

INTENSIVE TREATMENT SERVICES: GENERAL SITE VISIT FORM

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

DOOR ALARMS AUDIBLE: <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR Notes:		
WINDOWS ALARMED?: <input type="checkbox"/> YES <input type="checkbox"/> NO Notes:		
ANY FIRE SAFETY CONCERNS/BLOCKED EGRESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO Notes:		
WAS THERE A STAFF AVAILABLE IMMEDIATELY UPON ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO Notes:		
<input type="checkbox"/> VIDEO AND/OR <input type="checkbox"/> AUDIO MONITORING? IF SO, IN... <ul style="list-style-type: none"> • COMMON AREAS? <input type="checkbox"/> YES <input type="checkbox"/> NO Notes: • PRIVATE AREAS (BEDROOMS/BATHROOMS)? <input type="checkbox"/> YES <input type="checkbox"/> NO Notes: 		
EMERGENCY CONTACTS POSTED IN A CONSPICUOUS SPOT, ACCESSIBLE TO RESIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO Notes:		
IS THERE A STAFF OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF OFFICE LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SHARPS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATIONS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE CABINETS/DRAWERS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SPACE CLEAN AND IN GOOD REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THERE AT LEAST 3 DAYS WORTH OF FOOD AVAILABLE FOR ALL RESIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS FOOD FREELY AVAILABLE (I.E. UNLOCKED)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT?		
ENVIRONMENTAL NOTES:		
ADD'L NOTES:		
Author:	Email:	Date:

PLEASE EMAIL TO MBERG@CSNI.ORG UPON COMPLETION OF VISIT. THE REPORT WILL THEN GET DISTRIBUTED TO RESPECTIVE AGENCIES.

INTENSIVE TREATMENT SERVICES: GENERAL SITE VISIT FORM

INDIVIDUAL SPECIFIC REVIEW <i>Complete one form per individual you visit. Please remain as objective as possible.</i>		
INDIVIDUAL INITIALS:	ASSIGNED STAFF DURING VISIT:	
DATE/TIME VISITED:	ADDRESS WHERE VISIT OCCURRED:	
CLIENT SUPERVISION LEVEL/RATIO AT TIME OF VISIT <i>verify client's ability to say how they check in if less than 1:1, if applicable, and describe below.</i>		<input type="checkbox"/> EYES-ON <input type="checkbox"/> ____ MIN. CHECKS
IS A CLIENT BOOK PRESENT CONTAINING THE FOLLOWING:		
NH SERVICE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date:</i>	RISK MANAGEMENT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date:</i>	BEHAVIOR PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date:</i>
MEDICATION LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date:</i>	ASSIGNED STAFF TRAINED ON BEH. PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	RISK ASSESSMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date:</i>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT ACTIVITIES ARE OCCURRING AT THE TIME OF VISIT?		
Is there a written daily schedule? <input type="checkbox"/> YES <input type="checkbox"/> 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: 1 st SHIFT: 2 nd SHIFT:	3 rd SHIFT: OTHER:	SC EMAIL: SC PHONE:
Author:	Email:	Date:

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