QA-06 forms to the contract provider, the assigned DS III and applicable Developmental Specialist IV (DS IV) within 7 working days for their review and any necessary follow-up.
- Completed DS-QA-06 forms will be utilized for provider certification, tracking, trending, and the generation of a Plan of Correction, if necessary.

D. 24-Hour Intensive Supported Living Settings:

1. The RRC QA department will, at a minimum of annually, complete Attachment C: DS-QA-07 with input from the individual(s) receiving services, the assigned DS III and the support service provider for all 24-hour supported living settings.

- The RRC QA department will give a copy of completed DS-QA-07 forms to the contract provider, the assigned DS III and applicable Developmental Specialist IV (DS IV) within 7 working days for their review and any necessary follow-up.

2608.4.2 Plan of Correction

A. The RRC QA department will generate and request plans of corrections (POC) for all health and safety infractions from the provider.

B. The RRC QA department will monitor progress towards POC completion through written and/or verbal communication and observation by the DS III and RRC QA department with the provider.

C. When the POC has been completed by the provider and received by the RRC QA department, the RRC QA department will maintain a record of the environmental review, POC and all corrective actions taken for future reference.

1. This collected information will be used in conjunction with other data to determine if the provider is meeting established standards of practice in the delivery of services and supports through the Supported Living certification process.

2608.4.3 Timelines

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Quality Assurance Review of all Intermittent Supported Living settings (2608.4.1.B.1)	Annually	Schedule to be determined by DS III	DS III	Completion of form DS-QA-06 (ai)
DS III submit completed DS-QA-06 (ai) to QA (2608.4.1.B.1)	Within 7 working days of completion	Day of environmental review	DS III	Submit DS-QA-06 (ai) to QA

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Environmental QA Review of a Random Sample of Intermittent Supported Living settings (2608.4.1.B.2)	Annually	Schedule to be determined by QA department	QA Department	Completion of form DS-QA-06
QA submit completed DS-QA-06 to Provider, DS III & DS IV (2608.4.1.B.2)	Within 7 working days of completion	Date of environmental review	QA Department	Submit DS-QA-06 to DS III, Provider & DS IV
Environmental QA Review of 24-hour Intensive Supported Living Settings (2608.4.1.C.1)	Annually	Schedule to be determined by QA department	QA Department	Completion of form DS-QA-07
QA submit completed DS-QA-07 to Provider, DS III & DS IV (2608.4.1.C.1)	Within 7 working days of completion	Date of environmental review	QA Department	Submit DS-QA-07 to DS III, Provider & DS IV

2608.4.4 Documentation

A. Case File Documentation (paper):

File Location	Data Required
RRC QA Department files	Completed DS-QA-06, DS-QA-06 (ai), DS-QA-07 forms and POC's

2608.4.5 Supervisory Responsibilities: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

2608.5 Attachments

2608.5.1 RS2608A – DS-QA-06 Environmental Review for Intermittent Supported Living

2608.5.2 RS2608B – DS-QA-06 (ai) Environmental Review Checklist for Intermittent Supported Living

2608.5.3 RS2608C – DS-QA-07 Environmental Review for 24-hour Supporting Living

RS2608A – DS-QA-06 Environmental Review for Intermittent Supported Living

DEVELOPMENTAL SERVICES QA REVIEW
(Intermittent Supports)

Review ID_____
(data entry use only)

CASE NO:_____ **PERSON:**_____ **ADDRESS:**_____

PROVIDER:_____ **DATE:**_____

A. ASSURANCES OF PRIMARY HEALTH CARE			**COMMENTS**
1.	**The person receives sufficient support designed to protect his/her health.** Guideline: Understands medical condition and rationale for medication; makes sure to order medication least 7 days before running out, etc. (Training is provided meeting specialized health needs of the individuals the organization serves i.e. medically fragile, aging, children/youth etc…).	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
2.	**The person knows when to take his/her medication.** Guideline: Knows purpose of medication; takes medication according to physician's orders; follows medication changes accurately and timely. Labels on bottles match order.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
3.	**The person makes all medical appointments with support as needed.** Guideline: Supported to keep all medical appointments; the person and support staff is prepared with sufficient information for the physician to make medical decisions; are punctual for medication appointments.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
4.	**The person's medication is stored properly to prevent incorrectly taking the incorrect dosage.** Guideline: Medication usage and destruction is documented; medication storage is safe/appropriate; med not co-mingled. Med count matches the MAR. Narcotic count completed.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
5.	**The person understands side effects of their medication.** Guideline: Aware of possible side effects of each medication; knows who to tell in the event they feel they are having side effects.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	

THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE GOOD HEALTH.	☐ Yes ☐ No	**Planned Action:**

