

UNIVERSAL PROTOCOL

Agency Name: _____

Agency Code: _____

Facility Address: _____

Op. Cert. No.: _____

Programs/Services Reviewed: _____

Review Date: _____

Reviewer: _____

Complete the following for your sample:

NAME	WILLOWBROOK CLASS MEMBER		SAMPLE CODE	SERVICES	PROVIDER
	Y	N			

UNIVERSAL PROTOCOL

VALUED OUTCOMES

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	CITE	FINDINGS/COMMENTS & GOOD PRACTICES
		1. Are individuals learning, maintaining and practicing skills that lessen their dependence upon others?	Y300 MHL I A155 V832	633.4(a)(4)(viii) MHL 13.07(c); Supervised CRs: 686.7(b)(3) 635-10.4(b)	
		2. Does the person have a written individualized plan of services, based on an assessment of his/her functional capacity, which has as its goal maximizing that person's abilities to cope with his/her environment, fostering social competency and enabling him/her to live as independently as possible? Is the plan reviewed periodically relative to the consumer's response to services?	Y300 MHL I A151 A153 A159 A665 V832 D475	633.4(a)(4)(viii); MHL 13.07(a) Supervised CRs Only: 686.7(a)(3); 686.7(b)(1); 686.7(b)(5)(ii); 686.99(x) Day Habilitation: 635-10.4(b) Day Treatment: 690.99(z)	

UNIVERSAL PROTOCOL

VALUED OUTCOMES					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		3. Are services individualized and, unless contraindicated by an unreasonable risk to consumer health or safety, based on the consumer's interests and choices?	Y301 A669	633.4(a)(4)(viii)(a) Supportive & Supervised CRs: 686.99(ab)	
		4. Do individuals spend time in activities which are meaningful to them and which contribute to their home, work and social environment(s)?	Y300 A669	633.4(a)(4)(viii) Supportive & Supervised CRs: 686.99(ab)	
		5. Do individuals have relationships with people of their choice?	Y322 A159-A160	633.4(a)(4)(xxiv) Supportive & Supervised CRs: 686.7(b)(5)(ii-iii)	
		6. Do individuals participate in activities in the community?	Y300 Y310 Y311 A160 V850 D069 PI99	633.4(a)(4)(viii) 633.4(a)(4) (xii) 633.4(a)(4) (xiii) Supervised CRs: 686.7(b)(5)(iii) Day Hab: 635- 10.4(b)(2)(ii) Day Treatment: 690.3(b)(1) Permanent Injunction #21	

UNIVERSAL PROTOCOL

WAIVER SERVICES <i>(APPLICABLE TO ALL WAIVER SERVICES AS IDENTIFIED)</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		7. There is a Waiver service plan to provide the type of Waiver service specified in the ISP.	FRSP11	Waiver App D (a)(i)(d):	
		8. The plan relates to and supports the valued outcome(s) listed in the ISP. <i>(Applies to all residential & day habilitation services, pre-vocational services & SEMP)</i>	V832	635-10.4(b) Administrative Memorandum # 2003-03	
		9. The plan describes the services and supports that will be provided to the person by the Waiver support staff. <i>(Applies to all residential & day habilitation services, pre-vocational services & SEMP)</i>	V832	635-10.4(b) Administrative Memorandum # 2003-03	
		10. Waiver services are delivered in accordance with the amount specified in the Waiver service plan.	FRSP12 V832 V848	Waiver App D (a)(i)(d): 635-10.4(b) Day Hab: 635-10.4(b)(2)	
		11. Waiver services are delivered in accordance with the frequency specified in the Waiver service plan.	FRSP13 V832 V848	Waiver App D (a)(i)(d): 635-10.4(b) Day Hab: 635-10.4(b)(2)	

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WAIVER SERVICES <i>(APPLICABLE TO ALL WAIVER SERVICES AS IDENTIFIED)</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		12. Waiver services are delivered in accordance with the duration specified in the Waiver service plan.	FRSP14 V832 V848	Waiver App D (a)(i)(d): 635-10.4(b) <i>Day Hab: 635-10.4(b)(2)</i>	
		13. Waiver services are delivered in accordance with the scope specified in the Waiver service plan.	FRSP15 V832 V848	Waiver App D (a)(i)(d): 635-10.4(b) <i>Day Hab: 635-10.4(b)(2)</i>	
		14. The Habilitation Plan is based on the person's strengths, choices and needs.	V832 WK10,11 , WK12	635-10.4(b) Waiver Key, Pgs. 8-1, 8-2 & 8-3	
		15. If individuals have assessed food, medication or environmental allergies, corresponding allergy safeguards are documented as applicable in the Waiver service plan	FRHC04	Waiver App G Safeguards (a)(i) Administrative Memorandum # 2003-03	
		16. The plan includes or references an addendum that describes health and/or welfare safeguards that need to be implemented while the person is participating in the Waiver service) <i>(Applies to all residential & day habilitation services, pre-vocational services & SEMP)</i>		Administrative Memorandum # 2003-03	

UNIVERSAL PROTOCOL

WAIVER SERVICES <i>(APPLICABLE TO ALL WAIVER SERVICES AS IDENTIFIED)</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		17. Waiver service plans document required fire safety safeguards as applicable.	FRFS04	Waiver App G Safeguards (a)(i)	
		18. Health care services identified in the ISP are provided as necessary during the provision of the Waiver service.	FRHC05	Waiver App G Safeguards (a)(i)	
		19. At least monthly, there is a note that summarizes the implementation of the person's Waiver plan, describes the person's response to the services provided and identifies any issues or concerns about the person or the plan. <i>(Applies to all residential & day habilitation services, pre-vocational services & SEMP)</i>	R123 WK10 WK11 WK12 WK04 WK08 V201	Supportive & Supervised CRs: 671.6(a)(10) Waiver Key, Pgs. 8-1, 8-2 & 8-3 Administrative Memorandum # 2003-03 Waiver Key 8-13 <i>635-99.1(be)</i>	

UNIVERSAL PROTOCOL

OVERSIGHT & PROTECTIONS					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		20. Does each person in the facility have an Individual Protective Oversight Plan (IPOP) based on an assessment of the person's safeguarding needs (for IRAs only)?	A683	686.16(b)(3)	
		21. For IRAs, Plans of Protective Oversight document required fire safety safeguards.	FRFS05	Waiver App G Safeguards (a)(i)	
		22. Has each person's IPOP been reviewed at least annually, and revised when needed (for IRAs only)?	A683	686.16(b)(3)	
		23. Is each person's IPOP being implemented as specified (for IRAs only)?	A687	686.16(b)(4)(iii)	
		24. Have all consumers admitted to the facility met all 686.8 admission requirements (for Supportive CRs only)?	A208- A213	686.8(b)(1)(ii-vii)	
		25. Has the facility assessed each person's needs for oversight and guidance and implemented a Plan to provide such (for Supportive CRs only)?	A220 A214	686.8(b)(8) 686.8(b)(2)	

UNIVERSAL PROTOCOL

WILLOWBROOK

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		26. Does the Class Member have a Case Manager who is a QMRP?	PI99	Permanent Injunction – Appendix I(I)	
		27. Is the Case Manager’s workload no greater than 20 work units? If the Class Member resides in a VOICF, is the caseload no greater than 1:40?	PI99	Permanent Injunction #8 & Appendix I	
		28. Is the Class Member, who is non-correspondent or lacking active participation by a correspondent, receiving “active representation or co-representation” by the Community Advisory Board (CAB)?	PI99	Permanent Injunction – Appendix H	
		29. Does the agency provide sufficient transportation services to support all components of the ISP?	PI99	Permanent Injunction #10(a)	

