**55 Pa. Code Chapter 6500 – Family Living Homes**

**Inspection Record**

**A. Site Information**

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

**B. Inspection Information**

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

**General Requirements**

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|  | | **C** | **V** | **NA** | **NM** |  | | **C** | **V** | **NA** | **NM** |
| 11 | Chapter 20 |  |  |  |  | 21a4 | Behavioral Health History |  |  |  |  |
| 14 | Max Capacity |  |  |  |  | 21a5 | Incident History |  |  |  |  |
| 15a | Agency Resp. Compliance |  |  |  |  | 21a6 | Social Needs |  |  |  |  |
| 15b | Home Resp. Compliance |  |  |  |  | 21a7 | Environmental Needs |  |  |  |  |
| 16 | Occupancy Permit |  |  |  |  | 21a8 | Personal Safety |  |  |  |  |
| 17a | Self-Assessment |  |  |  |  | 21b | Corrective Plan Implemented |  |  |  |  |
| 17b | L.I.I. Used |  |  |  |  | 21c | Plan Revised, if Indicated |  |  |  |  |
| 17c | L.I.I. Results |  |  |  |  | 22a1 | Confirmed Incident – Analysis of Cause |  |  |  |  |
| 18 | Abuse |  |  |  |  | 22a2 | Corrective Action |  |  |  |  |
| 19 | Reporting to Childline |  |  |  |  | 22a3 | Potential Risk Strategies |  |  |  |  |
| 20a1 | Incidents Reported –24 Hrs. |  |  |  |  | 22b | 3-month review/analysis |  |  |  |  |
| 20b1 | Incidents Reported – 72 Hrs. - restraint |  |  |  |  | 22c1 | Preventative Measures: Reduce incidents |  |  |  |  |
| 20b2 | Incidents Reported – 72 Hrs. – Med Error |  |  |  |  | 22c2 | Severity of Risk |  |  |  |  |
| 20c | Family Notification- 24 Hrs |  |  |  |  | 22c3 | Likelihood of Recurrence |  |  |  |  |
| 20d | Notification Kept |  |  |  |  | 22d | Educate Staff |  |  |  |  |
| 20e | Report Available |  |  |  |  | 22e | Mitigate/Manage Risks |  |  |  |  |
| 20f | Immediate Action |  |  |  |  | 23a | PSP Clearance - 5 days |  |  |  |  |
| 20g | Investigation – 24 Hrs |  |  |  |  | 23b | FBI Clearance prior |  |  |  |  |
| 20h1 | CI investigate: Death |  |  |  |  | 23c | a and b if 17yrs+ in home |  |  |  |  |
| 20h2 | Inpatient |  |  |  |  | 23e | PSP/FBI Clearance Copies |  |  |  |  |
| 20h3 | Abuse |  |  |  |  | 23f | Child Abuse Clearance |  |  |  |  |
| 20h4 | Neglect |  |  |  |  | 24a | Funds and Property |  |  |  |  |
| 20h5 | Exploitation |  |  |  |  | 24b | Fin. Policy - Ind. Rights |  |  |  |  |
| 20h6 | Injury: Treatment beyond first aid |  |  |  |  | 24c | Ind. Funds – Ind. Benefit |  |  |  |  |
| 20h7 | Theft/Misuse of Funds |  |  |  |  | 24d1 | Financial/Prop. Record |  |  |  |  |
| 20h8 | Rights Violation |  |  |  |  | 24d2 | Disbursements Records |  |  |  |  |
| 20i | Final Report – 30 days |  |  |  |  | 24e1 | Dep./Withdrawal Rec. |  |  |  |  |
| 20j1 | Content of Report – Additional Info |  |  |  |  | 24e2 | Funds to Ind. Records |  |  |  |  |
| 20j2 | Results of Investigation |  |  |  |  | 24e3 | Receipt - $15 |  |  |  |  |
| 20j3 | Action Taken |  |  |  |  | 24f | Commingling Funds |  |  |  |  |
| 20j4 | Corrective Action |  |  |  |  | 24g | Borrowing Funds |  |  |  |  |
| 20j5 | Responsible Person |  |  |  |  | 25 | Other Statutes |  |  |  |  |
| 20j6 | Date of Implementation |  |  |  |  | 26a | Child/Parent/Guardian |  |  |  |  |
| 21a1 | Potential Risks |  |  |  |  | 26b | Generally Accepted Practices |  |  |  |  |
| 21a2 | Health Care Info. |  |  |  |  | 26c | Permanent Caregiving |  |  |  |  |
| 21a3 | Med History/Current Meds |  |  |  |  | 26d | Shared Bedroom- Unrelated Child/Adult |  |  |  |  |
|  | | | | | | 26e | Child – below 18 yrs. |  |  |  |  |

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

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

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 41a | 42c and 43e hired after 11/8/91 |  |  |  |  | 43b | FLS – 8 Homes |  |  |  |  |
| 41b | 43c and 44c hired prior 11/8/91 |  |  |  |  | 43c | FLS – 16 Individuals. |  |  |  |  |
| 42a | CEO |  |  |  |  | 43d1 | FLS - Assessments |  |  |  |  |
| 42b1 | CEO - Policies |  |  |  |  | 43d2 | FLS - Participate in Plan Process |  |  |  |  |
| 42b2 | CEO - Admission/Discharge |  |  |  |  | 43d3 | FLS - Provide/Supervise Activities |  |  |  |  |
| 42b3 | CEO - Safety of Ind. |  |  |  |  | 43d4 | P.S. Community  Integration |  |  |  |  |
| 42b4 | CEO - Compliance |  |  |  |  | 43d5 | FLS - Family/Friend Involvement |  |  |  |  |
| 42c1 | CEO – Master’s 2+ Yrs |  |  |  |  | 43e2 | FLS – Bachelor’s- 2+ Yr |  |  |  |  |
| 42c2 | CEO – Bachelor’s 4+ Yrs |  |  |  |  | 43e3 | FLS – Associates – 4+ Yr |  |  |  |  |
| 43a | Family Living Spec (FLS) |  |  |  |  | 43e4 | FLS – HS dipl – 6+ Yr |  |  |  |  |

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| **Reg.** | **Comments** |
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**Supervision/Training**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | | **V** | **NA** | **NM** |
| 44a | Unsupervised if specif. in Assessment/ISP |  |  |  |  | 47b4 | Recognize/Report Incidents |  | |  |  |  |
| 44b | Direct Supervision – Over 18 |  |  |  |  | 47b5 | Job-related skills/knowl |  | |  |  |  |
| 44c | FLS Accessible |  |  |  |  | 48a | 24 Hrs. Training – Pr. Caregiver and FLS |  | |  |  |  |
| 44d | Supervision Implemented Per ISP |  |  |  |  | 48b1 | Ann. Training Content: Person Centered Practices, Community Integration, etc |  | |  |  |  |
| 44e | Staff Qualifications & Ratios Implemented |  |  |  |  | 48b2 | Prevention, Detection, Reporting of Abuse |  | |  |  |  |
| 44f | Unsupervised for Convenience |  |  |  |  | 48b3 | Individual Rights |  | |  |  |  |
| 45a | First Aid/CPR Prior To move in and annually |  |  |  |  | 48b4 | Recognize/Report Incidents | |  |  |  |  |
| 45b | First Aid/CPR if indicated by medical needs |  |  |  |  | 48b5 | Use of Behavior Supp | |  |  |  |  |
| 47a | Orientation prior to move in |  |  |  |  | 48b6 | Plan Implementation | |  |  |  |  |
| 47b1 | Orientation includes: Person Centered, Community Integ, etc. |  |  |  |  | 49a | Training Records Kept. | |  |  |  |  |
| 47b2 | Prevention, Detection, Reporting of Abuse |  |  |  |  | 49b | Training Record per Person | |  |  |  |  |
| 47b3 | Individual Rights |  |  |  |  |  | | | | | | |

