

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

CI Consumer Interview

i	<p>CI 29 Who decides your daily schedule like when to get up, when to eat, when to go to sleep?</p> <p>The intent of this indicator is to determine how much control the individual has in deciding his or her daily schedule.</p> <p>If the individual states that others control the schedule, rate "Not Met."</p>	<p><u>No</u></p>
!	<p>CI 30 Who decides how you spend your free time?</p> <p>The intent of this indicator is to determine how much control the individual has in deciding how he or she spends leisure time.</p> <p>If the individual states that others determine this, rate "Not Met."</p>	<p><u>No</u></p>
i	<p>CI 4 Can you be alone if you want to?</p> <p>The intent of this indicator is to determine if the individual has time to be alone, to have privacy.</p> <p>Are you able to spend time alone if you want to?</p> <p>Being alone may be contraindicated by the individual's health needs or behavior plan. Reviewer may defer this question if being alone is contraindicated. If contraindicated, rate "Not Rated" and explain the reason.</p>	<p><u>No</u></p>
i	<p>CI 35 Are you allowed to use the phone when you want to?</p> <p>The intent of this indicator is to determine if the individual has access to a phone, as desired.</p> <p>A general question such as "When can you use the phone?" is suggested to avoid a yes/no response.</p> <p>Using the phone may be contraindicated by the individual's behavior plan. Reviewer may defer this question if using the phone is contraindicated. If contraindicated, rate "Not Rated" and explain the reason.</p> <p>Refer to Connecticut General Statutes 17a-238(e)(3)</p>	<p><u>No</u></p>
i	<p>CI 3 Are your support staff nice and polite to you?</p> <p>The intent of this indicator is to determine if the individual feels that he or she is treated in a respectful manner by support staff.</p> <p>Are you addressed by your name when support persons speak to you? Do support persons include you in conversations? When? How often? Be sensitive when interviewing: an individual may show concern for his or her relationship with a support person when asked this question.</p>	<p><u>Pending</u></p>
i	<p>CI 10 How do support staff ask you if it's okay to come into your bedroom?</p> <p>The intent of this indicator is to determine if the individual's privacy is respected.</p> <p>Do support persons usually knock or ask permission before entering your bedroom?</p>	<p><u>No</u></p>
'	<p>CI 37 Do people ask for your opinions and input? When? How often?</p> <p>The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.</p> <p>Do people ask you what you think? Do people ask you how you feel about things?</p> <p>This is rated "Met" if the individual indicates they are routinely asked for his or her ideas, opinions and input about broad issues. (e.g., future plans, choice of staff, lifestyle, activities, supports, etc.)</p>	<p><u>No</u></p>
i	<p>CI 59 What does abuse and neglect mean?</p> <p>The intent is to determine that the individual has a basic understanding of abuse and neglect.</p>	<p><u>No</u></p>
i	<p>CI 22 Who chooses activities that you participate in?</p> <p>The intent of this indicator is to determine the amount of choice/input the person has in determining his or her activities within the service being reviewed. Where do you go during the week? Who makes the decision to go to these places? Do you go shopping? Do you go out for entertainment? Do you go to meetings in the community? What activities do you like to do? Are you able to do these things? Who makes the decision on where you go for fun?</p>	<p><u>No</u></p>
i	<p>CI 23 Can you do activities that are different from the ones that others do if you want to?</p> <p>The intent is to determine if this individual is allowed to choose and participate in an activity that is different than what others in the home are doing.</p>	<p><u>No</u></p>

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CI 58 Do you have ways to express your ethnicity, cultural heritage, and religious preference if you want? Pending

The intent of this indicator is to determine if the person has opportunities to express his or her cultural preferences as he or she desires. Do you celebrate certain holidays? Do you have special traditions? Do you speak another language? Do you have favorite ethnic foods? Do you have a religious preference? Do you attend religious services?

Consider how important cultural identity and preference is to the person being interviewed. Observe the individual in his/her environment and review the IP for expressions of cultural heritage and/or ethnic or religious preference. Ask the person about those things (e.g., native language, nationality flags, religious statues, artwork that reflects heritage and culture, etc.).

If the individual identifies no preferences, rate "Met". "N/A" should not be used for this indicator.

CI 51 Has anyone explained to you what you can do during your respite visit? No

Refers to the individual's daily schedule/routine and choice of planned activities.

CI 49 If you have a problem and/or complaint, do you have someone to talk to? Are you able to speak privately with someone about personal matters, if you want? No

The intent of this indicator is to determine that the individual has someone with whom they can privately share problems, complaints or personal matters.

This refers to formal and informal complaints or grievances.

CI 53 Who can you tell if you feel you have not been treated like you want to? No

The intent of this indicator is to determine if the individual knows who to report their concerns to.

CI 68 Are you getting the supports you want? No

What help do you get at home, at work, and in the community? Is there other help that you need? Are you satisfied with the amount and type of help you receive?

CI 28 Do you choose the support staff who help you? No

The intent of this indicator is to determine the involvement the individual had in choosing his or her support persons. Is the individual involved in the hiring process at any level? On a day-to-day basis, are support persons assigned to an individual or can the individual choose what support person helps him or her?

CI 81 Do you know who to contact if you have a health concern or do not feel well? No

The individual is better able to make an informed decision about his or her health if he or she knows someone to contact about health concerns or circumstances.

In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".

CI 60 Do you know how to ask for help if somebody is hurting you or someone else? Pending

The intent of this indicator is to determine if the individual can effectively ask for help if someone is hurting him or her or others. What would you do if you felt in danger in the community or at home? Who would you tell?

Connecticut General Statutes 17a-238(b) states that individuals "shall be protected from harm and receive humane and dignified treatment which is adequate for such person's needs and for the development of such person's full potential at all times".

If an Immediate Jeopardy situation, refer to: J1 Abuse or Neglect Observed or Reported.

CI 43 Do you know what to do in an emergency such as a fire, a blizzard or if you get sick? No

The intent of this indicator is to determine if the individual can appropriately respond to an emergency event.

What would you do in an emergency? For example, if you feel ill, if there is a fire, if you lost electricity, etc.

CI 52 Do you feel safe while you are visiting here? No

The intent of this indicator is to determine if the individual feels the respite environment is safe. This refers to environmental safety only. Do you feel safe in this building/in the yard? Is your bedroom/bathroom safe?