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WILLOWBROOK

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		30. Does the Class Member's permanent file contain the "Notice of Rights" Statement describing consumers' rights and entitlements under the Permanent Injunction?	PI99	Permanent Injunction #17	
		31. For Willowbrook Class Members residing in state-operated IRAs that converted from ICFs, is there written informed consent for any Plan that restricts individual rights? This includes plans that contain the use of restrictive techniques and/or medications to manage behaviors.	PI99	Permanent Injunction	
		32. Does the Class Member receive community inclusion services in accordance with the ISP which reflects his/her preferences, interests and capabilities? Is this plan implemented? Is documentation maintained to reflect the Class Member's participation in accordance with the plan?	PI99	Permanent Injunction #10(a) Permanent Injunction #12 Permanent Injunction #21	

UNIVERSAL PROTOCOL

STAFFING

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		33. Are staff competent to provide the services and safeguards needed and preferred by consumers?	Y304	633.4(a)(4)(ix)	
		34. Are adequate numbers of staff scheduled, present and on-duty to meet the service and safeguarding needs of consumers and are these needs being met?	Y304 A230	633.4(a)(4)(ix) Residential Only: 686.9(a)(2)	
		35. The names of applicants who will have the potential for regular and substantial contact with children and who are being <u>considered</u> for staff positions, have been submitted to the Statewide Central Register of Child Abuse and Maltreatment to determine if the applicant is the subject of an indicated report of child abuse or maltreatment.		633.5(c)	

QUALIFIED PROVIDER

Complete for staff who provide Waiver Services.

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		QUALIFIED PROVIDER 36. Staff who deliver Waiver services have been trained and understand abuse prevention, identification,	FRQP04	Waiver App C: Qualified Providers, (a)(i)(c)	

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QUALIFIED PROVIDER

Complete for staff who provide Waiver Services.

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		reporting, and processing of allegations of abuse.			
		37. Staff who deliver Waiver services have been trained and understand incident management requirements outlined in Part 624	FRQP05	Waiver App C: Qualified Providers, (a)(i)(a):	
		38. Staff who deliver Waiver services have been trained and understand principles of human growth and development;	FRQP12	Waiver App C: Qualified Providers, (a)(i)(c)	
		39. Staff who deliver Waiver services have been trained and understand characteristics of the persons served;	FRQP13	Waiver App C: Qualified Providers, (a)(i)(c)	
		40. Staff who deliver Waiver services have been trained and understand the prevention of circumstances that would result in exposure to body substances which could put persons or others at significant risk for HIV infection	FRQP14	Waiver App C: Qualified Providers, (a)(i)(c)	
		41. Staff who deliver Waiver services have been trained and understand the program for managing anyone exposed to significant risk body substances during circumstances which meet the criteria for significant risk contact	FRQP15	Waiver App C: Qualified Providers, (a)(i)(c)	

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QUALIFIED PROVIDER

Complete for staff who provide Waiver Services.

# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		42. Staff who deliver Waiver services have been trained and understand other appropriate topics relative to safety and welfare, especially those that may be related to the functions of the employee	FRQP16	Waiver App C: Qualified Providers, (a)(i)(c)	
		43. Staff who provide Waiver services have been trained and understand the program's safety and security procedures	FRQP17	Waiver App C: Qualified Providers, (a)(i)(c)	

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RIGHTS					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		44. For persons residing in all OMRDD-operated or licensed facilities, is there written informed consent for any medications used to modify or control maladaptive or inappropriate behavior?	B123 M700	Commissioner's Directive: Paul Kietzman Memo of July 19, 2000 681.13(a)(2)	
		45. Are consumers afforded all rights guaranteed by regulation?	Y289	633.4(a)(1)	
		46. Have individuals and family members, guardians and correspondents been notified of their rights and responsibilities?	Y365 Y289	633.4(b)(5) 633.4(b)(2)(i)	
		47. Do staff know individuals' rights?	Y364	633.4(b)(4)	
		48. Have individuals been informed of what to do if they have an objection, problem or complaint?	Y353 Y362	633.4(b)(2)(ii) 633.4(b)(3)(ii)	
		49. Do staff interact with participants in a respectful and supportive manner?	Y304 Y364	633.4(a)(4)(ix) 633.4(b)(4)	
		50. Individuals are afforded their rights and live free from abuse or intimidation	FRIM03 Y294	Waiver App G Safeguards (a)(i) 633.4(a)(4)(ii)	
		RIGHTS RESTRICTIONS 51. No rights limitations are occurring without a current clinical justification	FRR104 Y366 Y291	Waiver App G Restrictive Interventions G-2-b-ii 633.4(b)(6) 633.4(a)(3)	

