

Observation Review Checklist

Demographics

1. QAR:
2. Observation Date:
3. Service: Select either Day Program, RH standard, RH Behavior Focus or RH Intensive
4. Site Name:
5. # Individuals Served:
6. # Individuals Present:
7. # Staff Present:
8. Unannounced? ___ Y ___ N
9. Type of Facility: Small GH (6 or fewer), Large GH (7 or more), ALF, Foster Home, Adult Family Care Home, Day Program
10. Time of Day:

Autonomy and Independence		
#	Suggested Protocols/Probes	Findings
1	<ol style="list-style-type: none"> 1. Do individuals have freedom and support to control their daily routine, schedules and activities? <ol style="list-style-type: none"> a. Have input into decisions b. Day to day decisions c. What to eat, when to eat, where to eat d. When to take a bath, or shower e. When to go to bed, get up f. Watch TV g. Napping, resting h. Selection of clothing to wear and purchase i. Whether they can stay home if they want j. Chores—which ones, when to complete them? 2. Is there a curfew or other requirement for a scheduled return to the setting? 3. Are individuals involved in activities of their choosing? 4. Are staff offering choices and listening to what individuals are requesting? 5. Observe if staff give individuals choices. e.g. Do you want to take a shower now? After dinner? In the morning? We have milk, water and juice – which do you prefer? What would you like to watch on TV? 6. Are all relevant areas of the home/day program accessible to individuals? <ol style="list-style-type: none"> a. Shelves 	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals do not have freedom, choice and support to control their daily routine, schedules and activities. <input type="checkbox"/> Individuals cannot stay home if they choose. <input type="checkbox"/> Individuals do not have reasonable access to all areas of the home/day program. <input type="checkbox"/> Food, beverages and snacks are not easily accessible to individuals. <input type="checkbox"/> Tables and chairs are not at a convenient height and location so individuals can access and use the furniture comfortably. <input type="checkbox"/> Individuals cannot come and go as they please. <input type="checkbox"/> Individuals do not have some place to store/secure personal items. <input type="checkbox"/> Individual's personal possessions are not readily and easily accessible. <input type="checkbox"/> Individuals do not have a key to their home. <input type="checkbox"/> Individuals did not participate in the

Observation Review Checklist

<ul style="list-style-type: none"> b. Cabinets c. Closets d. Light switches e. Opening/closing doors f. Television, radios, other electronics <p>7. Do individuals have reasonable access to food? (Meaning – can they access food either by themselves, or by asking staff).</p> <p>8. Do individuals have access to personal possessions</p> <ul style="list-style-type: none"> a. Can individuals access personal possessions without having to ask for them? <p>9. Do individuals have someplace to store/secure personal items?</p> <ul style="list-style-type: none"> a. Is this location accessible to the individual? <p>10. Are appliances accessible to individuals?</p> <ul style="list-style-type: none"> a. Examples might include: <ul style="list-style-type: none"> i. Front loading washer/dryer ii. Stove iii. Refrigerator iv. Toaster v. Coffee Pot <p>11. Are tables and chairs at a convenient height and location so individuals can access and use furniture comfortably? etc.)</p> <p>12. Do individuals have a key to their homes?</p> <p>13. If there are 'house rules' do individuals participate in the development/revision of these?</p> <p>14. Do individuals have the opportunity to have a checking or savings account or other means to have access to and control of funds?</p>	<p>development of the 'house rules'.</p> <p><input type="checkbox"/> Individuals are not afforded the opportunity to have a checking or savings account <u>or</u> other means to have access to and control of funds?</p>
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Community Opportunity

#	Suggested Protocols/Probes	Findings
2	<ul style="list-style-type: none"> 1. Are individuals aware of opportunities or have access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, dining out, etc.? 2. Does the facility provide education and resources to the individuals related to available and current community activities? 3. Does the facility provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individuals? 4. Do individuals actively participate in the community based on choice and preference? 5. Are individuals who regularly access the community able to describe 	<ul style="list-style-type: none"> <input type="checkbox"/> The facility does not regularly provide education and resources to individuals related to available and current community activities. <input type="checkbox"/> The facility does not provide opportunities for regular meaningful non-work activities in integrated community settings. <input type="checkbox"/> An accessible vehicle is not available to transport individuals to appointments, shopping, etc.

