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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 [ ]  NONotes:  |
| 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: |
|  |  |
| WHAT ACTIVITIES ARE SCHEDULED FOR THE REST OF THE DAY? |
| Individual Response | Staff Response |
|  |  |
| ADDITIONAL CLIENT CONCERNS OR VISIT COMMENTS? |
| Individual Response: | Staff Response: |
|  |  |
| **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:** |