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<i>RIGHTS</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		52. No rights limitations are occurring without a time limit for the restriction.	FRR105 Y366 Y291	Waiver App G Restrictive Interventions G-2-b-ii 633.4(b)(6) 633.4(a)(3)	
		53. No rights limitations are occurring without a plan to eliminate the need for the restriction	FRR106	Waiver App G Restrictive Interventions G-2-b-ii	
		RESTRAINT 54. There is no evidence that restraint (medical, mechanical or physical) is being used without a plan with clear guidelines for its use.	FRR107	Waiver App G Restrictive Interventions G-2(a)(i)	
		55. There is no evidence that restraint (medical, mechanical or physical) is being used without approval for its use.	FRR108	Waiver App G Restrictive Interventions G-2(a)(i)	

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PERSONAL ALLOWANCE					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		56. Does the person receive his/her Personal Allowance (PA) in a timely manner?	<i>Y2129 Y2130 Y2164, Y2165, Y2166</i>	<i>633.15(i)(11) 633.15(i)(12) 633.15(k)(1)-(3)</i>	
		57. Are individuals' PA monies spent on items/activities of their choosing?	<i>Y2053</i>	<i>633.15(c)(5)</i>	
		58. Do the ledger cards reflect receipt and disbursement of all PA monies?	<i>Y2110 Y2111</i>	<i>633.15(h)(4)(i) Non-residential programs: 633.15(h)(4)(ii)</i>	
		59. Does the balance of PA cash in the residence and the consumers' bank accounts (if there is one) match the balance of the cash on hand and bank ledger cards?	<i>Y2099</i>	<i>633.15(h)(1)(iii)</i>	
		60. Is the cash balance on hand at the residence for any consumer below <i>the monthly Congregate Care Level III plus \$20.00?</i>	<i>Y2005 Y2112</i>	<i>633.15(a)(4) 633.15(h)(4)(iii)</i>	
		<i>61. If the cash balance on hand exceeded the routine upper limit, was there documentation of the specific amount, time and purpose for the excess amount?</i>	<i>Y2186</i>	<i>633.15(h)(4)(iii)</i>	

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PERSONAL ALLOWANCE					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		<i>62. Does the agency maintain complete records for four (4) years?</i>	<i>Y2186</i>	<i>633.15(o)</i>	
		63. Where the consumer has at least some capacity to do so, has he/she signed or initialed the ledger card at least once a month? Where there is no capacity to do so, determine if that is documented.	<i>Y2121</i>	<i>633.15(i)(6)</i>	
		64. Are entries on the house ledger clear and self-explanatory?	<i>Y2110</i>	<i>633.15(h)(4)(i)</i>	
		65. Do ledger notations indicate that the agency is making all of the purchases it is responsible for per 14NYCRR635-9?	<i>Y2191</i>	<i>633.15(p)(4)</i> Commissioner's Directive: Lisa M. Kagan Memo of March 11, 2002	
		66. Are receipts for items purchased by staff with PA readily available and agree with the ledger entries?	<i>Y2168</i>	<i>633.15(l)(1)</i>	
		67. Is cash in the residence held securely and only accessed by authorized staff?	<i>Y2058</i>	<i>633.15(d)(3)</i>	
		<i>68. Did the residence reimburse any loss of the cash maintained at the residence or at the non-residential program?</i>	<i>Y2113</i>	<i>633.15(h)(4)(iv)</i>	

