



RESIDENTIAL FACILITY “SELF-ASSESSMENT”

You may use the following “checklist”, adapted from the “10 Tips for Preparing for A Quality Assurance Evaluation”, “Red Flags”, and other information to evaluate your facility. *This document does not necessarily contain ALL requirements detailed in applicable regulations.*

Physical Plant:

Person(s) Responsible: _____

1. Is Statement of Client’s Rights posted and accessible to consumers and visitors? Yes No
2. Does the Statement of Client’s Rights contain the name of the current Client’s Rights Advocate and his/her contact information? (2010 Andrew Holcombe) Yes No
3. Are linens, pillows, mattresses clean and in good repair? Yes No
4. Is refrigerator temperature (ARF) 45° F (RCFE) 40° F or below
Yes No
5. Is water from faucets used by consumers testing between 105-120° F?
Yes No

6. Do faucets dispensing water at 125°F or above have prominently displayed warning signs? Yes No
7. If a consumer is unable to safely adjust water temperature; does staff provide assistance to the consumer to do so? Yes No
8. Is the first aid kit complete? Yes No
9. Is a current first aid manual present and accessible to staff? Yes No
10. Are smoke alarms operable? Yes No
11. Does the facility have functioning fire extinguisher(s)? Yes No
12. Do consumers who need grab bars or other safety devices have them? Yes No
13. Are rooms and outdoor areas adequately lit? Yes No
14. Are disaster drills conducted at least every 6 months? Yes No
15. Do vehicles operated by the facility for transportation of consumers have properly functioning seatbelts? Lights? Signals? Are tires in good repair? Yes No
16. Does the facility, indoors and outdoors, provide a safe, attractive, warm and welcoming environment? Yes No
17. Do any potential hazards exist (i.e. exposed wiring; loose carpeting, unsafe railings, steps, ramps or cords running along floor in areas where people walk that could cause a person to trip or fall; uneven, cracked pavement, holes in yard that could cause tripping or falls; improper storage of toxics indoors or outdoors, etc.)? Yes No

Facility Records:

Person(s) Responsible: _____

1. Are copies of Quality Assurance Evaluations, Annual Monitoring Reports, Unannounced Visit Reports, Corrective Action Plans, Correspondence related to these; Licensing Evaluations, Fire Marshal Inspection Reports, Disaster Drills, etc. maintained? Yes No
2. Does your facility maintain records regarding regular monitoring of room and water temperature (not required, but suggested)? Yes No
3. Is a copy of the facility's bond maintained? Is documentation maintained to substantiate that it is current (i.e. that premium has been paid—receipt, copy of check used for payment)? If you operate more than one facility, does each have its own bond? Yes No
4. Does facility maintain weekly corrected staffing schedules that indicate the number of *staff and consumers in the facility, each hour of each day*? Yes No
5. Are hours worked by staff providing 1:1 support services and/or In-home day program hours tracked separately from regularly required direct staff hours (i.e. on D Sheets, time cards)?
6. Does facility maintain copy of contract with consultants? Are consultant hours recorded separately from staff training, which consultants may provide? Are consultant hours adequate? Yes No

Personnel Records:

Person(s) Responsible: _____

1. Does each employee's (or volunteer if applicable) personnel file contain proof of criminal clearance or exemption? Yes No
2. DMV record? Yes No
3. Current First Aid Certification and CPR if required? Yes No
4. Employee health screening report, including TB test results? Yes No
5. Current driver's license/insurance if transporting consumers? Yes No
6. Resume and/or verification of prior experience if required? Yes No
7. DSP I and/or DSPII Certification? Yes No
8. New Employee Orientation? Yes No
9. Continuing Education as required? (tracked by date of hire) Yes No
10. On-the-Job Training? Yes No
11. Mandated Abuse Reporting documents on file? Yes No
12. If an Administrator, is documentation present to confirm Administrator has a current Administrator's Certification? Yes No
13. If an Administrator, is documentation present to substantiate completion of Residential Service Provider's Orientation? Yes No
14. If an Administrator, are hours worked in the facility documented on D Sheets as "Admin", Program Prep" or "Direct Care" if appropriate? Yes No

Consumer Records:

Person(s) Responsible: _____

1. Is the Consumer Confidential Information Form (or similarly used facility Face Sheet) complete and current? Yes No
2. Are all consumer allergies recorded (i.e. drug, latex, insect bites, food, pet, seasonal, etc.) for each consumer? Yes No
3. Where allergies are indicated on the Physical Exam form, CCI Form, Face Sheet, Allergy Record, MAR, are they consistently duplicated on all forms used? Yes No
4. Is an inoculation record maintained and current? Yes No
5. Are the dates/results of the consumer's last PPD or chest x-ray maintained in the consumer's file? Yes No
6. Is a copy of the consumer's most recent physical examination maintained in the consumer's file? Yes No
7. Can you quickly and easily locate the dates of a consumer's last dental exam? Vision exam? Other exams or procedures? Yes No
8. Do you review consumer rights with the consumer and maintain a statement signed/dated by the consumer (or legal representative) annually that he/she has read/understands his/her rights? Yes No
9. Are Release of Information forms completed and signed by the consumer (or legal representative) annually for all agencies/individuals with whom information is shared (i.e. schools, day programs, medical providers, hospitals, family members who are not conservators, etc.)? Yes No
10. If a MAR or other medication administration record is used by the facility, is it current, complete and accurate? Yes No

11. Are a medications side effects information and reason for its' use included on the medication administration form or close by for easy reference? Yes No
12. Is a Centrally Stored Medication/Destruction Record maintained for each consumer? Is it complete, accurate and up-to-date? Yes No
13. Do you serve consumers who require the use of PRN medications? If so, does each consumer requiring PRN medications have **A)** a PRN Authorization Letter *specifying consumer's ability level with regard to specifying need for medications and symptoms; that indicates the maximum number of doses allowed within a 24-hour period; which indicates name, dose and purpose of each PRN prescribed and which is signed and dated by the prescribing MD?* **B)** PRN Log complete as required? Yes No
14. Do you have a written prescription (doctor's orders) for each medication (prescription/non-prescription) taken by each consumer? Yes No
15. Is the medication cabinet sanitary? Well-organized? Well lit? Yes No
16. Does the medication cabinet contain any expired or unused medications? Yes No
17. Do you serve any consumers who have a restricted health care condition? Yes No
18. If yes, is there a completed a Health Care Plan for Restricted Health Care Condition for the Consumer? Yes No
(Questions? Contact FNRC Health Program Administrator or CCL-LPA)
19. Do any consumers living in your facility require assistance with personal care? If so, have you talked to your Service Coordinator about arranging for the development of Personal Care Guidelines for that consumer? Yes No
20. Do you complete and maintain copies of Special Incident Reports?

Yes No

21. Do you maintain current, accurate and complete cash ledgers and receipts (in chronological order) for consumers for whom you manage funds? Yes No
22. Do you ensure consumer funds are not “co-mingled”? Yes No
23. Are “consumer notes” maintained? Yes No
24. Does each consumer’s file contain a current IPP? Yes No
25. When required, does a consumer’s file contain a current ISP (facility, day program, etc.)? Yes No
26. Does each consumer with a special diet ordered by the physician, have a doctor’s prescription for the diet in his/her file? Yes No

Staff/Consumer Interaction:

Person(s) Responsible: _____

1. Have staff received training with regard to proper relationships with consumers, including boundaries? Yes No
2. Have staff received training with regard to consumers’ rights, the importance of treating consumers with dignity and respect, and ways in which staff can promote consumer choice and self-determination while maximizing consumer safety? Yes No
3. Do staff (and consumers) knock on bedroom and bathroom doors and wait for permission before entering? Yes No
4. Does staff communicate with consumers in a kind, patient, courteous and respectful manner? Yes No
5. Are consumers assisted to feel safe about and given opportunities to express any concerns they might have about staff? Yes No

6. Has this facility considered inviting and assisting a consumer(s) to participate in staff hiring interviews? Yes No
7. When staff performance is evaluated, is the quality of their interactions with consumer considered? Yes No

Facility Program:

Person(s) Responsible: _____

1. Does the facility provide and document training specified in the consumers' IPP's/ISP's? Yes No
2. Randomly select the IPP's/ISP's for half the consumers who live in the facility. Identify the objectives for which the facility is responsible for providing training (i.e. cooking, budgeting, dressing, grooming, social skills, etc.) and describe in writing, for each objective, *how* the facility is providing training for that objective. Are improvements needed in how IPP/ISP training is conducted? Documented? Yes No
3. Do consumers in your facility get to make choices about their everyday routines (i.e. Whether and when to shower or bathe? When to get up and when to go to bed? What foods are served? Whether or not to attend a day program? What activities are scheduled? Which staff assists them with personal care?) Yes No
4. If a consumer prefers NOT to participate in an activity, but remains home instead, does the facility ensure staff is available to stay home to provide care and supervision? Yes No
5. Does the facility conduct regular house meetings? Yes No
6. Consider *each consumer*. **List** all *home based* leisure activities in which the consumer participates (i.e. sewing, baking, crafts, writing letters, reading, listening to music, watching TV, using computer, puzzles, games, etc.).

7. Do consumers use the telephone to regularly call friends and family? Yes No
8. Are all the consumers assisted to identify friends and family members that they would like to call or send cards/gifts to on special occasions? Yes No
9. Consider *each* consumer: List (for each consumer) all the community activities in which that consumer participates on a regular basis (i.e. attends a gym or fitness program, belongs to a club or organization (People First, hobby clubs, social organizations such as Soroptomists, Lion's Club, etc.) churches, etc. Do any consumers participate actively in such a group or organization? Are they valued members of the organization? Yes No
10. Does a consumer have special "gifts", talents or interests that *could be* pursued further (bird watching, astronomy, hiking, bicycling, garage sales, reading, collectibles, gardening, art, sports, recycling, photography, etc.)? Yes No
11. Are the consumers in your facility welcomed and valued members of their community? Yes No Could they be more welcomed, more valued, more involved? Yes No
12. Are the consumers living in your home welcomed and valued members of their neighborhood? For example, do they invite neighbors to their home? Visit or help neighbors in need (ideas: helping elderly or disabled neighbor move garbage containers to roadside for collection, help with yard/pet care or pick up his/her newspapers), prepare food when a neighbor is ill, has passed away or to welcome a new neighbor, participate or initiate a Neighborhood Watch program or gardening project? Yes No
(Note: Consumers may need training, assistance or supervision to safely and successfully engage in new activities such as the above)
13. Are consumers registered and assisted to vote? Yes No
(Consumers, as with all citizens, may not understand the complexities of all voting issues, but can benefit from being impartially assisted to learn to vote upon matters of interest)

14. If a consumer(s) in your facility is authorized to receive an In-Home Day Program, does your facility conform to all the usual elements of Title 17, CCR which address program requirements and to your approved In-Home Program Design? Yes No

15. If an In-Home Day Program is provided, is the content meaningful and relevant to the consumers' needs? Yes No

Items Requiring Follow-up/Action:

