

INSTRUCTIONS FOR THE QIS

These data sheets are appropriate for an Annual Quality Assurance Review of any and all adult service providers and Children's Group Homes.

There is no attached narrative, so in the comments sections it is imperative that bulleted information be included.

On each particular data worksheet, be sure to include narrative/bullets which explain deficiencies or commendations

Use appropriate scoring key listed at the top of each page ~ be consistent with the CODE you use.
for example - if using "+" for yes, use "+" on all sheets -or- if using "X" for yes, use "X" on all sheets...

SPECIFICS for WORKSHEETS

Please indicate in COLUMN M if there is a corresponding QAOS for narrative information included in each section

Refer to Appendix G in the Quality Assurance Process for more specifics of what to include

Adult Services Outline p1 - 3

Staff Training 1 & 2

IP Checklist

PSP Review

Add extra sheets as necessary, review the PSP, Actions, Protocols, Staff support provided, etc.

Residential Sites

Transportation

Staff Survey Pages 1 - 3

Ask one staff from each area one questions from each topic area. If they answer incorrectly, as a second question from that topic. If they still answer incorrectly, move on to the next topic area.

Refer to Appendix I in the Quality Assurance Process for specific questionnaire

Consumer survey 1

THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Consumer Support Survey 2

THIS SURVEY IS FOR CAREGIVERS

USE this survey to talk with caregivers when the consumer cannot answer for him/herself

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Developmental Disabilities Adult Service and Children's Group Home
Annual Quality Assurance Review

Agency Name: Ravalli Services Corporation
Evaluator(s): Denise Smith
Dates Covered by Review: 06/09-11/09

DESK REVIEW	* QAOS = Quality Assurance Observation Sheet	insert * QAOS #
Accreditation: Accreditation is no longer required by the state contract.		
Significant Events from the Agency: for FY 09/10 <ul style="list-style-type: none"> - Purchase and installment of the THERAP Incident Management Program. - Purchase and installment of upgraded computers for all sites that has increased the effectiveness of communication throughout the agency. - Major reorganization of the Day Activity Center, the Senior Program, Intake (donations) and Processing (donations). - Adding an office in the garage of the duplex and moving an additional consumer into the vacated bedroom. - Cleaning and painting of the Day Activity Center, Intake and Processing sites. - Adding an additional area to the second hand store to more effectively display larger items such as furniture. - Landscaping around the Day Activity Center and main office building. - Reorganization of key supervisory positions. - New phone system/VOIP connection to Main Office - Outlying facilities(homes, WAC) now have wireless capability - Riverview renovation underway 		
Agency Internal Communications Systems: RSC currently has computers at all sites so that Therap can be utilized by all staff. Secure communication on Therap is the mode of communication for staff regarding administrative information as well as consumer information. Management meetings are held weekly with all site managers. Managers then hold weekly meetings to help desiminate information with staff. Staff interviews indicate that internal communication is an area that has improved within the past year.		
Policies and Administrative (DDP) Directives RSC Policies are in accordance with Administration (DDP) Directives.		

Agency:RSC
 Evaluator(s): Denise Smith
 Dates Covered by Review: 06/08-06/09

DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>The last Desk Review of Audit Report was completed by the Department of Public Health and Human Services-Division of Quality Assurance for 2009. At this time there is no written report but the exit interview indicated that RSC's practices were acceptable and that the audit was unqualified.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>RSC has two licensed Group Homes- Riverview and Tammany. Both homes were relicensed in 2009. Recommendations included moving a dresser that was a barrier to exiting out a window and replacement of a knob missing off of a dresser. These recommendations were completed the very day of the review.</p>	

