

LICENSING SCORESHEET
Adult Training Facilities – CHAPTER 2380 – 11/17/17

App Number: _____ SIN Number: _____ PCID: _____

Date(s) of On-Site Inspection: _____

Name(s) of Inspector(s): _____

Start/Stop Time for Each Date: _____ Total Travel Hours: _____

Name of Legal Entity: _____

Name of Facility: _____ License Capacity: _____ Current Census: _____

Address of Facility: _____ County: _____

Total Number of Rooms: _____ Bathrooms: _____ Toilets: _____ Sinks: _____

Person In Charge: _____ Signature & Time: _____

Type of Inspection: Full
 Partial

Reason: **Renewal** (annual, full inspection conducted to renew a regular license)
 Provisional (follow-up inspection while a facility is operating on a provisional license, including provisional renewal inspection)
 Initial (new facility or sale of legal entity)
 Interim (any inspection that is not otherwise listed)
 Complaint
 Incident
 Monitoring
 Settlement - BHA Docket#: _____

Notice: Unannounced Announced

Waiver(s): Granted Denied **Date(s):** _____ **Regulation(s):** _____
 N/A

GENERAL REQUIREMENTS

11	C	V	NM	NA	Chapter 20
13	C	V	NM	NA	Capacity
14a	C	V	NM	NA	Occupancy Permit
14b	C	V	NM	NA	Permit Withdrawn
14c	C	V	NM	NA	Renovations Approval
15	C	V	NM	NA	Wage & Hour Cert.
16	C	V	NM	NA	Abuse
17b	C	V	NM	NA	Unusual Incidents Policy
17c	C	V	NM	NA	24 hrs. Oral Notification
17d	C	V	NM	NA	72 hrs. Investigate/Report
17e	C	V	NM	NA	Final Report Copies Sent
17f	C	V	NM	NA	Incident Reports in Ind. Record
17g	C	V	NM	NA	Copies of Reports Kept
17h	C	V	NM	NA	Notifications Immediately
18a	C	V	NM	NA	24 hrs. Death Report
18b	C	V	NM	NA	24 hrs. Investigate & Oral Report
18c	C	V	NM	NA	Death Report in Ind. Record
18d	C	V	NM	NA	Notifications Immediately
19	C	V	NM	NA	Incident Record
20a	C	V	NM	NA	PSP w/in 5 days
20b	C	V	NM	NA	FBI w/in 5 days
20c	C	V	NM	NA	1 yr. prior to DOH

20d	C	V	NM	NA	Copy of Final Reports Kept
21a	C	V	NM	NA	Civil Rights - Discrimination
21b1	C	V	NM	NA	Nondiscrim. Services/Admission
21b2	C	V	NM	NA	Phys. Access & Accommodation
21b3	C	V	NM	NA	Lodge Civil Rights Complaints
21b4	C	V	NM	NA	Informing Inds. Of Rights
22	C	V	NM	NA	Grievance Procedures

STAFFING

32a	C	V	NM	NA	CEO
32b1	C	V	NM	NA	CEO – Implement Policies
32b2	C	V	NM	NA	CEO – Admin/Discharge of Inds.
32b3	C	V	NM	NA	CEO – Safety & Protect. of Inds.
32b4	C	V	NM	NA	CEO – Compliance with Regs
32c	C	V	NM	NA	CEO Qualifications
33a	C	V	NM	NA	Program Specialist
33b1	C	V	NM	NA	PS – Coord.& Complete Assess
33b2	C	V	NM	NA	PS - Provide Assessment
33b3	C	V	NM	NA	PS - Participated in ISP Devel.
33b4	C	V	NM	NA	PS - Attend ISP Meeting
33b5	C	V	NM	NA	PS - Plan Lead
33b6	C	V	NM	NA	PS - Review ISP
33b7	C	V	NM	NA	PS - Report Content Discrepancy

STAFFING CONT.

