**55 Pa. Code Chapter 2380 – Adult Training 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 |  |
| **P/FDS 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 |  |  |  |  | 17j5 | Responsible Person |  |  |  |  |
| 13 | Capacity |  |  |  |  | 17j6 | Date of Implementation |  |  |  |  |
| 14a | Occupancy Permit |  |  |  |  | 18a1 | Potential Risks |  |  |  |  |
| 14b | Permit Withdrawn |  |  |  |  | 18a2 | Health Care Info. |  |  |  |  |
| 14c | Renovations Approval |  |  |  |  | 18a3 | Med History/Current Meds |  |  |  |  |
| 15 | Wage & Hour Cert. |  |  |  |  | 18a4 | Behavioral Health History |  |  |  |  |
| 16 | Abuse |  |  |  |  | 18a5 | Incident History |  |  |  |  |
| 17a | Reportable Incident - 24 hour |  |  |  |  | 18a6 | Social Needs |  |  |  |  |
| 17b1 | Reportable Incident- 72 hours Restraint |  |  |  |  | 18a7 | Environmental Needs |  |  |  |  |
| 17b2 | Reportable Incident- 72 hours Medication error |  |  |  |  | 18a8 | Personal Safety |  |  |  |  |
| 17c | 24-hour Notification |  |  |  |  | 18b | Corrective Plan Implemented |  |  |  |  |
| 17d | Notification Kept |  |  |  |  | 18c | Plan Revised, if Indicated |  |  |  |  |
| 17e | Final Report Available |  |  |  |  | 19a1 | Confirmed Incident – Analysis of Cause |  |  |  |  |
| 17f | Immediate Action |  |  |  |  | 19a2 | Corrective Action |  |  |  |  |
| 17g | Investigation – 24 Hours |  |  |  |  | 19a3 | Potential Risk Strategies |  |  |  |  |
| 17h1 | CI investigate: Death |  |  |  |  | 19b | 3-month review/analysis |  |  |  |  |
| 17h2 | Inpatient |  |  |  |  | 19c1 | Preventative Measures: Reduce incidents |  |  |  |  |
| 17h3 | Abuse |  |  |  |  | 19c2 | Severity of Risk |  |  |  |  |
| 17h4 | Neglect |  |  |  |  | 19c3 | Likelihood of Recurrence |  |  |  |  |
| 17h5 | Exploitation |  |  |  |  | 19d | Educate Staff |  |  |  |  |
| 17h6 | Injury: Treatment beyond first aid |  |  |  |  | 19e | Mitigate/Manage Risks |  |  |  |  |
| 17h7 | Theft/Misuse of Funds |  |  |  |  | 20a | PSP w/in 5 days |  |  |  |  |
| 17h8 | Rights Violation |  |  |  |  | 20b | FBI w/in 5 days |  |  |  |  |
| 17i | Final Report – 30 days |  |  |  |  | 20c | 1 yr. prior to DOH |  |  |  |  |
| 17j1 | Content of Report – Additional Info |  |  |  |  | 20d | Copy of Final Reports Kept |  |  |  |  |
| 17j2 | Results of Investigation |  |  |  |  | 22 | Grievance Procedures |  |  |  |  |
| 17j3 | Action Taken |  |  |  |  | 26 | Other Statutes/Ordinances |  |  |  |  |
| 17j4 | Corrective Action |  |  |  |  |  |  | | | | |

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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**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 32a | CEO |  |  |  |  | 37b | Record Per Person |  |  |  |  |
| 32b1 | CEO – Implement Policies |  |  |  |  | 38a1 | Orientation: Mngmt/Admin/Prgrm/Fisc |  |  |  |  |
| 32b2 | CEO – Admn/Discharge of Ind. |  |  |  |  | 38a2 | Diet/Housekeep/Maint |  |  |  |  |
| 32b3 | CEO -Safety & Protect. of Ind. |  |  |  |  | 38a3 | Full/Part time DSP |  |  |  |  |
| 32b4 | CEO - Compliance |  |  |  |  | 38a4 | Volunteers |  |  |  |  |
| 32c1 | CEO – Master’s + 2 Yrs. |  |  |  |  | 38a5 | Paid/Unpaid Interns |  |  |  |  |
| 32c2 | CEO – Bachelor’s + 4 Yrs. |  |  |  |  | 38a6 | Consultants |  |  |  |  |
| 33a | P. S. 30 Ind. |  |  |  |  | 38b1 | Orientation includes: Person Centered Practices, Community Integration, etc |  |  |  |  |
| 33b1 | P.S. Coordinate/Complete Assessments |  |  |  |  | 38b2 | Prevention, Detection, Reporting of Abuse |  |  |  |  |
| 33b2 | P.S. Participate in Plan Process |  |  |  |  | 38b3 | Individual Rights |  |  |  |  |
| 33b3 | P.S. Provide/Supervise Activities |  |  |  |  | 38b4 | Recognize/Report Incidents |  |  |  |  |
| 33b4 | P.S. Community  Integration |  |  |  |  | 38b5 | Job-related skills/knowl |  |  |  |  |
| 33b5 | P.S. Family/Friend Involvement |  |  |  |  | 39a1 | Annual Training - 24 Hrs: DSW |  |  |  |  |
| 33c1 | PS Qualifications: Masters + 1-year experience |  |  |  |  | 39a2 | Direct Sup(s) of DSW’s |  |  |  |  |
| 33c2 | P.S. Bachelors + 2-year |  |  |  |  | 39a3 | Other Required Positions |  |  |  |  |
| 33c3 | P.S. Associates/60 credits + 4 years |  |  |  |  | 39b1 | Training -12 Hrs: Mngmt/Admin/Prgrm/Fisc- |  |  |  |  |
| 34 | Direct Services Worker |  |  |  |  | 39b2 | Diet/Housekeep/Maint |  |  |  |  |
| 35a | 1 to 6 Ratio |  |  |  |  | 39b3 | Consultants |  |  |  |  |
| 35b | 1 to 10 During Meetings |  |  |  |  | 39b4 | Volunteers |  |  |  |  |
| 35c | Min. 2 Staff At All Times |  |  |  |  | 39b5 | Paid/Unpaid Interns |  |  |  |  |
| 35d | Unsupervised if specif. in Assessment/ISP |  |  |  |  | 39c1 | Content: Person Centered Practices, Community Integration, etc |  |  |  |  |
| 35e | Staff Qual. & ratios implemented as written |  |  |  |  | 39c2 | Prevention, Detection, Reporting of Abuse |  |  |  |  |
| 35f | Unsupervised for Convenience |  |  |  |  | 39c3 | Individual Rights |  |  |  |  |
| 36a | General Fire Safety – before working w/individuals |  |  |  |  | 39c4 | Recognize/Report Incidents |  |  |  |  |
| 36b | PS/DSPW Fire Safety Annually by expert |  |  |  |  | 39c5 | Use of Behavior Supp |  |  |  |  |
| 36c | 1:18 – Min 2 Staff at all times – First Aid/CPR training |  |  |  |  | 39c6 | Plan Implementation |  |  |  |  |
| 37a | Training Records Kept |  |  |  |  |  |  | | | | |

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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 | Special Accommodations |  |  |  |  | 63a | Screens when Opened |  |  |  |  |
| 52a | 50 Sq. Ft. per Ind. |  |  |  |  | 63b | Good Repair |  |  |  |  |
| 52b | Each Separate Room |  |  |  |  | 64a | Handrail; More Than 2 Steps |  |  |  |  |
| 53a | Poisons Locked |  |  |  |  | 64b | Porch Railing |  |  |  |  |
| 53b | Poisons; Original Contain. Label |  |  |  |  | 65 | Nonskid Surfaces |  |  |  |  |
| 53c | Poisons Separate from Food |  |  |  |  | 66a | Stairway Landing |  |  |  |  |
| 54 | Heat Sources |  |  |  |  | 66b | Landing as wide as Stairs |  |  |  |  |
| 55a | Clean & Sanitary |  |  |  |  | 66c | 3ft Landing |  |  |  |  |
| 55b | Infestation/Rodents |  |  |  |  | 67a | Furniture; Clean, Safe, Sturdy |  |  |  |  |
| 55c | Trash Removed Weekly |  |  |  |  | 67b | Furniture & Equip. App. |  |  |  |  |
| 55d | Indoor Trash Covered, Cleanable |  |  |  |  | 68 | Storage Space |  |  |  |  |
| 55e | Outdoor Trash Covered |  |  |  |  | 69a | 1:18 toilets |  |  |  |  |
| 55f | Sewage Approval |  |  |  |  | 69b | 1:24 sinks |  |  |  |  |
| 55g | Sewage Checked 4yrs. |  |  |  |  | 69c | Handicap Accessible |  |  |  |  |
| 56 | Ventilation |  |  |  |  | 69d | Separate Bathrooms if >18 |  |  |  |  |
| 57 | Lighting |  |  |  |  | 69e | Bathroom Contents |  |  |  |  |
| 58a | Surfaces in good repair |  |  |  |  | 69f | Bathroom Privacy |  |  |  |  |
| 58b | Surfaces free of hazards |  |  |  |  | 70a | Private First Aid Area |  |  |  |  |
| 58c | Lead Paint Testing |  |  |  |  | 70b | First Aid Area Contents |  |  |  |  |
| 59a | Water Under Pressure |  |  |  |  | 70c | First Aid Kit Each Floor |  |  |  |  |
| 59b | Hot Water - 120° |  |  |  |  | 70d | First Aid Kit Contents |  |  |  |  |
| 59c | Coliform Test every 3 months |  |  |  |  | 70e | First Aid Manual |  |  |  |  |
| 60a | Indoor Temp 65° |  |  |  |  | 71 | Elevator Approval |  |  |  |  |
| 60b | Fans above 85° |  |  |  |  | 72a | Outside Walkways |  |  |  |  |
| 61 | Telephone |  |  |  |  | 72b | Outside Conditions |  |  |  |  |
| 62 | Emergency Phone Numbers |  |  |  |  |  | | | | | |

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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 | Exits |  |  |  |  | 88f | Extinguishers Inspected Annually |  |  |  |  |
| 82 | Unobstructed Egress |  |  |  |  | 89a | Monthly unannounced Fire Drills |  |  |  |  |
| 83a | Emergency Evacuation Policy |  |  |  |  | 89b | Normal Staffing Conditions |  |  |  |  |
| 83b | Diagram in Facility |  |  |  |  | 89c | Written Fire Drill Records |  |  |  |  |
| 84 | Annual Fire Safety Inspection |  |  |  |  | 89d | Within 2 ½ Minutes |  |  |  |  |
| 85 | Flammable Materials |  |  |  |  | 89e | Alternate Routes |  |  |  |  |
| 86 | Portable Space Heaters |  |  |  |  | 89f | Alternate Times/Days |  |  |  |  |
| 87a | Operable Fire Alarms |  |  |  |  | 89g | Designated Meeting Place |  |  |  |  |
| 87b | Accommodations to Alarms |  |  |  |  | 89h | Alarms Set Off |  |  |  |  |
| 87c | Inoperative Alarms Repairs |  |  |  |  | 90a | Exit Signs |  |  |  |  |
| 87d | Inoperable Alarms Policy |  |  |  |  | 90b | Direction Signs |  |  |  |  |
| 88a | 1 2-A Fire Extinguisher per |  |  |  |  | 91a | Fire Safety Training for Individuals |  |  |  |  |
| 88b | 5,000 sq. ft. 2-A Extinguishers |  |  |  |  | 91b | Doc. of Inability to Train |  |  |  |  |
| 88c | 10-B Extinguisher in Kitchens |  |  |  |  | 91c | Record of Training |  |  |  |  |
| 88d | Fire Extinguishers Approved |  |  |  |  | 92a | Smoking Safety Procedures |  |  |  |  |
| 88e | Fire Extinguishers Accessible |  |  |  |  | 92b | Procedures Followed |  |  |  |  |