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

|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
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| 61a | Special Accommodations |  |  |  |  | 72a | Windows/Doors Screened |  |  |  |  |
| 61b | Adaptive Equip. |  |  |  |  | 72b | Screens – Good Repair |  |  |  |  |
| 62a | Poisons Locked |  |  |  |  | 73 | Handrails |  |  |  |  |
| 62b | Documentation |  |  |  |  | 74 | Nonskid Surfaces |  |  |  |  |
| 62c | Poisons Original Containers |  |  |  |  | 75a | Landings |  |  |  |  |
| 62d | Poisons Sep. from Food |  |  |  |  | 76 | Furn. Safe, Clean, Sturdy |  |  |  |  |
| 63a | Heat Sources |  |  |  |  | 77 | First Aid Materials |  |  |  |  |
| 63b | Documentation |  |  |  |  | 78a | Outside Walkway |  |  |  |  |
| 64a | Clean and Sanitary |  |  |  |  | 78b | Outside Conditions |  |  |  |  |
| 64b | Insects/Rodents |  |  |  |  | 79a | Bedrooms in Basement |  |  |  |  |
| 64c | Trash Removal |  |  |  |  | 79b | 50 Sq. Ft./60 Sq. Ft. |  |  |  |  |
| 65 | Ventilation |  |  |  |  | 80a | Toilets/Tubs/Shower |  |  |  |  |
| 66 | Lighting |  |  |  |  | 80b | Privacy in Bathroom |  |  |  |  |
| 67 | Surfaces – Hazard Free |  |  |  |  | 80c | Bathroom Items |  |  |  |  |
| 68a | Running Water |  |  |  |  | 80d | Towel,Washcloth,Toothbrush |  |  |  |  |
| 68b | Hot Water - 120° |  |  |  |  | 81a | Kitchen Area/Contents |  |  |  |  |
| 68c | Documentation |  |  |  |  | 81b | Utensils Washed |  |  |  |  |
| 69a | 62° Non-Sleeping |  |  |  |  | 82 | Laundry Clean |  |  |  |  |
| 69b | 55° Sleeping |  |  |  |  | 83a | In-Ground Pool |  |  |  |  |
| 69c | 85° Mechanical Vent |  |  |  |  | 83b | Above Ground Pool |  |  |  |  |
| 69d | Medical needs- temp |  |  |  |  | 83c | Swimming Pool Locked |  |  |  |  |
| 70 | Telephone |  |  |  |  | 84 | Firearms and Ammunition |  |  |  |  |
| 71 | Emergency 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** |
| 101 | Unobstructed Egress |  |  |  |  | 108d | Fire Ext. Accessible |  |  |  |  |
| 102 | Combustible Supplies |  |  |  |  | 109a | Fire Drill – 3 Months |  |  |  |  |
| 103 | Furnace Cleaned |  |  |  |  | 109b | Fire Drill – 6 Months |  |  |  |  |
| 104 | Portable Space Heaters |  |  |  |  | 109c | Document. of Ability to Exit |  |  |  |  |
| 105a | Wood/Coal Stoves Inspect. |  |  |  |  | 109d | Fire Drill Record |  |  |  |  |
| 105b | Wood/Coal Stoves Cleaned |  |  |  |  | 109e | Fire Drill-Sleeping Hours |  |  |  |  |
| 106a | Fireplace Guards |  |  |  |  | 109f | Alternate Exit Routes |  |  |  |  |
| 106b | Fireplaces Cleaned |  |  |  |  | 109g | Fire Drills – Days/Times |  |  |  |  |
| 107a | Smoke Detector per Floor |  |  |  |  | 109h | Meeting Place |  |  |  |  |
| 107b | Common Areas |  |  |  |  | 109i | Detector Set Off |  |  |  |  |
| 107c | UL or L&I Approved |  |  |  |  | 110a | Fire Safety Training |  |  |  |  |
| 107d | Detectors Checked |  |  |  |  | 110b | Training Plan Content |  |  |  |  |
| 108a | 2A Ext. Per Floor |  |  |  |  | 110c | Training Completed |  |  |  |  |
| 108b | 2A-10BC Ext. in Kitchen |  |  |  |  | 110d | Record of Training |  |  |  |  |
| 108c | Extinguish. UL/FMS Approved |  |  |  |  |  | | | | | |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 121a | Ind. Physical |  |  |  |  | 121c12 | Physical Limits |  |  |  |  |
| 121b | Physician Sign/Date |  |  |  |  | 121c13 | Allergies, Cont. Meds |  |  |  |  |
| 121c1 | Medical History |  |  |  |  | 121c14 | Emergency Information |  |  |  |  |
| 121c2 | General Physical |  |  |  |  | 121c15 | Diet Instructions |  |  |  |  |
| 121c3 | Immunizations Adults |  |  |  |  | 121d | RN/LPN Test |  |  |  |  |
| 121c4 | Vis./Hearing Screen Adults |  |  |  |  | 122a | Dental Exam |  |  |  |  |
| 121c5 | Immuniz. Screening Child. |  |  |  |  | 122b | Dental if Meds. |  |  |  |  |
| 121c6 | TB Testing |  |  |  |  | 122c | Dental Exam Records |  |  |  |  |
| 121c7 | Gyn. Exam |  |  |  |  | 122d | Teeth Cleaning |  |  |  |  |
| 121c8 | Mammogram |  |  |  |  | 122e | Follow Up Dental Work |  |  |  |  |
| 121c9 | Prostate Exam |  |  |  |  | 123a | Refusal of Treatment |  |  |  |  |
| 121c10 | Communicable Disease |  |  |  |  | 123b | Consent |  |  |  |  |
| 121c11 | Health Maintenance |  |  |  |  | 124 | Health Services |  |  |  |  |

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| **Reg.** | **Comments** |
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**Family Health**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 125a | Staff Physicals |  |  |  |  | 125c3 | Communicable Disease |  |  |  |  |
| 125b | Physician Sign/Date |  |  |  |  | 125c4 | Medical Problems |  |  |  |  |
| 125c1 | General Physical |  |  |  |  | 126a | Specific Precautions |  |  |  |  |
| 125c2 | TB Testing |  |  |  |  | 126b | Precautions Followed |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 131a | Self-Admin: Assistance |  |  |  |  | 136a2 | Prescriber |  |  |  |  |
| 131b | Types of Assistance |  |  |  |  | 136a3 | Drug Allergies |  |  |  |  |
| 131c | Assistive Technology |  |  |  |  | 136a4 | Medication Name |  |  |  |  |
| 131d | Self-Admin Status in Plan |  |  |  |  | 136a5 | Strength of Med |  |  |  |  |
| 131e1 | SA: recognize meds |  |  |  |  | 136a6 | Dosage Form |  |  |  |  |
| 131e2 | SA: How much |  |  |  |  | 136a7 | Dose of Med |  |  |  |  |
| 131e3 | SA: When to take |  |  |  |  | 136a8 | Route of Administration |  |  |  |  |
| 131e4 | SA: Assistive Tech. |  |  |  |  | 136a9 | Frequency of Admin |  |  |  |  |
| 132a | Admin by Qualified Staff |  |  |  |  | 136a10 | Administration Times |  |  |  |  |
| 132b1 | Qualified Staff |  |  |  |  | 136a11 | Diagnosis/Purpose |  |  |  |  |
| 132b2i | Med Trained Staff- Oral |  |  |  |  | 136a12 | Date/Time of Admin |  |  |  |  |
| 132b2ii | Topical Meds |  |  |  |  | 136a13 | Name/Initials of Person Administering |  |  |  |  |
| 132b2iii | Eye, Nose, Ear Drops |  |  |  |  | 136a14 | Duration of Treatment, If applicable. |  |  |  |  |
| 132b2iv | Insulin Injections |  |  |  |  | 136a15 | Special Precautions, If Applicable. |  |  |  |  |
| 132b2v | Epinephrine Injections |  |  |  |  | 136a16 | Side Effects, if Applicable |  |  |  |  |
| 132bvi | Procedures, Treatments |  |  |  |  | 136b | Logged Immediately |  |  |  |  |
| 132c1 | Med Admin: Identify Indiv |  |  |  |  | 136c | Refusal Documented on Log |  |  |  |  |
| 132c2 | Remove from orig. cont. |  |  |  |  | 136d | Directions Followed |  |  |  |  |
| 132c3 | Prepare Med as Ordered |  |  |  |  | 137a1 | Med Errors: Failure to administer Med |  |  |  |  |
| 132c4 | Med in Med Cup/Cont. |  |  |  |  | 137a2 | Wrong Med Admin |  |  |  |  |
| 132c5 | Vital Signs, if indicated |  |  |  |  | 137a3 | Wrong Dose Admin |  |  |  |  |
| 132c6 | Injection of insulin/epineph |  |  |  |  | 137a4 | Failure to Admin at Pres. Time |  |  |  |  |
| 133a | Original Labeled Container |  |  |  |  | 137a5 | Administered -Wrong Person |  |  |  |  |
| 133b | Removal from Container |  |  |  |  | 137a6 | Wrong Route |  |  |  |  |
| 133c | Insulin/Epinephrine not individual dose container |  |  |  |  | 137a7 | Wrong Position |  |  |  |  |
| 133d | Meds/Syringes Locked |  |  |  |  | 137a8 | Improper preparation |  |  |  |  |
| 133e | Epinephrine Stored Safe/Accessible |  |  |  |  | 137b | Doc. of Med Errors |  |  |  |  |
| 133f | Refrig. Meds – Locked Container |  |  |  |  | 137c | Error Reported as in 18b |  |  |  |  |
| 133g | Storage of Meds |  |  |  |  | 137d1 | Reported to prescriber: Not Admin as directed |  |  |  |  |
| 133h | Disposal of Meds |  |  |  |  | 137d2 | Admin to Wrong person |  |  |  |  |
| 133i | N/A for Self-Admin Indiv |  |  |  |  | 137d3 | Harm to Individual |  |  |  |  |
| 135a | Authorized Prescriber |  |  |  |  | 138a | Adv Reaction- Consult Dr. |  |  |  |  |
| 135b | Current Order |  |  |  |  | 138b | Response/Action Documented |  |  |  |  |
| 135c | Administered as Prescribed |  |  |  |  | 139a | Med Admin Training |  |  |  |  |
| 135d | Use of Meds |  |  |  |  | 139b1 | Insulin Admin: Med Admin Course |  |  |  |  |
| 135e | Written Changes |  |  |  |  | 139b2 | Training by Health Care Professional: 12 Months |  |  |  |  |
| 135f | SEEN Protocol in Plan |  |  |  |  | 139c1 | Epinephrine Admin: Med Course |  |  |  |  |
| 135g | 3-month psych med review |  |  |  |  | 139c2 | Training by Health Care Professional- 24 Months |  |  |  |  |
| 136a1 | Med Log: Individual Name |  |  |  |  | 139d | 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** |
| 141 | Food Protected |  |  |  |  | 143 | Quantity of Food |  |  |  |  |
| 142 | 3 Meals Per Day |  |  |  |  | 144 | 4 Food Groups |  |  |  |  |

