DAY/EMPLOYMENT SERVICES - SURVEY WORKSHEET

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| **Provider Name: Lifestream**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Locatio** | | **Individual Names:** | | | | **Service Type Audited:** |  | | **Location owned or leased by Provider:** |  | | | **Surveyor:** |  | | **Audit Date:** |  | | |
| **This sheet is organized by topic/ process. The worksheet outlines the standard process for review and includes space to note evidence (+ or -) for rating. Note: as referenced, many indicators have more than one source of information. Please refer to the Tool for more detailed information on sources, how measured, and criteria for standard met.**  **(§ - pertains when location is owned or leased by Provider)**  **(The shaded areas represent processes where evidence should be obtained in accordance with manual)** |

**LOCATION INDICATORS – Rate these indicators for Site Based Day Service Locations (not sub-locations)**

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| **PERSONAL SAFETY – Process Guidelines and Sample Interview Questions** | | | | |
| **Indicator** | **Individual interview (possible questions)** | **Staff interview (possible questions)** | **Observation** | **Documentation/ Additional items** |
| **L5/ L6** | Interview individual about ability to evacuate | What are the evacuation procedures? Frequency of fire drills? | During observation assess mobility, egresses, individuals’ ability to navigate the site and evacuate. | Safety Plan  Fire drill logs  Evaluate the drills to determine if strategies outlined in EESP match what are being used. |
| **L93** | Ask person if he/she knows who to call in the event of an emergency. | Ask staff about specific back-up plans for the individual. |  | Is there a written plan for various emergencies?  Are staff knowledgeable? |

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| **PERSONAL SAFETY FINDINGS:** | | | | **EVIDENCE** |
| **L5**: | There is an approved Safety Plan which has the Provider Assurance Form been signed by the provider and DDS Area Office? *(Applies to all settings, except sub-locations and site less services – e.g. site less CBDS and employment sublocations) (Revise every 2 years or when change in composition or individuals’ ability to evacuate)* |  |  | *(Note date of signed PAF and if accurate or not)* |
| Has staff been trained in the safety plan, including strategies for the individual if he or she requires assistance to evacuate? |  |  | *(Use staff training review to note training dates)* |
| Are staff knowledgeable of how to evacuate individuals in accordance with safety plan? | Yes | No |  |
| **L6**:O | Are all individuals able to evacuate the day/work site in a safe, orderly and timely manner with or without assistance from staff?  *(Are individuals able to evacuate in a safe, orderly and timely manner)* | Yes | No |  |
| **L7**: | Fire drills are conducted as required. *(Minimum of 2 fire drills required per year for CBDS site-based services)* | Yes | No | *(Note date of drills for last year)* |
| **L93:** | The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters. | Yes | No |  |

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| **ENVIRONMENTAL REVIEW – Process Guidelines and Sample Interview Questions—Review for Service Site Locations** | | | | | | | | | |
| **Indicator** | **Individual interview** | | **Staff interview** | | | **Observation** | | | **Documentation/ Additional items** |
| **L11-L30** | Is your day program/workplace clean and safe? | | Systems for repairs and maintenance? | | | Conduct a walk-through of the entire location, both the interior and exterior of the building.  Check for cleanliness, safety, maintenance | | | Inspections, including fire and sprinkler system (as applicable), heating system. Cert of Occupancy for day/work sites and Cert of Inspection from local Board of Health, if site prepares food for sale. |
| **L16** | Ask person if there is something they would like to do for themselves or part of the building they cannot use or access to determine if further modifications could be made. | | Ask about and observe the person maneuvering and using facilities and amenities of the site. | | | Location should be accessible to the individuals’ sensory and mobility needs. | | |  |
| **ENVIROMENTAL REVIEW FINDINGS:** | | | | **EVIDENCE** | | | | | |
| **L11**: O | | There has been an inspection of the furnace/boiler and water heater (other than electric) within the past year, which indicates that this equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections. | | Yes | No | | N/A | *(Note dates of what and when inspected; inspections within the past 15 mos.)* | |
| Local official’s inspection and approval has been obtained for installation of solid fuel-burning equipment (e.g., wood stove). | | Yes | No | | N/A |  | |
| Where there is a sprinkler system, there is a yearly inspection. | | Yes | No | | N/A | *(Note dates of when inspected in last 15 mos.)* | |
| There is a fire extinguisher (A-B-C Type) which is easily seen and accessible in the kitchen area and which remains in the green zone or an inspection tag that indicates it’s not expired. *(Applies to CBDS and Employment when location is owned, rented or leased by provider.)* | | Yes | No | | N/A |  | |
| **L12:** O | | There is a fire alarm and smoke detection system in place in accordance with the building use group and the town. *(Must meet applicable Massachusetts State Building Code requirements.)* | | Yes | No | | N/A |  | |
| The fire alarm system, any adaptive devices (e.g., horn, flashing/strobe light) or automatic emergency lighting are operational. | | Yes | No | | N/A |
| **L13:** O | | Location is clean and free of rodent and/or insect infestation.  Evidence of regular cleaning and disinfection practices for transmission prevention and infection control. | | Yes | No | | N/A |  | |
| **L14**: | | Handrails, balusters, stair, and stairways are in good repair.  (Handrails both inside and outside the building) | | Yes | No | | N/A |  | |
| **L15**: | | There is sufficient water pressure to both hot and cold water fixtures (e.g., kitchen, bathroom, laundry room). Hot water temperature tests no higher than 110o. *(This indicator is rated for CBDS if location is owned, rented or leased by the provider.)* | | Yes | No | | N/A |  | |
| **L16**: | | Bathroom fixtures are operable by and accessible to the person. | | Yes | No | | N/A |  | |
| Kitchen appliances are operable by and accessible to the individual. Including ability to use counters. | | Yes | No | | N/A |
| **L17:** | | There are two means of egress from floors at grade level § | | Yes | No | | N/A |  | |
| **L18:** | | All other floors above grade have one means of egress and one escape route on each floor leading to grade. § | | Yes | No | | N/A |  | |
| **L20:** | | Exit doors are easily operable by hand from inside without the use of keys.  *(Double cylinder dead bolt locks that require a key operation are prohibited).* | | Yes | No | | N/A |  | |
| **L21**: | | The agency ensures there are no overloaded wall receptacles. All visible cords are free from cracks or wear. Extension cords or multiple plug adapters are not used on any appliance. | | Yes | No | | N/A |  | |
| The agency ensures there is no electrical wiring passing across frequently traveled floor areas, under floor coverings such as rugs, or extending through doorways or other openings. | | Yes | No | | N/A |
| Circuit breakers are labeled. | | Yes | No | | N/A |
| **L22:** | | The propane gas tank is located at least 10 feet away from exterior of the building and is properly maintained. *(N/A when not present)* | | Yes | No | | N/A |  | |
| The washer and/or dryer are free of visible leaks. Dryer vent and filter are properly maintained. | | Yes | No | | N/A |
| Portable freestanding heaters are only used in limited circumstances and meet standards for use (see 2004 memo) *(N/A when not present)* | | Yes | No | | N/A |
| All appliances and equipment are clean, operational and properly maintained. (e.g. dryer vents free of lint, filters clean, appliances work,) | | Yes | No | | N/A |
| **L25**: | | Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled | | Yes | No | | N/A |  | |
| **L26**: | | Walkways, driveways, and ramps are in good repair, and kept clear in all seasons. | | Yes | No | | N/A |  | |
| **L27**: | | If applicable, swimming pools are safe and secure. (*Refer to the DDS Pool Policy)* | | Yes | No | | N/A |  | |
| Supervision and provider training. | | Yes | No | | N/A |  | |
| Pool Environment is safe with locks. | | Yes | No | | N/A |  | |
| Individual assessment completed. | | Yes | No | | N/A |  | |
| **L28:** | | The agency ensures that flammable materials and gas-fired equipment is properly stored. Oxygen is stored properly. | | Yes | No | | N/A |  | |
| **L29:** | | There is no rubbish or combustibles stored near the heating equipment. | | Yes | No | | N/A |  | |
| **L30:** | | The exterior of the home, including porches, garage, and sheds, is in good condition, including paint and/or siding, trim and shutters, fences, porch, deck, patio, and roof (free from peeling paint, rotted wood and holes, dents/rusted parts). | | Yes | No | | N/A |  | |
| **L73:** | | The Provider has a current DOL certificate. | | □  Yes | □  No | | □  NA |  | |
| **Notes:** | | | | | | | | | |

