

Purpose

An Immediate Transfer Review may be initiated when the Regional and Area Office staff have determined that it is necessary to terminate a provider's contract with or without cause and transition individuals' services to a successor provider in order to ensure basic safeguards are in place as the service transfers to a new agency. It also includes situations in which the services are transferred from one provider to another. A separate review would be completed for each distinct service site for which there is a request, or when a large transfer occurs, for a sample of locations as deemed appropriate. As part of the transition plan, the Area Office notifies the Office of Quality Enhancement.

Prior to the review, the Area Office will work with the exiting and incoming provider on ensuring a smooth transition and the transfer of necessary information. The attached location and individual checklists have been developed to facilitate that process of information transfer.

Initiation of Review

The Immediate Transfer Review will take place within seven days after the transfer of the service. The involved Area or Regional Office will be notified of the date of each review and whenever possible, will identify a key staff person with knowledge of the individuals to communicate and interface regarding each review. The receiving agency will be informed of the date of each review. In addition, a modified off-site review will also occur to review information on the locations and individuals whose services are being transferred, prior to conducting the on-site review. For instance, the surveyors will review HCSIS information regarding incidents, complaint, restraints, and medication errors within transferred locations.

Conduct of the Review

The surveyor will complete an enhanced review of the site feasibility/pre-placement requirements for each identified site to ensure that basic safeguards are in place. This includes the following:

Residential/ Home Supports – to be reviewed through an audit of the people in the home

- a. Completion of environmental worksheet for the home.
- b. Assessment of all components on the Pre-Placement Checklist for the home.
- c. Fire drill with individuals supported at each home with 24 hour staffing where the home is leased or owned by the provider and for site-based respite services.
- d. A review of the fire drill logs and safety plan to identify any problems with evacuation.
- e. Confirmation that medication is being given in accordance with MAP requirements.
- f. Review to determine, as much as possible, that relevant medical information is available for each individual in the home. This will include:
 - i. Available documentation of annual physical and dental examinations.
 - ii. Names of physicians, clinicians and specialists involved with the individual(s).
 - iii. Medical information and history to inform staff of each individual's current health status– this will need to be confirmed through the area office staff person participating in the review.
 - iv. Information outlining procedures to address identified medical needs such as a special diet.
- g. Immediate jeopardy/Action Required notices are issued for those safeguard concerns that put individuals at great risk if not corrected quickly.

Day/Employment Supports – to be reviewed through an audit of individuals served

- a. Completion of environmental worksheet for the day/work support.
 - b. A review of the fire drill logs, system and safety plan to identify any problems with evacuation.
 - c. Confirmation that medication is being given in accordance with MAP requirements as outlined on the medication guide of the Health and Medication Worksheet.
 - d. Review to determine, as much as possible, that needed medical information is available for a sample of individuals in a day/work service to include:
 - i. Available documentation of annual physical and dental examinations.
 - ii. Names of physicians, clinicians, and specialists involved with the individual(s).
 - iii. Medical information outlining an individual's current health status – this will need to be confirmed with appropriate area office staff.
 - iv. Information outlining procedures to address identified medical needs such as a special diet.
 - e. Immediate jeopardy/Action Required notices are issued for those safeguard concerns that put individuals at great risk if not corrected quickly.
2. A written report outlining findings will be sent to the Provider and the Area Office(s) within 1 week of the review. The report will include any areas needing improvement or recommendations generated from the review. Attachments will include the results of the fire drill, and any Notices of Immediate Action Required. The involved Area Office and Regional Office would assume responsibility for following up on any identified issues.
 3. If requested by the Area or Regional office, or if this is a new service for the incoming provider, an Initial review of the service will also be completed within 60 days of the transfer.

LOCATION TRANSFER INFORMATION COVER SHEET

The following is the list of information the Area Office may want to ensure is present for each of the locations transferring to new Providers. Some of this information is obtained from the exiting Provider during the transfer, and then updated as necessary by the incoming Provider. Training requirements apply to all staff working for the incoming provider.