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| **Reg.** | **Comments** |
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**Individual/Staff Health**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 111a | Phys. Exam w/in 12 mo. & Annual |  |  |  |  | 112 | Doc. Refusals |  |  |  |  |
| 111b | Signed & Dated |  |  |  |  | 113a | Staff Phys. w/in 12 mo. & 2yrs |  |  |  |  |
| 111c1 | Previous Medical History |  |  |  |  | 113b | Signed & Dated |  |  |  |  |
| 111c2 | General Physical Exam |  |  |  |  | 113c1 | General Physical Exam |  |  |  |  |
| 111c3 | Immunizations |  |  |  |  | 113c2 | TB Test & Results – every 2yrs |  |  |  |  |
| 111c4 | Vision & Hearing Screenings |  |  |  |  | 113c3 | Communicable Disease Statement |  |  |  |  |
| 111c5 | TB Test & Results – every 2yrs |  |  |  |  | 113c4 | Med Probs. that May Interfere |  |  |  |  |
| 111c6 | Comm. Disease Prescription |  |  |  |  | 114a | Communicable Disease Auth. |  |  |  |  |
| 111c7 | Health Maintain Blood Work, Meds |  |  |  |  | 114b | Statement |  |  |  |  |
| 111c8 | Physical Limitations |  |  |  |  | 114c | Precautions Followed |  |  |  |  |
| 111c9 | Allergy./Contradicting Med. |  |  |  |  | 115(1) | Emergency Plan – hospital |  |  |  |  |
| 111c10 | Info in case of Emergency |  |  |  |  | 115(2) | Emergency Plan – transport |  |  |  |  |
| 111c11 | Special Diet Instructions |  |  |  |  | 115(3) | Emergency Plan – emergency staffing plan |  |  |  |  |
| 111d | RN/LPN Signature Exceptions |  |  |  |  |  | | | | | |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 121a | Self-Admin: Assistance |  |  |  |  | 126a5 | Strength of Med |  |  |  |  |
| 121b | Types of Assistance |  |  |  |  | 126a6 | Dosage Form |  |  |  |  |
| 121c | Assistive Technology |  |  |  |  | 126a7 | Dose of Med |  |  |  |  |
| 121d | Self-Admin Status in Plan |  |  |  |  | 126a8 | Route of Administration |  |  |  |  |
| 121e1 | SA: recognize meds |  |  |  |  | 126a9 | Frequency of Admin |  |  |  |  |
| 121e2 | SA: How much |  |  |  |  | 126a10 | Administration Times |  |  |  |  |
| 121e3 | SA: When to take |  |  |  |  | 126a11 | Diagnosis/Purpose |  |  |  |  |
| 121e4 | SA: Assistive Tech. |  |  |  |  | 126a12 | Date/Time of Admin |  |  |  |  |
| 122a | Admin by Qualified Staff |  |  |  |  | 126a13 | Name/Initials of Person Administering |  |  |  |  |
| 122b1 | Qualified Staff |  |  |  |  | 126a14 | Duration of Treatment, If applicable. |  |  |  |  |
| 122b2 | Med Trained Staff - Admin |  |  |  |  | 126a15 | Special Precautions, If Applicable. |  |  |  |  |
| 122c1 | Med Admin: Identify Indiv |  |  |  |  | 126a16 | Side Effects, if Applicable |  |  |  |  |
| 122c2 | Remove from orig. cont. |  |  |  |  | 126b | Logged Immediately |  |  |  |  |
| 122c3 | Prepare Med as Ordered |  |  |  |  | 126c | Refusal Documented on Log |  |  |  |  |