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<i>PERSONAL ALLOWANCE</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		<i>69. Is there a money management assessment of the person's ability to independently manage money?</i>	<i>Y2142</i>	<i>633.15(j)(3)(i)</i>	
		<i>70. Has the agency developed a Personal Expenditure Plan (PEP) for each person for whom it is managing personal allowance?</i>	<i>Y2139</i>	<i>633.15(j)(1)</i>	
		<i>71. Has the PEP been reviewed annually and as needed to insure flexibility in spending or reflect updated priorities in spending?</i>	<i>Y2152</i>	<i>633.15(j)(5)</i>	

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<i>CLOTHING/PERSONAL NEEDS ALLOWANCE</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		72. Are individuals who live in community residences (CRs) or individualized residential alternatives (IRAs) receiving \$250/year for:	V722 V179 MHL1	635- 9.1(a)(1)(xvi)(b)(1) 635-99.1(as) MHL Section 41.36(n)	
		<ul style="list-style-type: none"> • replacement of necessary clothing; 	V179	635-99.1(as)	
		<ul style="list-style-type: none"> • personal requirements and incidental needs; and, 	V179	635-99.1(as)	
		<ul style="list-style-type: none"> • recreational and cultural activities? 	V179	635-99.1(as)	
		73. Are separate documents maintained to account for personal allowance and clothing/ personal needs allowance?	V179	635-99.1(as)	

UNIVERSAL PROTOCOL

<i>HEALTH SERVICES & MEDICATIONS</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		<i>78. Is there documentation that any person who assisted in the administration of medication, or administered a medication, was: a staff person providing direct care services, as documented by job description, which was certified to administer medication at the time of the administration?</i>	Y862	<i>633.17(b)(5)(ii)</i>	
		79. Is there written information for each medication being used by a person, which is specific to that person?	Y867 Y809	633.17(b)(9) 633.17(a)(17)(iii)	
		80. Are individuals evaluated annually for their ability to self-administer medications?	Y851 Y791	633.17(b)(2) 633.17(a)(16)	

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<i>HEALTH SERVICES & MEDICATIONS</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		81. Are medication regimens for each person reviewed at least semi-annually by a health care professional and any needed action taken? (NOTE: Applicable to RESIDENTIAL facilities, ONLY).	Y866 Y826	633.17(b)(8) 633.17(a)(18)	
		82. Has the consumer received all appropriate health services in accordance with their needs and their ISP?	Y305 Y504	633.4(a)(4)(x) 633.10(a)(1)	
		83. Is there a registered nurse present at the site or immediately available by telephone to staff rendering professional nursing services (e.g., medication administration)?	Y789 Y790 Y862	633.17(a)(15)(i) 633.17(a)(15)(ii) 633.17(b)(5)(ii)	

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<i>INFECTION CONTROL</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		84. Are staff knowledgeable about the requirements for the confidentiality of HIV-related information?	Z141 Y420 Z138	633.19(b)(4) 633.7(a)(2)(vi) 633.19(b)(1)	
		85. Does the facility have adequate mechanisms in place to manage an individual's HIV-related illness(es) or anyone potentially exposed to HIV?	Z139 Z142	633.19(b)(2) 633.19(b)(4)(i)	
		86. Can staff identify significant risk circumstances for HIV (e.g., exposure to blood, unprotected sex, and handling of contaminated needles)?	Z143	633.19(b)(4)(ii)	
		87. Are staff aware of applying universal precautions when handling blood/bodily fluids/syringes?	Z142 Z123	633.19(b)(4)(i) 633.19(a)(5)(i)	
		88. If individuals are sexually active, have they been trained in HIV awareness and methods of protection?	Z139 Z125	633.19(b)(2) 633.19(a)(5)(iii)	

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<i>INFECTION CONTROL</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		89. Does the service provider have a Tuberculosis control plan, which includes provision for:	V690	635-8.2(b)(1)	
		<ul style="list-style-type: none"> • training of employees; 	V691	635-8.2(b)(1)(i)	
		<ul style="list-style-type: none"> • ensuring that employees, independent contractors, volunteers and consumers are appropriately tested or evaluated for active Tuberculosis; and, 	V692	635-8.2(b)(1)(ii)	
		<ul style="list-style-type: none"> • maintaining records of documented testing. 	V693	635-8.2(b)(1)(iii)	
		90. Does the facility promote a safe and sanitary environment?	Y293	633.4(a)(4)(i)	