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O Observation

- O 1** The individual likes others he or she spends time with. No
- The intent of this indicator is to determine if the individual is comfortable around people he or she spends the most time with including housemates, support staff, and/or co-workers. The individual is at ease, may smile or show other signs of feeling content. Other people are friendly and speak respectfully to the person. The individual interacts with others during the course of experiences observed. Consider body language and other means of communication.
- RES: The individual's visit at the respite is with others with whom he or she is compatible.
- OH/SL: Rate only if others are present. Others can include: housemates, guests, support staff, etc.
- FAM: If the individual lives with his or her family, do not rate the person's relationship with family members. Rate based on observations between paid support persons and the individual.
- O 26** The individual shows satisfaction with things that he or she chooses to do. No
- The intent of the indicator is to determine through observation, if the individual appears satisfied with activities around the home, at work or in the community. This also includes satisfaction with leisure activities, relationships and lifestyle preferences.
- O 2** The individual is treated by staff in a respectful and dignified manner. Pending
- The intent of this indicator is to determine if support persons treat the individual respectfully. The individual is referred to by name and spoken to in friendly, respectful tones. The individual is introduced to new people and included in conversations. The individual is not touched nor is his/her wheelchair moved without permission. Support persons do not ignore the individual. The individual is provided with personal appearance/grooming support as desired and/or needed.
- If immediate jeopardy situation refer to: J1, Abuse or neglect observed or reported.
- O 5** The individual exercises rights as he or she chooses. Pending
- The intent of this indicator is to observe that the individual's rights are supported and promoted. Examples include but are not limited to; use of the telephone or internet, access to personal mail, access to funds, access to privacy, to be free from unnecessary restraint, to be free from unnecessary restrictions, to be free from abuse and neglect, the right to prompt medical and dental treatment, the right to vote, the right to practice chosen religious beliefs, and the right to make daily choices about what to eat, wear and who to associate with.
- Refer to Connecticut General Statutes, 17a-238
- O 9** Support persons follow policies and procedures, as applicable, that affect restrictions of the individual's rights. Pending
- Are restrictive procedures, as identified on the individual's PRC/HRC request approvals, implemented correctly? Rate this Indicator based on observations of support person's actions relevant to the individual that may involve restrictions of his or her rights.
- Observe if restrictive procedures are done according to DDS policy and procedure. Refer to: DDS Manual, Service Delivery – I.D. PR.009 Incident Reporting Attachments A-K, I.D. PR.011 Incident Reporting own home, I.E. PO.003 Behavior Medications, I.E. PO.004 PRC, IE PR.003 Behavior Modifying Medication Attachments A+B, IE PR.004 PRC Attachments A-F, IE PR.006 Pre-Sedation, I.F. PO.001 Abuse and Neglect, I.F. PR.001 Abuse and Neglect.
- If immediate jeopardy situation, refer to: J19 Untrained staff (safety issues, behavioral interventions, medication administration, emergency plan).
- O 3** The individual has privacy when he or she wants or needs it. No
- The intent of this indicator is to determine if the person is afforded privacy. Privacy may involve having locks on doors, personal access to a phone, access to own mail, personal space for possessions, visits with friends and family in private, etc. The individual's confidential information is not posted in view. Support staff discuss health care needs and personal issues with the individual privately. If desired, is there opportunity for the person to have privacy and/or time away from others? If sharing a room, consider how comfortable the person is with privacy arrangements with roommate.
- Refer to behavior program and/or supervision guidelines as needed.
- Refer to Connecticut General Statute 17a-238(b)
- O 12** The individual has personal belongings and his or her environment has a personalized decor. No
- The intent of this indicator is to determine if the person expresses his or her individuality as desired. Is personal décor consistent with the personal interests of the individual? Does the individual own personal belongings and have these items in his/her possession? Consider how personal belongings are regarded when the individual shares with a roommate.
- Refer to Connecticut General Statutes 17a-238(e)(5)
- O 20** The individual has preferred belongings that identify his or her ethnicity, cultural heritage and/or religious preferences, as desired. No
- The intent of this indicator is to determine if the person expresses his or her culture, ethnicity, and/or religion as desired through his or her belongings and environment. Consider how important cultural identity and preference is to the person.

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- O 6 The environment supports the individual's needs, abilities, and interests. No
- The intent of this indicator is to observe and determine if the environment supports the needs, abilities and interests of the individual. For example, has the environment been adjusted for a person with limited mobility or visual impairment? Does the environment have accessible bathrooms for individuals who use adaptive equipment? Is there enough room to navigate around the environment for individuals using walkers and wheelchairs? Is space available for individuals to pursue personal hobbies?
- O 15 Adaptive equipment and assistive technology, if needed, is used by the individual to increase his or her independent participation in daily activities. No
- The intent of this indicator is to determine if the person is using adaptive equipment/assistive technology as identified in the Individual Plan. Look for physician's orders to identify needed equipment, technology. This may include hearing aides, glasses, switch plates, communication boards and devices, dining equipment, barrier-free lifts, transportation needs, etc. Observe if support persons ensure that identified equipment, technology is used. Observations should be consistent with appropriate and safe use of adaptive equipment as identified in the IP. Observe during times that the person would typically use the adaptive equipment.
- If Immediate Jeopardy situation, refer to: J19 Untrained Staff.
- O 4 The individual is supported to make choices in all areas observed. No
- The intent of this indicator is to determine if the person is routinely afforded choice. Support staff offer and encourage personal choice of activities, food and beverages, privacy, entertainment, etc.
- If not observed, rate "Not Rated".
- O 10 Support persons communicate in effective ways the individual can understand and takes the time to listen to the individual and are responsive when the individual communicates. Pending
- The intent of this indicator is to determine if support staff communicate effectively with the person. Support persons rephrase comments to assure the person understands the discussion, and give the individual time, as needed, to respond. Support persons use speech, signing, gestures, question cues, communicate in the individual's native language, use adaptive equipment if applicable, offer clear choices and acknowledge the individual's responses, etc.
- Refer to behavior and/or communication guidelines as applicable.
- O 17 Support persons respond to the individual's needs for assistance. No
- The intent of this indicator is to observe if support staff respond to an individual's need for assistance. Responses must be prompt, meaningful and respectful.
- O 16 Support persons give assistance to the individual only when necessary. No
- The intent of this indicator is to observe that support persons are assisting an individual when needed while allowing the individual to be as independent as possible.
- O 14 Support persons recognize and use naturally occurring opportunities when teaching. No
- Support persons use incidental and informal teaching that occurs naturally and spontaneously in the course of daily events. Teaching that occurs naturally may or may not be related to an IP goal. If there is no opportunity to observe natural teaching, rate "Not Rated."
- O 7 Sufficient support persons are available to meet the individual's support and service needs identified in his or her Plan. Pending
- The intent of this indicator is to determine if sufficient support persons are on duty to carry out the individual's IP, as well as, meet the needs of the other people receiving support in the setting. Review the support person schedule for the visit day, as needed, and compare to on duty support persons. If possible, observe during times identified as needing enhanced staffing to verify that the support is provided as specified. Refer to specific needs and support person requirements as identified in the individual's Individual Plan.
- "Sufficient support persons" is defined in the individual's Individual Plan (e.g., two-person transfer required, a requirement for a support person to be within visual sight of the individual at all times).
- If immediate jeopardy situation refer to Jeopardy Guidelines: J18 Inadequate number of staff (supervision, implementation of behavioral interventions, evacuation).
- Refer to DDS CLA Licensing Regulation: 13b
- O 18 Support persons protect the individual's safety. Pending
- Observe if support persons are available and protect the individual's safety.
- O 21 The individual's health needs are addressed during daily activities. Pending
- This may include specialized health needs such as dietary, nursing delegated tasks, etc.
- Refer to DDS CLA Licensing Regulation: 18a3A, 18c2

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1 O 25

Support providers follow applicable DDS Health Regulations, policies, and procedures, advisories and directives.

No

The intent of this indicator is to observe that support person(s) have knowledge and understanding of applicable DDS Health Regulations, standards, policies, procedures, advisories and directives and that they demonstrate that knowledge during the course of the observation period in regards to the support given to the individual being reviewed. For example, the individual's Level of Need, dysphagia risk assessments, bathing and personal care protocols, and bed safety and side rail assessments.

For FAM service type: For individual's receiving services from a provider agency, observation is to be done for the areas identified in the Individual Plan as the responsibility of the provider agency.

If immediate jeopardy situation refer to: J19 Untrained staff (Safety protocols, behavioral interventions, medication administration, emergency plan).

"Not Rated" would be used if there is no opportunity to observe implementation of the policies. "N/A" can never be used for this indicator.

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SPI Support Person Interview

1	SPI 7	<p>Describe how the individual communicates.</p> <p>The intent of the indicator is to ensure that the support person is knowledgeable in the specific manner that the individual communicates. If the individual speaks a different language, can the support person speak that language or have another means to communicate with the individual. If the individual uses sign language, does the support person know the meaning of the signs and how to communicate with the individual using sign language?</p>	<u>No</u>
	SPI 25	<p>Is the individual satisfied with his or her routine? How do you know this? Give some recent examples.</p> <p>Is the individual satisfied with the pattern and flow of activities? For employment supports: Does the individual like the shift and/or days that they are currently working?</p>	<u>No</u>
2	SPI 26	<p>Does the individual participate in the activities that he or she chooses? Describe the activities the individual chooses to participate in.</p> <p>The intent of this indicator is to determine the support person's knowledge of the activities the individual chooses to participate in. Refer to the IP for the individual's preferred activities. Is the support person knowledgeable of the activities in which the individual chooses to participate? What activities does the individual participate in that he or she chooses? Tell me about them. Are the individual's preferences reflected in his or her daily routine? Is there a leisure activity the individual likes to do but is unable to for any reason?</p> <p>Indicator should be rated "Not Met" if support person does not have sufficient knowledge of the individual's preferences.</p>	<u>No</u>
3	SPI 30	<p>If the individual chooses, what would you do to support the individual to change his or her lifestyle, personal activities and/or routines?</p> <p>The intent of this indicator is to determine if the support person knows how to support the individual to make changes to his or her lifestyle, personal activities and/or routines should the individual choose.</p>	<u>No</u>
4	SPI 29	<p>How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.</p> <p>The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.</p>	<u>No</u>
5	SPI 14	<p>How do you support the individual to develop new and healthy relationships?</p> <p>The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.</p> <p>How do you support the individual to understand the benefits and risks of developing new relationships?</p> <p>Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide?</p>	<u>No</u>
6	SPI 21	<p>Does the person have money to purchase personal items and to participate in community activities?</p> <p>The intent of this indicator to determine the support person's knowledge of the individual's financial resources. Have there been any purchases or community activities delayed or cancelled due to finances?</p>	<u>No</u>
7	SPI 22	<p>How do you support the individual to learn money management skills?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.</p> <p>If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".</p>	<u>No</u>
8	SPI 11	<p>What are the behavioral interventions used to support the individual?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.</p> <p>Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.</p> <p>This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.</p> <p>Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.</p>	<u>No</u>