| 122c4 | Med in Med Cup/Cont. |  |  |  |  | 126d | Directions Followed |  |  |  |  |
| 122c5 | Vital Signs, if indicated |  |  |  |  | 127a1 | Med Errors: Failure to administer Med |  |  |  |  |
| 122c6 | Injection of insulin/epineph |  |  |  |  | 127a2 | Wrong Med Admin |  |  |  |  |
| 123a | Original Labeled Container |  |  |  |  | 127a3 | Wrong Dose Admin |  |  |  |  |
| 123b | Removal from Container |  |  |  |  | 127a4 | Failure to Admin at Pres. Time |  |  |  |  |
| 123c | Insulin/Epinephrine not individual dose container |  |  |  |  | 127a5 | Administered -Wrong Person |  |  |  |  |
| 123d | Meds/Syringes Locked |  |  |  |  | 127a6 | Wrong Route |  |  |  |  |
| 123e | Epinephrine Stored Safe/Accessible |  |  |  |  | 127a7 | Wrong Position |  |  |  |  |
| 123f | Refrig. Meds – Locked Container |  |  |  |  | 127a8 | Improper preparation |  |  |  |  |
| 123g | Storage of Meds |  |  |  |  | 127b | Doc. of Med Errors |  |  |  |  |
| 123h | Disposal of Meds |  |  |  |  | 127c | Error Reported as in 17b |  |  |  |  |
| 123i | N/A self-admin individuals |  |  |  |  | 127d1 | Reported to prescriber: Not Admin as directed |  |  |  |  |
| 125a | Authorized Prescriber |  |  |  |  | 127d2 | Admin to Wrong person |  |  |  |  |
| 125b | Current Order |  |  |  |  | 127d3 | Harm to Individual |  |  |  |  |
| 125c | Administered as Prescribed |  |  |  |  | 128a | Adv Reaction- Consult Dr. |  |  |  |  |
| 125d | Use of Meds |  |  |  |  | 128b | Response/Action Documented |  |  |  |  |
| 125e | Written Changes |  |  |  |  | 129a | Med Admin Training |  |  |  |  |
| 125f | SEEN Protocol in Plan |  |  |  |  | 129b1 | Insulin Admin: Med Admin Course |  |  |  |  |
| 126a1 | Med Log: Individual Name |  |  |  |  | 129b2 | Training by Health Care Professional: 12 Months |  |  |  |  |
| 126a2 | Prescriber |  |  |  |  | 129c1 | Epinephrine Admin: Med Course |  |  |  |  |
| 126a3 | Drug Allergies |  |  |  |  | 129c2 | Training by Health Care Professional- 24 Months |  |  |  |  |
| 126a4 | Medication Name |  |  |  |  | 129d | Training Record Kept |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 131a | Dining Area |  |  |  |  | 132(7) | Food – Quantity |  |  |  |  |
| 131b | Dining Area-Clean & Sanitary |  |  |  |  | 132(8) | Ind. – Prescription Diet Followed |  |  |  |  |
| 131c | Dining Area-Tables & Chairs |  |  |  |  | 132(9) | Food-Storage/Proper Temperature |  |  |  |  |
| 132(1) | Menus – Posted/Visible |  |  |  |  | 132(10) | Food-Protected |  |  |  |  |
| 132(2) | Menus-Posted 1day Prior |  |  |  |  | 132(11) | Food Returned |  |  |  |  |
| 132(3) | Menus – Followed |  |  |  |  | 132(12) | Utensils-Properly Cleaned |  |  |  |  |
| 132(4) | Menus – Retained/2 Mos. |  |  |  |  | 132(13) | Dishwasher Temp./San. |  |  |  |  |
| 132(5) | Food-4 Hours/Meal, 6 Hours/Snack |  |  |  |  | 132(14) | Dishwasher- Operation |  |  |  |  |
| 132(6) | Food –4 Food Groups |  |  |  |  |  | | | | | |