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INCIDENT MANAGEMENT – GENERAL REVIEW PROCEDURES					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		91. Was the incident/allegation reported to the CEO in a timely manner (24 hours for SRI, AA; 48 hours for non-SRI/AA)?	I313	624.5(b)(1)	
		92. Was the reportable incident reported on a standardized form?	I071 I076 I077	624.5(a)(4) 624.5(b)(3)(i) 624.5(b)(3)(ii)	
		93. Was an immediate investigation initiated (SRI, AA)?	I074	624.5(b)(2)	
		94. Was the incident reported immediately by telephone or other method to the DDSO (SRI, AA)?	I075	624.5(b)(3)	
		95. Was the initial incident or allegation of abuse report sent to the DDSO within 24 hours (SRI, AA)?	I076 I077	SRI: 624.5(b)(3)(i) AA: 624.5(b)(3)(ii)	
		96. Was the initial allegation of abuse report sent to MHLS within three working days (AA-certified facilities)?	I079	624.5(b)(5)	
		97. Was the initial allegation of abuse report sent to the Board of Visitors within three working days (AA-state-operated)?	I079	624.5(b)(5)	

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INCIDENT MANAGEMENT – GENERAL REVIEW PROCEDURES					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		98. Was the <i>initial allegation of abuse report</i> sent to CQC within <i>48 hours of occurrence or discovery</i> (AA)?	I078	624.5(b)(4)	
		99. For those consumers less than 18 years of age, was the child abuse hotline called (AA)?	I119	624.6(a)	
		100. Were deaths reported to CQC on Form CQC-100?	I120	624.6(b)	
		101. Did the CEO notify law enforcement officials in cases of suspected crimes?	I122	624.6(d)	
		102. Was a parent, guardian, <i>spouse, adult child</i> and/or correspondent notified within 24 hours <i>of completion of the initial incident report</i> (SRI, AA)?	I223 I232	624.6(f) 624.6(g)(3)	
		103. Was the Service Coordinator notified within 24 hours <i>of completion of the initial incident report</i> (SRI, AA)?	I277	624.6(j)	
		104. Was a parent, guardian, <i>spouse, adult child</i> and/or correspondent notified of right <i>to meet with chief executive officer or designee to receive</i> more information (AA)?	I236 I237	624.6(g)(4)(ii) 624.6(g)(4)(iii)	

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INCIDENT MANAGEMENT – GENERAL REVIEW PROCEDURES					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		<p>105. <i>Was a report on initial actions taken to address the incident or abuse allegation:</i></p> <p style="padding-left: 40px;"><i>Provided within 10 days of the initial incident report or initial allegation of abuse report;</i></p> <p style="padding-left: 40px;"><i>To a guardian, parent, spouse, adult child, and/or correspondent;</i></p> <p style="padding-left: 40px;"><i>In the form and format specified by the commissioner or in a similar format developed by the agency?</i></p>	<p style="text-align: center;"><i>I261</i></p> <p style="text-align: center;"><i>I260</i></p> <p style="text-align: center;"><i>I262</i></p>	<p style="text-align: center;"><i>624.6(g)(8)(iii)</i></p> <p style="text-align: center;"><i>624.6(g)(8)(ii)</i></p> <p style="text-align: center;"><i>624.6(g)(8)(iv)</i></p>	
		106. Was the investigation conducted and reviewed without any conflict of interest?	I082	624.5(c)(1)	
		107. Is the DDSO informed on a monthly basis (SRI, AA)?	I105	624.5(e)	
		108. Are reports maintained to protect confidentiality?	I087	624.5(c)(6)	
		109. Was the incident/allegation reviewed in a timely manner by SRC (one month for SRI, AA; three months for non-SRI, AA)?	I137	624.7(c)(1)	