B. ASSURANCES OF GOOD NUTRITIONAL HABITS			**COMMENTS**
1.	**The person practices good nutrition.** Guideline: Sufficient supply of fresh fruits and vegetables; cooks and eats well balanced meals and sack lunches.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
2.	**Staff encourages and monitors any special dietary needs.** Guideline: Encouraged to attend to special dietary requirements; foods on had reflects special dietary needs; understands the need/consequences of special diets.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE GOOD NUTRITIONAL HABITS.		☐ Yes ☐ No	**Planned Action:**

C. ASSURANCES OF APPROPRIATE EMERGENCY PROCEDURES			**COMMENTS**
1.	**The person is prepared for emergencies.** Guideline: Has a plan to evacuate in case of a fire (window vs. door egress, etc.); knows what to do in case of a power failure; has flashlights/batteries and other items specific to his/her needs. Disaster kit includes non-expired food/water/supplies for 5 days.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
2.	**This person takes precautions in his/her home to prevent fire or other emergency.** Guideline: Has emergency phone numbers available; knows appropriate time to call 911; does not have/use candles; Guideline: Understands the danger of using matches in emergency situations. (Smoking and fire materials including matches, candles, fire places, etc… are used in a safe manner based on assessed safety skills of individuals served. Burning fire places and candles may only be utilized under direct supervision of support staff.);	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	

3.	**The person knows how to keep his/herself safe in the home.** Guideline: Knows about smoke detectors and how to change batteries; operational smoke detectors are located in all sleeping/common areas; knows the danger of using extension cords incorrectly; extension cords may be used on a temporary basis and are UL approved; outlet and surge protectors are UL approved; changes air filters monthly; understands and utilizes any adaptive equipment or modifications.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
4.	**The person knows stranger safety techniques.** Guideline: Understands the importance of keeping doors and windows locked; knows who is at the door before opening it; knows the importance of not telling strangers where they live and does not bring strangers home.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
5.	**The person knows what to look for in their home to reduce fire hazard.** Guideline: Knows how to identify a fire hazard such as frayed electrical cords, small appliances that malfunction, etc.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
6.	**The person understands the importance of following the rules at the swimming pool/spa.** Guideline: Does not swim or use the spa alone; knows not to run around pool area, etc.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HE/SHE CAN BE SAFE AND THERE ARE APPROPRIATE RESPONSES IN EMERGENCY SITUATIONS.		☐ Yes ☐ No	**Planned Action:**

D. ASSURANCES OF ENVIRONMENTAL AND SANITATION REQUIREMENTS			**COMMENTS**
1.	**The person's kitchen is clean and sanitary.** Guideline: Recognizes and prevents offensive odors and/or rodents; keeps the food preparation area clean and sanitary; keeps cooking utensils, dishes, and pot/pans clean; appliances are clean and sanitary.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
2.	**The person uses good sanitary practices when cooking and handling food.** Guideline: Understands the importance of proper food storage;	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met	

	understands the importance of good hand washing procedures; recognizes and discards spoiled or outdated food..	☐ N/A	
3.	**The person's bathroom is clean and sanitary.** Guideline: Understands the importance keeping bathroom clean and in good working order; the importance of discarding soiled personal hygiene items appropriately, etc.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
4.	**The person's bedroom area is clean and sanitary.** Guideline: Bed linens fit; linens are changed and laundered on a regular basis to prevent odors; soiled and dirty clothes are stored in appropriate container until laundry day, etc.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
5.	**The home is, in general, clean and sanitary.** Guideline: Furnishings are clean and in good repair; odor free; carpets are clean and in good repair; light fixtures and shades are clean and in good repair; windows and coverings clean and in good repair.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
6.	**The person understands the importance of good laundry habits.** Guideline: Laundry is done on regular basis and prevents contamination and/or odors; knows about sorting, amounts of laundry soap, etc.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
7.	**Pets/animals are vaccinated and licensed per county regulations.** Guideline: Current certificate of rabies vaccination and animal license.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
8.	**Pet environments are sanitary.** Guideline: Pet areas are clean and free of offensive odors and animal waste.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER LIVING ENVIRONMENT IS CLEAN AND SANITARY.		☐ Yes ☐ No	**Planned Action:**

E. ASSURANCES OF FISCAL ACCOUNTABILITY			**COMMENTS**
1.	**The person is learning to be fiscally responsible.** Guideline: Involved in paying bills, knows how his/her money is being spent; decides how to spend personal funds; learning	☐ Met/Met w/supports ☐ Partially Met	

	how to budget and spend money wisely; aware of the supports the provider offers to assist with money; and understands that he/she has to give consent for assistance.	☐ Not Met ☐ N/A	
2.	**The person is involved in learning how to protect his/her own personal funds.** Guideline: Does not borrow or loan money to peers or staff; knows what to do and how to tell if his personal money is being mishandled; is not included in the decision making.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER MONEY IS PROTECTED AND AVAILABLE.		☐ Yes ☐ No	**Planned Action:**

