

# Observation Review Checklist

## Demographics

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

Drop Down Box Options: Met, Not Met, N/A and Not Observed

At each standard level check off how/where info was gathered for each Area with option to check one, two or all three:

- Individual
- Staff
- Observation

Corroboration is key- ask questions

# Observation Review Checklist

<b>Participant-Centered Service Planning and Delivery</b>					
<i>Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions</i>					
#	Sub-Focus Area	Areas of Observation	Suggested Protocols/Probes	Not Met Reason	CMS Assurance
1	<p style="text-align: center;"><b>Participant Direction</b></p> <p><i>Participants have the authority and are supported to direct and manage their own services to the extent they wish</i></p>	<ul style="list-style-type: none"> <li>• Individuals are directing their own services.</li> <li>• Individuals actively participate in their Support Plan meeting.</li> <li>• Individuals actively participate in their Implementation Plan meeting.</li> <li>• Staff supports individuals to advocate for themselves to the extent they desire and are able.</li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Did you participate in your most recent Support Plan meeting?</li> <li>• Who did you invite to the meeting?</li> <li>• Did you choose your goals on your Support Plan?</li> <li>• How did you choose your goals?</li> <li>• Who helps you choose goals?</li> <li>• Did you take part in the development of your Implementation Plan?</li> <li>• Are you working on goals you chose?</li> <li>• Who decides which staff helps you with each goal?</li> <li>• When do you usually work on (goal)?</li> <li>• Can you change staff if you want?</li> <li>• Can you change jobs/do another activity within the day program if you want?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• Tell me about your person centered planning process for developing Implementation Plans, Support Plan goals, etc.</li> <li>• Are individuals involved in the Support Plan meeting?</li> <li>• Are individuals involved in development of the Implementation Plan?</li> <li>• How do you get to know the individuals?</li> <li>• How do you support/empower individuals to take an active role in directing their own</li> </ul>	<ol style="list-style-type: none"> <li>1) Individuals are not managing/directing their own services.</li> <li>2) Individuals are not aware they have options/choices.</li> <li>3) Staff is managing/directing the individual's services.</li> <li>4) See alert detail.</li> </ol>	Service Plan

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			<p>services?</p> <p>Observation:</p> <ul style="list-style-type: none"> <li>• Observe whether or not individuals are happy with what they are participating in, either at home or at the day program.</li> <li>• Observe whether or not the individual is indicating how they want assistance/support in whatever they are doing and whether or not staff is listening to them.</li> </ul>		
<b>Participant Safeguards</b> <i>Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices</i>					
	Sub-Focus Area	Areas of Observation	Suggested Protocols/Probes	Not Met Reason	
2	<b>Risk and Safety Planning</b>  <i>Participant health risk and safety considerations are assessed and potential interventions identified that promote health, independence and safety with the informed involvement of the participant</i>	<ul style="list-style-type: none"> <li>• Staffing patterns/ratios match the needs of the individuals present.</li> <li>• Staff is aware of potential health and safety considerations of individuals.</li> <li>• Individuals do not show any signs or symptoms of immediate distress or discomfort.</li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Do you need any special equipment to help you do things (mealtime, personal care, communication, mobility, exercise, socialization)?</li> <li>• Is your adaptive equipment in good condition? Does it work? Fit properly?</li> <li>• Do you need help to get up and/or out in an emergency? ✓ Who would provide help?</li> <li>• What would you do if there was a fire? Tornado? Power Outage? ✓ Ask person what they would do if there was a fire in a particular area.</li> <li>• Where is the nearest exit (way out)?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• How do you provide safeguards to protect individuals from harm?</li> <li>• Describe reporting procedures for any</li> </ul>	<ol style="list-style-type: none"> <li>1) Individual shows signs of abuse and/or neglect.</li> <li>2) Individual shows signs of poor personal hygiene.</li> <li>3) Individual shows signs of dental concerns that require follow-up.</li> <li>4) Individual shows signs of adverse drug interactions/reactions.</li> <li>5) Individual appeared to be inadequately positioned.</li> <li>6) Individual shows signs of nutritional issues.</li> <li>7) Physical, verbal, emotional abuse or exploitation was observed.</li> <li>8) Abuse registry number is not posted and accessible.</li> <li>9) Individual shows signs of</li> </ol>	Health & Welfare