Location Address:		Date of Transfer:	
Previous Provider:		New Provider:	
Number of Individuals:		Approved Capacity of Home:	
# of Staff on duty (Attach staff schedule)	Day: 	Overnight:	<div style="display: flex; justify-content: space-between;"> #Awake #Asleep </div>

STAFFING/ TRAINING STATUS:

1. Emergency Evacuation Safety Plan and Assurance Form Completed?	<input type="checkbox"/> Yes(Attach)	<input type="checkbox"/> No
2. New Provider staff trained in Safety Plan implementation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Fire Drill conducted by incoming provider?	<input type="checkbox"/> Yes (Attach)	<input type="checkbox"/> No
4. Staff have training in informal Fire Safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. At least one staff has training in Fire Safety by DMR, an approved training agency, or the local fire department.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will Medications be administered by Staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes: Site is registered with DPH (new Provider must apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. MAP Certified Staff available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Will specialized training be needed? (G-Tube, Epi-pen, Coumadin, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Staff are trained in First Aid/CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Human Rights Officer available to home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Any Investigations, pending or completed, involving this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, Name(s)/ Number(s)		

LOCATION RELEVANT INFORMATION:

Lease/ rental/ownership information		lease costs (last yr _____)	
If remaining at current location, utility information including insurance, water, gas, oil, phone, cable, lawn and other (attach bills)			
Repairs needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, of an immediate nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Repairs needed			
Is any equipment also being transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Groceries and other goods being transferred are present and accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have all prescriptions been transferred to the new pharmacy, if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Keys being transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternatively, if locks are being changed, please note when	

VEHICLE INFORMATION:

Lease/ rental information (attach bill) If not, transferring lease, note when and to whom new lease arrangement is being developed:

Description/ condition of vehicle; Keys (**attach**) _____

INDIVIDUAL TRANSFER INFORMATION COVER SHEET

The following is a list of individualized necessary information and/or materials to obtain from the exiting Provider. These items and/or information need to be received and then transferred to the incoming Provider. In some cases, the incoming Provider also needs to provide the Area Office with updated information (for example, by updating the Emergency Fact Sheet).

Name:		DOB:	
Address:			
Family Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name & Phone # & Email	
Legal Status:	<input type="checkbox"/> Competent in Fact	<input type="checkbox"/> Presumed Competent	<input type="checkbox"/> Under Guardianship

If Guardian: (Attach legal documents)	Name:		Contact Info:	Phone:
	<input type="checkbox"/> Of Estate	<input type="checkbox"/> Of Person	<input type="checkbox"/> Full	<input type="checkbox"/> Medical
	<input type="checkbox"/> Conservator	<input type="checkbox"/> Health Care Proxy		

Does Individual Have Rep-payee?	Name:		Contact Info:	Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No				Email:

Individual Safety Assessment completed and attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Communication:	<input type="checkbox"/> Verbal	<input type="checkbox"/> Non-Verbal		
	<input type="checkbox"/> Augmented Communication Device:	<input type="checkbox"/> Gestures	<input type="checkbox"/> ASL	<input type="checkbox"/> Medical
	<input type="checkbox"/> Conservator	<input type="checkbox"/> Communication Book		
Staff are available who can utilize the method used?				Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH			
Primary Care Physician:		Contact Information	
Does individual have current annual Physical Exam?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does individual have current dental exam?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be a transfer of medical / dental service delivery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, when / with whom?			
Specialized Medical Condition or Considerations (e.g., Dysphasia, Seizure Disorder, Congestive Heart Failure, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list medical Diagnoses:			
Does the individual have any specialized HCP's (e.g. Cardiologist, Neuro, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HCP Name	Type of HCP	Reason follows	

		individual
Any upcoming medical appointments scheduled?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes:	With Whom	When
Does individual take medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, current Drs. Orders attached ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, medications are available and accounted for? No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized Medical Condition or Considerations (e.g., allergies, diet)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual utilizes the following supports: (Check all that apply and attach relevant documentation)	<input type="checkbox"/> Supports & Health Related Protections	<input type="checkbox"/> Physical Restraint (use within the past year)	
	<input type="checkbox"/> Psychotropic Medications	<input type="checkbox"/> Behavior / PBS Plan	<input type="checkbox"/> Medications to calm or relax prior to medical or dental treatment.
Medications requiring special care (e.g. Coumadin, etc.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Management Plans/Protocols (e.g. Dysphagia, Seizure Disorder, etc.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes: Please list			

Health Care Summary/Medical History Attached ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidential file Attached ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISP (including Health Care Record) Attached (Note: Health Care Record must have been updated within the past 30 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing assessment, if available attached ? (Note: ensure that anything that has occurred has been reflected in the Health Care Record)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Programmatic and support strategy information attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Incoming Provider	
Staff have been trained in the supports/protocols indicated above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Day service and transportation information present?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any proposed changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when/ and with whom

Updated Emergency Fact Sheet is **attached**? ☐ Yes ☐ No
(Reflecting new provider and accurate information)

IMMEDIATE TRANSFER REVIEW REPORT

Provider:	
Location Address:	
Type of Service:	
Team Member(s):	
Date of Review:	
Report Date:	

Attachment: Pre-Placement Requirements Checklist
Fire Drill Report (24-hour residential supports only)

Were any notices of Immediate Action Required Issued? No ☐ Yes ☐ (attached)

FINDINGS:

Personal Safety:

Environmental Safety:

Communication:

Health:

Human Rights:



Competent & Skilled Workforce:

IMMEDIATE TRANSFER WORKSHEETS- (one for each location)




Agency:		Name of Surveyor:	
Location audited:		Service Type Audited:	
Location owned or leased by Provider		Number and initials of individual audits at this location	
Date of Review:			

Administrative Review – notes from discussion and lines of inquiry to the incoming provider:

	Indicators to ask about	Comments
L7 4	The agency screens perspective employees per requirements. Incoming provider has implemented a process for screening exiting provider staff for consideration of hiring.	
L7 5	The agency assures that staff have the necessary qualifications and certifications to do the job. Incoming provider has implemented a process for ensuring that exiting provider staff upon hire have the necessary qualifications to do the job.	
L7 6	The agency has and utilizes a system to track required trainings. All staff working at these new transferred locations need to be up to date in trainings.	
L8 3	Human Rights training	

Personal Safety					
	Indicators to evaluate				Comments
 L2	Allegations of abuse/neglect are reported as mandated by regulation. Ensure that incoming provider is aware and has appropriately reported allegations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L5	There is an approved safety plan in home and work locations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
 L6	All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time. As demonstrated through a fire drill conducted during the review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L8	Emergency fact sheets are current and accurate and available on site. Incoming Provider to obtain accurate copies from exiting provider and then update with their information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. The incoming provider is aware of each person's risks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

Environmental Safety - please refer to applicability to service information			
	Indicators		Comments





	Begin with review of all applicable Environmental Standards for the Home or Congregate Work/Community Supports as indicated on the attached worksheets.				
 L11	All required annual inspections have been conducted. The incoming provider has obtained copies of current inspections for the locations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
 L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
 L13	Location is clean and free of rodent and/or insect infestation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L14	Handrails, balusters, stairs, and stairways are in good repair.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L15	Hot water temperature tests between 110 and 130 degrees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L16	The location is adapted and accessible to the needs of the individuals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L17	There are two means of egress from floor at grade level.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L19	Bedrooms for individuals requiring physical assistance to evacuate or who have mobility impairments are on a floor at grade or with a horizontal exit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L20	Exit doors are easily operable by hand from inside without the use of keys.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L21	Electrical equipment is safely maintained.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L22	All appliances are clean and properly maintained.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L23	There are no locks on bedroom doors that provide access to an egress.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L24	Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L25	Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L26	Walkways, driveways and ramps are in good repair and clear of ice and snow.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

L27	If applicable, swimming pools are safe and secure according to policy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L28	Flammables are stored appropriately.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

Communication



	Indicators				Comments
L31	Staff understand and can communicate with individuals in their primary language and method of communicating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

Health

	Indicators				Comments
L33	Individuals receive an annual physical exam. Copy from exiting provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L34	Individuals receive an annual dental exam. Copy from exiting provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
 L38	 Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). Copy from existing HCP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L39	Special dietary requirements are followed. Dietary needs and special diets are known and documentation is present., and being followed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L40	There is an adequate supply of nutritional foods available at all times.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L43	The health care record is maintained and updated as required. Copy from exiting provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L44	The location where MAP certified staff is administering medication is registered by DPH. New in incoming provider's name	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L45	Medications are stored in a locked container or area in which nothing except such medications are stored.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
 L46	 All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
	Also complete review of additional, applicable Medication Administration Standards worksheet				

Human Rights

	Indicators				Comments
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. Incoming provider has a trained HRO available on site. Provider has provided the guardians and individuals with information on who to contact if they have a concern.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L57	All behavior plans are in a written plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L63	Medication treatment plans are in written format with required components.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual. From start date of Incoming provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L69	Individual expenditures are documented and tracked. Copy from exiting provider; continuation from incoming provider	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
L88	Copy of the ISPs are present	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

Competent & Skilled Workforce						
	Indicators				Comments	
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
L78	Staff are trained to safely and consistently implement restrictive interventions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
L79	Staff are trained in safe and correct administration of restraint.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
	Is this intervention used with any individual? Individual(s) initials: _____ Is this need documented with an order from a clinician? Are staff familiar with the implementation strategies?					
L80	Support staff are trained to recognize signs and symptoms of illness.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
L81	Support staff know what to do in a medical emergency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
 L82	 Medications are administered by licensed professional staff or by MAP certified staff or PCA staff for individuals unable to administer their own medications.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		
L84	Staff are trained in the correct utilization of health related protections per regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>		

Requirement	Yes	No	N/A	Comments
<u>General Appearance Inside the Home</u>				
The interior of the home appears to be weather tight and in good repair (e.g., walls, floor, ceiling, and stairways.)				
Furniture and bedding is present and in good repair.				
Any area used by pets is maintained under sanitary conditions.				
Windows and doors including locking devices, screens and storms are weather tight, in good working order and are operable by and accessible to the individual. Curtains and/or shades allow for privacy and are operable by and accessible to individuals.				
<u>Additional Features For Bedrooms</u>				
There is natural light and either mechanical or natural ventilation.				
Staff do not smoke in the home and there is no evidence of smoking in bedrooms. (Applies only to Agency leased or owned 24 hour staffed residences)				
<u>Additional Features for Bathrooms</u>				
The bathroom, including all fixtures, are in good repair and are easily cleanable (e.g., no evidence of mold or mildew).				
Bathroom fixtures are operable by and accessible to the person.				
There is natural and/or mechanical light and ventilation.				
<u>Additional Features for the Kitchen and Pantry</u>				
The kitchen, including fixtures and food cabinets, is in good repair and easily cleanable.				
<u>Electrical and Heating</u>				
The temperature in the home is comfortable.				
<u>Requirement</u>	Yes	No	N/A	Comments

<p><u>Fire Safety Features</u></p> <p>There is a fire extinguisher (A-B-C Type) which has been mounted in an easily seen and accessible area in the kitchen and which has been inspected within the past year. (Applies only to Agency leased or owned 24 hour staffed residences)</p>				
<p>Hazardous vertical openings such as laundry chutes, dumb waiters, or non-functional heating ducts are sealed with gypsum board or some other fire retardant material. (Applies only to Agency leased or owned 24 hour staffed residences)</p>				
<p>There is an operational flashlight (including batteries) in the home.</p>				
<p>For designated smoking areas, ashtrays or non-combustible material and safe design are provided in all areas where smoking is permitted. There are metal-only wastebaskets (no plastic liners) in designated smoking areas. (Applies only to Agency leased or owned 24 hour staffed residences)</p>				

