**KENTUCKY SUPPORTS FOR COMMUNITY LIVING SERVICES**

**Checklist for Reviews**

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| --- | --- | --- | --- | --- |
| **Agency** | **Date of Review** | **Team Leader** | **# of Participants Interviewed** | **Certification End Date** |
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| **Item** | **Reviewed By** | **Date** |
| Program Audit Sample – SCL/MPW/PDS |  |  |
| Description of Services *- Regulatory Reference: 3(3)(e)1* |  |  |
| Policy/Procedures comply with regulations - *Regulatory Reference: Section 3* |  |  |
| Written statement of mission and values - *Regulatory Reference: 3(3)(h)* |  |  |
| Organizational Structure - *Regulatory Reference: 3(3)(e)2* |  |  |
| Secretary of State’s Office, Good Standing - *Regulatory Reference: 3(2)(c)* <https://app.sos.ky.gov/ftsearch> |  |  |
| Final Rule Interviews submitted here: CMSFinalHCBRule@ky.gov |  |  |
| Memorandum of Understanding with Case Management Agencies - *Regulatory Reference: 3(3)(e)3* |  |  |
| Infection Control Plan - *Regulatory Reference: 3(3)(bb)1* |  |  |
| Evidence of continuous quality improvement (NCI) -*Regulatory Reference: 3(3)(e)6* |  |  |
| Quality Improvement Plan (includes CAPs, SCL goals) -*Regulatory Reference: 3(3)(e)5* |  |  |
| HRC/BIC Written Plan and Evidence of Participation -*Regulatory Reference: 3(3)(e)7* |  |  |
| Emergency Drills, Quarterly - *Regulatory Reference: 3(3)(cc)4,5* |  |  |
| Emergency Disaster Plan - *Regulatory Reference: 3(3)(cc)* |  |  |
| Payee balances, Quarterly Statements - *Regulatory Reference: 3(3)(g)* |  |  |
| **Personnel/Training – New Hires** |  |  |
| * Personnel/Training Checklist for New Hires
 |  |  |
| **Personnel/Training – Existing Employees** |  |  |
| * Personnel/Training Checklist for Long-Term Employees
 |  |  |
| Incident Reports |  |  |
| Individual Records |  |  |
| Medication Error Log – *Regulatory Reference: 11(7)* |  |  |
| Rights, description of - *Regulatory Reference: 3(3)(j)* |  |  |
| Residential Roster (if applicable) |  |  |
| Sanitary Conditions and Maintenance Policy - *Regulatory Reference: 3(3)(bb)2* |  |  |
| Satisfaction - information re: participant satisfaction -*Regulatory Reference: 3(3)(e)4* |  |  |
| Site Review – Home Visits |  |  |
| Site Review – Day Training Visit(s) |  |  |
| Quality Assurances completed here [Quality Assurances](https://redcap.uky.edu/redcap/surveys/?s=cxMIcqhKiM) |  |  |
| Number of SCL Participants |  | Number of MPW Participants |  |