F. RIGHTS AND DIGNITY & RESPECT

If staff are not present during the QA, these probes will be determined through interview with the individual

			COMMENTS
1.	**Individual plans are implemented and the person is supported to receive services identified in their plan. Staff knows and implements the support plans and document data that clearly measure the effectiveness of support plans and interventions.** Guideline: Staff can describe plans and reasons for the plan. Current ISP and Support plans are available to staff. Daily record is available and filled out appropriately, including staff hours, staff signatures and initialed/signed by individual-if not the ISP designates inability to sign. If the ISP is checked "yes" re: Advanced Directive, there is a copy of that Directive in the Home.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
2.	**The person stays connected to natural support networks.** Guidelines: Person is supported to keep contact with family and friends, and are supported to participate in social events and community activities they are interested in.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
3.	**Individuals are treated with dignity and respect.** Guideline: There is evidence that people are treated as "people	☐ Met/Met w/supports ☐ Partially Met	

	first"; people are called by their name preference and age appropriate interactions are present. Staff listens and converses with people receiving supports; they respond to people's needs similarly to the way they respond to others; privacy and dignity are respected and staff advocates ensuring people are free from abuse, neglect, or exploitation Choices concerning work and living are respected and supported. Guideline: The individuals open the door, mail, and answer the telephone. Staff knocks prior to coming into the home and asks prior to utilizing the telephone, bathroom, etc. There are no house rules unless developed by the individual and/or roommate if applicable.	☐ Not Met ☐ N/A	
4.	**Individual and staff know rights cannot be restricted before completion of due process except in emergencies.** Guideline: Due process includes ISP sanction; plan to restore the right; informed consent; human rights committee approval; limitations are always temporary.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
5.	**People are supported to actively participate in the community.** Guideline: Individuals participate in banking, shopping, pharmacy, civic activities, community organizations, faith groups, Home Owner Association's, and other social events.	☐ Met/Met w/supports ☐ Partially Met ☐ Not Met ☐ N/A	
THIS PERSON REQUIRES MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER RIGHTS AND DIGNITY/RESPECT ARE UPHELD.		☐ Yes ☐ No	**Planned Action:**

Participant/Title:_____/_____ **Date:**_____

Participant/Title:_____/_____ **Date:**_____

Participant/Title:_____/_____ **Date:**_____

Service Coordinator:_____ **Date:**_____

Supervisor Review:_____ **Date:**_____ ☐ **POC Request**

Community Service Director (as applicable):_____ **Date:**_____ ☐ **POC Request**

QA Specialist:_____ **Date:**_____ ☐ **POC Request**

QA Follow Up Request:

Service Coordinator Response:

☐ **POC ACCEPTED** **Date Closed:**_____ **QA Specialist:**_____

DATE MAILED TO PROVIDER:_____

RS2608B – DS-QA-06 (ai) Environmental Review Checklist for Intermittent Supported Living

Intermittent Environmental Review Checklist

Provider:_____ Home:_____ Date:_____

Supports	Case #:		Staff Training	Interactions:	Medical/Medication
ISP and Support Plans (available to staff)	☐	☐Staff knows and implements the support plans ☐Staff documents data clearly to measure the effectiveness of support plans and interventions ☐ Staff can describe plans and reasons for them	☐Staff promotes independence ☐Understands individual's medical conditions and rationale for meds ☐Encourages person to attend to special dietary requirements ☐Understands rights cannot be restricted without Due Process	☐There is evidence that people are treated as "people first" ☐Staff is observed calling people by their name preference ☐Staff listens and converses with people and respond to the people's needs appropriately ☐Individuals open the door, mail and answer the phone ☐Staff knocks before entering home and asks prior to using phone, bathroom etc. ☐There are no house rules unless developed by the individual and/or roommate	**Medication Administration:** ☐ Takes meds according to physician's orders ☐Knows purpose of meds ☐ Individual knows when to take meds ☐Follows med changes accurately/timely ☐Makes sure to order meds at least 7 days before running out ☐Labels on meds match orders **Medication Storage and Counts:** ☐Meds are stored properly ☐Med usage and destruction is thoroughly documented ☐Meds are not co-mingled ☐Med count matches MAR ☐Controlled substance count is completed **Side Effects:** ☐Person understands side effects ☐Person knows who to tell if they think they are experiencing a side effect **Medical Appointments:** ☐Person makes all med apts. with support as needed ☐Staff properly supports individual to make and keep med appointments ☐Staff is prepared with sufficient information for physician to make appropriate medical decisions ☐Person is properly supported to be on time to medical appointments
Daily Record (available and filled out appropriately)	☐	☐Staff Hours ☐Staff Signatures ☐Individual Intls or box is checked on ISP ☐If box is checked yes on ISP – advanced directive in home			
Individuals are Treated with Dignity and Respect	☐	☐Individuals privacy is respected ☐Rights are not restricted without due process			
Contact with Natural Support Network	☐		**Activities:** • • • • • • •		
People are supported to actively participate in the community	☐				
Choices Concerning Work and Living are Respected and Supported	☐				