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1	SPI 15	How are any safety concerns for the individual addressed?	<u>No</u>
		<p>The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.). Do you have any other concerns about the individual 's safety that are not currently identified or addressed?</p>	
1	SPI 18	Does the individual know what the emergency and fire evacuation plans require him or her to do?	<u>No</u>
		<p>The intent of this indicator is to determine the staff person's knowledge of the individual's needs in case of emergency or fire. Refer to the individual's emergency and fire evacuation plans. Ask the staff person how the individual typically responds in an emergency. If the staff person states the individual does not know what the emergency and fire evacuation plans require him or her to do, ask the staff person how he or she would support the individual in that situation.</p> <p>If the staff person's knowledge of the individual's needs reflected in emergency and fire evacuation plans are not in accord with these plans, rate this indicator "Not Met."</p>	
	SPI 17	What are the individual's needs during an evacuation?	<u>Yes</u>
		<p>The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)</p>	
1	SPI 16	How is the individual taught to recognize and report unsafe situations to others?	<u>No</u>
		<p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)</p>	
1	SPI 35	What are the individual's medical needs and how are these addressed?	<u>Pending</u>
		<p>The intent of this indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed. Refer to the individual's plan and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions).</p> <p>Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out. Alternate question: Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide.</p> <p>If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this indicator "Not Met."</p>	
1	SPI 11a	Have you ever had to physically restrain the individual? If so, when and how?	<u>Pending</u>
		<p>The intent of this indicator is to determine that the support person uses approved restraint techniques that are in accord with the individual's Behavior Support Plan. Refer to the individual's IP to see if the individual has a Behavior Support Plan. If so, refer to the Behavior Support Plan for specific restraint information and DDS Form 255(s), as relevant. Also refer to behavior support strategies/training identified in the individual's IP.7 - Provider Qualifications and Training Form.</p> <p>Have you ever had to restrain the individual? If so, what type of restraint?</p> <p>Rate this indicator as "Not Met" if the support person discussed using an unapproved restraint technique. Also refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved interventions were used.</p> <p>Refer to DDS CLA Licensing Regulation: 15b5</p>	
1	SPI 40	How do you help the individual to learn to avoid potentially abusive and neglectful situations?	<u>No</u>
		<p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.</p>	
1	SPI 10	How do you help the individual exercise his or her rights?	<u>No</u>
		<p>The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.</p> <p>Refer to Connecticut General Statutes, 17a-238(a)</p>	
1	SPI 45	How would you support the individual to make a complaint if he or she wants to?	<u>No</u>
		<p>The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.</p> <p>Refers to Connecticut General Statutes, 17a-238(e)(7)</p>	

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SPI 9 What would you do if you witness abuse or neglect occurring? Pending

The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.

A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.

This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes

SPI 37 What are your agency's accident and incident reporting policies and procedures? No

The intent of this indicator is to ensure that the support person is knowledgeable of reporting requirements for accidents and other incidents.

Refer to DDS Procedure No. I.D.PR.009 Incident Reporting.

In family settings (FAM), this indicator is only applicable to support persons hired through a provider.

Refer to DDS Procedure No: I.D.PR.009a Incident Reporting for Individuals who live in own/Family Home & Receive DDS Funded Services.

SPI 20 What is the accounting and tracking system for the individual's finances? No

The intent of this indicator is to determine if the support person is knowledgeable of the system used for tracking the individual's income and expenses. Ask the support person what their responsibility is in documenting the individual's income and expenses.

Refer to the individual's checking and savings account statements and/or personal fund ledgers. A person may self-manage his or her own money, share management responsibilities with others, or have someone else manage all of his or her money. Refer to provider policies and procedures and the individual's IP.

Each individual's finances are different based on the sources of income he or she has. (e.g., wages, Department of Social Service funding, Supplemental Security Income, Social Security, monetary gifts). From these sources of income, the provider may take a portion of the person's income to pay for room and board. Individuals receive a personal needs allowance based on the amount of wages earned.

If the support person lacks knowledge of the accounting and tracking systems, rate this indicator "Not Met." If the individual manages his or her finances without staff involvement, rate "N/A."

Applicable to DSO, SHE and Family Respite Center if an individual 's funds are kept at the site.

SPI 38 What would you do should a vehicle break down when traveling? No

The intent of this indicator is to determine the support person's knowledge of the provider's emergency procedures for handling a vehicle breakdown. Does the support person have means to call emergency personnel or provider staff for assistance? Does the support person know whom they should call? Does the support person understand the individual's safety needs in the event the vehicle is inoperable on a road or highway?

Rate "N/A" if the support person does not provide transportation for individuals.

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SC Safety Checklist

- SC 1** An Emergency Relocation Plan, a part of the DDS Special Operations Plan for Emergency Relocation, is maintained in a special notebook, the "Red Book", easily accessible to the staff. Pending
- Contents of the Emergency Relocation Plan "Red Book" must include: The DDS Special Operations Plan for Emergency Relocation, DDS Emergency Fact Sheets for all individuals, Emergency Relocation Plan for Levels 1, 2, and 3 emergencies with all necessary directions and personnel contact information. This book should be updated as any changes occur.
- Emergency Fact Sheets and identification badges must include a color photo of the individual. Fact sheets and badges must be reviewed at least annually, and more frequently if supports change for the individual, or revisions to the plan occur.
- Refer to DDS CLA Licensing Regulation: 12a
- SC 2** The emergency response plan accommodates the support needs of the individual, each person's role during an emergency, and the availability of necessary medical information when the individual is away from his or her service location. Pending
- The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).
- Refer to DDS Fire Safety and Emergency Guidelines.
- Refer to DDS CLA Licensing Regulation: 12a
- SC 3** There is an accessible working telephone with emergency numbers readily available. Pending
- The intent of this indicator is to determine if the individual has access to a working telephone and emergency numbers. Emergency numbers may include but are not limited to 911, Poison Control, etc. Consider the individuals specific health and safety needs when rating this indicator. In a SL or Own Home, an accessible telephone may be in the home; it may be the phone of a neighbor or a cell phone programmed to 911. In CLA4 and CLA3, emergency numbers are posted in an easily visible location.
- If immediate jeopardy situation refer to: J7 No access to phone. The individual should be able to access the phone in case of emergency.
- Refer to DDS CLA Licensing Regulation: 11j
- SC 5** There are practiced and documented fire evacuation drills that occur six times a year on a bi-monthly basis. No
There is documentation that two drills are conducted at night when the individual is routinely asleep.
- Fire evacuation drills familiarize and instruct individuals and support persons in the procedures to be followed for safe evacuation. Drills are conducted with the full participation of all individuals.
- Refer to site-specific Fire Safety and Emergency Plan fire evacuation drill procedures.
- Fire Evacuation drills shall be completed every other month for a total of six per year, two on each shift per year. The provider determines shifts. Two third shift drills per year shall occur at times when the individuals are asleep. Drills shall rotate simulated fire locations and egresses used and these conditions of simulation shall alternate on each shift. Each designated means of escape should be used during drills at least annually.
- The provider shall use the DDS Evacuation Drill Report form or any other that provides same information.
- Refer to DDS Fire Safety and Emergency Guidelines
- SC 9** There are fully charged fire extinguishers available in the kitchen and furnace area. Pending
- Annual fire extinguisher servicing and monthly checks are documented.
- Refer to DDS CLA Licensing Regulation: 11g