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**Restrictive Procedures**

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| 151 | Definition |  |  |  |  | 166(3) | Pressure Point Tech. |  |  |  |  |
| 152 | Policy |  |  |  |  | 166(4) | Chemical Restraint |  |  |  |  |
| 153a | Retribution, Convenience |  |  |  |  | 166(5) | Mechanical Restraint |  |  |  |  |
| 153b1 | Anticipate, De- Escalate |  |  |  |  | 167c | Phys. Restraint - Prone Position |  |  |  |  |
| 153b2 | Less Restrictive Technique |  |  |  |  | 167d | Phys Rest – Pain, Hyperextension, Humiliation |  |  |  |  |
| 154a | Review Committee |  |  |  |  | 169a | Funds/Property as Reward/Punishment |  |  |  |  |
| 154b | Committee Includes BSP |  |  |  |  | **Permitted Procedures** | |  | | | |
| 154c | Majority Not Providing Services |  |  |  |  | 166(3) | Clinically Accepted Bite Release |  |  |  |  |
| 154d | Record of Meetings kept |  |  |  |  | 166(4) | Prescribed Drug |  |  |  |  |
| 156a | Ethics/ Use of RP- 12 mos. |  |  |  |  | 166(5) | Prescribed Device |  |  |  |  |
| 156b | Specific RPs used |  |  |  |  | 167a | Phys. Rest Emergency |  |  |  |  |
| 156c | Experienced Use of RP |  |  |  |  | 167b | Escort/Guide/Redirect/  Physical Prompts |  |  |  |  |
| 156d | Doc. Of Training |  |  |  |  | 167f | Phys Rest: 30min/2Hrs |  |  |  |  |
| **Prohibited Procedures** | |  | | | | 169b1 | Personal Funds - Consent for Restitution |  |  |  |  |
| 166(1) | Seclusion |  |  |  |  | 169b2 | Consent obtained w/ indiv or designee |  |  |  |  |
| 166(2) | Aversive Conditioning |  |  |  |  | 169b3 | Coercion prohibited |  |  |  |  |

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**Individual Records**

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| 171a | Emergency Information at facility |  |  |  |  | 173(1)iii | Means of Communication |  |  |  |  |
| 171b1 | Info. – Emergency Contact Person |  |  |  |  | 173(1)iv | Religious Affiliation |  |  |  |  |
| 171b2 | Info. – Source of Health |  |  |  |  | 173(1)v | Current, dated Photograph |  |  |  |  |
| 171b3 | Info. – Consent Person |  |  |  |  | 173(2) | Incident Reports |  |  |  |  |
| 171b4 | Info. – Physical Exam |  |  |  |  | 173(3) | Physical Examinations |  |  |  |  |
| 172a | Separate Individual Record |  |  |  |  | 173(4) | Assessments |  |  |  |  |
| 172b | Record Entries |  |  |  |  | 173(5) | Individual Plan Docs. |  |  |  |  |
| 173(1)i | Name, sex, DOA, DOB, SSN |  |  |  |  | 173(6) | Psych Eval. |  |  |  |  |
| 173(1)ii | Race/ht/wt/hair/eye/mark |  |  |  |  |  | | | | | |

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| **Reg.** | **Comments** |
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**Record Location**

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| 174a | Records Kept at Facility |  |  |  |  | 175b | Ind. Record – 4Yrs./Depart |  |  |  |  |
| 174b | Recent Copies Kept at Fac. |  |  |  |  | 176a | Inf. Records Locked |  |  |  |  |
| 174c | Not Current Copies- Facility |  |  |  |  | 176b | Access to Records |  |  |  |  |
| 175a | Record Info.- 4 Yrs. |  |  |  |  | 177 | Consent for Info. Release |  |  |  |  |