Comments:

_____
_____
_____
_____
_____

Intermittent Environmental Review Checklist

Provider:_____ Home:_____ Date:_____

Individual Responsibilities	Safety/Emergency			Hygiene/Sanitation		Money:
Nutrition: ☐Practices good nutrition ☐Sufficient supply of fruits and vegetables ☐Understands need & consequences of special dietary needs **Pets/Animals:** ☐Pets are vaccinated and licensed ☐Current rabies shot ☐Pet environments are clean, sanitary and odor free.	**General Safety:** ☐Knowledge of how to evacuate home ☐Knowledge of what to do in the event of power failure ☐Knowledge of when to contact 911 ☐Emergency numbers are posted ☐Changes air filters monthly ☐Understands and utilizes adaptive equipment and modifications **Swimming Pool/Spa:** ☐Does not swim or use spa alone ☐Know general safety rules for pool/spa (i.e. no running, no diving etc.)	**Emergency Kits:** ☐Disaster kit includes 5 days of: ☐non-expired food items ☐Water ☐Supplies specific to person's needs ☐Flashlights & batteries **Stranger Safety** ☐Person understands importance of keeping doors and windows locked ☐Knows who is at the door before opening it ☐Knows importance of not telling strangers where they live or bringing strangers home	**Fire Safety:** ☐Does not have or use candles ☐Understands the dangers of using matches ☐Smoke detectors are operational & located in all sleeping & common areas ☐Knowledge about smoke detectors and how to change the batteries ☐Person knows how to identify a fire hazard (i.e. frayed electrical cords, small appliance malfunction, etc.) ☐Knows dangers of using extension cords incorrectly	**General:** ☐Home is clean and odor free ☐Furnishings, carpets, light fixtures and shades, and window coverings are clean and in good repair **Kitchen:** ☐Person's kitchen is clean and sanitary ☐Appliances, cook ware, pots/pans and food preparation areas are clean and sanitary ☐Person uses good sanitary practices when cooking and handling food ☐Understands importance of proper food storage ☐Understands importance of good hand washing ☐Expired/spoiled food is immediately discarded	**Bedroom:** ☐Bedroom is clean and sanitary ☐Bed linens fit ☐Linens are changed and laundered regularly ☐Soiled/dirty clothes are in appropriate container until laundry day **Bathroom(s):** ☐Bathroom(s) are clean and sanitary ☐Understands importance of keeping bathroom(s) clean ☐Understands importance of discarding soiled personal hygiene items appropriately **Laundry:** ☐Knows the importance of good laundry habits ☐Laundry is done on a regular basis ☐Knows about sorting, amounts of laundry soap etc.	☐People are supported to be financially responsible ☐Involved in bill paying ☐Learning how to budget and knows how their money is spent ☐Decides how to spend personal funds ☐Aware of supports offered by provider ☐Person is involved in learning how to protect their money ☐No Borrowing (peers or staff) ☐Knows what to do an who to tell if they believe their money is being mishandled

Comments:_____

_____

_____

RS2608C – DS-QA-07 Environmental Review for 24-hour Supporting Living

DEVELOPMENTAL SERVICES-ENVIRONMENTAL REVIEW
(24 Hour Supports/Shift Staff)

Review ID_____
(Data entry use only)

PROVIDER _____ HOME ADDRESS _____ DATE _____

CASE NO _____ PERSON_____
CASE NO _____ PERSON_____
CASE NO _____ PERSON_____
CASE NO _____ PERSON_____

CODE KEY			
M	Met	C	Caution
P/M	Partially Met	N/R	Not Reviewed
N/M	Not Met	N/A	Not Applicable

An environmental review is based on the DRC QA staff's general observation of the home, conversations with the individuals being supported and the staff who support them, and a review of the documents. The DRC QA staff will not be looking behind or under furniture unless there is an immediate safety concern. During the visit there maybe times a sample of records, documents and medications will be selected for review based on number of DRC QA staff and previous environmental reviews.