| **PERSONAL SAFETY – Process with Sample Interview Questions** | | | | | | | | | | | | | |
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| **Indicator** | **Individual questions** | | **Staff questions** | **Observation** | | | | | | **Documentation/ Additional items** | | | |
| **L91** | Ask individual about any accidents or injuries. | | Interview staff for knowledge of incident definitions and reporting requirements.  Ask if the guardian (as applicable) was notified of major incident) |  | | | | | | Review documentation (individual and location) to assess whether reportable items noted within communication log, individual record, or interview were also submitted as incident reports.  Cross check to ensure any incident that was reportable to DPPC had been.  (Timeline -1 day – Major, 3 days minor – 7 business days finalization) | | | |
| **PERSONAL SAFETY - FINDINGS** | | | | | **EVIDENCE** | | | | | | | | |
| **L91:** | Incidents are reported and reviewed as mandated by regulation.  *(Review for last 13 months of incidents in HCSIS))* | | | | Yes | | No | | N/A | |  | | |
| **COMPETENT WORKFORCE – Process with Interview Questions** | | | | | | | | | | | | | | |
| **Indicator** | **Individual questions** | | **Staff questions** | | | | | | | | | **Observation** | **Documentation/ Additional items** | |
| **L85** |  | | Ask about support/supervision- frequency  Ask about oversight and monitoring of the location in general | | | | | | | | |  | Staff meeting minutes  Team meeting documentation  Evaluations and ongoing supervision | |
| **COMPETENT WORKFORCE** | | | | | | **YES** | | **NO** | | **N/A** | | **Evidence** | | |
| **L78:** | | Staff are trained to safely and consistently implement restrictive interventions. | | | |  | |  | |  | | *(use staff training review to note training dates for behavior plan, restrictions)* | | |
| **L79:** | | Staff are trained in safe and correct administration of restraint. *(Note: restraint training curriculum must be approved for use by DDS.)* | | | |  | |  | |  | | *(use staff training review to note training dates)* | | |
| **L80:** | | Support staff are trained to recognize signs and symptoms of illness. *(Observation guidelines & just not right)* | | | |  | |  | |  | | *(use staff training review to note training dates)* | | |
| **L81:** | | Support staff know what to do in a medical emergency.  Are first aid supplies maintained at the site? | | | |  | |  | |  | |  | | |
| **L85:** | | The agency provides ongoing supervision, oversight and staff development. | | | |  | |  | |  | |  | | |
| Ongoing supervision in place; ongoing staff meetings in line with policy | | | |  | |  | |  | |  | | |
| Staff consistently instructed when things change; staff consistently implementing change in policies and procedures. | | | |  | |  | |  | |  | | |
| Supervision and oversight in place to assure compliance with agency/program guidelines and practices | | | |  | |  | |  | |  | | |
| When regular monitoring reveals issues, supervisors work with staff on identified issues to ensure correction. | | | |  | |  | |  | |  | | |

