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| **RESIDENTIAL REVIEW**  *Complete one sheet per residence, even if multiple individuals reside there. Please remain as objective as possible.* | |
| **RESIDENCE NAME:** | **DATE AND TIME:** |
| **RESIDENCE ADDRESS:** | **WHO IS YOUR GUIDE TODAY?** |

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| DOOR ALARMS AUDIBLE:  INTERIOR  EXTERIOR Notes: | | | |
| WINDOWS ALARMED?:  YES  NO Notes: | | | |
| ANY FIRE SAFETY CONCERNS/BLOCKED EGRESSES?  YES  NO Notes: | | | |
| WAS THERE A STAFF AVAILABLE IMMEDIATELY UPON ENTRY?  YES  NO Notes: | | | |
| VIDEO AND/OR AUDIO MONITORING? IF SO, IN…   * COMMON AREAS?  YES  NO Notes: * PRIVATE AREAS (BEDROOMS/BATHROOMS)?  YES  NO Notes: | | | |
| EMERGENCY CONTACTS POSTED IN A CONSPICUOUS SPOT, ACCESSIBLE TO RESIDENTS?  YES  NO  Notes: | | | |
| IS THERE A STAFF OFFICE?  YES  NO | | STAFF OFFICE LOCKED?  YES  NO | |
| SHARPS LOCKED?  YES  NO | | MEDICATIONS LOCKED?  YES  NO | |
| ARE CABINETS/DRAWERS LOCKED?  YES  NO | | SPACE CLEAN AND IN GOOD REPAIR?  YES  NO | |
| IS THERE AT LEAST 3 DAYS WORTH OF FOOD AVAILABLE FOR ALL RESIDENTS?  YES  NO | | | |
| IS FOOD FREELY AVAILABLE (I.E. UNLOCKED)?  YES  NO IF YES, WHAT? | | | |
| ENVIRONMENTAL NOTES: | | | |
| ADD’L NOTES: | | | |
| Author: | Email: | | Date: |

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| **INDIVIDUAL SPECIFIC REVIEW**  *Complete one form per individual you visit. Please remain as objective as possible.* | | | | | | | | | |
| INDIVIDUAL INITIALS: | | ASSIGNED STAFF DURING VISIT: | | | | | | | |
| DATE/TIME VISITED: | | | | | ADDRESS WHERE VISIT OCCURRED: | | | | |
| CLIENT SUPERVISION LEVEL/RATIO AT TIME OF VISIT *verify client’s ability to say how they check in if less than 1:1, if applicable, and describe below.* | | | | | | |  | | EYES-ON  MIN. CHECKS |
| IS A CLIENT BOOK PRESENT CONTAINING THE FOLLOWING: | | | | | | | | | |
| NH SERVICE AGREEMENT?  YES  NO *Date*: | | | RISK MANAGEMENT PLAN?  YES  NO  *Date*: | | | | | BEHAVIOR PLAN?  YES  NO  *Date*: | |
| MEDICATION LIST?  YES  NO  *Date*: | | | ASSIGNED STAFF TRAINED ON BEH. PLAN?  YES  NO | | | | | RISK ASSESSMENT?  YES  NO  *Date*: | |
| WHEN WAS LAST ROOM OR BODY SEARCH? ANYTHING FOUND? | | | | | | | | | |
| Individual Response: | | | | | | Staff Response: | | | |
|  | | | | | |  | | | |
| ANY REPORTABLE INCIDENTS WITHIN THE LAST TWO WEEKS? | | | | | | | | | |
| Individual Response: | | | | | | Staff Response: | | | |
|  | | | | | | Was an incident report written?  YES  NO | | | |
| WHAT ACTIVITIES ARE OCCURRING AT THE TIME OF VISIT? | | | | | | | | | |
| Is there a written daily schedule?  YES  NO | | | | | | | | | |
| Individual Response: | | | | | | Staff Response: | | | |
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| WHAT ACTIVITIES ARE SCHEDULED FOR THE REST OF THE DAY? | | | | | | | | | |
| Individual Response | | | | | | Staff Response | | | |
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| ADDITIONAL CLIENT CONCERNS OR VISIT COMMENTS? | | | | | | | | | |
| Individual Response: | | | | | | Staff Response: | | | |
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| **NOTES FOR VISIT (OPTIONAL)** | CLIENT’S REGION AND SERVICE COORDINATOR: | | | | | | | | |
| RMP SUPERVISION LEVELS:  1st SHIFT:  3rd SHIFT:  2nd SHIFT:  OTHER: | | | | | | | | SC EMAIL:    SC PHONE: | |
| **Author:** | | | | **Email:** | | | | | **Date:** |