Residential Site Visit

|  |  |  |
| --- | --- | --- |
| **Individual(s:** | **Date:** Click or tap to enter a date. | **DOB:** |
| **Provider:** | **Address:** | **DSP(s):** |
| **Reviewer:** | **Residential Type:** Choose an item. | **< 12 Hours**  **> 12 hours** |

|  |  |
| --- | --- |
| **Y/N** | SAFETY |
|  | Two (2) or more Fire Extinguishers in Strategic Locations |
|  | At least one (1) capable of extinguishing a grease fire/1A10BC |
|  | Smoke Detector in Each Participant’s Bedroom |
|  | Smoke Detector in Additional Strategic Locations |
|  | Modified Signal System, if applicable |
|  | Disaster/Evacuation Plan |
|  | Participant Training on Disaster Drills (may be documented in main record) |
|  | Water Temperature Complies with any Safety Limits in PCSP |
|  | Clean and well maintained. Sanitary conditions. Comfortable environment |
|  | Level II: Firearms Double Locked, Ammunition Separate |
| **Y/N** | ADA COMPLIANT BASED UPON THE NEEDS OF EACH RESIDENT.ALL COMMUNAL AREAS ACCESSIBLE |
|  | Risks/Hazards |
|  | Entrances/Doorways |
|  | Bathrooms/Kitchens |
|  | The home is physically accessible to the individual. 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** | SUPERVISION |
|  | No more than five (5) unsupervised hours per day per participant (Res. Level I) |
|  | Safety plan in place for unsupervised time, documentation that the participant is able to implement a safety plan |
|  | Staff in the home understand the safety plan |
|  | Level I or II – Hours of Supervision Match PCSP  Adequate Staff |
|  | Level I or II – Hours of Supervision Match PCSP  Adequate Staff |
| **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 participant’s community |

|  |  |
| --- | --- |
| **Individual:** | **Date:** |

|  |  |
| --- | --- |
| **Y/N** | Record |
|  | Participant Summary *(if no summary present, is the agency using the MWMA risk mitigation section)* |
|  | Person-Centered Service Plan (Current) |
|  | Photograph-recognizable |
|  | Consent for Emergency Treatment |
|  | Allergy alerts |
|  | Behavior Support Plan, if applicable |
|  | Rights Restrictions, if applicable |
|  | Separate and Accurate Financials; |
|  | In/Out Logs |
| **Y/N** | Medications |
|  | Current Prescriptions or Physician’s Orders |
|  | Storage Requirements (double locks for controlled substance) |
|  | Proper Labels |
|  | MAR Recordings |
|  | Physician Protocols |
|  | Controlled Substance Count Sheet |
| **Y/N** | Observation and Interview/Final Rule |
|  | Ensures right to dignity and respect |
|  | Lockable bedroom doors |
|  | Ensures right privacy |
|  | Option for a Private Unit |
|  | Choice of Home and Location |
|  | Choice of Roommates or Housemates |
|  | Choice of Who Provides Services/Support |
|  | Choice of Routine and Daily Schedule: Person has the freedom and support to control their own schedules and activities |
|  | Freedom to Decorate and Furnish Bedroom and Home |
|  | Individuals are able to have visitors of their choosing at any time and private area for visiting. |
|  | Free access to personal possessions and resources |
|  | Meeting Nutritional Guidelines |
|  | Free Access to Food |
|  | No restrictive measures without due process |
|  | Key or Code to Enter Home/Building |
|  | Control over personal resources (how someone spends their money, etc.) |
|  | Supports full access to the greater community |
|  | Engaged in community life |
|  | Freedom from coercion |
|  | Freedom from restraint |
|  | 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. |
|  | Has the choice to stay home during the day |
|  | Is not required to leave home for routine days like weekends, holidays, etc. (home is never “closed”) |

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

: