Harvey-Marion County CDDO

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

HMCDDO Quality Assurance Service Monitoring: Day Service

To ensure the health, safety and rights of persons served

Consumer Name	
Support Agency	
Current PCSP Date	
Case Manager (TCM)	
HMCDDO Reviewer	
Location of Review	
Date of Review	

Comment when a concern is identified:

ENVIRONMENT & SAFETY	***N/A***	***YES***	***NO***
Is facility clean?			
Free of any unusual odors?			
Stable room/water temperature? (not too hot or too cold)			
Is the site in good repair?			
Site is adapted for the person and person can exit in an emergency?			
Soap and towels present and being used?			
Basic first aid supplies are available?			
Emergency info is in an accessible place?			
Incident and Injuries documented?			
Staff has checked the emergency drill system?			
COMMENTS:			

HEALTH	***N/A***	***YES***	***NO***
Appearance: Clean?			
Do clothes and shoes fit?			
Maintained weight? (no recent changes)			
Staff and person are aware of special dietary needs?			
Are physician's orders present and signed?			
If medications are given during Day Service: Medications present. Safely stored?			
Have all meds been administered as prescribed? Check MARs for completion			
Adaptive equipment present, clean, and in good repair?			

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Staff has all medical/health information needed to provide support?			
General wellbeing: How is the person feeling today? Any recent injuries? Has the person been to the doctor?			
COMMENTS:			

SERVICE & STAFF	***N/A***	***YES***	***NO***
Are staff interactions respectful, attentive and positive?			
Are staff teaching and mentoring people?			
Service authorized: Is the plan being implemented?			
Are staff ratios being met?			
Documentation is present, meaningful and completed in a timely manner?			
Is the consumer satisfied with the service and support?			
Does the person participate in age appropriate, integrated activities?			
Does he/she socialize with people other than staff or other program participants?			
Does he/she have roles other than that of client?			
Are the needed supports for communication methods being utilized as outlined in PCSP?			
Are positive behavioral supports being provided as outlined in PCSP/BSP?			
COMMENTS:			

MONEY	***N/A***	***YES***	***NO***
Is the person allowed to have money with them at the program?			
How is it spent? *Comment only*			
Who tracks the spending? *Comment only*			
COMMENTS:			

RIGHTS	***N/A***	***YES***	***NO***
Can the person talk privately?			
Who plans the schedule? *Comment only.*			
Does the person choose what to eat?			
Does the person choose what they buy?			

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Does the person choose what they do every day?			
Did the person assist in making up the rules?			
If any rights have been restricted, does the person know how to restore their rights?			
If there are any restrictions, please note in detail.			
COMMENTS:			

Check the categories that relate to the findings and concerns:

	Environment/Safety		*Health*		*Staff*		*Money*		*Rights*

Findings/Concerns:
Positive Outcomes:

Reviewer Signature		***Date***	