Agency: RSC
 Evaluator(s): Denise Smith
 Dates Covered by Review: 06/09-11/09

DESK REVIEW	insert QAOS #
<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>There were 3 Quality Assurance Observation Sheets written during the last review 06/08-06/09 regarding missing Trend Reports (01-09), Protocols not in consumer files and actions not being implemented or not being implemented as written (02-09), and Quarterly Reports not being submitted on a timely basis (03-09). Corrective actions were implemented by RSC after that review and there are no issues or concerns regarding those three areas at this time. No other Quality Assurance Observation Sheets have been written during the intervening time frame.</p>	
<p>Medication Errors: (trends from past year)</p> <p>RSC- There are no trends noted for medication errors this past 6 months. There were a total of 19 medication errors (7 missed meds, 3 found meds (consumers spit out), 3 late meds, 3 charting errors and 3 wrong medications). Wrong medications errors did not result in any need to seek medical care (AM dosage given for PM dosage, wrong dosage of Vitamin D and one consumer took their calcium on the wrong day). The physician or pharmacist were called regarding all errors.</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>RSC continues to have weekly functional Incident Management Committees. They are well attended by Program Managers. The committee is committed to assessing and analyzing incidents and potential trends. IMC notes are completed weekly. Trend reports are completed but need to be more detailed regarding the specifics of incidents and reflect what steps are actually occurring to support the individuals involved.</p>	

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KEY

(mark "+" or "X" if present, "-" or "no" if not)

Staff Related:

insert
QAOS #

Evidence Found of Orientation Training Use three to five staff ~ new hires

staff initials	RL	SB	AJ	MT	MR
+ or X / - or no	X	X	X	X	X

Note where evidence found:

Employee files

Evidence Found DDCPT or equivalent: For intensive staffing only - LOC for Waiver indicates Intensive determination

staff initials									
consumer initials									
+ or X / - or no									

Note where evidence found:

CDS Is training provided to staff.services.

Evidence of Criminal Background Checks: Use three to five staff ~ new hires

staff initials	RL	SB	AJ	MT	MR
yes/no	X	X	X	X	X

Note where evidence found:

personnel files, staff training records, agency employment application

Evidence of Staff Survey: Interview at least one staff per site visited, no less than 5 staff

staff initials									
+ or X / - or no									

Note where evidence found: No longer part of requirement

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KEY

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Staff Related:

insert
QAOS #

Evidence Found of Staff Training:

staff initials	RL	SB	AJ	MT	MR		
1st aid/CPR	X	X	X	X	X		
Abuse Prevention	X	X	X	X	X		
Client Rights	X	X	X	X	X		
Incident Reporting	X	X	X	X	X		
Confidentiality	X	X	X	X	X		
IP/PSP Process	X	X	X	X	X		
CDS* complete w/in 6 months of hire date?	X	X	X	X	X		
Medication Cert	X	X	X	X	no		

Note where evidence found:

Employee files

* CDS = College of Direct Supports

Comments: Employee required training due at 60 days and 120 days. All staff had required orientation and training as mandated by DDP pol

Staff training is an ongoing process. Training begins at the hiring /orientation level and then continues to site specific and then to consumer specific training. Currently if an employee is not med certified they are not allowed to assist with the administration of medication. Review of records support this practice. RSC just wrote and will be implementing a new medication administration policy that outlines new timelines and requirements regarding job status and the completion of the medication certification process.

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IP Checklist:		Note Site Reviewed:			Add sites as needed:					insert QAOS #
		GH	GH	GH	SL-DUP	SL-DUP	SL	CSP	CSP	
Consumer Initials										
O n s i t e	Consumer/Family Survey	NO	NO	NO	NO	NO	NO	NO	X	QAOS 1-09
	PSP/IP Available to all Staff	X	X	X	X	X	X	NO	X	
	IPP/Actions Implemented	X	X	X	X	X	X			
	Data for IPP/Actions	X	X	X	X	X	X			
	Data Internally Monitored	X	X	X	X	X	NO			
	Self Medication Objective	NO	X	NO	NO	NO	NO	NA	NA	
	Consumer informed of grievance procedure	X/NO	X/NO	X/NO	X/NO	X/NO	X/NO	X/NO	X/NO	
	SL consumer choice of SL staff	NA	NA	NA	X	X	X	NA	NA	
	Rights Restrictions	NO	NA	X	X	X	NA			
** M o n i t o r i n g	PSP/IP Checklist	X	X	X	X	X	X			
PSP/IP completed Annually?	X	X	X	X	X					
Individual Needs Addressed?	NO	X	X	X	X					
Assessment Based?	X	X	X	X	X					
Quarterly Reports?	X	X	X	X	X					
Incident Reports Addressed?	X	X	X	X	X					
Behavioral Supports Addressed?	NA	X	X	X	X					
Functional Analysis Needed?	NA	NA	NA	NA	X					
Free from Aversive Procedures?	X	X	X	X	X					