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

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| 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, & Preferences |  |  |  |  | 181e13i | Progress - Health |  |  |  |  |
| 181e2 | Likes, Dislikes, & Interests |  |  |  |  | 181e13ii | Motor/Communication |  |  |  |  |
| 181e3i | Functional Skills |  |  |  |  | 181e13iii | Daily Living |  |  |  |  |
| 181e3ii | Communication |  |  |  |  | 181e13iv | Personal Adjustment |  |  |  |  |
| 181e3iii | Personal Adjustment |  |  |  |  | 181e13v | Socialization |  |  |  |  |
| 181e3iv | Needs w/ or w/o Assistance |  |  |  |  | 181e13vi | Recreation |  |  |  |  |
| 181e4 | Need for Supervision |  |  |  |  | 181e13vii | Financial Independence |  |  |  |  |
| 181e5 | Ability to Self-Admin Meds |  |  |  |  | 181e13viii | Manage Personal Property |  |  |  |  |
| 181e6 | Ability to Avoid Poisons |  |  |  |  | 181e13ix | Community Integration |  |  |  |  |
| 181e7 | Knowledge of Heat Sources |  |  |  |  | 181e14 | Water/Swim Safety |  |  |  |  |
| 181e8 | Ability to Evacuate |  |  |  |  | 181f | Copy to SC/Plan Team |  |  |  |  |

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**Plan Development/Process/Content**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 182a | PS Coordinate Plan |  |  |  |  | 185(1) | Plan: strengths/abilities/needs |  |  |  |  |
| 182b | Developed w/in 90 days |  |  |  |  | 185(2) | Individual Preferences |  |  |  |  |
| 182c | Initial Develop, Revised Annually/Needs Change |  |  |  |  | 185(3) | Desired Outcomes |  |  |  |  |
| 182d | Individual/Designees Involved |  |  |  |  | 185(4) | Services to Assist Achievement of Outcomes |  |  |  |  |
| 183a1 | Plan Team Includes: Indiv |  |  |  |  | 185(5) | Risks to health/safety  Risk Mitigation Strategies |  |  |  |  |
| 183a2 | Designated Persons |  |  |  |  | 185(6) | Modification of rights |  |  |  |  |
| 183a3 | Direct Care Staff |  |  |  |  | 186 | Plan Implemented |  |  |  |  |
| 183a4 | Program Specialist |  |  |  |  | 155a | BSP/RPP in Plan -Approved by Human Rights Team |  |  |  |  |
| 183a5 | Residential PS – If Applic. |  |  |  |  | 155b | Human rights Team Review – 6 months |  |  |  |  |
| 183a6 | Other Specialists |  |  |  |  | 155c1 | Specific Behaviors |  |  |  |  |
| 183b | 3 Members + Indiv Present |  |  |  |  | 155c2 | Assessment of Behavior |  |  |  |  |
| 183c | Participant List Kept |  |  |  |  | 155c3 | Desired Outcome |  |  |  |  |
| 184(1) | Plan Process: Individual Directs Plan Process |  |  |  |  | 155c4 | Target Date |  |  |  |  |
| 184(2) | Make Choices/Decisions |  |  |  |  | 155c5 | Methods for Facilitating Positive Behaviors |  |  |  |  |
| 184(3) | Important to Individual |  |  |  |  | 155c6 | Restrictions and Circumstance for use |  |  |  |  |
| 184(4) | Occur Timely |  |  |  |  | 155c7 | Amount of Time |  |  |  |  |
| 184(5) | Understandable Language |  |  |  |  | 155c8 | Staff Person Responsible |  |  |  |  |
| 184(6) | Cultural Considerations |  |  |  |  | 155d | BSP Developed by Certified BS if modifying rights |  |  |  |  |
| 184(7) | Guideline: Solving Disagreements |  |  |  |  | 168 | Emergency Basis |  |  |  |  |
| 184(8) | Method to request updates |  |  |  |  |  | | | | | |

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**Facility Services**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 188a | Provide Services |  |  |  |  | 188c | Serv. Specified in ISP |  |  |  |  |
| 188b | Participate in Community Life |  |  |  |  | 188d | Age/Functionally Approp. |  |  |  |  |

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

**Staff**

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**Individuals**

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