	CODE	OBSERVATION:
A. ASSURANCES OF PRIMARY HEALTH CARE During this QA review the reviewer has selected Case No(s) _____ medications and documents to be reviewed)		
1. Medication labels and MARs accurately reflect physician's orders.		
a. Current physician orders are in the home and reflect medications being taken.		
b. Physician Orders (prescriptions) including PRN will have identifiers and parameters for use.		
c. Medication labels and MARs match and reflect current medications (i.e. medication, dosage, routes and times).		
d. Refills are ordered in sufficient time to prevent lapses.		
2. Medication changes are implemented as ordered by physician.		
a. Medication/treatment changes are acted upon timely (implemented within 24 hrs unless) licensed prescriber designates alternate timeframes.		
b. All medication changes are communicated to staff and the individual.		
c. Staff and individual are aware of purpose for medication and possible side effects.		
d. Side effects sheets are available for all medications in the home.		
3. Medication documentation is accurate and current.		
a. Documentation on the MARs is completed when medication is taken.		
b. MARs indicate accurate medication is provided when individual is away from the home i.e. family visits, vacations, at work.		
c. MARs indicate accurate documentation when an individual takes a PRN medication.		
d. Refusals and explanation of refusals is documented.		
e. Discontinued medication is documented on MAR.		
4. Medication is stored and secured to prevent misuse.		
a. Med minders are used only if the individual is able to fill his/her med-minder, per physician orders, the MAR and medication label instructions.		
b. If verbal or physical prompts are needed to provide guidance and reminders, then the staff providing this support must be trained prior to supporting individuals with medications.		
c. Medications are secured based on assessed skill level of individuals residing in the home and type of medication.		

	CODE	OBSERVATION:
(Controlled substances must be locked in 24 hour homes.)		
d. Medications which are a controlled substance are counted at every shift change and when medication is taken.		
e. Per SLA staff discontinued medications are destroyed in an environmentally safe manner (returned to pharmacy or destroyed per policy) and records of destruction are maintained.		
f. Medications are not co-mingled.		
5. Medication errors /discrepancies include but are not limited to missed dosages, refusals, errors and missing medications are reported.		
a. Medication errors/discrepancies are documented on the MAR.		
b. Staff is aware of reporting procedures for discrepancies.		
6. People manage their own medication to the extent they are able as defined in the ISP.		
a. People are supported to learn about their medications; side effects and the reasons they take the medication.		
b. Assessment for Medication Administration has been completed.		
If score is 3.4 or below:		
c. Authorization (current within year) for Medication Administration is signed and in file.		
d. Consent (current within year) for Certified staff to administer is signed and in file.		
e. Staff assisting with medication administration has current certification in an approved program.		
7. People are supported to maintain the best possible health.		
a. Physician visit forms are in the home and indicate good sharing of information between the physician and the staff during the appointment and then shared with the staff providing support at the home i.e. communication log.		
b. Staff demonstrate awareness of signs and symptoms of injury/illness and access to emergency health care.		
c. Staff are alerted of changes in health care needs and safety precautions (i.e. dietary, meal monitoring for choking, skin integrity, level or physical support or monitoring needed during transfers).	**N/R**	
8. People's health care needs are adequately supported.		
a. Physician/Consultant recommendations for monitoring and treating signs and symptoms of health concerns are documented to include, dietary needs, meal monitoring for choking, seizures, blood pressure, blood sugar levels, behavioral data, nutritional input/output, weight, skin integrity, level of physical support or monitoring needed during transfers etc.	**N/R**	
b. Documentation and tracking is occurring as required (reference A).	**N/R**	
c. Follow up occurs when outside of parameters i.e. blood sugar levels, blood pressure, input/output.	**N/R**	
d. Staff is knowledgeable of and support recommendations i.e. dietary requirements, assistance with transfers.		
e. Dietary restrictions are not implemented in the absence of a medical or dietary order, alternatives options available.		
f. Training is provided meeting specialized health needs of the individual the organization serves i.e. medically fragile, aging, children/youth, etc…	**N/R**	

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE GOOD HEALTH.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
B. ASSURANCES OF GOOD NUTRITIONAL HABITS		

	CODE	OBSERVATION:
1. People are encouraged and supported to develop good eating habits.		
a. Nutritional foods (fresh fruits, vegetables, meat, dairy etc) are available.		
b. People are encouraged to make healthy choices.		
c. Preferred snacks and beverages are available.		
d. People participate in menu planning and shopping for meals.		
e. People participated in the cooking, preparing the table, serving themselves and cleaning up after meals.		
2. Staff and individuals handle food as well as other kitchen duties in a sanitary and safe manner.		
a. Good hygiene is practiced.		
b. Attention is give to expiration dates of food and discarded promptly.		
c. Food storage in air tight containers (labeled and dated in 24 hour supervised homes).		
d. Food is stored in appropriate locations/shelves (i.e. temperature, food items may not be stored on floors).		
e. Food is thawed in the refrigerator or microwave.		
f. Appliances, food prep and surface are clean and appear to be sanitary.		
g. Tables, chairs, cabinets and appliances are cleaned after use.		
h. Pump liquid soap and paper towels are used.		
i. Lunch containers are clean and sanitized regularly.		