33b8	C	V	NM	NA	PS - Implement ISP as written
33b9	C	V	NM	NA	PS - Supervise, Monitor, Eval.
33b10	C	V	NM	NA	PS - Review, Sign, Date Monthly
33b11	C	V	NM	NA	PS - Report Changes to Team
33b12	C	V	NM	NA	PS - Review ISP w/ Ind.
33b13	C	V	NM	NA	PS - Document Review of ISP
33b14	C	V	NM	NA	PS - ISP Review to Team
33b15	C	V	NM	NA	PS - Option to Decline
33b16	C	V	NM	NA	PS - Recommend Revision
33b17	C	V	NM	NA	PS - Coordinate Services Prov.
33b18	C	V	NM	NA	PS - Coordinate Train. of DSW
33b19	C	V	NM	NA	PS - Dev. & Imp. Prov. Services
33c	C	V	NM	NA	Program Specialist Qualifications
34	C	V	NM	NA	Direct Services Worker
35a	C	V	NM	NA	1 to 6 Ratio
35b	C	V	NM	NA	1 to 10 During Meetings
35c	C	V	NM	NA	Min. 2 Staff At All Times
35d	C	V	NM	NA	Unsup. if specified in ISP
35e	C	V	NM	NA	Staff quals & ratios imp. as written
35f	C	V	NM	NA	Unsupervised for Convenience
36a	C	V	NM	NA	Staff Orientation
36b	C	V	NM	NA	CEO 24 hrs. Training
36c	C	V	NM	NA	Annual Human Services Training
36d	C	V	NM	NA	Initial Training 30days/12mo. prior
36e	C	V	NM	NA	Initial Fire Safety Training
36f	C	V	NM	NA	Annual Fire Safety Training/Expert
36g	C	V	NM	NA	Min 2 staff First Aid/CPR/Heimlich
36h	C	V	NM	NA	Training Records

PHYSICAL SITE

51	C	V	NM	NA	Special Accommodations
52a	C	V	NM	NA	50 Sq. Ft. per Ind.
52b	C	V	NM	NA	Each Separate Room
53a	C	V	NM	NA	Poisons Locked
53b	C	V	NM	NA	Poisons; Original Container, Label
53c	C	V	NM	NA	Poisons Separate from Food
54	C	V	NM	NA	Heat Sources
55a	C	V	NM	NA	Clean & Sanitary
55b	C	V	NM	NA	Infestation/Rodents
55c	C	V	NM	NA	Trash Removed Weekly
55d	C	V	NM	NA	Indoor Trash Covered, Cleanable
55e	C	V	NM	NA	Outdoor Trash Covered
55f	C	V	NM	NA	Sewage Approval
55g	C	V	NM	NA	Sewage Checked 4yrs.
56	C	V	NM	NA	Ventilation
57	C	V	NM	NA	Lighting
58a	C	V	NM	NA	Surfaces in good repair
58b	C	V	NM	NA	Surfaces free of hazards
58c	C	V	NM	NA	Lead Paint Testing
59a	C	V	NM	NA	Water Under Pressure
59b	C	V	NM	NA	Hot Water - 120°
59c	C	V	NM	NA	Coliform Test every 3 months
60a	C	V	NM	NA	Indoor Temp 65°
60b	C	V	NM	NA	Fans above 85°
61	C	V	NM	NA	Telephone
62	C	V	NM	NA	Emergency Phone Numbers
63a	C	V	NM	NA	Screens when Opened

63b	C	V	NM	NA	Good Repair
64a	C	V	NM	NA	Handrail; More Than 2 Steps
64b	C	V	NM	NA	Porch Railing
65	C	V	NM	NA	Nonskid Surfaces
66a	C	V	NM	NA	Stairway Landing
66b	C	V	NM	NA	Landing as wide as Stairs
66c	C	V	NM	NA	3ft Landing
67a	C	V	NM	NA	Furniture; Clean, Safe, Sturdy
67b	C	V	NM	NA	Furniture & Equip. Appropriate
68	C	V	NM	NA	Storage Space
69a	C	V	NM	NA	1:18 toilets
69b	C	V	NM	NA	1:24 sinks
69c	C	V	NM	NA	Handicap Accessible
69d	C	V	NM	NA	Separate Bathrooms if >18
69e	C	V	NM	NA	Bathroom Contents
69f	C	V	NM	NA	Bathroom Privacy
70a	C	V	NM	NA	Private First Aid Area
70b	C	V	NM	NA	First Aid Area Contents
70c	C	V	NM	NA	First Aid Kit Each Floor
70d	C	V	NM	NA	First Aid Contents
70e	C	V	NM	NA	First Aid Manual with Kit
71	C	V	NM	NA	Elevators
72a	C	V	NM	NA	Outside walkways free of Hazards
72b	C	V	NM	NA	Outdoors good repair & safe

FIRE SAFETY

81	C	V	NM	NA	Exits
82	C	V	NM	NA	Unobstructed Egress
83a	C	V	NM	NA	Emergency Evacuation Policy
83b	C	V	NM	NA	Diagram in Facility
84	C	V	NM	NA	Annual Fire Safety Inspection
85	C	V	NM	NA	Flammable Materials
86	C	V	NM	NA	Portable Space Heaters
87a	C	V	NM	NA	Operable Fire Alarms
87b	C	V	NM	NA	Accommodations to Alarms
87c	C	V	NM	NA	Inoperative Alarms Repairs
87d	C	V	NM	NA	Inoperable Alarms Policy
88a	C	V	NM	NA	1 2-A Fire Extinguisher per Floor
88b	C	V	NM	NA	5,000 sq. ft. 2-A Extinguishers
88c	C	V	NM	NA	10-B Extinguisher in Kitchens
88d	C	V	NM	NA	Fire Extinguishers Approved
88e	C	V	NM	NA	Fire Extinguishers Accessible
88f	C	V	NM	NA	Extinguishers Inspected Annually
89a	C	V	NM	NA	Monthly unannounced Fire Drills
89b	C	V	NM	NA	Normal Staffing Conditions
89c	C	V	NM	NA	Written Fire Drill Records
89d	C	V	NM	NA	Within 2 ½ Minutes
89e	C	V	NM	NA	Alternate Routes
89f	C	V	NM	NA	Alternate Times/Days
89g	C	V	NM	NA	Designated Meeting Place
89h	C	V	NM	NA	Alarms Set Off
90a	C	V	NM	NA	Exit Signs
90b	C	V	NM	NA	Direction Signs
91a	C	V	NM	NA	Fire Safety Training for Inds.
91b	C	V	NM	NA	Doc. of Inability to Train
91c	C	V	NM	NA	Record of Training
92a	C	V	NM	NA	Smoking Safety Procedures
92b	C	V	NM	NA	Procedures Followed

HEALTH

111a	C	V	NM	NA	Phys. Exam w/in 12 mo. & Annual
111b	C	V	NM	NA	Signed & Dated
111c1	C	V	NM	NA	Previous Medical History
111c2	C	V	NM	NA	General Physical Exam
111c3	C	V	NM	NA	Immunizations
111c4	C	V	NM	NA	Vision & Hearing Screenings
111c5	C	V	NM	NA	TB Test & Results – every 2yrs
111c6	C	V	NM	NA	Commun. Disease Precautions
111c7	C	V	NM	NA	Health Maint., Blood Work, Meds
111c8	C	V	NM	NA	Physical Limitations
111c9	C	V	NM	NA	Allergies/Contradicting Meds
111c10	C	V	NM	NA	Info in case of Emergency
111c11	C	V	NM	NA	Special Diet Instructions
111d	C	V	NM	NA	RN/LPN Signature Exceptions
112	C	V	NM	NA	Doc. Refusals
113a	C	V	NM	NA	Staff Phys. w/in 12 mo. & 2yrs
113b	C	V	NM	NA	Signed & Dated
113c1	C	V	NM	NA	General Physical Exam
113c2	C	V	NM	NA	TB Test & Results – every 2yrs
113c3	C	V	NM	NA	Commun. Disease Statement
113c4	C	V	NM	NA	Med Probs. that May Interfere
114a	C	V	NM	NA	Communicable Disease Auth.
114b	C	V	NM	NA	Statement
114c	C	V	NM	NA	Precautions Followed
115 1	C	V	NM	NA	Emergency Plan – Hospital
115 2	C	V	NM	NA	Emergency Plan – Transportation
115 3	C	V	NM	NA	Emergency Plan – Staffing Plan

