

FAR NORTHERN REGIONAL CENTER MONITORING CHECKLIST

Facility Name: _____ **Date of Review:** _____
Address: _____ **Date of Last Review:** _____

Mailing Address: _____ **Participants:** _____

Facility Type: Owner Level 2 **Facility Liaison:** _____
 Staff Level 3
 Level 4 113

1.0 HEALTH AND SAFETY	N/A	Met	Not Met
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In conducting facility liaison monitoring visits, the facility liaison may inspect the residential service provider's grounds, buildings and services [T17- 56048 (e)]

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1.1 The facility is clean and safe. [T22-80087] | | | |
| (a) Temperature is comfortable and safe. [T22-80088] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Facility and grounds are free of hazards. [T22-80087] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Fire alarm systems and extinguishers are operable. [T19-1.14] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Consumer bedrooms are clean and afford privacy. [T22-80087, Rights DSP304] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Consumer bathrooms are clean and afford privacy. [T22-80087, Rights DSP304] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Toxic items are safely stored. [T22-80087] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| 1.2 Centrally stored medications are locked. [T22-80075] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 First aid supplies and manual are available. [T22-80075] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 Documented disaster drills every 6 months. [T22-80023] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.5 Vehicles transporting consumers are in good repair. Seat belts are in place as required by California laws. [T22-80074] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.6 Food service provides meals that appear to be of quantity and quality necessary to meet the needs of the consumers. [T22-80076] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) An adequate food supply is available. [T22-80076] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Food is adequately stored. [T22-80076] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Sanitation practices are adequate. [T22-80076] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Residents with special diets receive appropriate food, and have prescriptions on file. [T22-80076] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.7 Carbon Monoxide detector [Title 24, Section R315.1.4] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Original to: Facility File
 Copies to: Residential provider

The facility liaison will select and review a randomly chosen sample of 20 percent of the consumer records. [T17-56048 (d)(4)]:

- 2.1 The record for _____ includes the following information:
- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| (a) | Current Admission Agreement. [T22-80068 & T17-56019] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Current Consumer Information. [T22-80070, T17-56017 & 56059]
(Confidential Consumer Information form) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Current IPP. [T17-56022]
(Needs and Services Plan [T22-80068.2]) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | IN LEVEL 4-113 FACILITIES: Utilize the instructional methods and techniques which are specified in the facility's program design [T17-56054(9)] [Contract for 113] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | IN LEVEL 4-113 FACILITIES: Utilize the methodology for measurement of client progress toward achievement of IPP objective which is specified in the facility's program design. [T17-56054] [Contract] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | Signed ongoing written and dated Consumer Notes. [T17-56026] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) | Signed reports addressing progress on IPP objectives for which the facility is responsible. [T17-56026]
Level 2, Level 3 - Semi-annual reports
Level 4 - Quarterly reports submitted to FNRC

113-Reports according to program design. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) | Current and accurate record of centrally stored medications. [T22-80075] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) | Continuing record of any illness and provision of medical and dental care. [T22-80070] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) | Inoculation record and TB clearance. [T22-83070 & 84070, T17-56059] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) | Allergy record. [T17-56059] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) | Copies of Special Incident Reports (SIRs). [T17-54327 & 56059] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) | Signed copy of personal rights. [T17-50520 & 56019] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) | Signed consent for release of information form(s). [T17-56059] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (o) | <i>For Children:</i> Identification of the person responsible for representing the interests of the consumer for educational services. [T17-56019] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (p) | Services are provided in accordance with the program design and IPP. [T17-56048(d)(4)(a)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

The facility liaison will select and review a randomly chosen sample of 20 percent of the consumer records. [T17-56048 (d)(4)]:

- 2.1 The record for _____ includes the following information:
- | | | | | |
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| (b) | Current Consumer Information. [T22-80070, T17-56017 & 56059]
(Confidential Consumer Information form) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Current IPP. [T17-56022]
(Needs and Services Plan [T22-80068.2]) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | IN LEVEL 4-113 FACILITIES: Utilize the instructional methods and techniques which are specified in the facility's program design [T17-56054]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | IN LEVEL 4-113 FACILITIES: Utilize the methodology for measurement of client progress toward achievement of IPP objective which is specified in the facility's program design. [T17-56054]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | Signed ongoing written and dated Consumer Notes. [T17-56026] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) | Signed reports addressing progress on IPP objectives for which the facility is responsible. [T17-56026]
Level 2, Level 3 - Semi-annual reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Level 4 - Quarterly reports submitted to FNRC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) | Current and accurate record of centrally stored medications. [T22-80075] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) | Continuing record of any illness and provision of medical and dental care. [T22-80070] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| (m) | Signed copy of personal rights. [T17-50520 & 56019] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) | Signed consent for release of information form(s). [T17-56059] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (o) | <i>For Children:</i> Identification of the person responsible for representing the interests of the consumer for educational services. [T17-56019] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (p) | Other records as designated in consumer's IPP. [T17-56047] | | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| (q) | Services are provided in accordance with the program design and IPP. [T17-56048(d)(4)(a)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

3.0	STAFF QUALIFICATIONS, TRAINING, AND SCHEDULES	N/A	MET	NOT MET
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Facilities shall provide direct supervision and special services in accordance with, and to meet the requirements of, the approved program design and the consumer's IPP objectives [T17-56004]

- | | | | | |
|-------|--|--------------------------|--------------------------|--------------------------|
| 3.1 | The facility has obtained exceptions as necessary for individuals currently residing in the facility. [T22-80010]

<i>(Note: All exceptions granted to current license)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | | | |
| 3.2 | The facility has a FNRC approved Health Care Plan for any individual with a Restricted Health Care Condition. [T22-80092] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | The facility files contain weekly staff schedules which specify the number of staff during each hour of each day [T17-56059]

and weekly schedules which specifies the number of consumers in the facility during each hour of each day [T17-56059]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) | Staffing schedules are in compliance with the approved service level requirements or 113 Contract [T17-56004, and 56048]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Support staff are not counted in direct care staff schedules [T22-80065]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | L4/113 Adequate consultant hours are provided [T17-56004(d)]: [Contract] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | Personnel files of direct care staff provide documentation of: | | | |
| (a) | On-site orientation within the first 40 hours [T17-56038]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | On-the-job training as necessary to implement consumer's IPPs [T17-56038]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Continuing education [T17-56038]:

Level 2: 8 hours per 12-month period of employment
Level 3: 12 hours per 12-month period of employment
Level 4: 12 hours per 12-month period of employment
113: Consult Contract | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | Training in First Aid/CPR [T22-80075(f)]/[T17-54342(a)(58)(C)]: (CPR required if facility accepts respite placements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | Direct Care Staff Competency Based Training Phase 1 certification DSP Phase 1 [T17-56033]

Direct Care Staff Competency Based Training Phase 2 certification DSP Phase 2 [T17-56033] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | IN LEVEL 4 FACILITY: The direct care staff has a minimum of six months prior experience or completes 12 additional hours of continuing education within the first six months of employment [T17-56038 (d) (2)]: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.5 Personnel file of the administrator provides documentation of:

- | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| (a) | Prior experience providing direct supervision and special services to persons with developmental disabilities [T17-56037]:
Level 2: 6 months or documentation of waiver by FNRC
Level 3: 9 months or documentation of waiver by FNRC
Level 4: 12 months or documentation of waiver by FNRC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Continuing education [T17-56037]:
113 Check Contract
Level 2: 8 hours per 12-month period of employment
Level 3: 12 hours per 12-month period of employment
Level 4: 12 hours per 12-month period of employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Training in First Aid/CPR [T22-80075(i)]/[T17-54342(a)(58)(C)]:
(CPR required if facility accepts respite placements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | <i>If the Administrator acts as direct care staff:</i>
Direct Care Staff Competency Based Training Phase 1 certification
DSP Phase 1 [T17-56033]
Direct Care Staff Competency Based Training Phase 2 certification
DSP Phase 2 [T17-56033] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | <i>If the facility is licensed as an Adult Residential Facility or a Residential Care Facility for the Elderly, certification as an administrator [56037 (e)]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | Residential Service Provider Orientation (RSPO) completion certificate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