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE GOOD NUTRITIONAL HABITS.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
C. ASSURANCES OF APPROPRIATE EMERGENCY PROCEDURES		
1. Appropriate planning has occurred to prepare and/or prevent emergencies.		
a. Action plans for natural disasters, fire, power outage, missing persons, etc., is available and known by staff and residents as appropriate.		
b. The Environmental Home Checklist (Side 2 of the Monthly Community Health & Safety Reporting Form) is being completed with POA's (correction) and follow-up as needed.		
c. Emergency numbers are available in an inconspicuous but accessible location.		
d. Smoking areas are clearly defined.		
e. Air vents are free of dust build up and it appears filters are changed regularly.		
f. Absence of extension cords as permanent wiring.		
g. Combustibles not stored near heat source.		
h. Standard precautions/infection control protocols are utilized.		
2. Appropriate emergency equipment is available and operable.		
a. Emergency kits with flashlights/batteries, matches and items specific to the residents.		
b. An adequate (5 day) supply of non-expired supplies, canned goods and bottled water (5 gallons or 2 cases per person).		
c. Complete first aid kit, including gloves and CPR mask, personal protective equipment (PPE Kit i.e. face shields/ mask, goggles, booties, gown, cleaning solution, bucket etc.).	PPE=N/R	
d. Fire extinguisher(s) are properly charged; refillable extinguishers are serviced and tagged annually.		
e. Operational battery back-up smoke detectors in all sleeping areas and common areas.		
3. Staff and residents are trained and practice emergency procedures.		

	CODE	OBSERVATION:
a. Disaster /emergency drills are conducted on a regular basis.		
b. 6 months of drills are maintained in the home, 1 of those months occurring during the hours of deep sleep.		
c. Post evacuation safety measures including assigned meeting place and procedure to account for all residents.		
d. Staff demonstrate knowledge of training on special assistance individual may require during emergencies.		
e. New residents will receive orientation on emergency procedures within 24 hrs of moving into the home.		
f. Staff demonstrate knowledge of emergency procedures i.e. fire, power outage, medical emergency. Staff have CPR and first aid, and knowledge of location of emergency supplies, numbers and emergency shut off valves for water, gas, electric, prior to working independently in the home.	Shut of valves=N/R	
g. Staff demonstrate knowledge of orientation on standard precautions and infection control.		
4. Documentation of all training and evacuation efforts is maintained.		
a. Each person's response to evacuation drills is documented.		
b. A pattern of refusals to participate is referred to the ISP.		
5. The provider/staff ensure that the environment is safe and hazard free.		
a. Access to locked rooms is available in emergencies.		
b. Locks and/or other barriers do not hamper evacuation.		
c. Each bedroom/sleeping area must have two unobstructed egresses readily accessible for evacuation (i.e. 2 doors or a door and a window).		
d. Bedroom windows open with ease.		
e. All windows that open must have a screen.		
f. Bedroom and bathroom doors must be able to unlock from the inside with a single motion device.		
g. Outside exits cannot be key locked from inside unless there are sprinklers and approval has been given.		
h. Security bars must be operable and able to swing open freely from a single motion inside device.		
6. Special planning occurs for people who reside in two story homes.		
a. Alternative escape routes individually designed to support people are planned.		
b. Fire extinguishers, telephones, flashlights with batteries and collapsible safety ladders are located on the second floor.		
c. Individuals and staff to practice retrieving the ladder, opening the window and hooking the ladder.		

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HE/SHE CAN BE SAFE AND THERE ARE APPROPRIATE RESPONSES IN EMERGENCY SITUATIONS.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
D. ASSURANCES OF ENVIRONMENTAL AND SANITATION REQUIREMENTS		
1. The home is clean, attractive and sanitary.		
a. Kitchen, living areas, bedrooms, bathrooms and laundry area are clean and odor free.		
b. Flooring is clean, appears to be vacuumed, swept/mopped regularly.		
c. Walls and baseboards are clean.		
d. Furniture, decorative items, lighting are clean, free from dust and stain free.		
e. Ceiling fans and vents are free from dust.		
f. Window sills and blinds are free from dust.		
g. Appliances/counter tops are clean and appear sanitary.		
h. Individual bedding appears to be clean, free from odor and staff report mattress pads are used.		