Observation Review Checklist

<p>how they access the community, who assists in facilitating the activity and where they go?</p> <p>6. Are community options and destinations in integrated public settings such as volunteering, concerts, art fairs/festivals, or membership at a local fitness facility?</p> <p>7. Do individuals talk about activities occurring outside of the residence/program?</p> <p>8. Are individuals making meaningful connections in the community? Connecting with natural supports? Building social capital?</p> <p>9. Do individuals have access to transportation (Public or Private)?</p> <ul style="list-style-type: none"> o Is an accessible van available to transport individuals to appointments, shopping, work, other activities of choice? <p>10. Are bus and other public transportation schedules and telephone numbers posted in a convenient location?</p> <p>11. Is training in the use of public transportation available and/or facilitated?</p> <p>12. Where public transportation is limited, are other resources provided for the individual to access the broader community?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Training in the use of public transportation is not available and/or facilitated. <input type="checkbox"/> Individuals are not provided education/information on available community activities. <input type="checkbox"/> Individuals do not actively participate in the community based on choice and preference. <input type="checkbox"/> Individuals are not making meaningful connections in the community.
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Privacy

#	Suggested Protocols/Probes	Findings
3	<ol style="list-style-type: none"> 1. Do individuals have the option of a private room (if available) or were they provided education on other housing options 2. Are individuals able to choose their roommate? 3. Is health and other personal information about individuals kept private or shared freely beyond a “need to know” basis? 4. Are individuals’ schedules for therapy, medical appointments, medications, restricted diet, etc., kept private or are they posted in an area where others may view? 5. Do the bedroom doors in the residential facility lock? <ol style="list-style-type: none"> a. Are individuals allowed to lock their bedroom doors? b. Have a key to their bedroom? 6. Do the bathroom doors in the residential/day program facility lock? <ol style="list-style-type: none"> a. Are individuals allowed to lock bathroom doors? 7. Do staff or other residents knock and receive permission prior to entering a bedroom or bathroom? 8. Are Video/audio monitoring equipment present in the residential/day training facility? Is there a specific reason? <ol style="list-style-type: none"> a. Residential <ol style="list-style-type: none"> i. Common Areas - Have all residents signed consents? ii. **Private Areas – Has proper approval been obtained? 	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals do not have a choice in roommates. <input type="checkbox"/> Personal information is posted in an area where others may view. <input type="checkbox"/> Health and other personal information about individuals are not kept private. <input type="checkbox"/> Individuals cannot lock the bedroom door. <input type="checkbox"/> Individuals cannot lock the bathroom door. <input type="checkbox"/> Staff or other residents do not knock and/or receive permission prior to entering a bedroom or bathroom. <input type="checkbox"/> Bedroom doors do not lock. <input type="checkbox"/> Bathroom doors do not lock <input type="checkbox"/> Visitors are restricted to specified visiting hours. <input type="checkbox"/> There is a restricted visitor’s meeting area. <input type="checkbox"/> Video/audio monitoring equipment is

Observation Review Checklist

<p>b. Life Skills 3</p> <p style="margin-left: 20px;">i. Common Areas – Have participants been educated and made aware?</p> <p style="margin-left: 20px;">ii. **Private Areas – Has proper approval been obtained?</p> <p>** Video/audio monitoring equipment present in use in areas where there is a reasonable expectation of privacy are subject to state and federal government regulations.</p> <p>9. Are visitors restricted to specified visiting hours? Why?</p> <p>10. Are there restricted visitor's meeting areas?</p> <p>11. Do individuals have someplace to make private phone calls?</p> <p>12. Are individuals afforded privacy when warranted or requested?</p> <p>13. Do individuals have some place to go for privacy? For example another room, the back yard, front porch, for a walk.</p> <p>14. Do individuals open and read their own mail unless they request help?</p>	<p>present in the setting without consent of all individuals.</p> <p><input type="checkbox"/> Individuals are not afforded privacy when warranted or requested.</p> <p><input type="checkbox"/> Individuals do not have some place to go to be alone.</p> <p><input type="checkbox"/> Individuals' mail is opened by others without the person's permission.</p> <p><input type="checkbox"/> See alert detail.</p>
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Dignity and Respect