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

SC 10	<p>There are working smoke detectors on each level of the location that meet the individual's needs.</p> <p>The intent of this indicator is to determine if there are working smoke detectors on each level of the location and that the smoke detectors are designed to meet the individual's specific needs.</p> <p>Whenever possible, test battery operated smoke detectors onsite to determine if the battery is working. Provider personnel should follow the manufacturer's specifications for battery operated smoke detectors to determine ongoing testing and replacement frequency for batteries and the smoke detectors.</p> <p>Review documentation to verify that fire alarm systems that are wired to a phone line are tested by a qualified or licensed professional e.g. an alarm company vendor, Fire Marshal, and that any recommendations are implemented.</p> <p>At residential and day service locations, audible and/or visual devices, e.g. smoke detectors, strobe lights, and fire alarm/bed shakers, are used and maintained according to manufacturers specifications.</p> <p>If immediate jeopardy situation refer to: J4 Non-functional fire alarm system or no working smoke detector.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	<u>Yes</u>
SC 11	<p>The individual's home does not have an unvented combustion-heating unit.</p> <p>Gas heaters that are designed for unvented use must be operated according to the manufacturer's specifications for safe use.</p> <p>If immediate jeopardy situation refer to: J14 Unvented combustion heating device in use (kerosene heater, gas/charcoal grill indoors).</p> <p>Refer to DDS CLA Licensing Regulation: 11c</p>	<u>Yes</u>
SC 24	<p>The individual's bedroom has smoke-tight door(s) if the residence does not have a sprinkler system.</p> <p>A smoke-tight door has no more than 1/8" clearance at top and sides, 3/8" at bottom with no holes, louvers, etc.</p> <p>Applicable to licensed residences with 3 individuals or less.</p> <p>Refer to DDS CLA Licensing Regulation: 11c</p>	<u>Yes</u>
SC 12	<p>Designated means of escape are unobstructed.</p> <p>The intent of this indicator is to determine if the individual has unobstructed means of escape from the location. Egress doors and windows are not blocked and allow a clear path for evacuation. Obstructed means of escape are to be cleared when discovered.</p> <p>If immediate jeopardy situation refer to: J5 Obstructed means of egress.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	<u>Yes</u>
SC 13	<p>Exterior doors open from the inside without the use of tools or keys.</p> <p>Exterior doors shall open from the inside by using one or both hands engaged in a single unlocking motion. This is applicable to licensed residences with 3 individuals or less.</p> <p>In a CLA4+, use of other devices may be used with approval by the local Fire Marshal.</p> <p>In OH SL, hand operated dead bolts and safety chains are permissible unless contraindicated.</p> <p>If immediate jeopardy situation refer to: J6 Inability to open exterior doors from the inside without use of a key.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	<u>Yes</u>
SC 14	<p>Escape windows open without the use of tools.</p> <p>Reference the site specific evacuation plan to see if windows are part of the plan. Rate "N/A" if the plan does not include windows as an egress.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	<u>Yes</u>

Report Filters:

Service: "RES" Active Indicator? "Yes"

		<u>RFU?</u>
i	SC 15 Rooms and closets open from the inside. The intent of this indicator is to prevent individuals from being locked within rooms or closets. Locks on doors must not have the potential to prevent an individual's egress. Room and closet doors must open freely from the inside, without an individual needing to manipulate a locking device. If a door is locked, turning the doorknob from the inside will open the door, allowing egress. Refer to DDS CLA Licensing Regulation (CLA4+): 11d Refer to DDS CLA Licensing Regulation (CLA3-): 11c	<u>Yes</u>
f	SC 16 Rooms that lock have tools which open them readily available. Refer to DDS CLA Licensing Regulation (CLA4+): 11d Refer to DDS CLA Licensing Regulation (CLA3-): 11c	<u>Yes</u>
i	SC 52 The individual's bedroom has a minimum required size based on the number of occupants. Single occupant bedrooms contain at least 80 square feet. Multiple occupant bedrooms contain at least 60 square feet per individual. Look at the individual's bedroom and measure the room size, if necessary. Refer to DDS CLA Licensing Regulation: 11k	<u>Pending</u>
i	SC 17 Medications are to be kept locked, refrigerated as needed and access shall be limited to those authorized to administer medications except for individuals who self medicate and live independently. All medications shall be stored in a locked space solely used for the storage of medication. Controlled medications must be stored separately from other medications. Controlled medications must be stored under double lock in an immovable container. Medications requiring refrigeration shall be stored separately from food. Medications may be placed in a locked container in the same refrigerator in which food is stored. The temperature of the refrigerator shall be maintained between 36-46 degrees Fahrenheit. These requirements apply only to persons who cannot self-medicate as defined in the Medication Administration Regulations. Medications for individuals who self-administer shall be stored in such a way as to make them inaccessible to other individuals. Such medications shall be stored in a locked container or area unless the supervising nurse makes a determination that unlocked storage of the medication poses no threat to the health or safety of the individual or others. Controlled drug counts are completed at the beginning of each shift. Refer to Health Directive – DDS Medication Administration Practices for Controlled Drugs/ Medications, dated 7/25/08. If medicated items are found in an unlocked first aid kit, rate "Not Met". Potassium Iodide (KI) use for persons in the Emergency Planning Zone: This applies to the following public and private operated services in the EPZ: Community Living Arrangements, Individualized Home Supports, Continuous Residential Supports, Residential Centers, Family Respite Centers, Day Service Option locations, Sheltered Workshops, and Youth/Adult Camp. For individuals and support persons in the EPZ, DDS distributed KI, brand name IOSTAT, in April 2009 that have an expiration date of 2/2014. The KI tablets require a MD order and renewal every 180 days. The MD order shall state, "Potassium Iodide 130 mg po to be given per State of Connecticut Emergency Management Instructions". Only licensed personnel and certified unlicensed personnel can administer the KI tablets. Potassium Iodide Storage: For public services, the KI tablets are stored in the usual locked medication storage areas for safety reasons. For private services the provider should have a policy that addresses the storage area for KI tablets for safety reasons. The Department of Public Health (DPH) revised regulations for the "Emergency Distribution of Potassium Iodide in Youth Camps, Section 19-13-B27a (w)", that applies to Camp Harkness. The regulation requires that prior written consent is obtained for the voluntary ingestion of KI and that the documentation is maintained at the camp. Camps provide advice in writing to the person providing consent about the contraindications and possible side effects of KI. Only designated staff members can administer the potassium iodide tablets at camp, i.e. licensed personnel and certified unlicensed personnel. The KI tablets must be kept in a locked storage area or container in Youth Camps. Refer to DDS CLA Licensing Regulation: 18a1 Refer to DDS Medical Advisory #99-3	<u>Yes</u>
f	SC 18 Basic first aid supplies are readily available at the individual's service location. Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents. If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate. Refer to DDS CLA Licensing Regulation: 11h	<u>Pending</u>

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

	SC 19	Basic first aid supplies are readily available in vehicles used to transport the individual. Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents. If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate. Refer to DDS CLA Licensing Regulation: 11h	<u>Pending</u>
	SC 20	Personal protection equipment (PPE) is readily available at the individual's service location. PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan. Refer to DDS CLA Licensing Regulation: 11h	<u>Pending</u>
	SC 21	Personal protection equipment (PPE) is readily available in vehicles used to transport the individual. PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan. Refer to DDS CLA Licensing Regulation: 11h	<u>Pending</u>
	SC 38	The individual's environment is free from potential hazards. The intent of this indicator is to determine if the individual's interior environment and property are free from potential safety hazards. For example, interiors, walkways and stairs are in good repair, garbage is properly contained or disposed of, the property is free of pests and pets have appropriate vaccinations and are not contraindicated for the individuals. There is safe storage of all materials consistent with individuals' needs. Consider individual specific safety needs, such as PICA, etc. For example, flammable items, poisonous items, cleaning products, etc. If immediate jeopardy situation refer to: J13 Pest Infestation, J15 Poisonous substances accessible, J16 flammable substances.	<u>Pending</u>
	SC 28	The exterior and grounds of the individual's environment are safe. Exterior grounds should be clear of potential hazards and maintained in good condition. For example, refuse is properly contained or disposed of, the property is free of pests, egress doors and pathways are not blocked, pathways and driveways are maintained and free of debris and snow/ice during winter weather and pool areas are fenced and secured as appropriate. All exterior environments are well maintained. Ensure ornamental plantings do not pose a visual obstruction near traffic areas. For cleanliness concerns, rate SC 27a "Not Met". If immediate jeopardy situation refer to: J5 Obstructed means of egress. Refer to DDS CLA Licensing Regulation: 11d	<u>Pending</u>
	SC 27a	The individual's environment is clean. This indicator refers to all interior and exterior cleanliness. For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50. Refer to DDS CLA Licensing Regulation: 11d, 11i	<u>No</u>
	SC 27b	The individual's environment is structurally well-maintained. This indicator refers to both interior and exterior structural concerns. For potential safety concerns rate "SC 38" or "SC 28" "Not Met" as applicable. Dangerous situations caused by structural decline of the environment may indicate an immediate jeopardy situation; refer to Immediate Jeopardy Situation Reviewer Guidelines. For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC 50. Refer to DDS CLA Licensing Regulations: 11d, and 11i	<u>Yes</u>
	SC 27c	The individual's environment is adequately lighted, has a comfortable temperature and is free from unpleasant odors. For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50. If immediate jeopardy situation refer to: J8 No heat; J9 No electric; J10 No or insufficient water (or unsafe water supply). Refer to DDS CLA Licensing Regulation: 11d, 11i	<u>Pending</u>

