Harvey-Marion County CDDO

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

HMCDDO Quality Assurance Service Monitoring: Residential

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***
Home/facility clean?			
Free of any unusual odors?			
Stable room/water temperature? (not too hot or too cold)			
Maintenance of the home/site. Is the home/site in good repair?			
Home/site is adapted for the person and person can exit in an emergency?			
Basic first aid supplies are available?			
Soap and towels present and being used?			
Smoke detectors, fire extinguishers present and working?			
Emergency drills 4 times per year?			
Emergency info is in an accessible place?			
Incident and Injuries documented?			
Secure storage of chemicals?			
Food is covered/wrapped in refrigerator?			
Counters and dishes are clean?			
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?			

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Are physician's orders present and signed?			
Medications present and safely stored?			
Medication administered as prescribed?			
MARs completed?			
Side effects information present?			
The individual has a primary care physician?			
Adaptive equipment present, clean, and in good repair?			
Physical, dental, vision, and TB exams are current and are in the home records? *Physical exam must be completed annually. List comments below.*			
All recommended appointments attended?			
Able to evacuate independently?			
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?			
For service authorized: Is the plan being implemented?			
Are services authorized being provided?			
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 housemates?			
Does he/she have roles other than that of client?			
Are people connected with their past? (Include family and former housemates or friends.)			
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:			

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MONEY	***N/A***	***YES***	***NO***
Spending money: Is the money available and does the person have access to it?			
Do they have input into how their money is spent?			
Bills: Are they being paid?			
Any purchases? If so, does the person have the item?			
COMMENTS:			

RIGHTS	***N/A***	***YES***	***NO***
Does the person answer the door?			
Does the person answer the phone?			
Can the person talk privately?			
Does the person have input into their daily routine, schedule and activities?			
Does the person choose when to eat?			
Does the person choose what to eat?			
Does the person choose what they buy?			
Does the person choose what they do every day?			
Does the person have opportunities to express his/her personal talents, identity and competencies?			
Did the person assist in making up house rules?			
If any rights have been restricted, does the person know how to restore their rights? If 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***	

Harvey-Marion County Community Developmental Disability Organization

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