Comments: (regarding service planning and delivery)

-There was a right's restriction in file from 07. Should not have been in there and it was misleading to staff. Date wrong on PSP. PSP is not complete- no health summary. *Feeding protocol for choking states that food needs to be thickened with "Thickit" Yet Medical/Dental states that Brian does not need "Thickit". Feeding Protocol needs to be updated to reflect correct information.

**Grievance Procedure is done upon initial orientation of the consumer. Most consumer's are not going to remember or understand the grievance procedure hearing it one time or many years ago. QIS's recommendation is that RSC provides training on their grievance procedure on an annual basis with all individual's receiving services.

**The majority of the consumers do not have a Self Medication Objective. Every consumer does have a medication protocol for staff that is followed. This is a need that is initially assessed by the Case Manager, but should be followed up and addressed by the provider. This is a serious concern as every individual should be striving for maximum independence in their daily living skills.

Consumer/Family Surveys were not completed in the past year. This was an oversight from the agency and a new survey form has

** = Case manager

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IP Checklist:		Note Site Reviewed:				Add sites as needed:				insert QAOS #
		CSP	DAC	DAC	WAC	WAC	WAC	WAC	DAC	
Consumer Initials										
O n s i t e	Consumer/Family Survey	NO	NO	NO	NO	NO	NO	NO		QAOS 2-09
	PSP/IP Available to all Staff	X	NO/X	X	X	X	X	X		
	IPP/Actions Implemented	X	NO/X	X	NO/X	X	NO	X		
	Data for IPP/Actions	X	NO/X	X	NO	X	NO	X		
	Data Internally Monitored	X	X	X	NO	X	NO	X		
	Self Medication Objective	NO	NA	NA	NA	NA	NA	NA		
	Consumer informed of grievance procedure	X/NO	X/NO	X/NO	X/NO	X/NO	X/NO	X/NO		
	SL consumer choice of SL staff	X	NA	NA	NA	NA	NA	NA		
	Rights Restrictions	NA	NA		NA	X	NA	X		
** M o n i t o r i n g	PSP/IP Checklist	X	X	X	X	X	X	X		
PSP/IP completed Annually?	X	X	X	X	X	X	X	X		
Individual Needs Addressed?	NO	X	X	X	X	X	X	X		
Assessment Based?	NO	X	X	X	X	X	X	X		
Quarterly Reports?	X	X	X	X	X	X	X	X		
Incident Reports Addressed?	X	X	X	X	X	X	X	X		
Behavioral Supports Addressed?	NA	X	X	NA	X	X	X	X		
Functional Analysis Needed?	NA	X	NA	NA	NA	NA	NA	NA		
Free from Aversive Procedures?	X	X	X	X	X	X	X	X		

Comments: (regarding service planning and delivery)

relevant new actions related to independent. Saw vulnerability assessment/did not see ADL assessments. Does not have a medication training objective yet no documentation of attainment of self-medication.

- no PSP- in file had not been returned from CM. Was late- Agency had hand written notes. Was working off of what they had from PSP meeting. Did not see documentation in file that addressed the late PSP but was informed conversation had occurred. Need documentation.

start date was 10/31/09 but data doesn't start until 2/2/09. Documentation stopped two weeks prior to audit (there were only -'s). Measurement was not clear for the one action that was working on at WAC. 50% accuracy 10/20 days-staff was unable to describe what 50% looked like. was scheduled for 3 hrs a day at WAC. More description of supports given to need to be in actions. Observed excellent interactions between WAC staff and . Staff was positive and engaging making the tasks enjoyable for .