#	Suggested Protocols/Probes	Findings
4	<p>1. Does staff communicate with individuals in a dignified manner?</p> <p>2. Does staff interact with individuals in the setting while providing assistance and during the regular course of daily activities?</p> <p>3. Does staff talk to other staff about an individual(s) as if the individual was not present, or within earshot of other persons living in the setting?</p> <p>4. Is staff including individuals in conversations about the individuals,?</p> <p>5. Is staff talking to and interacting with individuals or mostly talking to each other?</p> <p>6. Observe if staff involves individuals when speaking about them.</p> <p>7. Observe if staff involves individuals when decisions are being made about them.</p> <p>8. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?</p> <p>9. Are individuals dressed in their own clothes and appropriate to the time of day and individual preferences?</p> <p>10. Do individuals decorate their sleeping/living/work (where applicable) space in the way that suits them?</p> <p>11. Are the individual's personal items, such as pictures, books, and memorabilia, present and arranged as the individual desires?</p> <p>12. Do the furniture, linens, and other household items reflect the individual's personal choices?</p> <p>13. Do individuals' living areas reflect their interests and hobbies?</p>	<p><input type="checkbox"/> Individuals are not treated with respect by staff.</p> <p><input type="checkbox"/> Individuals are not treated with respect by other individuals.</p> <p><input type="checkbox"/> Staff does not respect the individual's choice.</p> <p><input type="checkbox"/> Staff does not respect the residence as the individual's home.</p> <p><input type="checkbox"/> Staff did not demonstrate respect.</p> <p><input type="checkbox"/> Staff does not include the person in conversations about the person.</p> <p><input type="checkbox"/> There is limited or no interaction between staff and individuals.</p> <p><input type="checkbox"/> There is limited or no interaction between/among individuals.</p> <p><input type="checkbox"/> Individuals are not allowed to decorate their sleeping/living/work (where applicable) space in the way that suits them.</p> <p><input type="checkbox"/> Individuals' living areas do not reflect their interests and hobbies.</p>

Observation Review Checklist

Physical Environment		
#	Suggested Protocols/Probes	Findings
5	<ol style="list-style-type: none"> 1. Does the building appear to be clean and safe? 2. Are exits clearly marked? 3. Are marked exits accessible (not blocked, chained?, locked (may require review of behavior plan))? 4. Are bedroom windows accessible (not blocked by furniture)? 5. Are there bars on the windows? If so, can they be opened if necessary? 6. Is air quality, ventilation and temperature satisfactory? 7. No signs of physical distress due to air quality. 8. Are there any exposed wires? 9. If needed, are there ramps and wider doorways? 10. Is building wheelchair, scooter and/or walker accessible? 11. Environmental modifications have been completed where indicated. 12. Have adaptations been made to accommodate the needs of individuals with hearing or sight impairment? 	<ul style="list-style-type: none"> <input type="checkbox"/> Environment is not clean and safe. <input type="checkbox"/> Exits/means of emergency egress are blocked, obstructed, or chained. <input type="checkbox"/> Air quality, ventilation, and/or temperature are not suitable. <input type="checkbox"/> Exposed wires were observed. <input type="checkbox"/> No or/insufficient modifications for individuals with sensory impairment. <input type="checkbox"/> No or/insufficient modifications for individuals using wheelchairs, scooters, cane, walker, or other adaptive/assistive equipment. <input type="checkbox"/> Access to common areas is limited for some individuals due to lack of or inadequate environmental modifications. <input type="checkbox"/> See alert detail.
Medication Management		
#	Suggested Protocols/Probes	Findings
6	<p>Determine if Medication is stored properly</p> <ol style="list-style-type: none"> 1. Do any individuals living in the residential facility/attending the day training facility take medications? Non-Controlled? Controlled? <p>If Yes, Determine if:</p> <ol style="list-style-type: none"> 1. Non controlled medications are centrally stored in a locked container in a secured enclosure. 2. Controlled medications are stored separately from other prescription and OTC medications in a locked container within a locked enclosure. <p>If medication administration is observed:</p> <ol style="list-style-type: none"> 1. Was MAR completed at the time of administration? 2. Right medication? Right person? Right time? Right dose? Right route? 	<ul style="list-style-type: none"> <input type="checkbox"/> Non-controlled medications are not centrally stored in a locked container in a secured enclosure. <input type="checkbox"/> Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure. <input type="checkbox"/> Provider did not document administration on the medication administration record. <input type="checkbox"/> Provider administered wrong medication to the individual. <input type="checkbox"/> Provider administered wrong dose to the individual. <input type="checkbox"/> See alert detail.
Restrictive Interventions		
#	Suggested Protocols/Probes	Findings
7	<ul style="list-style-type: none"> ❖ If rights restrictions (example: access to food, personal possessions, other preferred items/activities, gates, or other barriers preventing individuals' entrance to or exit from certain areas) are observed or; 	<ul style="list-style-type: none"> <input type="checkbox"/> Observed restrictive intervention is not identified in the behavior plan. <input type="checkbox"/> Observed use of prohibited restrictive