4.0 CONSUMER SERVICES		N/A	MET	NOT MET
4.1	Level 4/113 Facilities: Program Design reviewed to determine program effectiveness in achieving IPP objectives [T17-56048(b)(6)]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Copy of Looking at Service Quality Handbook provided to administrator. [T17-56048(B)(5)]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Looking at Service Quality Handbook reviewed with administrator. [T17-56048(B)(5)]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Individual choices are supported by:			
	(a) Residents of the facility being free to make individual choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Staff reflecting an awareness of the needs, wants, likes, and dislikes of the individuals in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Objectives that reflect the strengths of the resident(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Documentation that reflects choices made by individuals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Relationships are encouraged by:			
	(a) Efforts made by the facility staff to assist residents in developing and maintaining relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Space available in the facility to provide privacy for residents and their guests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Assistance provided by facility staff to assure privacy for residents and their guests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Individual lifestyles are respected by:			
	(a) Celebrations of holidays and special events important to the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Community activities that enhance individual lifestyles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) The facility assuring that a resident's communication needs are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Health and well-being are supported by:			
	(a) The facility assuring that residents know what to do in the event of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Available access to opportunities for exercise at the residence and/or in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) The facility notifying the regional center whenever needed health services are not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Residents expressing satisfaction with the quality and quantity of meals provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Consumer's rights are supported by:			
	(a) The consumers being aware that they have a right to live where they want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) The facility assuring that consumers are aware of and have the freedom to exercise their rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4.9 Individual satisfaction is supported by:
- (a) The facility assuring that the individuals served are satisfied with the services and supports provided.
 - (b) The facility staff knowing the goals of each resident and whether or not each resident is happy with their life right now.

COMMENTS:

5.0	OTHER SERVICES	N/A	MET	NOT MET
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- 5.1 The facility has on file a bond issued by a surety company to the State of California as principal in the amount of:
- \$750 or less: \$1000.00 bond required
 - \$751 to \$1500: \$2000.00 bond required
 - \$1501 to \$2500: \$3000.00 bond required

COMMENTS:

DURING THIS FACILITY VISIT:

1. Consultation or recommendation has been provided in the following areas:

3. The facility has been cited for the following:

a) _____ **Immediate Dangers:** _____

b) _____ **Substantial Inadequacies:** _____

The facility has been cited for Substantial Inadequacies in the last twelve (12) month period: Yes No

Residential Administrator or designee

Date

Facility Liaison

Date

Reviewed By Case Management Supervisor

Date

3.2(a) STAFFING SCHEDULES: one staff person 24 hours per day plus

Service Level	Number of consumers:											
	1	2	3	4	5	6	7	8	9	10	11	12
2							12	24	36	48	60	72
3				4	23	42	61	80	99	118	137	156
4A				12	33	54	75	96	117	138	159	180
4B				24	48	72	96	120	144	168	192	216
4C			9	36	63	90	117	144	171	198	225	252
4D			18	48	78	108						
4E			30	64	98	132						
4F		4	42	80	118	156						
4G		12	54	96	138	180						
4H		22	69	116	163	210						
4I		36	90	144	198	252						

	Number of consumers:							
	13	14	15	16	17	18	19	20
2	84	96	108	120	132	144	156	168
3	175	194	213	232	251	270	289	308
4A	201	222	243	264	285	306	327	348
4B	240	264	288	312	336	360	384	408
4C	279	306	333	360	387	414	441	468

3.2(c) CONSULTANT HOURS:

Level 4A, 4B, 4C - 8 hours per consumer each six months
 Level 4D, 4E, 4F - 12 hours per consumer each six months
 Level 4G, 4H, 4I - 16 hours per consumer each six months