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

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 151a | Initial/An. Assessment |  |  |  |  | 151e10 | Lifetime Med History |  |  |  |  |
| 151b | Service Revision Assess. |  |  |  |  | 151e11 | Psych. Eval. |  |  |  |  |
| 151c | Basis of Assessment |  |  |  |  | 151e12 | Recommendations |  |  |  |  |
| 151d | FLS Sign Date |  |  |  |  | 151e13i | Progress - Health |  |  |  |  |
| 151e1 | Strengths/Needs/Pref. |  |  |  |  | 151e13ii | Motor/Communication |  |  |  |  |
| 151e2 | Likes/Dislikes/Interests |  |  |  |  | 151e13iii | Daily Living |  |  |  |  |
| 151e3i | Functional Skills |  |  |  |  | 151e13iv | Personal Adjustment |  |  |  |  |
| 151e3ii | Communication |  |  |  |  | 151e13v | Socialization |  |  |  |  |
| 151e3iii | Personal Adjustment |  |  |  |  | 151e13vi | Recreation |  |  |  |  |
| 151e4 | Supervision Needs |  |  |  |  | 151e13vii | Financial Independence |  |  |  |  |
| 151e5 | Self-Administration of Meds |  |  |  |  | 151e13viii | Manage Personal Property |  |  |  |  |
| 151e6 | Poisons |  |  |  |  | 151e13ix | Community Integration |  |  |  |  |
| 151e7 | Heat Sources |  |  |  |  | 151e14 | Water/Swim Safety |  |  |  |  |
| 151e8 | Self-Evaluate |  |  |  |  | 151f | Assessment to SC |  |  |  |  |
| 151e9 | Doc. of Disability |  |  |  |  |  | | | | | |

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**Plan Development/Process/Content**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 152a | PS Coordinate Plan |  |  |  |  | 154(8) | Method to request updates |  |  |  |  |
| 152b | Developed w/in 90 days |  |  |  |  | 155(1) | Plan: strengths/abilities/needs |  |  |  |  |
| 152c | Initial Develop, Revised Annually/Needs Change |  |  |  |  | 155(2) | Individual Preferences |  |  |  |  |
| 152d | Individual/Designees Involved |  |  |  |  | 155(3) | Desired Outcomes |  |  |  |  |
| 153a1 | Plan Team Includes: Indiv |  |  |  |  | 155(4) | Services to Assist Achievement of Outcomes |  |  |  |  |
| 153a2 | Designated Persons |  |  |  |  | 155(5) | Risks to health/safety  Risk Mitigation Strategies |  |  |  |  |
| 153a3 | Direct Care Staff |  |  |  |  | 155(6) | Modification of rights |  |  |  |  |
| 153a4 | Program Specialist |  |  |  |  | 156 | Plan Implemented |  |  |  |  |
| 153a5 | SC/TSM/Funding Source |  |  |  |  | 165a | BSP/RPP in Plan -Approved by Human Rights Team |  |  |  |  |
| 153a6 | Day Program PS, If applic |  |  |  |  | 165b | Human rights Team Review – 6 months |  |  |  |  |
| 153a7 | Other Specialists as appropriate |  |  |  |  | 165c1 | Specific Behaviors |  |  |  |  |
| 153b | 3 Members + indiv Present |  |  |  |  | 165c2 | Assessment of Behavior |  |  |  |  |
| 153c | Participant List Kept |  |  |  |  | 165c3 | Desired Outcome |  |  |  |  |
| 154(1) | Plan Process: Individual Directs Plan Process |  |  |  |  | 165c4 | Target Date |  |  |  |  |
| 154(2) | Make Choices/Decisions |  |  |  |  | 165c5 | Methods for Facilitating Positive Behaviors |  |  |  |  |
| 154(3) | Important to Individual |  |  |  |  | 165c6 | Restrictions and Circumstance for use |  |  |  |  |
| 154(4) | Occur Timely |  |  |  |  | 165c7 | Amount of Time |  |  |  |  |
| 154(5) | Understandable Language |  |  |  |  | 165c8 | Staff Person Responsible |  |  |  |  |
| 154(6) | Cultural Considerations |  |  |  |  | 165d | BSP Developed by Certified BS if modifying rights |  |  |  |  |
| 154(7) | Guideline: Solving Disagreements |  |  |  |  | 179 | Physical Restraint- Unanticipated, Emergency |  |  |  |  |

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**Life Sharing Services**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 158a | Home Provide Services |  |  |  |  | 158c | Services as Specified |  |  |  |  |
| 158b | Home Provide Comm. Life |  |  |  |  | 158d | Age Appropriate |  |  |  |  |

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**Day Services**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 159a | Day Services Provided |  |  |  |  | 159b2 | Team Approved Annually |  |  |  |  |
| 159b1 | Day Services at home: Phys. Approved Annually |  |  |  |  |  | | | | | |

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**Recreational and Social Activities**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 160a1 | Rec/Soc Activity - Home |  |  |  |  | 160b | Time Away from Home |  |  |  |  |
| 160a2 | Rec/Soc Activity - Away |  |  |  |  | 160c | Doc. Of Rec/Soc. Activities |  |  |  |  |

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**Restrictive Procedures**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 161 | Definition |  |  |  |  | 177(3) | Pressure Point Tech. |  |  |  |  |
| 162 | Policy |  |  |  |  | 177(4) | Chemical Restraint |  |  |  |  |
| 163a | Retribution, Convenience |  |  |  |  | 177(5) | Mechanical Restraint |  |  |  |  |
| 163b1 | Anticipate/De-Escalate |  |  |  |  | 178c | Phys. Restraint - Prone Position |  |  |  |  |
| 163b2 | Less Restrictive Techniques |  |  |  |  | 178d | Phys Rest – Pain, Hyperextension, Humiliation |  |  |  |  |
| 164a | Review Committee |  |  |  |  | 180a | Funds/Property as Reward/Punishment |  |  |  |  |
| 164b | Committee - BSP |  |  |  |  | **Permitted Procedures** | | | | | |
| 164c | Majority Not Providing Services |  |  |  |  | 177(3) | Clinically Accepted Bite Release |  |  |  |  |
| 164d | Record of Meetings |  |  |  |  | 177(4) | Prescribed Drug |  |  |  |  |
| 166a | Ethics/ Use of RP- 12 mos |  |  |  |  | 177(5) | Prescribed Device |  |  |  |  |
| 166b | Specific RP Training |  |  |  |  | 178a | Phys. Rest Emergency |  |  |  |  |
| 166c | Experienced Use of RP |  |  |  |  | 178b | Escort/Guide/Redirect/  Physical Prompts |  |  |  |  |
| 166d | Documentation Kept |  |  |  |  | 178e | Phys Rest: 30min/2Hrs |  |  |  |  |
| **Prohibited Procedures** | | | | | | 180b1 | Personal Funds – Consent for Rest. |  |  |  |  |
| 177(1) | Seclusion |  |  |  |  | 180b2 | Consent Obtained w/ Indiv or desginee |  |  |  |  |
| 177(2) | Aversive Conditioning |  |  |  |  | 180b3 | Coercion Prohibited |  |  |  |  |

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**Individual Records**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 181a | Emergency Info |  |  |  |  | 182c2 | Incident Reports |  |  |  |  |
| 181b1 | Contact Info – Designated Person |  |  |  |  | 182c3 | Physical Exam |  |  |  |  |
| 181b2 | Contact Info – Physician |  |  |  |  | 182c4 | Dental Exam |  |  |  |  |
| 181b3 | Contact Info – Consent to Treatment |  |  |  |  | 182c5 | Assessment |  |  |  |  |
| 181b4 | Physical Exam |  |  |  |  | 182c6 | Individual Plan Docs |  |  |  |  |
| 182a | Separate Ind. Record |  |  |  |  | 182c7 | Psych Eval. |  |  |  |  |
| 182b | Entries legible/dated/signed |  |  |  |  | 182c8 | Copy of Current ISP |  |  |  |  |
| 182c1i | Name, Sex, DOB, SSN |  |  |  |  | 183 | Record info kept at home |  |  |  |  |
| 182c1ii | Race/ht./wt./hair/eye/mark |  |  |  |  | 184a | Record Info – 4 yrs. |  |  |  |  |
| 182c1iii | Means of Communication |  |  |  |  | 184b | Ind. Records – 4 Yrs. After departure |  |  |  |  |
| 182c1v | Next of Kin |  |  |  |  | 185 | Access to Records |  |  |  |  |
| 182c1vi | Current Dated Photo |  |  |  |  | 186 | Release of Information |  |  |  |  |

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**Emergency Placement**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 191b1 | Assessment 31 Days |  |  |  |  | 191b2 | Physical Exam |  |  |  |  |

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**Respite Care**

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|  |  | **C** | **V** | **NA** | **NM** |  |  | **C** | **V** | **NA** | **NM** |
| 201(1) | N/A – .45 and .46 |  |  |  |  | 202b1 | N/A - .45 and .46 |  |  |  |  |
| 201(2) | N/A - .79 |  |  |  |  | 202b2 | N/A - .79 |  |  |  |  |
| 201(3) | N/A - .109 |  |  |  |  | 202b3 | N/A - .109 |  |  |  |  |
| 201(4) | N/A - .111-.117 |  |  |  |  | 202b4 | N/A - .111-.117 |  |  |  |  |
| 201(5) | N/A - .122 |  |  |  |  | 202b5 | N/A - .121 and .122 |  |  |  |  |
| 201(6) | N/A - ..182c4, 5, 6 |  |  |  |  | 202b6 | N/A - .182c3-6 |  |  |  |  |
| 202a | Emergency < 2 wks |  |  |  |  | 203 | Other Requirements |  |  |  |  |

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