**INDIVIDUAL INDICATORS**

| **MEDICATION AND HEALTH REVIEW – Process and Sample Interview Questions** | | | | |
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| **Indicator** | **Individual interview (possible questions)** | **Staff interview (possible questions)** | **Observation** | **Documentation/Additional items** |
| **L8**  **L37**  **L38** O  **L39**  **L46** O  **L63-L64** | Do staff understand and help you with your medical needs? | Does the individual have a specific health condition that requires a protocol for staff to follow at day program/work site?  Do staff administer any medications for the individual? Any behavior modifying medications/sedatives prior to appointments? | Check to see that any necessary equipment outlined in L38 protocol is present and functional. | Copy of EFS on site  Training Documentation for medical treatment protocols.  Medication review if medications administered to person at day/work site.  Review medication treatment plan, if behavior modifying medication administered to person at day/work site. |

| **MEDICATION AND HEALTH REVIEW FINDINGS:** | | | | | |
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| **Person’s Initials:** | | **Evidence (specify if different person)** | | | |
|  | Does the individual have any health concerns?  If yes, what are they? | Yes | No | N/A |  |
| **L8**: | Is there an Emergency Fact Sheet, and is it completed accurately?  *(Compare Health Record’s to meds listed on EFS, check medical conditions needed by EMS are listed, accurate contact info)* | Yes | No |  | *(Refer to EFS interpretations)* |
| **L37:** | Individuals receive prompt treatment for episodic health care conditions. Staff are familiar of what to do if a person is ill. | Yes | No |  |  |
| **L38:**O | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). *(e.g. dysphagia, insulin-dependent diabetes, seizure disorder, etc.)* | Yes | No | N/A |  |
| **L39:** | Special dietary requirements are followed.  *(Rate compliance with special diets such as such as textured diets, low calorie, gluten free; does not included dysphasia diets that are part of a broader Health Care Management Plan rated*  *in L38)* | Yes | No | N/A | *(Rate if individual requires staff support to follow/manage special diet at day program/work site)* |
| **L46:** O | All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart. *(Refer to Medication Guide; refer to current MAP guidelines and advisories)* | Yes | No | N/A | *(Refer to Medication Guide – review MARs for three months; list months reviewed)* |

**MEDICATION GUIDE**

**Day Services:** The purpose medication guide to determine if the individual is receiving his or her medication properly; that is if the individual is receiving the right medication, the right dosage, at the right time and by staff who are trained to give medications.

**Process: Ask for 12 months of medication administration records. Select the current month and two other months to evaluate that medications are given appropriately.**

| **Indicator/Svc Apply** | **Requirement** | **Guideline** | **Evidence** | | | |
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| **L46:**O  Day & Employ | All prescription medications are administered according to the written order of a practitioner. | Practitioner can include a physician, dentist, physician’s assistant, nurse practitioner). | Yes | No | N/A |  |
| **L46:**O  Day & Employ | All prescription medications are documented on a Medication and Treatment chart that specifies:   1. Name and dosage; 2. When and how the medication is to be given; 3. If medication ordered is for a set number of days, start and stop dates; and 4. Special instructions for administration. | 1. Documentation of all of the following is consistent:   -Medication labels on the  container  -Medication and Treatment  form.  -Health Care Practitioner’s  Order.  -Where applicable, both generic  and brand names are listed.  -Documentation on Medication  and Treatment chart is in ink  (no white out, erasers or mark-overs) | **Yes** | **No** | **N/A** |  |
|  |  | 1. Medication ordered for the “hour of sleep” should be given just before the individual goes to bed or as specified by the practitioner. 2. If Ancillary Practices (ie, vitals, high alert medications, etc) are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 08-1-8. |  |  |  |  |
| **L46:**O  Day & Employ | **PRN Medications**  Medications are not prescribed for restraint purposes, but may be prescribed for treatment purposes only.  For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed. | 1. Medication Administration Policy Manual, Policy 06-2. Example: Tylenol 325mg, 1 tab by mouth every 6 hrs as needed for a fever >101. 2. Observable criteria should be specified on the practitioner’s order, label, and medication and treatment chart. | Yes | No | N/A |  |
| **L46:**O  Day & Employ | **Over-The-Counter-Medications**  Written approval for over-the-counter (OTC) medications are obtained from the practitioner. | See MAP Policy Manual, 06-9.   1. A practitioner’s order is required for OTC medications. 2. OTC medications are administered according to the same procedures used to administer prescription medications. 3. OTC Method A: A label is applied by the pharmacy as prescription medications are labeled; **or** 4. OTC Method B: A licensed professional must verify the contents of the OTC medication or preparation (if not labeled by the pharmacy). | Yes | No | N/A |  |
| **Medication Occurrences**  A Medication Occurrence (MOR) form is completed for the following:  wrong individual, medications, time, dose, route (e.g., mouth, skin). | See MAP Policy Manual, 9-1. | Yes | No | N/A |  |

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| **MEDICATION** | **PRACTITIONER’S ORDERS** | **CONTAINER**  **LABEL** | **EXPIRATION**  **DATE** | **MEDICATION AND**  **TREATMENT CHART** | **EMERGENCY**  **FACT SHEET**  ***(note Errors in EFS in L8)*** | **SIDE**  **EFFECTS** |
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| **HEALTH AND MEDICATION REVIEW – general / location specific** | | **Evidence** | | | |
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| **L44:** | The location where the medication is being administered by certified staff is registered by DPH | Yes | No | N/A | *(Note # and Exp. Date)* |
| **L45:** | Medications are stored in a locked container or area in which nothing except such medications are stored.   * Controlled Substances (Schedule II – V) are double locked. Example: Locked box within a locked cabinet. Only authorized staff have access to the key to the locked container or area (MAP Policy, 10-2). Controlled substances are double locked in the refrigerator. * Medications or ointments used externally are stored separately from medications taken internally. | Yes | No | N/A |  |
| **L82:**O | Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications. *(see current MAP training, testing and certification information)* | Yes | No | N/A | *(Use staff training review to note training dates)* |