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			<p>incidents of abuse, neglect, and/or exploitation.</p> <ul style="list-style-type: none"> <li>• How do you educate individuals about safety?</li> <li>• How do you educate individuals about health?</li> <li>• Do any individuals require assistance with personal care activities?</li> <li>• Do any individuals require assistance in emergencies?</li> <li>• Do the individuals know how to get out of the building in the event of an emergency?</li> <li>• What is the plan to make sure everyone gets out safely?</li> <li>• Do any individuals require specialized diets or meal preparation (chopped, pureed, etc.)?</li> </ul> <p>Observation:</p> <ul style="list-style-type: none"> <li>• How many individuals are present? How many staff is present and available?</li> <li>• Does staff assist individuals showing signs of illness or distress?</li> <li>• Does staff reposition individuals when indicated? <ul style="list-style-type: none"> <li>✓ Look for slumping, inability to move, discomfort, etc.</li> </ul> </li> <li>• Does adaptive equipment appear to be in good working condition? <ul style="list-style-type: none"> <li>✓ Look for any necessary adaptive mealtime equipment, wheelchairs, positioning equipment, glasses, shower chair, grab bars, etc)</li> </ul> </li> <li>• Is the Abuse registry number posted and</li> </ul>	<p>open sores that are not being cared for.</p> <ul style="list-style-type: none"> <li>10) Staff is not aware of potential health and safety considerations of individuals.</li> <li>11) Staff did not respond to expressed needs of the person.</li> <li>12) Appropriate ratios are not maintained according to the approved funding.</li> <li>13) See alert detail.</li> </ul>	
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			<p>accessible?</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• If individual observed exhibits lethargy, excessive drooling, allergic reaction, significant change in normal behavior, question staff about cause and physician involvement.</li> <li>• Do individuals exhibit poor physical and/or dental hygiene?</li> <li>• Do individuals appear to have unresolved issues with skin integrity?</li> <li>• Observe Individuals for suitable clothing. <ul style="list-style-type: none"> <li>✓ Look for seasonal appropriate dress, clean clothing, and correctly fitting clothing.</li> </ul> </li> </ul>		
<b>3</b>	<p><b>Housing and Environment</b></p> <p><i>The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home</i></p>	<ul style="list-style-type: none"> <li>• Environment is clean and safe.</li> <li>• Exits are not blocked in case of an emergency</li> <li>• Air quality – ventilation, temperature are suitable</li> <li>• Building is accessible to individuals</li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Are you able to safely get into/use the bathroom/shower, bedroom, kitchen, dining room, cafeteria, classroom, porch, pool, etc. (Home/day program)?</li> <li>• Are there some places you cannot get to or use?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• Are individuals able to get into/use the facility/home and bathroom/shower, bedroom, kitchen, dining room, cafeteria, porch, pool, etc. (Home/day program)?</li> <li>• If indicated, what environmental modifications have been made/exist to foster independence?</li> </ul>	<ol style="list-style-type: none"> <li>1) Environment is not clean and safe.</li> <li>2) Exits are blocked, obstructed, chained.</li> <li>3) Air quality, ventilation, temperature are not suitable.</li> <li>4) Exposed wires were observed.</li> <li>5) No or/insufficient modifications for individuals with sensory impairment.</li> <li>6) No or/insufficient modifications for individuals using wheelchairs, scooters, cane, walker, etc.</li> </ol>	Health & Welfare

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			<p>Observation:</p> <ul style="list-style-type: none"> <li>• Does the building appear to be clean and safe?</li> <li>• Are exits clearly marked?</li> <li>• Are marked exits blocked? Chained? Locked (may require review of behavior plan)?</li> <li>• Are bedroom windows accessible (Not blocked by furniture)?</li> <li>• Are there bars on the windows? If so can they be opened them if necessary?</li> <li>• Is air quality, ventilation and temperature satisfactory? <ul style="list-style-type: none"> <li>✓ No signs of physical distress due to air quality.</li> </ul> </li> <li>• Are there any exposed wires?</li> <li>• Are all areas accessible to the individuals?</li> <li>• Are there ramps and wider doorways if needed?</li> <li>• Is building wheelchair, scooter and/or walker accessible. <ul style="list-style-type: none"> <li>✓ Environmental modifications have been completed where indicated</li> </ul> </li> <li>• Have adaptations been made to accommodate the needs of individuals with hearing or sight impairment?</li> </ul>	<p>7) Access to common areas is limited for some individuals due to lack of/inadequate environmental modifications.</p> <p>8) See alert detail.</p>	
<b>4</b>	<b>Restrictive Interventions</b>	<ul style="list-style-type: none"> <li>• Staff utilizes restrictive interventions only as a last resort.</li> <li>• Need for the use of restrictive interventions is clearly identified and properly authorized in the current</li> </ul>	<p>* If rights restrictions or behavioral interventions are observed, request to see the individual's approved Behavior Analysis Service Plan.</p> <p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Are you on a behavior plan?</li> </ul>	<p>1) Observed restrictive intervention is not identified in the behavior plan.</p> <p>2) Observed use of prohibited restrictive interventions.</p> <p>3) Provider does not utilize appropriate behavioral</p>	Health & Welfare
	<p><i>Restrictive interventions – including chemical and physical restraints –</i></p>				

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	<p><i>are only used as a last resort and subject to rigorous oversight</i></p>	<p>behavior plan.</p>	<ul style="list-style-type: none"> <li>✓ What does that mean to you?</li> <li>• Do you know why you are on this plan?</li> <li>• Did you agree to the plan?</li> <li>• What happens if you do not follow the plan?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• Are restrictive interventions utilized at this home? Day program?</li> <li>• If so has LRC approval been received?</li> <li>• What training have you received in order to implement the program?</li> </ul> <p>Observation:</p> <ul style="list-style-type: none"> <li>• Were any restrictive interventions observed?</li> <li>✓ If so, is there a corresponding authorized behavior plan in place?</li> <li>• Does staff appear to be following behavior plan as written and approved?</li> </ul>	<p>interventions.</p> <ul style="list-style-type: none"> <li>4) Provider does not follow the individual's behavior plan.</li> <li>5) See alert detail.</li> </ul>	
<p><b>5</b></p>	<p><b>Medication management</b></p> <p><i>Medications are managed effectively and appropriately</i></p>	<ul style="list-style-type: none"> <li>• Medication is stored properly             <ul style="list-style-type: none"> <li>✓ Non controlled medications are centrally stored in a locked container in a secured enclosure.</li> <li>✓ Controlled medications are stored separately from other prescription and OTC medications in a locked container within a locked enclosure.</li> </ul> </li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Do you take any medication?</li> <li>• Where is it kept?</li> <li>• Do you get it yourself?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• Do any of the individuals take medication?</li> <li>• How do you find out about each medication?</li> <li>• Who administers the medications?             <ul style="list-style-type: none"> <li>✓ Individuals?</li> <li>✓ Staff?</li> </ul> </li> <li>• Where are the medications kept?</li> </ul> <p>Observation:</p>	<ul style="list-style-type: none"> <li>1) Non-controlled medications are not centrally stored in a locked container in a secured enclosure.</li> <li>2) Controlled medications are not stored separately from other prescription and OTC medications in a locked container within a locked enclosure.</li> <li>3) Provider did not document administration on the medication administration record.</li> <li>4) Provider administered</li> </ul>	<p>Health &amp; Welfare</p>

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			<ul style="list-style-type: none"> <li>• Are non controlled medications centrally stored in a locked container in a secured enclosure?</li> <li>• Are controlled medications stored separately from other prescription and OTC medications in a locked container within a locked enclosure?</li> </ul> <p>If actual medication administration is observed:</p> <ul style="list-style-type: none"> <li>✓ Completion of the MAR</li> <li>✓ Right medication? Right person? Right time? Right dose? Right route?</li> </ul>	<p>medication to the wrong individual.</p> <p>5) See alert detail.</p>	
6	<p><b>Natural Disasters and Other Public Emergencies</b></p> <p><i>There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies</i></p>	<ul style="list-style-type: none"> <li>• Provider is prepared in the event of natural disaster or other public emergencies</li> </ul>	<p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• Can you describe the procedures to follow in the event of natural disasters or other public emergencies: <ul style="list-style-type: none"> <li>- Fire</li> <li>- Tornado</li> <li>- Power outage</li> <li>- Evacuation</li> <li>- Hurricane</li> <li>- Flood</li> <li>- Other</li> </ul> </li> <li>• Do you practice any of these procedures?</li> </ul> <p>Observation:</p> <p>Is the exit plan is posted for everyone to see?</p>	<ol style="list-style-type: none"> <li>1) Staff cannot describe the procedures to follow in the event of natural disasters or other public emergencies.</li> <li>2) Staff is unsure of the procedures to follow in the event of natural disasters or other public emergencies.</li> <li>3) There was no exit plan posted.</li> <li>4) See alert detail.</li> </ol>	Health & Welfare
<p><b>Participant Rights and Responsibilities</b></p> <p><i>Participants receive support to exercise their rights and in accepting personal responsibilities</i></p>					
	<b>Sub-Focus Area</b>	<b>Areas of Observation</b>	<b>Suggested Protocols/Probes</b>	<b>Not Met Reason</b>	
7	<b>Civic and Human Rights</b>	<ul style="list-style-type: none"> <li>• Individual has a room to sleep in</li> <li>• Individual has access to all</li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• What do you know about your rights?</li> <li>• Do you feel you are able to exercise rights</li> </ul>	<ol style="list-style-type: none"> <li>1) Individual does not have a bedroom to sleep in.</li> <li>2) Individual does not have</li> </ol>	Health & Welfare



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<p><i>Participants are informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights</i></p>	<p>areas of the home and day program (without violating someone else's privacy)</p> <ul style="list-style-type: none"> <li>• Individual has access to personal possessions</li> <li>• Individual has access to food</li> <li>• Individual has privacy (some place to go at the home and day program)</li> <li>• Individuals exercise rights that are important to them</li> <li>• Staff supports privacy</li> <li>• Respect is demonstrated</li> <li>• Staff supports the individuals' cultural and religious preferences</li> </ul>	<p>that are important to you?</p> <ul style="list-style-type: none"> <li>• Does staff respect your rights?</li> <li>• Does staff knock on the door before entering your bedroom?</li> <li>• Does staff knock on bathroom door before entering?</li> <li>• Are there any rooms you need to use that are blocked off or otherwise not accessible to you?</li> <li>• What can you tell me about abuse, neglect and exploitation?</li> <li>• Do you know how to report abuse?             <ul style="list-style-type: none"> <li>✓ Where can you find the number for the Abuse Registry?</li> </ul> </li> <li>• Do you feel safe while at home/day program?</li> <li>• Does anyone bother you or hurt you in any way? Any intimidation or bullying occurring?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• How is _____ educated on rights?</li> <li>• How do you learn what rights are most important to _____?</li> <li>• How do you support _____ to exercise rights?</li> <li>• What does privacy mean to _____?             <ul style="list-style-type: none"> <li>○ If person does not communicate using words – QAR would be looking at staff knowledge of physical signs/noises/gestures that mean the person wants to be alone.</li> </ul> </li> <li>• How do you protect the individual's right to privacy even when the individual's</li> </ul>	<p>reasonable access to all areas of the home/day program.</p> <ol style="list-style-type: none"> <li>3) Individual does not have access to personal possessions.</li> <li>4) Individual does not have access to food.</li> <li>5) Individual does not have freedom of movement.</li> <li>6) Individual does not have privacy.</li> <li>7) Individual is not treated with respect by staff.</li> <li>8) Individual is not treated with respect by other individuals.</li> <li>9) Individual is not treated with respect by supports.</li> <li>10) Individual does not exercise the rights that are important to them.</li> <li>11) Staff does not respect the individual's choice.</li> <li>12) Staff does not support the individual's right to confidentiality.</li> <li>13) Staff does not respect the residence as the individual's home.</li> <li>14) Staff does not support privacy.</li> <li>15) Staff did not demonstrate respect.</li> <li>16) Staff does not support the rights that matter most to</li> </ol>	
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			<p>communication skills are limited and their meaning of privacy cannot be determined?</p> <ul style="list-style-type: none"> <li>• Staff supports the individuals' cultural and religious preferences?             <ul style="list-style-type: none"> <li>○ Ask if anyone in the home has a different religion or culture than the majority. If so – how is person's culture or religion expressed? Can they go to a church of a different denomination? A temple? Can they choose not go to church at all? Is there anyone who cannot eat certain types of food due to religious or cultural beliefs? Give examples of how cultural and religious preferences are supported?</li> </ul> </li> <li>• What are reporting procedures for any incidents of abuse, neglect and/or exploitation?</li> <li>• Where can you find the number for the Abuse Registry?</li> </ul> <p>Observation:</p> <ul style="list-style-type: none"> <li>• Individual has a bedroom to sleep in</li> <li>• Individual has access to all pertinent areas of their home/day program?</li> <li>• Individual has reasonable access to food? (Meaning – can they access food either by themselves, or by asking staff). Ideally, individuals won't have to ask staff for these things, but there are a lot of situations in which asking staff once is probably acceptable.</li> <li>• Individual has reasonable access to personal possessions? – Can the person access their personal possessions without</li> </ul>	<p>the individual.</p> <p>17) Rights restrictions were observed.</p> <p>18) There is limited or no interaction between staff and individuals.</p> <p>19) There is limited or no interaction between individuals.</p> <p>20) There were video or audio recording camera in the home or day program without consent of all individuals receiving services. (A)</p> <p>21) See alert detail.</p>	
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			<p>having to ask for them? If not – are they kept in accordance with a behavior plan?</p> <ul style="list-style-type: none"> <li>• Staff knock on the door before entering an individual’s room, bathroom?</li> <li>• Observe if staff gives individuals informed choice. Ex: “We have apple juice, soda and water...which one do you want?”, “Do you want to take a shower now or after dinner?”</li> <li>• Does home have video cameras or audio recording in the location? If yes, have all given written consent?</li> </ul>		
<b>8</b>	<b>Participant Decision Making Authority</b>  <i>Participants receive training and support to exercise and maintain their own decision-making authority</i>	<ul style="list-style-type: none"> <li>• Individual is offered choices</li> <li>• Individual makes choices</li> <li>• Staff listens to the person’s choices and accepts the person’s choices (dignity of respect). Individuals are given information to make an informed choice</li> <li>• Staff supports the individual in learning things that are important to him/her</li> <li>• Individuals are involved in conversations about themselves</li> <li>• Individuals are included in decisions about them regardless of their communication style</li> <li>• Individuals choose their routine (home, day and community).</li> <li>• Staff offers a variety of</li> </ul>	<p>Individual Probes:</p> <ul style="list-style-type: none"> <li>• Is there anything else you could be doing/watching/eating right now?</li> <li>• What would you do if you didn’t want to eat dinner, take a shower, or go to sleep right away? Can you do that?</li> <li>• Does staff offer you choices of things to do?</li> <li>• Does staff explain choices?</li> <li>• Do you feel included in conversations about you?</li> </ul> <p>Staff Probes:</p> <ul style="list-style-type: none"> <li>• How are daily schedules/outings/meals chosen?</li> <li>• What if someone doesn’t want to go on an outing/to day program/to sleep at scheduled time/date.</li> <li>• How do you educate individuals about decisions and choices?</li> <li>• Can you provide specific examples of information shared with the individual in</li> </ul>	<ol style="list-style-type: none"> <li>1) Individuals are not participating in activities of their choice.</li> <li>2) Individuals do not choose their routine.</li> <li>3) Staff do not offer a variety of options and choices to the individual.</li> <li>4) Individuals are not given information to make an informed choice.</li> <li>5) Individual is not offered choices.</li> <li>6) Individual does not make choices.</li> <li>7) Staff do not respect the individual’s voice.</li> <li>8) Staff do not acknowledge the individual.</li> <li>9) See alert detail.</li> </ol>	Service Plan

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		<p>options and choices to the individual.</p> <ul style="list-style-type: none"> <li>• Bedrooms are personalized</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Have input into decisions</li> <li>• Day to day decisions</li> <li>• What to eat when to eat</li> <li>• Daily routine</li> <li>• Selection of clothing to wear and purchase</li> <li>• Whether they can stay home if they want</li> <li>• Educated on consequences of decisions</li> <li>• Chores—how much say so do you have?</li> </ul>	<p>order to assist with making an informed decision?</p> <p>Observation:</p> <ul style="list-style-type: none"> <li>• Are the individuals involved in activities of their choosing?</li> <li>• Are the staff offering choices and really listening to what the individual is requesting?</li> <li>• Are the staff including individuals in conversations about themselves or are they only talking to each other?</li> <li>• Are the staff talking to and interacting with individuals or just talking to each other?</li> <li>• Do the individuals talk to each other and seem to enjoy living/working together or does everyone keep to themselves?</li> <li>• Observe if staff involves the individual when speaking about them.</li> <li>• Observe if staff involves the individual when decisions are being made about them.</li> <li>• Observe if staff gives the individuals choices. e.g. Do you want to take a shower now or after dinner? We have milk, water and juice – which do you want? What do you want to watch on TV?</li> </ul> <p>* If person does not communicate with words – ask staff how their preferences are known. Look to see they are still offered choices and their preferences are respected. Look to see they are still involved in activities.</p>		
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# Observation Review Checklist

<b>Participant Outcomes and Satisfaction</b> <i>Participants are satisfied with their services and achieve desired outcomes</i>					
	Sub-Focus Area	Areas of Observation	Suggested Protocols/Probes	Not Met Reason	
<b>9</b>	<p><b>Participant Satisfaction</b></p> <p><i>Participants and family members, as appropriate, express satisfaction with their services and supports</i></p>	<ul style="list-style-type: none"> <li>• Individual's satisfaction is solicited.</li> <li>• Individual expresses satisfaction.</li> <li>• Staff recognizes any signs of dissatisfaction from the person.</li> <li>• Staff addresses any signs of dissatisfaction from the person.</li> </ul>	<p>Individual probe:</p> <ul style="list-style-type: none"> <li>• Are you satisfied/happy with your services (RH, day program)?</li> <li>• Do you have someone you call talk to if you are not satisfied/happy with services (RH, day program)? Who is that?</li> <li>• Does staff (RH and/or day program) ask you about satisfaction?</li> <li>• Have you ever reported a grievance/complaint?</li> </ul> <p>Staff Probe:</p> <ul style="list-style-type: none"> <li>• How do you know when this person is not satisfied? Or satisfied?</li> <li>• Can you give me an example?</li> </ul> <p>Some individuals won't speak up if they are unhappy. Ask – will he/she tell you if they are not happy with something? Also, how can you tell if they are enjoying something? If they don't communicate with words, we are looking to hear about how they communicate both satisfaction and dissatisfaction.</p> <p>Observation:</p> <ul style="list-style-type: none"> <li>• If an individual expresses or exhibits signs of dissatisfaction, is it handled immediately and to the satisfaction of the person?</li> <li>• Individual expresses or exhibits signs of satisfaction.</li> <li>• Observe if staff solicits the individual's</li> </ul>	<ol style="list-style-type: none"> <li>1) Staff does not look for signs of dissatisfaction.</li> <li>2) Staff does not recognize signs of dissatisfaction.</li> <li>3) Staff does not address signs of dissatisfaction.</li> <li>4) Individual's satisfaction is not solicited.</li> <li>5) Individuals do not express satisfaction.</li> <li>6) See alert detail.</li> </ol>	Service Plan

## Observation Review Checklist

			satisfaction (is staff asking the individual if they are satisfied or are they assuming satisfaction until the individual expresses the contrary).		
<b>10</b>	<p><b>Participant Outcomes</b></p> <p><i>Services and supports lead to positive outcomes for each participant</i></p>	<ul style="list-style-type: none"> <li>Individual is acknowledged when an accomplishment is made.</li> <li>Staff recognizes the individual's strengths, unique gifts and abilities.</li> <li>Staff is aware of the progress the individual has made towards their goal?</li> </ul>	<p>Individual Probe:</p> <ul style="list-style-type: none"> <li>What progress have you made on goals?</li> <li>Have you accomplished/learned anything lately you are proud of?</li> <li>What have you learned?</li> <li>What can you do now that you could not do before?</li> <li>What kind of things are you good at?</li> </ul> <p>Staff probe:</p> <ul style="list-style-type: none"> <li>What progress has this person made on their goals?</li> <li>Has this person done anything they are proud of recently?</li> <li>What can the person do now they could not do before?</li> <li>How are people recognized when they have made an accomplishment?</li> <li>What is this individual good at?</li> </ul> <p>Observation:</p> <ul style="list-style-type: none"> <li>Observe if someone is acknowledged when they accomplish something</li> </ul>	<ol style="list-style-type: none"> <li>Individual is not acknowledged when accomplishments are made.</li> <li>Staff does not recognize the individual's strengths, unique gifts and abilities.</li> <li>Staff is not aware of progress the individual has made towards goals?</li> <li>See alert detail.</li> </ol>	Service Plan