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

i	SC 35	Furniture and furnishings are safe and in good repair. Interior and exterior furniture and furnishings do not produce potential safety hazards to individuals. For example: Rugs have non-skid backing. Furniture arrangement does not restrict easy navigation for individuals who use adaptive mobility equipment. Refer to DDS CLA Licensing Regulation: 11e	<u>Pending</u>
'	SC 30	The location has sufficient toileting and/or bathing facilities and supplies to meet the individual's needs. The intent of this indicator is to determine if the location has sufficient bathing/toileting facilities and supplies. Consider the individual's specific needs for safe access and use of the facilities. For physical environmental conditions that require funding or a contracting process for remediation, use SC50. Refer to DDS CLA Licensing Regulation: 11f	<u>Pending</u>
i	SC 25	There is sufficient storage space for clothes and personal belongings. Individuals should have room to safely store their personal belongings, clothing, etc. Storage space may include individual storage areas, closets, bureaus, trunks, etc. Refer to DDS CLA Licensing Regulation: 11I	<u>Pending</u>
i	SC 31	Personal hygiene supplies in the individual's environment are stored separately from others and in a sanitary manner. Toothbrushes are stored in individual holders and nail clippers are not shared, etc. If more than one individual's supplies are kept in the same area, the supplies are labeled with the owner's name.	<u>Pending</u>
i	SC 32	Bathrooms, common areas, and personal living spaces afford privacy. The intent of this indicator is to determine that the individual's environment meets their need for privacy, as appropriate. For example, doors on bathrooms and bedrooms, partitions and/or privacy screens in common areas, window coverings in bathrooms and bedrooms. Refer to DDS CLA Licensing Regulation: 11f	<u>Pending</u>
	SC 33	The individual's bedroom has a window or door that opens directly to the outside for ventilation. Screened windows should be intact. Refer to DDS CLA Licensing Regulation: 11c	<u>Yes</u>
!	SC 26	Kitchen and dining areas have appropriate equipment for the sanitary storage, preparation, and serving of food and an adequate supply of food. Equipment includes but is not limited to: refrigerator, stove, other appliances, dishes, utensils, etc. All burners on gas stoves are working properly. If immediate jeopardy situation refer to: J12 Inadequate food supply. Refer to DDS CLA Licensing Regulation: 11i	<u>Pending</u>

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

i	SC 34	Hot water temperature is maintained between 100 and 120 degrees Fahrenheit at water sources accessible to the individual.	<u>Yes</u>
This indicator applies to sinks, bathtubs, bottled water dispensers with a hot water tap or other hot water source that an individual has access to.			
Water temperature must be maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature must be maintained between 100 and 110 degrees Fahrenheit.			
Any support person who directly assists individuals during bathing must check the water temperature immediately before assisting the individual into the bath or shower. Refer to DDS Safety Alert; Hot Temperature Safety Awareness 12/27/2004.			
Hot and cold water dispensers present a serious burn hazard. DDS does not recommend use of such dispensers. If such units are present in any service, precautions must include a documented procedure for access to, education of and supervision of individuals using such units. Refer to DDS Safety Alert; Hot & Cold Water Unit Dispensers 6/9/2004.			
Hot tubs: Individuals must have a written doctor's order from their primary physician to use a hot tub. Individual's using a hot tub must have direct supervision by support staff. Support persons who assist individuals during hot tub use must check the water temperature immediately before use. Refer to DDS Policy I.P.R.E.001 Water Safety.			
If immediate jeopardy situation refer to: J11 Hot water temperature above 138 degrees Fahrenheit. If water temperature exceeds 138 degrees Fahrenheit at hot water sources that an individual can access this is an immediate jeopardy situation. The provider must develop an immediate corrective action plan to resolve the potential burn risk. A corrective action plan involves but is not limited to:			
<ol style="list-style-type: none">1. Install a thermostatic mixing valve or regulator that maintains water temperature between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.2. Regularly measure water temperatures to ensure that the water temperature is maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.3. Assess each individual's capability to independently regulate water temperature and provide instruction to safely regulate hot water as needed.4. Document in the individual's record his or her ability to safely adjust water temperature.5. Provide constant within eyesight supervision of each individual, as needed, to prevent burn accidents.			
In CLAs and CRSs a thermostatic mixing valve is required. These devices are to be installed at the primary water-heating source (e.g., furnace, hot water heater). All new CLAs are required to have a thermostatic mixing valve installed as a condition of initial licensure. Refer to DDS Directive: Hot Water Anti-Scald Device Installation 8/25/2006.			
Refer to DDS CLA Licensing Regulation: 11d			
f	SC 36	Any electrical outlet within six feet of an open water source is protected by a ground fault circuit interrupter (GFCI).	<u>Yes</u>
Refer to DDS CLA Licensing Regulation (CLA3-): 11c			
Refer to DDS CLA Licensing Regulation (CLA4+): 11d			
i	SC 37	Electrical sockets and extension cords are not overloaded.	<u>Pending</u>
Electrical outlet adapters shall not be used in electrical wall sockets. Wall sockets can only be used for one plug each.			
Power strips and surge protectors are acceptable for use when plugged into a single socket.			
Refer to DDS CLA Licensing Regulation (CLA3-): 11c			
Refer to DDS CLA Licensing Regulation (CLA4+): 11d			
i	SC 39	Electrical cords are not run under rugs.	<u>Pending</u>
Refer to DDS CLA Licensing Regulation (CLA3-): 11c			
Refer to DDS CLA Licensing Regulation (CLA4+): 11d			
r	SC 40	Electrical outlets and junction boxes have cover plates and no exposed wires.	<u>Yes</u>
Refer to DDS CLA Licensing Regulation (CLA3-): 11c			
Refer to DDS CLA Licensing Regulation (CLA4+): 11d			
i	SC 41	A means to wash and dry clothes is available.	<u>Pending</u>
Clothes washing and drying appliances are available either on site or otherwise accessible; a laundromat, for example.			
Refer to DDS CLA Licensing Regulation: 11m			