Excellent pre-vocational activities in 's plan. Old profile in 's file that stated that still goes to visit her father- her father passed away last year and this continues to be an emotional situation for . It would be very detrimental to if a new staff asked her about visiting with her father on weekends. Date of Plan was 03/10/09 but Visions, Outcomes and Actions were not written until 07/8/09. Was working on notes from PSP meeting.

No Data for counting/used "-" for refusal-data sheet did not work with action. PSP's actions not implemented as written. will only
** ~~vacate and~~ activity is not written as an action. PSP needs to be modified.

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Make note of site reviewed

Residential Site Checklist: Comm support		Make note of site reviewed							insert QAOS #
Site Name		Tammany	Duplex	Riverview	WAC	DAC	THRIFTST	SL/KR	
H e a l t h S a f e t y	Bathing procedures posted	X	X	X	NA	NA	NA	NA	
	Clean/Sanitary Environment	X	X	X	X	X	X	X	
	Egress	X	X	X	NA	NA	NA	X	
	Hot Water Temps	X/-	X	X/-	X	X	X	X	
	Emergency Assistance	X	X	X	X	X	X	X	
	Fire Extinguishers/smoke Detectors	X	X	X	X	X	X	X	
	1st Aid/CPR Supplies Accessible/Available	X	X	X	X	X	X	X	
	PRN Medications	X	X	X	X	X	X	NO	
	Medication Procedures	X/-	X/-	X/-	X	X	X	NO	
	Medication Locked Storage	X	X	X	X	X	X	NO	
	Medication Administration Records	X	X	X	X	X	NA	NO	
	Staff Ratios or ICP staffing	X	X	X	X	X	X	X	
	Awake Overnight Staff	X	X	X	NA	NA	NA	NA	
	Adequate Supplies	X	X	X	X	X	X	X	
Storage of Supplies	X	X	X	X	X	X	X		
Free from aversive procedures?	X	X	X	X	X	X	X		
D a i l y	Weekly integrated activities	X	X	X	X	X	NA	X	
	House or Site Rules	X	X	X	NA	NA	NA	X	
	Opportunities for choice, self determination	X	X	X	X	X	X	X	
	Meal Prep, Mealtime	X	X	X	NA	NA	NA	X	
	Engagement in Daily Life	X	X	X	X	X	X	X	
	Participation in Daily Living Skills	X	X	X	X	X	X	X	
	Daily Leisure Opportunities	X	X	X	NA	NA	NA	X	
	Staff Trained in Individual Specifics	X	X	X	X	X	X	X	
Comments:									
<p>Water Temperatures at both Tammany and Riverview were low. Work has been done to regulate higher temperatures for the comfort of the consumers. KR takes an over the counter medication. No protocol, admin. Records or training records available. Medication Procedures are complete for GH but concerns that some of the dosage instructions state 1 Tab/should be in milligrams. Dosage of Tabs are not a consistent measurement and can change. Riverview had several sticky notes in Medication book that could easily fall out. This information needs to be written ASAP in the documents in the file. Confusion regarding what is the difference between a Leisure Opportunity and a Recreational Opportunity. Many Leisure activities listed for consumers did not enrich their lives, i.e. watching TV, taking a nap. Discussed the need to assist consumer develop hobbies.</p>									

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Residential Site Checklist:								insert QAOS #
	Site Name	DAC	Tammany	Riverview	Duplex			
T r a n s p o r t a t i o n	Driver Orientation Program	X	X	X	X			
	Wheelchair tie downs	X	X	X	X			
	Wheelchair Lift	X	X	X	NA			
	Driver's Licenses	X	X	X	X			
	Emergency Supplies	X	X	X	X			
	Fire Extinguisher	X	X	X	X			
	Transportation Log	X	X	X	X			
	Scheduled Maintenance Program	X	X	X	X			
	Training--Staff Doing Maintenance Checks	X	X	X	X			
	Procedures for Timely Repairs	X	X	X	X			
	MDT* inspection on file (MDT vehicles only)							
Comments: Orientation for transportation is site specific and then employees are cross trained as they work at different sites. There were fire extinguishers in all vehicles but in one vehicle the fire extinguisher was loose in the tailgate area. This constitutes a health and safety danger. It was temporarily constrained in a cargo net but needed to be immediately mounted on a secure bracket. There was documentation that repairs are timely. * MDT = Montana Department of Transportation								
Comments:								