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| **Behavior Modifying Medications**: 115 CMR 5.15(4) | | | | | |
| Rate this for sampled individual**.** Rate for the person, only if the day service is administering behavior modifying medication. | | | | | |
| **Person’s Initials:** | | **YES** | **NO** | **N/A** | **Evidence** |
| **L63** | Does the ISP or Medication Treatment Plan (MTP) contain the following?   * A description of the behavior to be controlled/modified?  1. Data on the behavior prior to the medication forming a basis from which the clinical course is evaluated?  * Information about side effects, procedures to minimize risks and clinical indications for terminating the drug? |  |  |  |  |
| **L 64:** | Is the Medication Treatment Plan identified in the ISP |  |  |  |  |
| If the drug is an anti-psychotic medication:   1. Is the individual capable in fact of consenting? 2. If not, is there court approved treatment plan and Rogers Monitor in place? |  |  |  |
| **Notes:** | | | | | |

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| **FUNDS MANAGEMENT AND COMMUNITY REVIEW – Process and Sample Interview Questions** | | | | |
| Rate this for sampled individual. If the individual is independent in managing his/her funds, rate the indicators for another person receiving the service. | | | | |
| 1. Process: Review if the agency controls the individual’s spending money. Ask for one year worth of financial transaction records. 2. Review 3 months’ worth of information (FTR, receipts) to determine whether money is tracked appropriately and spent for items that benefit the individual. Check purchases to see that they make sense for the person 3. Check that the beginning balances of each month match the ending balance of the previous month. Check that receipts are available for denominations =/> than the agency policy. | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | **Observation** | **Documentation/ Additional items** |
| **L67-69** | Do you hold your own money?  Do staff help you with spending your money? | Inquire about access, security and general pattern of financial activities and support.  Ask about the oversight, monitoring, and auditing practices of this location.  Ask how joint purchases are made and tracked.  Ask about the education and guidance that is offered to individuals to make purchases and spend money on an ongoing basis. | Assess individual’s interest in managing their spending money, the value of money, and current practices regarding training and increased independence.  Where money is kept? | FTRs  Receipts  ISP – Training plan when applicable |

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| **FUNDS MANAGEMENT AND COMMUNITY REVIEW FINDINGS:** | | | | | |
| **Person’s Initials:** | | **YES** | **NO** | **N/A** | **Evidence Specify if different person from sampled** |
| **L67:** | Does the agency have management responsibilities for the individual’s funds?  If yes, is there:   1. A written plan of the shared or delegated management responsibilities? 2. Agreement of the individual, guardian or conservator to the plan? 3. A training plan to eliminate or reduce the need for assistance (unless there is a clinical evaluation that the individual cannot learn how to manage or spend his or her funds or the ISP indicates no)? |  |  |  |  |
| **L68:** | Are expenditures only made for purposes that directly benefit the individual?  There is **no** borrowing or lending of the person’s funds by provider?  The individual is **not** paying for goods or services that should be covered by the provider (e.g., staff expenses, gas)? |  |  |  | *(Note examples of expenses made with dates)* |
| **L69:** | If there is funds management responsibilities does the provider assist the individual to manage his or her funds including:   1. Having a record of each transaction (including date, amount received or spent, on what the funds were spent, who was involved, and receipts for expenditures over $25 or in accordance with agency policy)? |  |  |  | *(Note the three months of transactions reviewed)* |

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| **GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW – Prcocess and Sample Interview Questions** | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | **Observation** | **Documentation/ Additional items** |
| **L9** | What appliances and equipment do you use in your day program/work site?  Is there any equipment you would like to learn to use? | What appliances and equipment does the person use in their day program/workplace?  How do you teach the person to increase their skills or safely use equipment? | Review the individual’s independence and skills within their day/work site. | Review the documentation of training in using work-related equipment, cleaning supplies or chemicals. |
| **L77** |  | Does the person have any unique physical, sensory, medical or emotional support needs? (ex. cerebral palsy, Prader-Willi, Williams Syndrome, Bi-polar disorder, blind or hearing impaired)  What is the person’s unique preferences in areas such as interaction style, routines, etc? | Observe if staff are knowledgeable and sensitive to the individual’s unique support needs. | Training Documentation in unique diagnoses |
| **L88** | Do you get enough support to work on your goals? | What goals are you assisting the person to works towards and how are you assisting them?  How do you monitor that individuals are being supported to work on goals and are achieving success? |  | Documentation at a minimum should identify what goals are being worked on, when the goals are being addressed, and the results of the support.  Data on goal accomplishment  Support strategies |
| **C13 *(CBDS only****)* | Ask about things that the person does for themselves, and what they would like to do more independently. | Ask/ observe staff support to increase independence.  Ask what the person is able to do for themselves.  What does staff do for them? | Staff interactions to determine whether time, space, support is given to increase independence. |  |
| **L94, L96**  **(all services)** | Ask person if there is something that they would like to do for themselves, that they currently cannot do to determine if Assistive Technology may be beneficial. | If assistive tech is in place, ask the staff how the person uses and if they need to provide any support to use.  What training was provided to you regarding the individual’s Assistive Technology | Observe for assistive tech or adaptive equipment (i.e., auditory alerts, low vision modifications, automated devices such as voice-controlled lights).  Observe that staff are competent in the use of using the person’s assistive technology and devices. | look for an assessment – formal/informal to identify areas what assistive tech was sought?  Is there an AT support plan in place? If so, is it followed?  Training documentation for staff. |

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| **GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW FINDINGS:** | | | | | |
| **Person’s Initials:** | | **Evidence** | | | |
| **L77:** | The agency assures that staff are familiar with and trained to support the unique needs of individuals. | Yes | No | N/A |  |
| **L86:** | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Yes | No | N/A | *(note date due and date submitted)* |
| **L87:** | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Yes | No | N/A | *(note date due and date submitted)* |
| **L9:** | Individuals are able to utilize equipment and machinery safely. | Yes | No | N/A |  |
| **L88:** | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | Yes | No | N/A |  |
| **C13:** | Staff provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines. *(Applicable to CBDS only)* | Yes | No | N/A |  |
| **L94:** | Individuals have the assistive technology and/or modifications to maximize independence. (*Applicable to CBDS and employment)* | Yes | No | N/A |  |
| **L96:** | Staff is competent and knowledgeable in the use of the individual’s technology devices and applications. | Yes | No | N/A |  |
| **Notes:** | | | | | |

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| **MEANINGFUL AND SATISFYING DAY ACTIVITIES FOR CBDS– Process and Sample Interview Questions** | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | **Observation** | **Documentation/ Additional items** |
| **C40-**  **C43** | Ask about interests in community activities.  Ask about frequency and type of community activities they are involved in.  How does staff help you to meet new people? | Ask about support for individuals to realize their preferences in community activities.  How often does individual engage in preferred community-based activities? | Are individuals interested in and engaged in community-based activities? | Schedules  Calendars  Receipts for community activities |
| **C44** | Ask if the individual is interested in working / getting a job. | Ask if individual is supported to explore their work interests and work options. |  | Applicable assessments of work interests and work opportunities. |
| **C45** | Ask if the individual can change their routines and schedules, if they wish to. | Are individuals able to change their daily routines and schedules, if requested? | Observe if individuals are supported to change their routines. |  |

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| **MEANINGFUL AND SATISFYING DAY ACTIVITIES: (Applicable to CBDS only)** | |
| **Person’s Initials:** | **Evidence** |

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| --- | --- | --- | --- | --- | --- |
| **C40** | Individuals are supported to explore interests for community involvement. | Yes | No | N/A |  |
| **C41** | Individual is supported to participate in community activities of interest. | Yes | No | N/A |  |
| **C42:** | Individuals are involved in activities that connect them with other people. | Yes | No | N/A |  |
| **C43:** | Individuals are supported to develop and sustain contacts and relationships. | Yes | No | N/A |  |
| **C44** | As appropriate, individuals are supported to explore job interests. | Yes | No | N/A |  |
| **C45** | Individuals’ routines and schedules are revisited regularly. | Yes | No | N/A |  |

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| **ACCESS AND INTEGRATION – Process and Interview Questions** | | | | | | | | | |
| **Indicator** | | **Individual interview** | **Staff interview** | | | | | **Observation** | **Documentation/ Additional items** |
| **C46,**  **C47**  **(CBDS & Employment)** | | Ask about familiarity with generic resources. Ask how the individual gets to work/day service. Use of public transportation? | Familiarity with generic community resources, including public transportation services. | | | | | Observe if individuals are learning to use generic community resources. | Applicable assessments |
| **C50 (Employment only)** | | Ask about the individual’s participation in workplace events, e.g., holiday parties, summer picnics, volunteer activities. | Is the individual invited to workplace events, along with co-workers? | | | | |  |  |
| **ACCESS AND INTEGRATION** | | | | | | | | | |
| **Person’s Initials:** | | | | **Evidence** | | | | | |
| **C46:** | Staff support individuals to learn about and use generic community resources (*Applicable to CBDS only)* | | | Yes | No | N/A |  | | |
| **C47:** | Individuals have full access to the community through transportation available and/or provided (*Applicable to CBDS and Employment)* | | | Yes | No | N/A |  | | |
| **C50** | Individuals are supported understand and become a part of the culture of the workplace (including workplace social activities and events). (*Applicable to Employment only)* | | | Yes | No | N/A |  | | |
| **Notes:** | | | | | | | | | |

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| **CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT – Process and Interview Questions** | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | **Observation** | **Documentation/ Additional items** |
| **C22—C37**  **(Applicable to Employment only)** | Ask about employment interests, goals, and skills.  If employed, ask about the person’s job, days/hours worked. Do they like their job?  Are they able to complete the job independently? Do they work in a team?  Are they satisfied with their hours? Do they wish to do something different?  Who do they call or turn to if they have problems at work? Supervisor?  How often do they talk to or see their job coach?  Ask about their current wages. Can they take sick days or vacation time? How does employer conduct performance reviews with the person? | How are individuals supported to find jobs? How is agency connected with local businesses and employers?  What is the agency’s process for assessing work interests, work skills, needs for accommodations?  Does the individual have a career plan? How often is it reviewed?  Is the individual working? # of hours?  What is the frequency of contact with the individual? The individual’s supervisor/employer?  How did the individual learn about their rights as an employee? Learn about job benefits? Employer’s process for performance reviews? Wages and raises? Opportunities for advancement? | Observation of individual at work might not be possible.  Interview/observation of individual could occur at worksite during lunch or break, with prior agreement of individual and employer/job coach | Career Plan  Work interest and skills assessments  Information on wages/benefits, performance reviews.  Review job coach/case manager contact notes. |
| **C38-C39**  **(Applicable to CBDS for individuals who are on a pathway to employment)** | Ask the person if he/she has interest in paid employment. | Ask if the individual as an interest in employment.  Is there a process for assessment of support needs to prepare individuals for work, including obstacles for employment?  Are individualized plans and support strategies developed to address job goals and support needs? |  | Review assessments and written plans for pathways to employment. |

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| **CAREER PLANNING, DEVELOPMENT, AND EMPLOYMENT: (Applicable to Employment)** | |
| **Person’s Initials:** | **Evidence** |