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

1	SC 42	<p>Clothes dryers are properly vented to the outside or to an appropriate inside filter unit.</p> <p>Clothes dryer venting is installed and maintained according to manufacturer's specifications.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	<p><u>Yes</u></p>
1	SC 44	<p>Poisonous substances are correctly labeled and safely stored according to the needs of the individual.</p> <p>If immediate jeopardy situation refer to: J15 Poisonous substances accessible (as appropriate based on individuals).</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	<p><u>Yes</u></p>
	SC 45	<p>Combustible and flammable substances are used and stored appropriately.</p> <p>Approved gasoline storage containers and approved propane storage containers are used. Oil-based paint, lighter fluid, and other substances are labeled and stored safely. Storage is permissible in a shed or garage if the substances are in limited quantities (i.e., five gallons or less of gasoline, no more than two gas grill propane tanks) and are stored in an area furthest from the residence. Attached storage areas must have a firewall adjacent to the residence.</p> <p>Applicable only to CLAs and CRSs, combustible and flammable substances are stored outside the individual's residence at least 10 feet away from the residence.</p> <p>If immediate jeopardy situation refer to: J16 Flammable substances in the home (gas, significant quantities of oil-based paint, etc.).</p> <p>Refer to DDS CLA Licensing Regulation: 11d Hazard prevention</p>	<p><u>Yes</u></p>
1	SC 43	<p>Basements are free of standing water.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	<p><u>Yes</u></p>
1	SC 29	<p>The individual's environment is accessible, as needed, and promotes individual independence.</p> <p>The intent of this indicator is to determine if the setting is accessible to the individual. The setting has, as indicated by each individual's needs, ramps, automatic door openers, grab bars, tables, counters and appliances at appropriate height, ample space, etc. Bathing facilities meet the individual's needs. Any environment within the location where the individual receives service is accessible.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.</p>	<p><u>Pending</u></p>
1	SC 49	<p>There is documentation that the safe condition and designed use of adaptive equipment and safety devices is monitored.</p> <p>Periodic monitoring and documentation of monitoring of the safe condition and designed use of adaptive equipment and safety devices should occur on a regular basis, in accordance with manufacturer's specifications, in order to ensure that the safety of the consumer and functionality of adaptive equipment and safety devices is evaluated. Note that this includes both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices.</p> <p>Seat/lap belts, wheelchairs, side rails, adaptive equipment, etc.</p> <p>For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).</p> <p>There is documentation that all monitoring devices including but not limited to door alarms, listening devices or other sensors have been regularly checked and maintained in good operating condition. Refer to DDS Safety Alert; Individual Safety Monitoring Devices 4/4/2007.</p> <p>In OH-SL: If it is documented in the individual's IP that they are capable of independently monitoring his or her own adaptive equipment and safety devices, then rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 11e, 18a3A</p>	<p><u>Pending</u></p>
1	SC 48	<p>Adaptive equipment and safety devices are in good condition and used as designed.</p> <p>The intent of this indicator is to ensure that both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices are being maintained and utilized as designed.</p> <p>Shower chair safety belts securely hold an individual and operate as designed. Grab bars are securely fastened, etc.</p> <p>If immediate jeopardy situation refer to: J2 Non-functioning adaptive equipment (wheelchair, braces, shower/tub/toilet chairs, bedrails, feeding pumps, etc.).</p> <p>Refer to DDS CLA Licensing Regulation: 11e, 18a3A</p>	<p><u>Pending</u></p>

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

i	SC 46	Vehicle adaptive equipment and vehicle safety devices are in good condition and used as designed.	<u>Pending</u>
<p>The intent of this indicator is to ensure that vehicle adaptive equipment and safety devices are used and maintained according to manufacturer's specifications, are functional and that they are utilized as designed. This includes manufacturer installed seat belts as well as wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc.</p>			
<p>All adaptive equipment shall be secured so that it does not present a hazard while the vehicle is in use.</p>			
<p>The vehicle is clean and well maintained. There is no evidence of people smoking in vehicles.</p>			
<p>If immediate jeopardy situation refer to: J17 Vehicle safety equipment is in disrepair (seatbelts, wheelchair anchors, vehicle maintenance).</p>			
'	SC 47	There is documentation that the safe condition and designed use of adaptive vehicle safety devices is monitored.	<u>Pending</u>
<p>Periodic monitoring and documentation of the safe condition and designed use of vehicle adaptive equipment and safety devices should occur on a regular basis. This includes wheelchair tie down & restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc. This does not include non-adaptive vehicle seat belts.</p>			
<p>Refer to DDS CLA Licensing Regulation: 18a2E</p>			

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D Documentation

- D 57** The individual's plan is on file at the service location, available for support staff to implement. Yes
- The individual's current Individual Plan must be on file at the service location within 30 days of plan development. The individual's IP may be at a provider location for support persons' use when the individual has mobile support services or an own home/family setting.
- In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.
- If the individual's plan is not available at the service location, and service provider can show documentation of their attempts to obtain this information from DDS, the indicator will be rated "Not Met, DDS Responsible".
- D 4** The individual's preferences and personal goals are identified in his or her plan. Pending
- Refer to IP.2, Personal Profile and IP.3, Future Vision. The individual's preferences can include relationships with family and friends, routines, community participation, ethnic, cultural, and religious identities, a vision for the future, etc.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to DDS CLA Licensing Regulation: 17f
- D 17** The record indicates the individual is engaging in activities that reflect personal preferences. No
- Review the individual's documented personal preferences in his or her Individual Plan. Review documentation of preferred activities in which the individual participates.
- Refer to DDS CLA Licensing Regulation: 17g
- D 5a** The individual's record contains necessary and current health assessments, screenings, evaluations, reports and/or profiles. Pending
- Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan. The individual's record, including assessments, shall include the status of current and needed healthcare.
- Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments identified as needed must be referenced in the Action Plan, IP.5 and should be completed within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.
- Documentation must be available to show what type of support the nurse is providing. If a nurse is provided through a Healthcare agency, the individual must sign a release so that copies of the agency's documentation of services provided is available in the home.
- Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.
- For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- Refer to DDS CLA Licensing Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.
- For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D 5b

The individual's record contains necessary and current safety assessments, screenings, evaluations, reports and/or profiles.

Pending

Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.

Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).

Aquatic Activity Screening: Refer to DDS Policy I.PR.E.001 Water Safety

An individual's Bathing Guideline identifies the level of supervision needed and whether or not the individual can safely regulate water temperature. Refer to Safety Alert "Bathing and Personal care" issued 12/19/00, reissued 5/13/10.

Includes individualized training on procedures to educate the individual about abuse and neglect detection and prevention if appropriate.

For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

Refer to DDS CLA Licensing Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).

D 5c

The individual's record contains necessary and current programmatic assessments, screenings, evaluations, reports and/or profiles.

Pending

Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.

Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.

The individual's plan shall consider the individual's need to participate in training for the detection and prevention of abuse and neglect, and to learn about economic supports (i.e. insurances, benefits, income).

For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures.

For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.

In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.

Refer to DDS CLA Licensing Regulation: 17e, 17k
17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

- D 43** Direct service providers maintain documentation of supports and services provided and progress made. Yes
- The intent of this indicator is to determine if the services are being delivered to the individual as identified in the IP and that the provider maintains documentation of services and supports provided and progress made. Providers should maintain documentation of specific plans to implement goals identified in the Individual Plan. This includes documentation of individual progress, data and/or anecdotal notes, as applicable.
- Review provider specific plans including teaching strategies, nursing plans of care, protocols and guidelines. If the person is not receiving the supports or services necessary, or if the individual is not making progress in his/her identified goals, the team should address the issue to ensure that the individual is receiving needed services.
- Attendance records may also be reviewed.
- Support providers who are hired directly by the person or family to provide support should document progress on specific personal outcomes and goals for which they are responsible.
- Refer to DDS CLA Licensing Regulation: 17h, 17j
- D 44** The individual's plan identifies health and safety issues and strategies. Pending
- Refer to the Level of Need (LON) and IP.4: Assessments, Screenings, Evaluations, and Reports. Areas identified shall be addressed in IP.2: Personal Profile or IP.5: Action Plan.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- Refer to DDS CLA Licensing Regulation: 17e
- D 33** The Individual Plan documents responsiveness to the individual's requests to make changes in supports and services or providers, if applicable. Pending
- The intent of this indicator is to ensure that there is documentation available to show that the individual's team and/or provider has responded to the individual's requests to make changes in supports, services or providers.
- Evidence exists in the Plan or Periodic Review that demonstrates that if the person requested a change there was a response to this request. For example, implementation of the portability process, changes in service type, or amount of support is documented.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.
- D 36** The Individual Plan identifies additional qualifications and training required for staff to adequately support the person, if needed. Pending
- The intent of this indicator is to ensure that there is documentation in the individual's IP.7: Provider Qualifications and Training section regarding support person training, specific to the individual's needs that are related to the support service being reviewed.
- IP.7 should reference staff qualifications and training specific to the individual, which may include but is not limited to the individual's health needs, behavioral support plans, ambulation protocols, allergy protocols, adaptive equipment, positioning, dietary / dining guidelines, etc.
- In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.
- For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D 26 The individual's record contains necessary Human Rights Committee (HRC), Program Review Committee (PRC), and consent documents, as applicable. Pending

The intent of this indicator is to ensure that there are applicable HRC, PRC and consents available in the individual's record as required.