MEDICATIONS

121a	C	V	NM	NA	Original Containers
121b	C	V	NM	NA	Meds Locked
121c	C	V	NM	NA	Refrigerated Meds Locked
121d	C	V	NM	NA	Storage Conditions
121e	C	V	NM	NA	Disposal of Meds
122a	C	V	NM	NA	Prescription Meds; Original Label
122b	C	V	NM	NA	Non-perscrip. Meds Original Label
122A	C	V	NM	NA	Labeling – Statement of Policy
123a	C	V	NM	NA	Medication Use
123b	C	V	NM	NA	Psych Med Requirements
124a	C	V	NM	NA	Medication Log
124b	C	V	NM	NA	Logged Immediately
124c	C	V	NM	NA	Self-Admin List
124A	C	V	NM	NA	Med Log – Statement of Policy
125	C	V	NM	NA	Medication Errors
126	C	V	NM	NA	Adverse Reactions
126A	C	V	NM	NA	Adv. React. – Statement of Policy
127a	C	V	NM	NA	Med. Administration Persons
127b	C	V	NM	NA	Admin Instructions Followed
128a	C	V	NM	NA	Med. Admin. Training
128b	C	V	NM	NA	Requirements for Insulin Injects.
128c	C	V	NM	NA	Med. Admin. training Instructor
128d	C	V	NM	NA	Annual Practicum
128e	C	V	NM	NA	Training Documentation
129a	C	V	NM	NA	Self- Admin Qualifications
129b	C	V	NM	NA	Self-Admin Insulin Measured

NUTRITION

131a	C	V	NM	NA	Dining Area
131b	C	V	NM	NA	Clean & Sanitary
131c	C	V	NM	NA	Sufficient Tables & Chairs
132-1	C	V	NM	NA	Menu Posted
132-2	C	V	NM	NA	Posted Prior to Date
132-3	C	V	NM	NA	Menus Followed
132-4	C	V	NM	NA	Menus Retained 2 Months
132-5	C	V	NM	NA	Meal & Snack, Hours
132-6	C	V	NM	NA	Meal Contents
132-7	C	V	NM	NA	1/3 Min Daily Requirements
132-8	C	V	NM	NA	Special Diets Followed
132-9	C	V	NM	NA	Food Temps
132-10	C	V	NM	NA	Protected from Contamination
132-11	C	V	NM	NA	Cannot Re-Serve Food
132-12	C	V	NM	NA	Washing Method Approved
132-13	C	V	NM	NA	Dishwasher Temps
132-14	C	V	NM	NA	Dishwasher Instructions

RESTRICTIVE PROCEDURES

152	C	V	NM	NA	Written Policy
153a	C	V	NM	NA	RP for Convenience
153b1	C	V	NM	NA	Attempt to de-escalate
153b2	C	V	NM	NA	Other Techniques Failed
154a	C	V	NM	NA	Review Committee
154b	C	V	NM	NA	Review Committee Members
154c	C	V	NM	NA	Time frame, every 6 months
154d	C	V	NM	NA	Written Record Kept
155a	C	V	NM	NA	RP Plan Written Prior
155b	C	V	NM	NA	Development Members
155c	C	V	NM	NA	RP Reviewed, every 6 months
155d	C	V	NM	NA	Reviewed & Signed before use
155e1	C	V	NM	NA	Specific Behavior to Address
155e2	C	V	NM	NA	Measurable Outcomes
155e3	C	V	NM	NA	Modify/Eliminate Behaviors
155e4	C	V	NM	NA	Types of RP's
155e5	C	V	NM	NA	Outcome Target Date
155e6	C	V	NM	NA	Amount of Time RP can be used
155e7	C	V	NM	NA	Physical Problems
155e8	C	V	NM	NA	Person Responsible
155f	C	V	NM	NA	Implemented as Written
155g	C	V	NM	NA	Copies of RP in Ind. Record
156a	C	V	NM	NA	Staff Trained in past 12 months
156b	C	V	NM	NA	Person Responsible Trained
156c	C	V	NM	NA	Staff Experienced Techniques
156d	C	V	NM	NA	Training Documentation
157	C	V	NM	NA	Seclusion
158	C	V	NM	NA	Adverse Conditioning
159b	C	V	NM	NA	Chemical Res. Ordered by Phys.
159c1	C	V	NM	NA	Phys. Examine Ind. Prior
159c2	C	V	NM	NA	Readmin. Phys. Examine
159c3	C	V	NM	NA	Vitals Monitored Hourly
159c4	C	V	NM	NA	Physical Needs Met Promptly
159d	C	V	NM	NA	PRN for acute behaviors prohib.
159i	C	V	NM	NA	Training for Individual
159j	C	V	NM	NA	Documentation
160b	C	V	NM	NA	Helmets, mitts, muffs, 3months
160c1	C	V	NM	NA	>2 hours, examined if longer