<u>General Outside Appearance</u>				
If there are gutters, they are secured properly and have no visible evidence of obstruction or missing segments.				
There is no evidence of structural damage to chimney (e.g., loose bricks or mortar).				
There is an operable locking device on every entry door of the home. The doorbell(s) is operational.				
<u>Additional Requirements</u>				
A functional telephone is present at the home.				
Adequate first aid supplies are present at the home.				
A search plan is in place.				

Comments:

Environmental Standards for Congregate Work/Community Supports

Requirement Work Area/Overall Building	Yes	No	N/A	Comments
There is artificial and/or natural lighting for individuals to complete work assignments.				
Corridors, hallways, and offices have artificial and/or natural lighting. Where there are no windows, there are emergency lights.				
Where windows are being used for ventilation, they can be easily opened to enable fresh air to come into the building.				
Where there are no openable windows, there is a mechanical ventilation and air conditioning system.				
Electrical service (amperage) is sufficient for the workplace. (Team Member may request documentation from a licensed electrician.)				
Doors and windows are weather tight and in good repair (e.g., free of cracked or broken glass, weather-stripping to prevent cold air from leaking in). Doors and windows needed for ventilation have screens during the warm weather months.				
Windows and doors can be opened easily (e.g., no broken sash cords).				
Ceiling panels are not missing or cracked or stained.				
Floors appear to be structurally sound, (e.g., are free of holes, worn floor boards, cracked, loose or broken tiles or linoleum).				
Potentially dangerous equipment or machinery is located in areas not frequently traveled.				
Safety features on machinery and equipment are operable and being utilized.				
Tables, chairs and other furnishings and equipment are in good condition.				
There is a current DOL certificate for this location.				
<u>Bathroom</u>				
Floors and walls are made of easily cleanable material (e.g., washable paint or tile on walls, linoleum or tile floors, wood floors finished with a non-absorbent coating).				

Requirement Work Area/Overall Building	Yes	No	N/A	Comments
Wall and floors are in good repair (e.g., no holes or cracks).				
There is adequate lighting in the entire bathroom, including toilet stalls.				
If there are no openable windows, then operable mechanical ventilation is provided.				
Toilets and washbasins are easily cleanable (e.g., not worn, cracked or pitted areas).				
There is sufficient water pressure in both hot and cold water fixtures. (Team Member may require documentation of a plumbing inspection).				
If the bathroom contains more than one toilet, each toilet has walls or partitions which afford privacy. Walls or partitions must include a door for privacy.				
Fixtures for lighting, water and windows are operable by and accessible to workers.				
Bathrooms are properly equipped (e.g., toilet paper, soap, paper towels, trash receptacle).				

<p><u>Kitchen/Lunchroom/Cafeteria</u></p> <p>If the location has a retail food establishment or food is being prepared for retail sale it has a current certificate of inspection from the Board of Health.</p>				
There is adequate lighting and wall outlets for intended use.				
Kitchen equipment is in good repair and sanitary condition (e.g., stove, refrigerator, microwave). Foods are stored in the refrigerator, freezer and cupboards under sanitary conditions.				
The sink(s) is easily cleanable (e.g., no cracked, worn or pitted areas).				
There is sufficient water pressure to hot and cold water fixtures.				
<p>Kitchen/Lunchroom/Cafeteria continued.</p> <p>Tables, chairs or stools are in good condition.</p>				
The dining area is clean.				
<p><u>Interior Stairways and Hallways</u></p> <p>Stairways and hallways are unobstructed.</p>				
There is adequate lighting in hallways and stairways for safe use.				
<p><u>Entrances, Exits/Exterior Stairways and Ramps</u></p> <p>Exit stairways and ramps are free of obstructions.</p>				
<p><u>Asbestos</u></p> <p>Asbestos is not exposed, especially around pipes and the heating system.</p>				
<p><u>Exterior of the Building (free-standing building only)</u></p> <p>There is no evidence of leaks in the roof, foundation or exterior walls.</p>				
Exterior of the building appears to be in safe condition. (Team Member may require documentation from the Local Building Inspector.)				