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| **C22:** | Individuals are supported to explore job interests. | Yes | No | N/A |  |
| **C23:** | Provider used variety of methods to assess individual’s skills and interests. | Yes | No | N/A |  |
| **C24:** | Provider has developed a plan that identifies job goals and support needs. | Yes | No | N/A |  |
| **C25:** | Individuals receive support to develop job skills to reach goals. | Yes | No | N/A |  |
| **C26:** | Career plan addresses how entitlements can be managed while employed. | Yes | No | N/A |  |
| **C27:** | Provider supports individual to understand the benefits of integrated employment. | Yes | No | N/A |  |
| **C28:** | Provider develops connections with local businesses for job development. | Yes | No | N/A |  |
| **C29:** | Individuals are supported to obtain work that matches their skills and interests. | Yes | No | N/A |  |
| **C30:** | Individuals are supported to work in integrated settings. | Yes | No | N/A |  |
| **C31:** | Individuals receive needed job accommodations and supports. | Yes | No | N/A |  |
| **C32:** | Individuals receive at least minimum wage or wages based on prevailing wage. | Yes | No | N/A |  |
| **C33:** | Provider supports individuals to understand worker rights and benefits. | Yes | No | N/A |  |
| **C34:** | Provider has plan for optimal level of ongoing job support. | Yes | No | N/A |  |
| **C35:** | Individuals receive feedback on job performance. | Yes | No | N/A |  |
| **C36:** | Individuals are supported to retain or advance in their jobs. | Yes | No | N/A |  |
| **C37:** | Individuals are supported to develop appropriate interpersonal skills at work. *(Applies to CBDS & Employment)* | Yes | No | N/A |  |
| **C38:** | Specific habilitative and behavioral goals necessary to prepare individuals for work are identified. *(Rate in CBDS for those on a pathway to employment.)* | Yes | No | N/A |  |
| **C39:** | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. *(Rate in CBDS for those on a pathway to employment.)* | Yes | No | N/A |  |

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| **HUMAN RIGHTS REVIEW – Process and Sample Interview Questions** | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | **Observation** | **Documentation / Additional items** |
| **L1** | What would you do if you were being mistreated by someone? If someone hurt you or was unkind to you?  What would you do if you saw someone else being mistreated?  Have you heard of the Disabled Persons Protection Commission (DPPC)?  Has someone spoke to you about how to report something to DPPC? If you needed help to contact DPPC, is there someone you could turn to for help? | How are guardians informed of DPPC and how to recognize abuse, neglect and mistreatment?  How are individuals informed? | Presence of DPPC info | Training docs  Guardian info docs |
| **Findings: Person’s Initials:** | | | **EVIDENCE** | |

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| **L1:** | Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect. | Yes | No | N/A |  |

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| **HUMAN RIGHTS, COMMUNICATION, CHOICE AND CONTROL REVIEW – Process and Sample Interview Questions** | | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | | **Observation** | **Documentation / Additional items** |
| **L31-L32** | Ask about the person’s primary language and if they can communicate with their staff and co-workers.  Ask if the person uses telephone or cell phone to communicate with supervisor or co-workers. Or text? Use Skype or Facetime?  Does the person need help making a call? Or texting? | What is the person’s primary communication method? (Spoken, Assistive Tech, gestures)  What language do they use? (English, ASL, Portuguese, Spanish, etc).  Ask if staff who are fluent in the person’s primary language are available. What is their schedule and availability?  Does this person need assistance to read/understand written instructions or correspondence? If so, describe the supports provided. | | Observe to determine if staff demonstrate an ability to effectively communicate with the person.  If the person uses an augmentative communication devices, ask to see that it is operational.  Ask about and look for operational necessary communication devices | Communication Assessment |
| **L49** | If you are not happy with something, is there someone you can go to? (Assess if the person feels free to seek out someone who will assist him or her with a problem or if he or she does not feel safe.)  Do you know your human rights advocate? | Who is the HR advocate/officer?  How did the person receive training in human rights? Training on how to file a grievance?  What is the process for the person to file a grievance? | |  | Review documentation of annual HR training to the person.  Assess the adequacy of materials used to train individuals in human rights. Review information shared with guardians.  Review agency grievance procedure |
| **L50** | Do staff ask your opinion and respect your wishes?  Do staff treat you respectfully? |  | | Observe respectful communication | Individual record  Staff log |
| **L51-L52** | Can you use the telephone or a cellphone during lunch and breaks?  Do you have enough privacy when using a phone or other communication technology? | Are there rules and guidelines for individuals about using cell phones or keeping other personal possessions while at day program/worksite? | | Observe that people can use cell phones during breaks and in private, if needed. |  |
| **L54** | If you want to talk to staff about something personal, are you able to do that privately? | Ask where individuals can speak privately. | | No publicly displayed information about individuals |  |
| **L55** |  | What is the agency’s process for obtaining consent to use images/photographs or biographical information about individuals on the agency’s website? Newsletter or marketing materials? | |  | Review agency website and publications for images of individuals and review documentation of consent to use these images |
| **C7**  **C8** | Ask about input into staff hiring and evaluation. Ask about staff characteristics preferences. | Ask about recent hiring and the process for including individual input into hiring. Ask about knowledge of individuals preferred staff, non-preferred staff and how ongoing feedback on staff is collected and used (eg supervision, evaluations)  What is the process for including individuals that are unable to communicate?  What is agency process for communicating with guardians and involved families? Frequency and purpose. | |  | Documentation of feedback from hiring interviews  Staff feedback forms  Assesses feedback on staffing at two separate and distinct intervals – prior to hire and as part of the ongoing evaluation process) |
| **C51** | Satisfaction with services and supports. Ability to make changes when problems arise**.** | Ask about the person’s decision making and support. Advocacy for individual when change is desired. | |  |  |
| **L72**  **(applicable for individuals paid sub-minimum wage)** |  | What job(s) is the individual being paid at sub-minimum wages?  Ask about frequency of time studies for individuals paid hourly.  How are wages calculated for piece-rated jobs? | |  | Review process for calculating sub-minimum wages for piece rate and hourly wage jobs. Production records and pay stubs for up to last 6 months. Time studies for hourly rated work semi-annually. |
| **Person’s Initials:** | | | **EVIDENCE** | | |