160c2	C	V	NM	NA	Phys. notified Immediately
160c3	C	V	NM	NA	15 minute checks
160c4	C	V	NM	NA	Physical Needs Met Promptly
160c5	C	V	NM	NA	Removed 10 mins/2hrs used
160c6	C	V	NM	NA	Training for Individual
160c7	C	V	NM	NA	Documentation
161b	C	V	NM	NA	Manual Restraints
161c	C	V	NM	NA	Doc. less-restrictive failed
161d	C	V	NM	NA	Release time; 30mins/2hrs
162b	C	V	NM	NA	Exclusion
162c	C	V	NM	NA	Doc. less restrictive failed
162d	C	V	NM	NA	Ind. Return time; 60min/2hrs.
162e	C	V	NM	NA	No more than 2x in 24hrs.
162f	C	V	NM	NA	Continually Monitored
162g	C	V	NM	NA	Exclusion room 40ft by 7ft.
162h	C	V	NM	NA	Exclusion room door/window
162i	C	V	NM	NA	Exclusion room light/ventilated
163	C	V	NM	NA	Emergency Exclusions/Manual
164a	C	V	NM	NA	Funds/Prop. Used as Reward
164b	C	V	NM	NA	Funds/Prop. Used as Payment
165	C	V	NM	NA	RP Records

INDIVIDUAL RECORDS

171a	C	V	NM	NA	Emergency Info Access.
171b1	C	V	NM	NA	Info for Designated Person
171b2	C	V	NM	NA	Info for Health Care
171b3	C	V	NM	NA	Info for Consent Person
171b4	C	V	NM	NA	Most Recent Physical
172a	C	V	NM	NA	Separate Ind. Record
172b	C	V	NM	NA	Entries
173 1i	C	V	NM	NA	Name, Sex, DOB, SSN
173 1ii	C	V	NM	NA	Race/ht/wt/hair/eye/mark
173 1iii	C	V	NM	NA	Communication/ Lang.
173 1iv	C	V	NM	NA	Religious Affiliation
173 1v	C	V	NM	NA	Current, dated photo
173 2	C	V	NM	NA	Incident Reports
173 3	C	V	NM	NA	Physical Exams
173 4	C	V	NM	NA	Assessments
173 5i	C	V	NM	NA	Invite to Initial ISP
173 5ii	C	V	NM	NA	Invite to Annual Update
173 5iii	C	V	NM	NA	Invite to Revision Mtg.
173 6i	C	V	NM	NA	Sig. Sheet for Initial Mtg.
173 6ii	C	V	NM	NA	Sig. Sheet for Annual Update
173 6iii	C	V	NM	NA	Sig. Sheet for Revision Mtg.
173 7	C	V	NM	NA	Current ISP
173 8i	C	V	NM	NA	Signature Sheets
173 8ii	C	V	NM	NA	Recommendations
173 8iii	C	V	NM	NA	ISP Revisions
173 8iv	C	V	NM	NA	Notice to Decline
173 8v	C	V	NM	NA	Member Requests
173 9	C	V	NM	NA	Content Discrepancies
173 10	C	V	NM	NA	RP Protocols & Records
173 11	C	V	NM	NA	Psych. Evaluations
174a	C	V	NM	NA	Records at Facility
174b	C	V	NM	NA	Most Current Copies at Facility
174c	C	V	NM	NA	Other Info Kept at Facility
175a	C	V	NM	NA	Information kept at least 4yrs.
175b	C	V	NM	NA	Records kept at least 4yrs.

176a	C	V	NM	NA	Records Locked
176b	C	V	NM	NA	Access to Records
177	C	V	NM	NA	Release of Info.

ASSESSMENT

181a	C	V	NM	NA	Initial Assess. 1yr prior/60 days
181b	C	V	NM	NA	Assess per P.S. Recommend
181c	C	V	NM	NA	Assess based on
181d	C	V	NM	NA	P.S. Sign & Date Assessment
181e1	C	V	NM	NA	Strengths, Needs, & Preferences
181e2	C	V	NM	NA	Likes, Dislikes, & Interests
181e3i	C	V	NM	NA	Acquisition of Functional Skills
181e3ii	C	V	NM	NA	Communication
181e3iii	C	V	NM	NA	Personal Adjustment
181e3iv	C	V	NM	NA	Needs w/ or w/o Assistance
181e4	C	V	NM	NA	Need for Supervision
181e5	C	V	NM	NA	Ability to Self-Admin Meds.
181e6	C	V	NM	NA	Ability to Avoid Poisons
181e7	C	V	NM	NA	Knowledge of Heat Sources
181e8	C	V	NM	NA	Ability to Evacuate
181e9	C	V	NM	NA	Disability, func. & med. limits
181e10	C	V	NM	NA	Lifetime Medical History
181e11	C	V	NM	NA	Psych Evaluations
181e12	C	V	NM	NA	Recommendations for Trainings
181e13i	C	V	NM	NA	Health Progress
181e13ii	C	V	NM	NA	Motor/Communication Progress
181e13iii	C	V	NM	NA	Personal Adjustment Progress
181e13iv	C	V	NM	NA	Socialization Progress
181e13v	C	V	NM	NA	Recreation Progress
181e13vi	C	V	NM	NA	Community Integration Progress
181e14	C	V	NM	NA	Knowledge of Water Safety/Swim
181f	C	V	NM	NA	P.S. provide Assess 30 days prior

