**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. CommunityIntegration |[ ] [ ] [ ] [ ]  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 |[ ] [ ] [ ] [x]  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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| **Reg.** | **Comments**  |
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**Restrictive Procedures**

|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
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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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| **Reg.** | **Comments**  |
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**Individual Records**

|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
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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**

|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
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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**

|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
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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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| **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 |[ ] [ ] [ ] [ ]  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/safetyRisk 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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| **Reg.** | **Comments**  |
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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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| **Reg.** | **Comments**  |
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**Privacy Coding Document (Last Page – No other content permitted)**

**Staff**

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

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| **#** | **Individual Name**  |
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