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| **L31:** | Staff understand and can communicate with individuals in their primary language and method of communicating. | Yes | No | N/A |  |
| **L32:** | Individuals receive support to understand verbal and written communication. | Yes | No | N/A |  |
| **L49:** | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | Yes | No | N/A |  |
| **L50:** | Written and oral communication with and about individuals is respectful. | Yes | No | N/A |  |
| **L51:** | Individuals can access and keep their own possessions. | Yes | No | N/A |  |
| **L52:** | Individuals can make and receive phone calls and use other communication technology. | Yes | No | N/A |  |
| **L54:** | Individuals have privacy when taking care of personal needs and discussing personal matters. | Yes | No | N/A |  |
| **L55:** | Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. (*See Interpretations for Media Consent*) | Yes | No | N/A | *(Note media consent parameters and date)* |
| **C7:** | Individuals have opportunities to provide feedback at the time of hire and on an ongoing basis on the performance/actions of staff. | Yes | No | N/A |  |
| **C8:** | There are opportunities for communication between guardians, family members, and staff on a regular and timely basis. | Yes | No | N/A |  |
| **C51:** | Staff are knowledgeable about individual satisfaction and support desired change. | Yes | No | N/A |  |
| **L72:** | Sub-minimum wages earned are paid in accordance with Department of Labor (DOL) requirements for compensation. (Review for individual) | Yes | No | N/A | *(Use DOL worksheet for guidance)* |

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| **HUMAN RIGHTS REVIEW, SPECIFIC INDICATORS –Process and Sample Interview Questions** | | | | | | | | | | |
| **Indicator** | | **Individual interview** | **Staff interview** | | | | | | **Observation** | **Documentation / Additional items** |
| **L10**  **L57-60** | |  | Does the individual have any concerns that may put them or others at risk (e.g. medical, behavioral)?  Does the individual have a PBSP? Assess staff’s knowledge of the plan. | | | | | | Observe how risk plan / behavior plan is implemented. | Risk Plan; PBS Plan  Staff training  Data collection system |
| **L56** | | Ask individual if any areas of the building or general supplies (e.g. food, scissors, tools) are locked. | Are there areas of the building or general supplies that are locked and inaccessible to individuals. | | | | | |  | Written plan that outlines restriction, including plan to fade over time.  HRC Review |
| **L61-62 L84**  **L99** | | Ask if individual needs/receives help with any health-related supportive equipment or protective devices. | Does the individual use any supportive/protective equipment at the site?  Does the individual use any devices for medical monitoring, e.g., seizure watch, VNS magnet?  Does the person need assistance from staff in applying or using the equipment/devices? | | | | | |  | Written authorization for supportive or medical monitoring devices or equipment.  Clinical authorization for devices to control self-injurious behavior through an Intensive PBSP.  Log for monitoring/cleaning, as applicable  HRC review for devices that address self-injurious behavior.  Staff Training |
| **Person’s Initials:** | | | | **Evidence** | | | | | | |
| **L10:** | The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. (*Check HCSIS to see if person selected has a risk plan)* | | | | Yes | No | N/A | *(note the risk, the interventions used, and any gaps)* | | |

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| **L56:** | **Interventions or restrictive practices** | | | | |
| *If restrictive practice exists, rate the circumstances for the**person— as either the individual who requires the restriction or a person who is impacted by it.* | | | | | |
| Are any individuals being supported with restrictive Practices? If no, **STOP HERE.** | | Yes | No | N/A | **Evidence** |
| **Person’s Initials:** | | | | | |
| ***For the one person for whom the restriction is needed:***   1. Restrictive practices outlined in writing, identifying the rationale, and outlined as the least restrictive alternative.  Eg door chimes for elopement, locked knives, auditory monitors 2. A plan for elimination or fading is included with the rationale as part of the document 3. Agreement is needed from the legal decision maker for the individual is being imposed.  Restrictive procedures- all agreements “through the ISP” are considered annual. 4. Inclusion in the ISP 5. HRC review of the plan. | | **YES** | **NO** |  |  |
| ***For the other individuals at the location for whom the restriction is not needed:***   1. The provider needs to develop provisions for these individuals so as to not unduly restrict them (a mitigation plan; mitigation practices) Eg. providing key or access to key for locked equipment or supplies such as knives, scissors.  Sometimes these provisions are written into the above plan, and not as a separate document. 2. Guardians/ individuals are informed of the restriction which is in place at the location and understand the mitigation plan for the person. | | **YES** | **NO** | **N/A** |  |

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| **Behavior Plans, Guidelines or other Interventions [115 CMR 5.14]** If Level III interventions are being implemented, please refer to the DDS regulations for additional special requirements. | | | | | |
| Rate this for sampled individual. If the individual does not require a behavior plan, rate the indicator for the Cluster A person. If not relevant to A person, ask if anyone is supported with a behavior plan. If so, apply indicator to that person. | | **YES** | **NO** | **N/A** | **EVIDENCE** |
| Are any behavior plans, guidelines or interventions with negative components or restrictive elements being implemented with any individual? If no**, STOP HERE**. | |  |  |  |  |
| **Person’s Initials:** | | | | | |
| **L57:** | Is the intervention part of a written plan? |  |  |  |  |
| **L58:** | Is the intervention based on an identified, individual need? | Yes | No |  |  |
| The desired positive replacement behavior(s)? |  |  |  |  |
| The Tier of the support(s)? |  |  |  |  |
| The target behavior(s) to decrease |  |  |  |  |
| A rationale based on a functional analysis of the target behavior(s) and antecedents? | Yes | No | N/A |  |
| Less restrictive alternatives/measures tried and that this is the least intrusive intervention possible? |  |  |  |  |
| Who will provide clinical oversight? |  |  |  |  |
| Outline procedures for monitoring, documenting and clinical oversight of the plan? | Yes | No | N/A |  |
| Criteria for eliminating or revising the plan? |  |  |  |  |
| **L59:** | Was the intervention reviewed and approved by:   1. Is the plan incorporated into the ISP? 2. Human rights committee? (if restrictive procedures) 3. Peer review (PBS Plans with restrictive procedures) committee? 4. Physician or qualified health care professional working under a Physician’s supervision? (Level III Plans) |  |  |  |  |
| **L60:** | Data is maintained regularly and reviewed as required to determine the plan’s efficacy. Plans are revised when indicated by data shows effect or when it is not effective? |  |  |  |  |