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 Dates Covered by Review:

FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey:		Staff Initials	Staff #1	Staff #2	Staff #3	Staff #4	Staff #5			insert QAOS #
A b u s e	Allegations are reported to? (APS)		X/NO	X/NO	X/NO	X	NO			
	Do you notify Supervisor first? (NO)		NO	X	NO		NO			
	Steps to take if abuse is discovered?									
	Comments: Staff appeared to be confused regarding whether or not a supervisor needs to be notified. All staff related that they would go to their Supervisor. Three staff did indicate that they would be reported at the same time that they notified APS. Staff need to know that all allegations are reported to APS. They do NOT have to report to their Supervisor.									
R i g h t s	Suspect theft of gloves, steps to take?			X						
	IP/PSP requests Doctors appt				X	X				
	No jacket, -25 consumer wants to leave	X					X			
	Review Right's Restriction									
Comments:										
** b m p **	describe consumer behaviors		X	X	X	X	X			
	staff response to behaviors by plan		X			X	X			
	list proactive or environmental strategies			X	X					
	Comments: The staff interviewed were very knowledgeable about consumers with whom they work. Their responses were respectful and reflected a least restrictive philosophy.									
H o m e h o l d e r s	former employee wants info	X			X	X				
	what is consumer information?			X			X/-			
	training to meet health and safety needs?									
	emergency evacuation procedures?									
Comments: All staff understood the basics of confidentiality but there was some confusion of what constituted consumer information. Even confirming the fact that the consumer is still in services in a breach of confidentiality.										
Comments:										
** = Behavior Management Plans										

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 Dates Covered by Review:

FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey:									insert QAOS #
	Staff Initials	Staff #1	Staff #2	Staff #3	Staff #4	Staff #5			
m e d i c a t i o n s	describe procedure to assist with meds if med is unavailable?	X		X	X	NA			
	if gave wrong med?		X						
	if moving to a new place or gets new med?								
	requirement to assist with meds?								
	describe PRN or OTC* is to be given								
	what constitutes a med error?								
	Comments: All staff interviewed were requested to describe a medication protocol with a specific consumer. All staff were very knowledgeable regarding this specific event. Staff #5 was a new staff/ was not medication certified and had not assisted with medication administration. * OTC = over-the-counter								
**	steps to avoid power struggles	X				X			
	how to respond to someone who is upset	X	X	X	X				
	what if you start to lose control?								
	Comments: All staff had been trained in how to avoid power struggles. Each staff was able to address a specific consumer and describe how they had been trained to respond when the consumer became upset.								
** = Emotionally Responsible Caregiving									
*	when do you fill out an incident report?	X	X		X	NO			
	notifications for Emergency Room visit?								
	consumer to consumer incidents								
	who writes the Incident Report?		X	X					
	Comments: Some confusion with two of the staff when discussing Incident reports. They were calling incident reports- T-logs instead of GERS Staff #5 (new staff) had not had to write a GER and was unsure of what constituted a reportable or critical incident.								
* = Incident Reporting and Management									

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FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.

Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
	Staff Initials	Staff #1	Staff #2	Staff #3	Staff #4	Staff #5			
B O H O M E	consumer destroying things		X	X		X			
	staff pinches consumer back	X			X				
	how do you know a support plan is needed?								
	Comments:								
* I P / P S P	what is IP/PSP based on?	X		X	X	X			
	you have an idea for an objective. /ACTION	X							
	why do assessments?								
	How do you find out what someone would like to do?		X						
	Comments:								
	* = IP = Individual Plan PSP = Personal Support Plan								
Comments:									

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not
 "-" or "no" indicates need for follow up
 and comments in lilac area below

Consumer Questionnaire by QIS.		ALL questions are MANDATORY						insert QAOS #
USE THIS FOR FOLKS WHO CAN ANSWER QUESTIONS								
Consumer initials								
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		X	X	X	X	X	X	
c o n s u m e r	Do you have nice staff at home/work?	X	X	X	X	X	X	
	Is anyone mean to you at home/work?	X	X	X	X	X	X	
	Do you like where you live/work?	X	X	X	X	X	X	
	Are you ever afraid of anyone?	X	X	NO	X	X	X	
	Someone hits/hurts you, who can you tell?	X	X	X	X	X	X	
	Does anyone talk to you about this?	X	X	X	X	X	X	
	Can you get help when you need it?	X	X	X	X	X	X	
	from staff?		X	X	X	X	X	
	from Case Manager?	X	X	X	X	X	X	
	Can you get your own food/drink?	X	X	X	X	X	X	
	Do people come into your house/room without knocking or getting permission?	X	X	X	X	X	X	
	Do staff ever take things from you?	X	X	X	X	X	X	
	Can you get rides to places you need to go?	X	X	X	X	X	X	
Rides to the places you want to go?	X	X	X	X	X	X		
Who is your Case Manager?	X	X	X	NO	X	X		
Does s/he talk to you about waiver services?	??	??	??	??	??	??		
Does s/he help you get what you need?	X	X	X	X	X	X		
Comments: All consumers are happy with the services that they are receiving and where they are living. reported that she was afraid of someone at work. Further questioning revealed that the WAC supervisor has a loud and carrying voice. She said that he voice sometimes startles her but that she was not afraid of him. None of the consumers questioned understand the question regarding waiver services specifically but did state that their CM do help them live and work where they want. was not able to answer all of the questions independently but needed some assistance from staff.								

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Consumer Questionnaire by QIS.		ALL questions are MANDATORY						insert QAOS #
USE THIS FOR FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials						
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)								
c o n s u m e r	Do you have nice staff at home/work?							
	Is anyone mean to you at home/work?							
	Do you like where you live/work?							
	Are you ever afraid of anyone?							
	Someone hits/hurts you, who can you tell?							
	Does anyone talk to you about this?							
	Can you get help when you need it?							
	from staff?							
	from Case Manager?							
	Can you get your own food/drink?							
	Do people come into your house/room without knocking or getting permission?							
	Do staff ever take things from you?							
	Can you get rides to places you need to go?							
	Rides to the places you want to go?							
Who is your Case Manager?								
Does s/he talk to you about waiver services?								
Does s/he help you get what you need?								
Comments: See comments first page.								

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KEY (mark "+" or "X" if positive or correct, "-" or "no" if not)
 "-" or "no" indicates need for follow up
 and comments in the lilac area below

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY						insert QAOS #
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS								
		Consumer initials						
Support	Who helps this person and how?	X	X					
	Are there some staff/peers they like better?	X	X					
	Staff/peers they don't like? Why?	X	X					
	Current needs not being met?	X	X					
	Health and Safety related?	X	X					
	Who do you talk to about these concerns?	X	X					
	Does the person have input to his/her life?	X	X					
	If you have concerns, who do you talk to?	X	X					
	Are they resolved?	X	X					
	What are this persons wishes/dreams?	X	X					
	Is the plan moving that direction?	X	X					
	What would make things better?	X	X					
	Does this person ever seem afraid?	X	X					
	Are you afraid for them?	X	X					
	Does this person know how or where to report abuse?	X/-	X/-					
	Who provided that training?	X	X					
	Who will the individual call or report to?	X	X					
	Who provided that info?	X	X					
	Does the person have transportation to all services and places s/he would like to go?	X	X					
	Who is the person's case manager?	X	X					
Does CM help the person access services?	X	X						
Does the CM explain waiver services?	X	X						
Does the person understand this info?	NO	NO						

Comments: communicates through an augmentative communication devise and through writing on the computer. He is also able to indicate when he is upset at someone or about something through his facial expressions and thumbs up. is very clear in his communication when he is angry about something or is not happy. He is losing independence due to age and he is NOT happy about having to receive assistance with physical motor activities. Both gentlemen do not have a clear understanding about APS but they have trusted staff and family that they can tell.