	CODE	OBSERVATION:
i. Waste materials disposed in covered containers.		
j. Free of rodents/insects		
k. Home is decorated in a manner reflective of individuals preferred tastes.		
l. Liquid soap and paper towels are available in kitchen and bathroom areas.		
2. The interior of the home is well furnished and well maintained.		
a. Furnishings are in good repair and functional for the residents.		
b. Tile and carpeting are in good repair.		
c. Walls and doors are in good repair and painted.		
d. Window coverings are in good condition.		
e. Closet doors are in good repair.		
f. SLA staff and individuals report appliances are operable.		
g. Adequate cooking and eating utensils.		
h. There is adequate lighting with appropriate shades in all living areas and bedrooms.		
i. There is adequate trash storage.		
3. The home is hazard free.		
a. There is an assigned smoking area and smoking materials are handled safely.		
b. Smoking and fire materials, including matches, candles, fire places, etc. are used in a safe manner based on assessed safety skills of individuals served. Burning fire places and candles may only be utilized under direct supervision of support staff.	**N/R**	
c. Furnishings are sturdy and functional.		
d. No frayed electrical cords are being used.		
e. Extension cords may be used on a temporary basis but must be UL approved.		
f. Outlets and surge protectors are UL approved.		
g. Hot water heater temperatures are monitored and regulated so as to not exceed safe levels for the assessed heath and safety needs and skills of individuals (suggested temperature not to exceed 119 F).		
h. Adequate home temperature is maintained based on expressed desire of individuals living in the home. (Suggested temperatures 74-78 F).		
i. Portable heaters are prohibited.		
j. Poisons, combustibles and irritants are stored properly, based on the assessed needs of the individuals.		
k. Environmental modifications are in good repair (ramps, handrails, shower chairs, grab bars, etc.).		
l. Home safeguards are put in place based on the assessed needs of individuals i.e. water heater valve, stove tempering valves.		
m. Home is free of slipping and tripping hazards.		
n. Weapons are prohibited in 24 hour support arrangements.		
4. Homes with swimming pools and spas have safety features in place.		
a. The pool/spa is maintained in a healthy and sanitary condition.		
b. Water/life safety equipment is readily accessible at pool side.		
c. Individuals are monitored by support staff with sufficient skills to use emergency safety equipment.		
d. Pool rules are developed and understood by users.		
e. Special precautionary plans are in place for those who may not understand pool rules.		
f. Non-swimmers identified and provided appropriate support and monitoring.		
g. Appropriate security is in place base needs of individual's i.e. locked fenced area surrounding the pool or spa area.		

	CODE	OBSERVATION:
h. Protective pool or spa coverings completely removed when pool is in use.		
5. Exterior of the home is well maintained and reflects the standards of the neighborhood.		
a. Lawn and shrubs are well trimmed.		
b. Outside lighting is operable.		
c. Window coverings and screens on home are in good repair as observed from the street.		
d. Exterior of home, yard, patio, sidewalks are maintained and free of safety hazards.		
6. Accessibility is not limited by rules, practices and/or procedures.		
a. Public areas of home are not locked to prevent access.		
7. Individuals do not share personal items i.e. hygiene supplies and adaptive equipment.		
a. Personal hygiene items are stored separately in clean area/containers.		
b. Adaptive equipment is clean and in good repair		
8. Individual's linens and personal laundry are handled in sanitary manner.		
a. Soiled clothing and linens are washed separately.		
b. Soiled clothing and linens are not allowed to accumulate and emit offensive odors.		
9. Pets/animals are vaccinated and licensed per county regulations.		
a. Current certificate of rabies vaccination and animal license.		
10. Pets are cared for and environments are sanitary.		
a. Pet areas are clean and free of offensive odors and animal waste.		
b. Pet is fed and given fresh water regularly.		

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER LIVING ENVIRONMENT IS CLEAN AND SANITARY.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
E. ASSURANCES OF FISCAL ACCOUNTABILITY		
1. People are encouraged and supported to be financially responsible.		
a. Immediate access to money.		
b. Participation/understanding with bill paying (when appropriate).		
c. Participation/understanding in monthly reconciliation (when appropriate).		
d. Ledgers are tallied when transactions are made and both staff and individual's initials are noted on ledgers and/or receipts for ALL transactions (when appropriate).		
e. Receipts are available to review for purchases made.		
2. The provider/staff ensure that people's money is safe and protected.		
a. Individuals' money is not co-mingled.		
b. Negative balances prohibited.		
3. People are supported and trained to understand exploitation of personal funds.		
a. Borrowing/loaning personal funds (peers and staff).		

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER MONEY IS PROTECTED AND AVAILABLE.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
F. ASSURANCES OF VEHICLE SAFETY		
1. Provider operated vehicle used to transport individuals appears in good working order.		
a. Staff report seat belts, A/C or heater, doors and windows, brakes are operable.		
b. The interior is clean and in good repair.		
c. Proper vehicle registration, insurance and driver's licenses.		