Observation Review Checklist

<ul style="list-style-type: none"> ❖ If behavioral interventions are observed, request to see the individual's approved Behavior Analysis Service Plan. <ul style="list-style-type: none"> ○ Determine if proper approvals are in place for restrictions and/or interventions • If behavior interventions were observed determine if proper intervention techniques were used per the approved behavior plan. • If crisis intervention techniques were used confirm proper training has been received by staff. 	<p>interventions.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider does not utilize appropriate behavioral interventions. <input type="checkbox"/> Crisis intervention techniques are being implemented by untrained staff. <input type="checkbox"/> Rights are being restricted without proper approval. <input type="checkbox"/> See alert detail.
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Abuse, Neglect and Exploitation

#	Suggested Protocols/Probes	Findings
8	<ol style="list-style-type: none"> 1. How many individuals are present? How many staff is present and available? <ol style="list-style-type: none"> a. Do staffing ratios appear to support the needs of the individuals present? 2. Does staff assist individuals showing signs of illness or distress? 3. Does staff reposition individuals when indicated? <ol style="list-style-type: none"> a. Look for slumping, inability to move, discomfort. 4. Does adaptive equipment appear to be in good working condition? <ol style="list-style-type: none"> a. Look for any necessary adaptive mealtime equipment, wheelchairs, positioning equipment, glasses, shower chair, grab bars) 5. Is the Abuse registry number posted and accessible? 6. Is there evidence to suggest an individual is being abused by another (individual or staff): shoving, pushing, name calling, teasing, or actions that are humiliating? 7. If an individual exhibits lethargy, excessive drooling, allergic reaction, or significant change in normal behavior, question staff about cause and physician involvement. 8. Do individuals exhibit poor physical and/or dental hygiene? 9. Do individuals appear to have unresolved issues with skin integrity? 10. Look for seasonal appropriate dress, clean clothing, and correctly fitting clothing. 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual shows signs of abuse and/or neglect. <input type="checkbox"/> Individual shows signs of poor personal hygiene. <input type="checkbox"/> Individual shows signs of dental concerns that require follow-up. <input type="checkbox"/> Individual shows signs of adverse drug interactions/reactions. <input type="checkbox"/> Individual appeared to be inadequately positioned. <input type="checkbox"/> Individual shows signs of nutritional issues. <input type="checkbox"/> Physical, verbal, emotional abuse or exploitation was observed. <input type="checkbox"/> Abuse registry number is not posted and accessible. <input type="checkbox"/> Individual shows signs of open sores that are not being cared for. <input type="checkbox"/> Staff is not aware of potential health and safety considerations of individuals. <input type="checkbox"/> Staff did not respond to expressed needs of the person. <input type="checkbox"/> Staffing ratios did not appear to support the needs of the individuals present. <input type="checkbox"/> See Discovery detail <input type="checkbox"/> See alert detail