**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 |[x] [ ] [ ] [ ]  32p | Choice of Roommate |[x] [ ] [ ] [ ]
| 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. CommunityIntegration |[ ] [ ] [ ] [ ]
| 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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**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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| **Reg.** | **Comments**  |
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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/safetyRisk 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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