ISP REQUIREMENTS

182a	C	V	NM	NA	One ISP
182b1	C	V	NM	NA	ISP by P.S. if only in 2380
182b2	C	V	NM	NA	ISP by P.S. if only in 2380/90
182c	C	V	NM	NA	Plan Lead Responsibilities
182d-1	C	V	NM	NA	Initial Devel. based on Assess
182d-2	C	V	NM	NA	Initial ISP w/in 90 days of DOA
182d-3	C	V	NM	NA	ISP, updates & revision in HCSIS
182d-4	C	V	NM	NA	Invitations sent 30 days prior
182d-5	C	V	NM	NA	Copies Provided

ISP CONTENT

183-1	C	V	NM	NA	Services Provided & Outcomes
183-2	C	V	NM	NA	Increase Community Involvem.
183-3	C	V	NM	NA	Current Stat. & Method of Eval.
183-4	C	V	NM	NA	Ind. w/o Supervision
183-5	C	V	NM	NA	Protocol to Address S.E.E.
183-6i	C	V	NM	NA	Assess Cause of Behaviors
183-6ii	C	V	NM	NA	Address Underlying Causes
183-6iii	C	V	NM	NA	Method & TL to Eliminate RP's
183-6iv	C	V	NM	NA	Protocol for Redirect. w/o RP's
183-7i	C	V	NM	NA	Potential with Voc. Programming
183-7ii	C	V	NM	NA	Potential with Comm. Involve.
183-7iii	C	V	NM	NA	Potential with Employment

ISP MEMBERS, REVIEW, IMPLEMENTATION

184a	C	V	NM	NA	Plan Team must Participate
184a1i	C	V	NM	NA	Individual
184a1ii	C	V	NM	NA	P.S./F.L.S. from each Provider
184a1iii	C	V	NM	NA	DSW from each Provider
184a1iv	C	V	NM	NA	Anyone the Individual Invites
184a2i	C	V	NM	NA	May Include Medical Specialist
184a2ii	C	V	NM	NA	May Include Addt. DSW's
184a2iii	C	V	NM	NA	May Include Ind. Parent/Guar/Ad
184b	C	V	NM	NA	Min. 3 Members Attend
184c	C	V	NM	NA	Attendee's Sign & Date Sheet
185a	C	V	NM	NA	ISP Implemented by Start Date
185b	C	V	NM	NA	ISP Implemented as Written
186a	C	V	NM	NA	P.S. ISP Review every 3mon.
186b	C	V	NM	NA	P.S. & Ind. Sign & Date Review
186c1	C	V	NM	NA	Review Monthly Documentation
186c2	C	V	NM	NA	Review of Each Section
186c3	C	V	NM	NA	Review & Doc. Individual's Needs
186c4i	C	V	NM	NA	Rec. Deletion of Outcome/Service
186c4ii	C	V	NM	NA	Rec. Addition of Outcome/Service
186c4iii	C	V	NM	NA	Rec. Outcome/Service w/ no Prog
186c5	C	V	NM	NA	P.S. Revised Assess per Recs.
186d	C	V	NM	NA	P.S. Provide Docs. 30 days prior
186e	C	V	NM	NA	P.S. Notify Option to Decline
186f	C	V	NM	NA	P.S. Notify Revis. Mtg. w/in 30
186g	C	V	NM	NA	Revision Implemented by Date
187	C	V	NM	NA	Copies of Plan w/in 30 Days

PROVIDER SERVICES

188a	C	V	NM	NA	Facility Provide Services
188b	C	V	NM	NA	Facility Supp. Community Integ.
188c	C	V	NM	NA	Facility Provide Services in ISP
188d	C	V	NM	NA	Age & Functionally Appropriate