Day Training Site Visit

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| **Individual(s):** | **Date:** Click or tap to enter a date. |
| **Provider:** | **Reviewer(s):** |
| **Address:** | **DSP(s):** |
| **Site Type:  ADHC  Day Training** | **Waivers Reviewed:  SCL  MPW** |

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| **Y/N** | SAFETY |
|  | Two (2) or more Fire Extinguishers in Strategic Locations |
|  | At least one (1) capable of extinguishing a grease fire/1A10BC |
|  | Smoke Detectors in Strategic Locations |
|  | Modified Signal System if applicable |
|  | Disaster/Evacuation Plan |
|  | Participant Training on Disaster Drills |
|  | Water Temperature Complies with Safety Limits in Plans of Care |
|  | Clean and well maintained. Sanitary conditions. Comfortable environment |
|  | Adequate Staff to meet the needs identified in each participant’s PCSP, ability to have choices, and general safety |
| **Y/N** | ADA COMPLIANT BASED UPON THE NEEDS OF EACH PARTICIPANT |
|  | Risks/Hazards |
|  | Entrances/Doorways |
|  | Bathrooms/Kitchens |
|  | Physically accessible to each participant. Physical accessibility includes but is not limited to: Easy to approach, enter, operate, or participate in a safe manner and with dignity by a person |
| **Y/N** | EMPLOYMENT and VOCATIONAL SKILLS |
|  | Career planning and pre-vocational activities consistent with the participant’s skills and interests (SCL) |
|  | Training in vocational skills (MPW) |
|  | Annual informational session regarding community involvement or employment |
|  | Work for the agency paid commensurate to the general work force (MPW) |
|  | Employment has been offered as the first choice for anyone who wants to work. |
| **Y/N** | DDID Program Goals |
|  | Receive person centered waiver services |
|  | Safe, healthy, and respected in the community |
|  | Live in the community with effective, individualized assistance |
|  | Enjoy living and working in the participants community |

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| **Individuals:** | **Date:** Click or tap to enter a date. |

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| **Y/N** | Record |
|  | Participant Summary (SCL) *(if no summary present, is the agency using the MWMA risk mitigation section)* |
|  | Person Centered Service Plan (Current) |
|  | MAP 351, Pertinent Medical, Nursing and Social History (MPW) |
|  | Photograph-recognizable (SCL) |
|  | Consent for Emergency Treatment (SCL) |
|  | Allergy alerts (SCL) |
|  | Behavior Support Plan, if applicable |
|  | Rights Restrictions, if applicable |
|  | Separate and Accurate Financials if applicable |
|  | ADHC Documentation of Nursing Supervision/Services |
|  | In/Out Logs |
| **Y/N** | Medications |
|  | Current Prescriptions or Physician’s Orders |
|  | Storage Requirements (double locks for controlled substance) |
|  | Proper Labels |
|  | Controlled Substance Count Sheet |
|  | MAR Recordings |
|  | Physician Protocols |
| **Y/N** | Observation and Interview/Final Rule |
|  | The setting is integrated in and supports full access to the greater community and engage in community life. |
|  | Ensures an individual’s rights of privacy, dignity and respect |
|  | Not diversional in nature |
|  | Occurs in a variety of settings in the community (SCL) |
|  | Training in Self Advocacy (MPW), Fosters Personal Choice (SCL) |
|  | Supports retirement activities, including altering schedules if desired (participant has the choice to remain home or engage in other community retirement activities) |
|  | Training and supports designed to maintain skills and functioning (SCL) |
|  | Choice of Routine and Daily Schedule |
|  | Not provided in the participant’s home |
|  | Staff Training |
|  | Beginning and ending times of service |
|  | No restrictive measures without due process |
|  | The setting is selected by individuals from among setting options including non-disability specific settings |
|  | Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. |

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| **Number of Individuals Supported at this site:** | **Number of Individuals Interviewed:** |

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