UNIVERSAL PROTOCOL

<i>INCIDENT MANAGEMENT – QUALITY REVIEW SUMMARY</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		110. Have all events that should have been reported as incidents/ allegations been so reported?	I037	624.4(a)	
		111. In general, were reportable events classified correctly as per the definitions in 624.4?	I037	624.4(a)	
		112. Are thorough investigations conducted and documented for all incidents?	I080	624.5(b)(6)	
		113. Is there evidence that any care needed by consumers was provided immediately?	I084	624.5(c)(3)	
		114. Is there evidence that if action was needed to protect consumers from further potential harm, it was taken immediately?	I084	624.5(c)(3)	
		115. Was appropriate action taken in cases of injuries of unknown origin?	I085	624.5(c)(4)	
		116. Does the SRC review whether appropriate action was taken when the incident occurred/was discovered?	I131 I132	624.7(b)(1) 624.7(b)(2)	

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<i>INCIDENT MANAGEMENT – QUALITY REVIEW SUMMARY</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		117. Does the SRC review and monitor investigatory procedures?	I140	624.7(c)(4)	
		118. Does the SRC make written recommendations to appropriate staff regarding ways to eliminate or minimize the occurrence of similar events, how to improve investigatory or reporting procedures and/or needed changes in agency policies and procedures, etc.?	I141	624.7(c)(5)	
		119. Does the SRC monitor action taken on any and all recommendations and advise the CEO of problems?	I145	624.7(c)(9)	
		120. Did the SRC identify, monitor and report annually on trends in reportable incidents and other potentially harmful situations?	I134 I146 I147	624.7(b)(4); 624.7(c)(10) 624.7(c)(11)	

<i>INCIDENT MANAGEMENT – WAIVER REVIEW QUESTIONS</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		121. All sampled allegations of abuse had completed investigations.	FRIM01	Waiver App G Safeguards (a)(i)	
		122. If abuse was substantiated, there is evidence that appropriate corrective actions were implemented	FRIM02	Waiver App G Safeguards (a)(i)	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		123. If the Supervised CR does not meet LSC, are the consumers self-preserving, can they evacuate in 2.5 minutes or less, with or without verbal and/or intermittent physical prompts (applicable to non-Chapter 21 CRs only)?	V2108	635-7.2(c)(1)	
		124. For <u>certified sites that provide Waiver services</u> , individuals' fire safety needs and abilities have been assessed based on actual performance.	FRFS07 A616 V2107	Waiver App G Safeguards (a)(i) 686.16(b)(2) -- Small IRA 635-7.2(c) -- Large IRA	
		125. For <u>certified sites that provide Waiver services</u> , individuals' fire safety needs are addressed through training, supervision or compliance with NFPA Life Safety Code.	FRFS09 A616 A602	Waiver App G Safeguards (a)(i) 686.16(b)(2) – Small IRA 686.16(a)(2) – Large IRA	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		126. For <u>certified sites</u> , there is a plan for the safe evacuation of individuals in the event of an emergency.	FRFS08	Waiver App G Safeguards (a)(i)	
		127. For <u>certified sites that provide Waiver Services</u> , the facility has a means to monitor the effectiveness of the evacuation plan.	FRFS10	Waiver App G Safeguards (a)(i)	
		128. The <u>certified site</u> provides safe exiting to a public way.	FRFS02 V2213 V2152	Waiver App G Safeguards (a)(i) Small IRA: 635- 7.4(b)(3)(xiii) All Other Facilities: 635-7.3(h)(2)	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		129. For <u>certified sites</u> , there is adequate fire protection/detection equipment in the facility.	<p style="color: red; margin: 0;">FRFS11 <i>V2154</i></p> <p style="margin: 0;"><i>V2206</i></p> <p style="margin: 0;"><i>V2131</i></p> <p style="margin: 0;"><i>V2202</i></p> <p style="margin: 0;"><i>V2233</i></p>	<p>Waiver App G Safeguards (a)(i) Supportive CR, Supervised CR, Large IRA, Day Treatment, Clinics & Day Training: 635-7.3(h)(4) Small IRA: 635-7.4(b)(3)(vi) Supervised CR & Large IRA: 635-7.3(e)(1) Small IRA: 635-7.4(b)(3)(v) Day Habilitation: 635-7.5(f)</p>	
		130. For <u>certified sites that provide Waiver services</u> , fire alarm systems are operational	<p style="color: red; margin: 0;">FRFS03</p>	<p>Waiver App G Safeguards (a)(i)</p>	
		131. The facility, at the time of the inspection, was free from observed fire safety hazards.	<p style="text-align: center;">⊕</p> <p style="color: red; margin: 0;">FRFS06</p>	<p>Waiver App G Safeguards (a)(i)</p>	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		132. Is the environment free from hazards/hazardous conditions?	V2157 V2215	Supportive CR, Supervised CR, Large IRA, Day Habilitation, Day Treatment, Day Training & Clinics: 635-7.3(h)(7) Small IRA: 635- 7.4(b)(3)(xv)	
		133. Is the physical plant appropriate to the needs of the individuals who reside there?	Y293 A055	All Except CR Class: 633.4(a)(4)(i) CRs & IRAs: 686.3(a)(1)	
		134. For facilities with a private water source, has the water been tested annually for bacteriological and chemical standards?	V2123 V2220	DQA/ADM 96-02 (4/8/96) Supportive CR, Supervised CR, Large IRA, Day Treatment, Clinics & Day Training 635-7.3(c)(4) Small IRA 635-7.4(b)(3)(xx)	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		135. The facility is clean and well maintained?	<p style="text-align: center;">Y293</p> <p style="text-align: center;">V2156</p> <p style="text-align: center;">V2219</p>	<p>All Facilities: 633.4(a)(4)(i)</p> <p>Supportive CR, Supervised CR, <i>Day Hab</i>, Large IRA, Day Treatment, Clinics, Day Training & Day Habilitation: 635-7.3(h)(6)</p> <p>Small IRA: 635- 7.4(b)(3)(xix)</p>	

