Harvey-Marion County CDDO

Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.

HMCDDO PCS REVIEW TOOL

NAME OF INDIVIDUAL REVIEWED:			***EFFECTIVE DATE OF PCSP:***	
PCS Areas – Individual & Family Review	***Yes***	***No***	***N/A***	***Comments***
Is there anything you would change about where or with whom you are living?				
Is there anything you would change about where or with whom you are living?				
Preferred Activities Listing from PCSP: Do you get to do them as often as you would like?				
Do you get to spend time with those you choose?				
Do you go shopping for things that you need? If no, who does?				
If you don't like what you're having for a meal, do you have other choices?				
What do you do in case of a TORNADO?				
What do you do in case of a FIRE?				
What do you do in case of the ELECTRICITY GOING OUT?				
What do you do when someone is mean to you/hurts you?				
What do you do when you are hurt or sick?				
What do you do if your staff doesn't show up for work?				
PCS/PCSP Areas – Staff Review	***Yes***	***No***	***N/A***	***Comments***
Are there special diet needs identified in the PCSP? If so, are the dietary needs prescribed by a doctor? What is done if individual refuses to follow the dietary restrictions?				
Are there identified health needs in the PCSP, and if so, how they accommodated?				
Are there identified rights restrictions, and if so, are they identified in the PCSP?				
Are there identified behavior issues, and if so, are they identified in the PCSP/BSP? How are staff trained to handle these behaviors?				
Are there prescribed psychotropic medications issues, and if so, are the potential side effects identified in the PCSP/PMP?				

Harvey-Marion County Community Developmental Disability Organization

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969

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HMCDDO PCS REVIEW TOOL

PCS/PCSP Areas – Staff Review (Continued)	***Yes***	***No***	***N/A***	***Comments***
Have you received a copy of the PCSP?				
Can you tell me the individual's goals from the PCSP?				
Are there identified rights restrictions, and if so, are they identified in the PCSP?				
What do you do in case of a TORNADO?				
What do you do in case of a FIRE?				
What do you do in case of the ELECTRICITY GOING OUT?				
What do you do when someone is mean to you/hurts you?				
What do you do when you are hurt or sick?				
What do you do if your staff doesn't show up for work?				
Do you have any questions for this reviewer?				
HMCDDO Reviewer's Observations	***Yes***	***No***	***N/A***	***Comments***
Interactions were positive between the parent/family and the person?				
Interactions were positive between the staff and the person?				
The person expressed his / her own opinions?				
Is the property reasonably clean and well maintained?				
Is the property safe and secure?				
Is there adequate lighting inside and out?				
Is there adequate space?				
Is the home accessible to meet the person's needs?				
Are the services consistent with the PCSP? If not, what are the needed changes?				
COMMENTS:				
REVIEWER SIGNATURE:		***PCSP REVIEW DATE:***		

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