Consents include those addressed during annual planning by the Case Manager. Consents include, as applicable (but not limited to): use of behavior modifying medication, use of restrictive programs and/or procedures, administration of medication, routine medical treatment, emergency medical treatment, medication disposal, photo release, release of confidential information and consent for pre-sedation for medical and dental procedures (as needed). There is evidence that the individual or his or her guardian controls access to personal information.

Initial consent is required for routine medical treatment and additional consent is required for non-routine invasive procedures, as needed.

If applicable, documentation of PRC and HRC reviews are on file, including documentation of follow-up to qualifications.

Refer to P&P I.E.PO.003 subject: Behavior Modifying Medications
I.E.PR.003 subject: Behavior Modifying Medications (Attachment A) & See D1B, D2C&D
I.E.PO.004 subject: Program Review Committee
I.E. PR. 004 subject: Program Review Committee
I.E. PR. 006 subject: Pre-Sedation for Medical/Dental Procedures

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Note: PRC does NOT review psychotropic medications for individuals living with their families. PRC policy does apply if staff use restrictive programs with individuals living in their family homes.

Refer to DDS CLA Licensing Regulation: 15a1, 15b1, 15b2, 15b3B, 18a2A, 18a2B, 18a2C, 18a2D

D 27 The individual's record identifies that required procedures were followed if his or her rights were restricted. Pending

The intent of this indicator is to ensure that there is documentation available showing that required procedures were followed if the individual's rights were restricted.

Refer to documents such as the Individual Plan, Behavioral Support Plan or DDS Incident Reports (DDS 255) to discover if the individual's rights have been restricted.

Refer to relevant Policies and Procedures (e.g., restraint and/or aversive program methods). Restrictions may include buzzers installed on doors to restrict movement, and physical restraint or aversive program methods. Check for approval by PRC and/or HRC. Procedures are followed as designed and associated documentation is complete.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans

Refer to DDS CLA Licensing Regulation: 15a, 15b1, 15a4

D 27d Approved behavioral techniques are used when an emergency restraint occurs. Yes

The intent of this indicator is to ensure that approved behavioral techniques are used when an emergency restraint occurs and proper documentation of the emergency restraint is available.

Review records, including staff notes, the behavioral support plan, behavior data, DDS 255s to see if unapproved behavioral techniques or unauthorized restraint has been documented as having been used for the individual. Documentation of approved behavioral techniques includes proper notification of the use of emergency restraint, appropriate team notification and review of restraint, as required.

Refer to list of DDS approved curriculum of restraints, PR.009 attachment I.

Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans

Refer to DDS CLA Licensing Regulation: 15b1, 15b5

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D 58 The individual has been informed of the complaint procedure to follow if he or she is not satisfied with his or her services and supports. Pending

The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been informed of the complaint procedure to follow if he or she is not satisfied with the services and supports being reviewed.

Refer to agency policy and see if there is a documented complaint process. Documentation may include but is not limited to: consumer handbook, resident rights, agency policy, etc.

Verify that the individual and/or guardian have signed an acknowledgement of the agency's grievance procedure.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

D 39 The individual's record contains documentation on DDS Form 255's for incidents of injury, restraint, unusual incidents and medication errors. Pending

The intent of this indicator is to determine that the provider is maintaining a copy of DDS 255's & 255m's at the service location. Review the individual's file to see if the DDS 255's & 255m's are on file for incidents involving injuries, unusual incidents, hospitalizations including ER & Walk-in visits, use of restraint and medication errors.

Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.

For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4B, 15a4D, 16a, 16b, 16c

D 40 Individual's incidents and accidents are reported, investigated and followed-up as appropriate. Pending

The intent of this indicator is to determine if the provider is routinely reporting all incidents and accidents using the DDS 255 Incident Report Forms and Critical Incident Follow-Up Form as necessary.

Verify that Follow-up is complete for all incidents and accidents that warrant follow up (e.g., follow-up may be by a nurse, team, clinician or other professional).

Discovery of accidents and incidents may occur in the course of reviewing documentation in general. For example, a provider log or nursing progress notes may indicate an occurrence of an incident or accident. If so, look for related incident and accident reports completed by the provider.

Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.

For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4B, and 15a4D

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D 54

The individual has not experienced abuse or neglect.

Pending

The intent of this indicator is to determine if the individual has experienced substantiated abuse and/or neglect involving the service being reviewed.

The reviewer shall reference eCamris prior to the review to identify reports of abuse or neglect.

At the time of the review, the reviewer shall ask the provider to identify reports of abuse or neglect.

Rate "Not Met" if the individual has experienced substantiated abuse or neglect during the review period.

Rate "Not Rated" if an investigation is pending.

This indicator shall not be rated "N/A".

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4a, 15a4C

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion

I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

D 45

The individual's record shows Abuse and Neglect policy and procedures were followed.

Yes

The intent of this indicator is to verify that policies and procedures were followed if there was a report of abuse or neglect.

Refer to DDS Policy and Procedure I.F.PO.001, Abuse and Neglect.

The individual's record verifies that all allegations of abuse or neglect were made within required time frames ("report, or cause a report to be made to Office of Protection and Advocacy [OPA] as soon as is practically possible upon noticing or learning of the suspected abuse or neglect"/DMR OPA Interagency Agreement) and to appropriate agencies: OPA if the individual is between 18-59 years of age; Department of Children and Families (DCF) if the individual is under 18 years of age; Department of Social Services (DSS) if the individual is 60 years of age or over; and Department of Public Health (DPH) if a medical facility or provider is licensed by the DPH.

Documentation verifies an investigation was completed, with a subsequent determination. If abuse or neglect was substantiated, and recommendations were a result of that determination, documentation verifies implementation of the recommendations. If recommendation(s) were not implemented, documentation reflects rationale for no implementation.

If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.

Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.

In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.

Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

i	<p>D 46 The individual's record shows follow-up to Abuse and Neglect concerns regarding the individual, including notification to families.</p> <p>The intent of this indicator is to verify that there is documentation detailing follow-up to abuse and neglect concerns, including notification to families and guardians. Refer to DDS Procedure I.F.PR.002, Abuse and Neglect/Notification.</p> <p>If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.</p> <p>Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D</p>	<p><u>Pending</u></p>
'	<p>D 7b Support providers carry out all health related orders as determined by health care professionals.</p> <p>Documentation shall reflect that the individual's support team and health care provider(s) have considered and implemented all health related orders and recommendations. This applies to medical treatment, special dietary requirements, occupational therapy, physical therapy, and other therapeutic services.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.</p> <p>For review purposes, D7b does not apply to medication administration or dental orders.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 18a3A, 18a4B, 18c2</p>	<p><u>Pending</u></p>
i	<p>D 8 There is evidence the individual experiences prompt treatment, management and follow-up services for his or her health issues upon identification.</p> <p>The intent of this indicator is to verify the individual has experienced timely treatment and ongoing care for non-routine and unexpected health issues. If a non-routine, significant and unexpected health issue is identified (e.g., a fall, an unexpected seizure), there is documentation that initial treatment is prompt, recommendations for further treatment are acted on, and designated follow-up occurs in a timely manner.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports and other forms of documentation, e.g. progress notes, logbooks, etc. If nursing oversight is being provided, any changes in health status should be reflected in nursing documentation in the individual's medical record.</p> <p>Refer to applicable DDS Medical Advisories and Health Standards.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 18a3A, 18a4A, and 18a4B</p>	<p><u>Yes</u></p>