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# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		136. Is there a written plan for how the facility will deal with life-threatening emergencies and how emergency medical services will be accessed?	Y515	633.10(b)(2) All Facilities	
		137. Is the temperature of the hot water no greater than 110° F where consumers have not been or are not being trained to use and control water? Is the temperature less than 140° F where consumers have been trained to control water?	V2215 V2166 V2157	Small IRA: 635-7.4(b)(3)(xv) Supervised Community Residence and Large IRAs: 635-7.3(i)(2) Day Hab and Day Treatment: 635-7.3(h)(7)	
		138. Does the agency have a communication system and policies for the prompt contacting of on-duty personnel and other responsible personnel in emergencies?	V2200 V2161	Small IRA: 635-7.4(b)(3)(iii) All Facilities Except Small IRAs: 635-7.3(h)(11)	

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<i>CLINICS*</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		139. If clinic services are being delivered in the residence, has the clinic treatment facility developed:			
		a. a written description of the clinic services to be delivered in the residence?	C276	679.6(i)(2)	
		(i) Specifying the persons who will receive services?	C277	679.6(i)(2)	
		(ii) The specific services to be delivered to each person?	C278	679.6(i)(2)	
		(iii) The justification for delivery of clinic services in the residence?	C279	679.6(i)(2)	
		140. Are each person's clinic services delivered in accordance with the person's Clinic Treatment Plan?	C272	679.6(i)(1)(ii)	
		141. For services delivered after August 15, 2003, is there a written consent by the Executive Director or his/her designee authorizing delivery of the clinic services in the residence?	C280	679.6(i)(2)	

***NOTE: Failure to comply with any of these questions would result in deficiencies for the Clinic Treatment Program.**

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<i>CLINICS*</i>					
# REVIEWED	# DEFICIENT	QUESTIONS	TAG #	REGULATORY REFERENCE #	FINDINGS/COMMENTS & GOOD PRACTICES
		142. Were consents obtained prior to a new service being delivered at the residence and/or prior to a new person's receipt of services?	C281	679.6(i)(2)	

***NOTE: Failure to comply with any of these questions would result in deficiencies for the Clinic Treatment Program.**