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| **Health Related Supports and Protective Equipment** | | | | | |
| Rate this for sampled individual. If the individual does not utilize an S&P, rate the indicator for another person. Ask if ask S&Ps are applicable to anyone else at the location. If so, apply indicators to that person. | | | | **EVIDENCE** | |
| **Person’s Initials:** | | | | | |
| **L61:** | Does the individual’s record demonstrate that the provider has assured that all health-related supports and protective equipment are:   1. Described with specificity in the order authorizing their use OR within an Intensive PBSP authorized by a qualified PBS clinician; 2. In accordance with principles of good body alignment, concern for circulation, and allowance for change of position; 3. Are in good repair and properly applied; and 4. In accordance with safety checks and opportunities for exercise as specified by the order authorizing their use? 5. With documentation as to the frequency and duration of use.   Written protocol for use including items such as when to use, cleaning and care of device; documentation of use and safety checks | Yes  ☐ | No | NA |  |
| **L62:** | Supports or Health Related Protections used for preventing harm during self-injurious behaviors (*behavioral purposes):*   1. Reviewed by the Human Rights Committee. |  |  |  | |
| **L84:** | Evidence of staff training and knowledge including demonstration of proper use of the Health-related Support and/or Protective Equipment. |  |  | *(use staff training review to note training dates)* | |
| Notes: | | | | | |

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| **DEVICES FOR MEDICAL MONITORING** | | | | | |
| **Indicator** | **Individual interview** | **Staff interview** | | **Observation** | **Documentation / Additional items** |
| **L99** |  | Ask about devices authorized by HCPs to monitor and respond to an individual’s medical conditions.  Devices which monitor health status, including data monitored remotely by HCP. | | Observe presence of devices for medical monitoring | Documentation of authorization.  Staff training in purpose, use, and care/cleaning of the device. |
| **DEVICES FOR MEDICAL MONITORING** | | | | | |
| **Person’s Initials:** | | | **EVIDENCE** | | |

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| **L99:** | Medical monitoring devices needed for health and safety are authorized, agreed to, used, and data collected appropriately, (e.g., seizure watches, fall sensors). | Yes | No | N/A |  |

**ADMINISTRATIVE INDICATORS – Process with Sample Interview Questions**

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| **Indicator** | | **Individual questions** | **Staff questions** | **Observation** | **Documentation/ Additional items** |
| **L2** | |  | What is the agency policy on reporting to the DPPC?  Have you received training? Please give an example of a reportable event | Posting of info | Review communication logs and incident reports for events that should have been reported and cross check with investigations. |
| ***ADMINISTRATIVE INDICATORS FINDINGS: Validation at location for admin scoring*** | | | | **EVIDENCE** | |
| **L2:** O | Allegations of abuse/neglect are reported as mandated by regulation. | | | (Note incident report or event that was not reported & any staff not knowledge of reporting) | |
| **L4:** | Action is taken when an individual is subject to abuse or neglect.  *(If completing an audit at a location that is included in the sample of action plans selected then the double validation rule applies. If none, note a preliminary Not Rated (N/R) and validate there are no action plans identified during audits).* | | |  | |
| **L65:** | Restraint reports are submitted within required timelines. *(Cross check records to ensure that all instances of restraint have been reported)* | | |  | |

Staff Training Review for Location and/or Individual

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| L 82: MAP requirements - Should be at main office and on-site | |
| **Training Specific to the individual:** | |
| **Type** | **Who Can Train** |
| Glucose Monitoring | Nurse, PCP, Pharmacist |
| Oxygen  *Must have Vital Sign too* | Nurse, Rep Therapist or Vendor Company - LPN cannot train and a competency review |
| Warfarin (Coumadin) | RN, NP, PA, RPH or MD.  LPN can do a competency review.  Haven’t admin in 12 months have to be retrained |
| Clozapine  *Must have Vital Sign too* | RN, NP, PA, RPH or MD.  LPN can do a competency review.  Haven’t admin in 12 months have to be retrained |
| Epi-Pen  Vitals, CPR and First Aid | RN, NP, PA, RPH or MD.  Recommended annually |
| G-Tube; J-Tube  Vitals, CPR, First Aid | RN, PCP, NP  Every two years & Haven’t admin in 6 months have to be retrained. Training material should be on-site |
| |  |  | | --- | --- | | **General Training:** | | | **Type** | **Who Can Train** | | Vitals | RN or LPN | | |

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| Behavior Plans— L78  Health Related Supports and Protective Equip – L84  Health-Management Protocols – L38  Special Diets – L39  Restrictive Interventions – L78  **Specialized MAP Training – L82 (Epi-Pen, G-Tube, Vital signs, etc.)**  Risk/PICA Plans – L10 |

\*Use the completed schedules to establish list of current staff, which may include new staff and relief staff as well as regular staff.

**\*For MAP training review** – Use Medication Administration Records to determine who administered medications during the month(s) selected for MAP review.

trainings, review all staff who are on the current two-week schedules. If the following information is available on the agency’s Tracking System, which has been verified as accurate, use that information. If this information is not outlined in the tracking system, assess all staff’s receipt of training at the site. Criteria for met: Minimum of at least one person per shift must be trained, and no one without training should be working alone. (Shaded areas are always rated).

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| **Staff’s Name / Employment Status:**  **Full-time, Part-time or Relief** | **Safety Plan(L 5)** | **Signs &Sym(L80)** | **Health Related(L84)** | **MAP**  **Cert (L82)** |  |  |  |  |  |
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\*\* Do not apply training requirements to staff who are new and currently in Location Orientation. (Establish that the staff never works alone.)

\*\*Evidence of staff knowledge of strategies and protocols can be reflected through interview or observation in the absence of training documentation.