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

- D 6** There is evidence that the individual has the needed support to manage his or her medication. Pending
- Documentation shall identify the support the individual requires to manage his or her medications. Depending upon the individual's assessed need, the support of medication management can be part of a daily routine or an individual teaching plan.
- Refer to physician's orders, medication administration record (MAR), Self-Administration of Medication Assessment and IP as applicable.
- Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.
- D 27c** Behavior modifying medications are managed consistent with the physician's treatment plan. Pending
- Review the physician's treatment plan and related documentation for consistent implementation (e.g., how often blood work is done, how often TD screens are completed, other treatment directives, monitoring of side effects). Compare physician's orders with the individual's treatment plans.
- Verify that TD screenings and blood work are completed as recommended, psychiatrist appointments are attended as designated, medications are reviewed and changes are documented and current, the medication administration record (MAR) is checked for behavior medication administration and the monitoring of side effects, and behavior support plans are consistent with the physician's treatment plan.
- In DSO, GSE, SHE: Check the physician's orders and medication administration record (MAR) for behavior medication administration. Related documentation that is not the responsibility of the day service provider (bloodwork, TD screens, etc.) may not be required to be in the record.
- Refer to DDS CLA Licensing Regulation: 15b2, 18a1
- D 32** The individual's record documents monitoring of medications and side effects. Pending
- The intent of this indicator is to determine if the individual's record documents that provider licensed personnel are monitoring the individual's medications and side effects. Check the individual's medication administration record (MAR) to ensure that his or her medications are administered as prescribed.
- If the Self-Medication Administration Assessment identifies the individual is independent in self-administering medication and receives nursing oversight, the individual's progress reviews shall identify that a registered nurse monitors the administration of medication, including any adverse side effects. For self-administering individual's who live in their own home with no nursing support, rate "N/A".
- Refer to DDS CLA Licensing Regulation: 18a1
- D 29** The individual's personal finances are protected through systematic record keeping. Pending
- The intent of this indicator is to ensure that individual's personal monies are maintained and accounted for.
- Refer to provider policies and procedures for management of client funds. Refer to DDS Procedures for Handling Client Monies. Refer to IP.1 and IP Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance).
- Refer to I.F.ADV.001, The Use of Client's Personal Funds for Transportation to and from or while at a DDS Funded Day Program; I.F. ADV.003, The Use of Client's Personal Funds for Donations to Their Support Provider; and I.F. ADV. 004, Use of Consumer Funds to Procure Prescription and Nonprescription Medications and Outpatient Services
- In OHSL, CRS, CLA, CTH and RC, this refers to the individual's personal finances at home as well as bank accounts (checking accounts, savings accounts, etc). Review cash on hand balance sheets, cash on hand, check registers, checking account statements, saving statements, paystubs, bills and receipts. Ensure adequate documentation of all income and expenses. Ensure that expenses benefit the personal needs of the individual.
- In DSO, GSE and SHE, this applies to funds maintained at the program site. Review balance sheets and cash on hand.
- In RES, refer to DDS Family Respite Center form, Attachment J, Personal Spending Sheet.
- If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".
- Refer to DDS CLA Licensing Regulation: 19a1, 19a3
- D 31** The individual has money to buy necessary personal items and participate in community activities. No
- The intent of this indicator is to determine if the individual has access to financial resources to purchase needed personal items and participate in community activities. Review balance sheets, receipts and individual's leisure record to ensure opportunities for participating in community activities are provided and needed personal items are purchased.
- Refer to DDS CLA Licensing Regulation: 19a1

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

i	D 47	There is evidence that emergency plans as required by policy and procedures are in place.	<u>Pending</u>
<p>The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).</p>			
<p>Refer to DDS Fire Safety and Emergency Guidelines.</p>			
<p>Refer to DDS CLA Licensing Regulation: 12a</p>			
i	D 35	Support person training regarding the individual's health, safety, and plan is documented.	<u>Pending</u>
<p>The intent of this indicator is to determine if the support person interviewed for the review is trained in all areas necessary to support the individual. Refer to the individual's IP to determine training needs including additional training/qualifications identified in IP-7. There is documentation that the support person is trained within 30 days of hire and prior to working alone regarding the individual's health, safety and programmatic support needs including the IP, LON and DDS Aquatic Safety Screening. This may include training on the individual's behavior support plan, dietary needs, OT/PT protocols, nurse delegated tasks, etc. Individual-specific training will occur at least annually and whenever there are changes in the individual's health, safety and plan.</p>			
<p>Additionally, in all services in which there is a public or private provider agency delivering services, there is documentation that the support person is trained in the following areas:</p>			
<p>Within 30 days of hire and prior to working alone: DDS Safety Alerts. Training will occur on an ongoing basis as new DDS Safety Alerts are issued.</p>			
<p>Within 30 days of hire, prior to working alone and, annually thereafter: Blood borne Pathogens Water Safety Policy and Procedure Emergency Procedures including the Red Book/Emergency Relocation Plan Fire Safety</p>			
<p>Within 30 days of hire, prior to working alone, and every two years thereafter: Provider Policies and Procedures Dysphagia Communicable Disease Control Hazardous Materials Handling Signs and Symptoms of Disease and Illness Basic Health and Behavioral Needs</p>			
<p>Within 30 days of hire, prior to working alone, and at a frequency determined by the provider: HIPPA and confidentiality</p>			
<p>Within six months of hire and every two years thereafter: Individual Program Planning Process First Aid (note: Where certification exceeds this timeframe, for example Red Cross, this shall be considered met.) Behavioral Emergency Techniques (note: the retraining requirements of the DDS-approved curriculum must be implemented to be considered met, for example PMT).</p>			
<p>Additionally, in CLAs: Within 30 days of hire and prior to working alone, and every two years thereafter: Routines of the residence</p>			
<p>Refer to provider staff development policies and procedures to determine if any additional provider-mandated training is completed as required.</p>			
<p>Refer to: DDS Policy II-D-PO-5, "Staff Training" DDS Procedure I.PR.E.001, "Water Safety Procedure" CLA Licensing regulation, 17a-227-14 DDS Health Standard 07-01, "Dysphagia" DDS Safety Alerts DDS "Fire Safety Prevention, Safety Training and Awareness" Department of Labor (OSHA) Standard</p>			
i	D 37	There is documentation that at least one support staff on duty per shift is currently trained in cardiopulmonary resuscitation (CPR).	<u>Yes</u>
<p>The intent of this indicator is to determine if there is one support person per shift currently trained in CPR. Refer to the weekly support person schedule and sample the shift prior to the review, the shift on which the review is conducted and the shift after the review (for a total 24 hour period). Then, refer to CPR training documentation to ensure that at least one support person per shift is currently CPR trained.</p>			
<p>Activity schedules should take into account the availability of CPR certified support staff both at the service location and in the community including transportation.</p>			
<p>Refer to DDS CLA Licensing Regulation: 14d</p>			

Report Filters:

Service: "RES" Active Indicator? "Yes"

RFU?

D 38

There is documentation that only licensed personnel or certified unlicensed personnel administer medications to the individual.

Yes

Certified unlicensed personnel may administer medications in any facility in which fifteen or fewer individuals reside, during recreational activities outside the facility, or at a day program location. The intent of this indicator is to determine that only licensed or certified unlicensed personnel have administered medications.

A list of support personnel certified to administer medications and copies of medication cards should be on file. Verify that the documentation shows that the support persons on duty have valid medication certification. Sample one month of the medication administration record (MAR) for the initials of support persons who have administered medication. Documentation must reflect that unlicensed support persons who administered medication are currently certified to administer medication. You may also ask the support person to show his or her medication card. Personnel not on the certification list, or support persons without medication cards should not be administering medication and initialing the medication administration record (MAR).

Determine that certified unlicensed personnel comply with all training requirements as specified in DDS Medical Advisory #99-3. There is evidence that support persons have completed competency based training requirements which are a prerequisite to medication certification (e.g., New Employee Training [NET] Part 1 and NET Part 2 or an equivalent training program), and have had this task delegated by the supervising RN, as evidenced by current Checklists A and B. Review documentation of annual medication administration observation by RN (Checklist B).

Check for a copy of nurses' licenses on file.

If the individual self-medicates, rate "N/A".

Refer to DDS CLA Licensing Regulation: 18a1

D 55

The support person has documented training regarding individual rights.

Pending

The intent of this indicator is to determine that the support person who is interviewed for this review has documentation of training in human rights. Refer to provider policies and procedures regarding the frequency of this training.

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

D 56

The support person has documented training regarding abuse and neglect reporting and prevention.

Pending

Review the training record of the support person interviewed for this QSR to determine that annual Abuse and Neglect reporting and prevention is documented.

Refer to DDS Policy and Procedure:

I.F. PO.001: Abuse and Neglect

I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes

I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities

In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.

Refer to DDS CLA Licensing Regulation: 14c3