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER ASSURANCES OF VEHICLE SAFETY.	☐ Yes	☐ No	Refer to Box on Page 9

	CODE	OBSERVATION:
G. RIGHTS AND DIGNITY AND RESPECT During this QA review the reviewer has selected Case No(s) _____ records and documents to be reviewed)		
1. Individual plans are implemented and the person is supported to receive services identified in their plan. Staff demonstrate knowledge and implement the support plans and document data that clearly measures the effectiveness of support plans and interventions.		
a. Staff can describe plans and reasons for the plan.		
b. Current ISPs, ISP Service Authorization of Contract Hours, Face sheets. (Social Assessments and Psychological Evaluations may be kept in the home at the discretion of the provider and/or based on the needs of the individual).		
c. Current Habilitation Plans which match the ISP and ISP Service Authorization of Contract Hours.		
d. Current Direct Service Habilitation Data Sheets which match Habilitation Plans and include teaching component, time spent training, staff initials, and individual's initials, unless ISP designates inability to sign, then box on 2nd page should be checked.		
e. Provider will have a system to assess individual's abilities (i.e. level of assistance with ADL's such as bathing; setting water temperatures; walking, etc…)		
f. Provider has a system to ensure staff, including new staff, are trained on the level of support individuals require with their ADL's (i.e. bathing; setting water temperatures; walking; ect…)		
g. 24 Hour Direct Support Log (Protective Oversight).		
2. The person stays connected to natural support networks.		
a. Person is supported to keep contact with family and friends, and are supported to participate in social events and community activities they are interested in.		
3. Staff treats people with dignity and respect. Staff reflects a high degree of sensitivity to the needs of the people they support.		
a. There is evidence that people are treated as "people first"; people are called by their name preference and age appropriate interactions are present.		
b. Staff listens and converses with people receiving supports.		
c. Staff responds to people's needs similarly to the way they respond to others.		
d. Privacy and dignity are respected and staff advocates ensuring people are free from exploitation.		
e. Choices concerning work and living are respected and supported.		
f. The individuals open the door, mail, and answer the telephone (as applicable).		
g. The individuals have keys to their home per their ability.		
h. Staff knocks prior to coming into the home and asks prior to utilizing the telephone (as applicable).		

	CODE	OBSERVATION:
i. No bathroom identified solely as a "staff bathroom" without due process.		
4. House rules are established with participation of people served and guardians. Written informed consent is available.		
a. The individuals have access to their medication, mail, telephone, refrigerator, hygiene, cleaning supplies, and all areas of the home (including outside), without having to ask the staff for assistance appropriate to their level of ability.		
5. Staff understands rights cannot be restricted before completion of due process except in emergencies.		
a. Due process includes ISP sanction, plan to restore the right, informed consent, human rights committee approval and limitations are always temporary.		
b. Copy of current HRC/BIC presentations is in the individual's record.		
6. Staff encourages and support individuals to participate in meaningful activities in the home.		
a. The individuals are supported to choose their daily routine and encouraged and supported to participate in day to day activities such as menu planning, meal preparation, laundry, shopping, household chores, etc.		
7. People are supported to actively participate in the community.		
a. Individuals participate in banking, shopping, pharmacy, civic activities, community organizations, faith groups, Home Owner Association's, and other social events.		
b. Individuals are actively participating in their community 1-3 times per week.	**N/R**	
c. Transportation is made available to promote activities in the community i.e. agency vehicle, staff vehicle or public transportation.	**N/R**	

ONE OR MORE PEOPLE REQUIRE MORE SUPPORTS THAN ARE CURRENTLY BEING PROVIDED TO ENSURE HIS/HER RIGHTS ARE PROTECTED AND PEOPLE ARE TREATED WITH DIGNITY AND RESPECT.	☐ Yes	☐ No	Refer to Box on Page 9

General Comments:

Notation of Excellence:

Cautions:

Plan of Action:

Participant/Title _____/_____ Date_____

Participant/Title _____/_____ Date_____

Participant/Title _____/_____ Date_____

Service Coordinator Review _____ Date_____ ☐ POC Request

Supervisor Review _____ Date_____ ☐ POC Request

Community Service Director (as applicable) _____ Date_____ ☐ POC Request

QA Specialist _____ Date_____ ☐ POC Request

QA Follow-Up Request ☐ Date_____

Comments

QA:

Service Coordinator Response:

☐ POC ACCEPTED Date Closed_____ QA Specialist _____

DATE MAILED TO PROVIDER _____

CODING: N/R – Not Reviewed
N/A – Not Applicable