<p><u>Smoking Areas</u></p> <p>Smoking area is remote from other commonly used area of the building and metal ashtrays are used. Flammable or combustible materials are not located in or near the smoking area.</p>				
<p><u>Additional Requirements</u></p> <p>A functional telephone is present at the location.</p>				
<p>Adequate first aid supplies are present at the location.</p>				
<p>A search plan is in place.</p>				

Comments:

DMR REG. #	Requirement	Guideline	Yes	No	N/A
5.15 (7)(d)	<p><u>Department of Public Health (DPH) Registration (105 CMR 700.003)</u></p> <p><u>Storage</u></p> <p>Medications or ointments used externally are stored separately from medications taken internally.</p>				
5.15 (7)(a)	Medications requiring refrigeration are stored in a locked container in the refrigerator.	<ul style="list-style-type: none"> Controlled substances are double locked in the refrigerator. 			
5.15 (7)(b)	Individuals who are self-medicating have their prescription medication stored in such a way as to be inaccessible to other individuals.	<ul style="list-style-type: none"> Medications may be unlocked if they pose no risk to the individual and other individuals; <u>but</u> all narcotics, barbiturates and tranquilizers must be in a locked container or area. At work, medications are kept on the person or in a locked container (e.g., locker). 			
5.15 (9)(e)	<p><u>Medication Administration</u></p> <p>Not more than a 37 day supply of medication is maintained at the location.</p>				
5.15 (10)(a)	<p>All prescription medications are documented on a Practitioner's Order and specifies:</p> <ul style="list-style-type: none"> type and dosage; when and how the medication is to be given; and instructions for self-administration, when applicable. 	<ul style="list-style-type: none"> Documentation of all of the following is consistent: <ul style="list-style-type: none"> -Medication labels on the container -Medication and Treatment Chart -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-over). Medication ordered for the "hour of sleep" should be given just before the individual goes to bed or as specified by the practitioner. <p>If vital signs are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 06 - 6.</p>			
5.15 (8)(a)	Where the individual routinely takes medication at more than one location, the medication is packaged and labeled by the pharmacist.				

5.15 (8)(b)	For non-routine situations of less than 72 hours, dose(s) may be re-packaged, but must contain the same information as the pharmacist's label (e.g., Leave of Absence).	See MAP Policy Manual, 11-1			
5.15 (9)(h)	<p style="text-align: center;"><u>PRN Medications</u></p> <p>Medications are not prescribed for restraint purposes, but may be prescribed for treatment purposes only.</p> <p>For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed.</p>	<ul style="list-style-type: none"> Medication Administration Policy Manual, Policy 06-2. Example: Tylenol ii tabs po q6 hrs prn for a fever >101. Observable criteria should be specified on the practitioner's order, label, and medication and treatment chart. 			
5.15 (9)(g)	<p style="text-align: center;"><u>Over-The-Counter-Medications</u></p> <p>Written approval for over-the-counter (OTC) medications are obtained from the practitioner.</p>	<ul style="list-style-type: none"> See MAP Policy Manual, 06-9. A practitioner's order is required for OTC medications. OTC medications are administered according to the same procedures used to administer prescription medications. The only stock of OTC medications permitted to be maintained at the location are: Acetaminophen, Milk of Magnesia, Guaifenesin Cough Syrup, and Kaopectate. 			

Comments:

MEDICATIONS WORKSHEET

Individual initials:

[illegible]

Comments:
