

**LICENSING SCORESHEET**  
**Vocational Facilities – CHAPTER 2390 – 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  
14a C V NM NA Occupancy Permit  
14b C V NM NA Ann. Verification on File  
15a C V NM NA Sheltered/Handicapped Certs.  
15b C V NM NA Min. Wage Cert.  
15c C V NM NA Both Certificates  
16 C V NM NA Public Eat & Drink License  
17 C V NM NA Statement of Purpose  
18a C V NM NA U.I. Reporting – 24hrs.  
18b C V NM NA U.I. Reporting - Weekends  
19a C V NM NA Abuse  
19b C V NM NA Abuse Report 24hrs.  
19c C V NM NA Investig./Report/Changes  
19d C V NM NA Report to Law Enforcement  
20 C V NM NA Accident Prevention Policy  
21a C V NM NA Discrimination, Civil Rights  
21b C V NM NA Civil Rights Policy  
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 Orient. On Rights  
22a C V NM NA Governing Body

22b C V NM NA No Financial Benefits  
22c C V NM NA Conflict of Interest  
22d C V NM NA Quarterly Meeting  
22e C V NM NA Final Reports – Review/Approve  
22f C V NM NA An. Program Report – Rev/Appr.  
23 C V NM NA Sound & Ethical Practices

**STAFFING**

32a C V NM NA CEO Employed, Designee  
32b1 C V NM NA CEO - Admission/Discharge  
32b2 C V NM NA CEO - Safety of Clients  
32b3 C V NM NA CEO - Work Available  
32b4 C V NM NA CEO - Compliance with Regs  
32c C V NM NA CEO Qualifications  
33a C V NM NA 1:45 Program Specialist (PS)  
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  
33b8 C V NM NA PS - Implement ISP as written  
33b9 C V NM NA PS - Supervise, Monitor, Eval.

## **STAFFING CONT.**

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	PS Qualifications
34a	C	V	NM	NA	1 Production Manager (PM)
34b	C	V	NM	NA	PM Responsibilities
34c	C	V	NM	NA	PM Qualifications
35a	C	V	NM	NA	1:15 Floor Supervision
35b	C	V	NM	NA	Floor Sup Present
35c	C	V	NM	NA	Floor Sup Responsibilities
35d	C	V	NM	NA	Floor Sup Qualifications
36a	C	V	NM	NA	1:10 Trainer
36b	C	V	NM	NA	Trainer Responsibilities
36c	C	V	NM	NA	Trainer Qualifications
37a	C	V	NM	NA	1 Vocational Eval.(VE)
37b	C	V	NM	NA	VE Responsibilities
37c	C	V	NM	NA	VE Qualifications
38a	C	V	NM	NA	PS & Floor Sup – 10+
38b	C	V	NM	NA	Qualifications – 2 Staff
39a	C	V	NM	NA	2 Staff Present – 10+
39b	C	V	NM	NA	1 Staff Present – 10-
39c	C	V	NM	NA	PS Qualifications – 20+
39d	C	V	NM	NA	Unsupervised – if in ISP
39e	C	V	NM	NA	Staff Qual./Ratio as in ISP
39f	C	V	NM	NA	Unsupervised For Convien.
40a	C	V	NM	NA	New Staff Orientation
40b	C	V	NM	NA	24 Hrs. Staff Training
40c	C	V	NM	NA	Training Records

## **PHYSICAL SITE**

51	C	V	NM	NA	Handicap Accommodations
52a	C	V	NM	NA	80 Sq. Ft./Ind. – heavy work
52b	C	V	NM	NA	60 Sq. Ft./Ind. – light work
52c	C	V	NM	NA	Measurements
52d	C	V	NM	NA	Separate Space
53	C	V	NM	NA	Outside Walls - Hazards
54	C	V	NM	NA	Combustible Materials
55a	C	V	NM	NA	Trash Removed Weekly
55b	C	V	NM	NA	Insects/Rodents
56	C	V	NM	NA	Hot & Cold Water
57	C	V	NM	NA	Indoor Temp. 65° - 90°
58	C	V	NM	NA	Telephone
59	C	V	NM	NA	Emergency Numbers Posted
60a	C	V	NM	NA	First Aid Area
60b	C	V	NM	NA	First Aid Equipment
60c	C	V	NM	NA	First Aid Access to Staff
60d	C	V	NM	NA	First Aid Contents
61	C	V	NM	NA	Surfaces free of Hazards
62	C	V	NM	NA	Sanitary Conditions
63	C	V	NM	NA	Adequate Lighting
64	C	V	NM	NA	Handrails

65	C	V	NM	NA	Stairs – Non-Skid Surfaces
66	C	V	NM	NA	Landings
67	C	V	NM	NA	Conditions Safe & Sanitary
68	C	V	NM	NA	Hazardous Equip. Guards & Safe
69	C	V	NM	NA	Protective Equip. Worn
70	C	V	NM	NA	Equip. Special Signals
71a	C	V	NM	NA	Ventilation
71b	C	V	NM	NA	Toxic fumes/dust/odor
72a	C	V	NM	NA	Aisles Unobstructed
72b	C	V	NM	NA	Work Aisles 36 In. Wide
72c	C	V	NM	NA	2 Staff Present – 10+
73	C	V	NM	NA	Elevator Approved
74a	C	V	NM	NA	Handicap Lavatories
74b	C	V	NM	NA	1:30 Toilet Ratio
74c	C	V	NM	NA	Men & Women Separate Lavs
74d	C	V	NM	NA	Lavatories Required Equip.
75a1	C	V	NM	NA	Food Protection & Storage
75a2	C	V	NM	NA	Food Temps
75a3	C	V	NM	NA	Dishwasher for all Dishes
75a4	C	V	NM	NA	Dishwasher Temp
75a5	C	V	NM	NA	Dishwasher used per Instrucs.
75b	C	V	NM	NA	Dining Area
75b1	C	V	NM	NA	Cleanliness
75b2	C	V	NM	NA	Table & Chairs

## **FIRE SAFETY**

81	C	V	NM	NA	Unobstructed Exits
82a	C	V	NM	NA	Emergency Evacuation Proc.
82b	C	V	NM	NA	Fire Safety Insp. Notification
83a	C	V	NM	NA	Operable Fire Alarms
83b	C	V	NM	NA	Fire Alarms Checked Monthly, Doc.
83c	C	V	NM	NA	Notific. For Repair 24 Hrs., Doc.
84a	C	V	NM	NA	10 ABC Fire Extinguishers
84b	C	V	NM	NA	Fire Extinguisher - 100 Ft.
84c	C	V	NM	NA	10B Fire Extinguisher - Kitchen
84d	C	V	NM	NA	Under 45 lbs. - Mounted
84e	C	V	NM	NA	Over 45 lbs. – Wheeled Unit
84f	C	V	NM	NA	Fire Extinguisher - Accessible
84g	C	V	NM	NA	Fire Extinguisher – Inspect/Approv
85a	C	V	NM	NA	Fire Drill every 90 days, Doc.
85b	C	V	NM	NA	Fire Drills – Diff Times/Loc.
85c	C	V	NM	NA	Fire Drills – Clients Evac.
85d	C	V	NM	NA	Fire Alarms Tested
86	C	V	NM	NA	Signs, Exits marked, tactile, ¾"
87	C	V	NM	NA	Fire Safety Training, Document.

## **HEALTH**

101	C	V	NM	NA	Communicable Disease
102	C	V	NM	NA	First Aid Tech. Staff Cert, Doc.
103	C	V	NM	NA	Emergency Medical Plan
103 1	C	V	NM	NA	Source of Health Care
103 2	C	V	NM	NA	Method of Transportation
103 3	C	V	NM	NA	Staffing Plan
104 1	C	V	NM	NA	Contact info - Emerg. Contacts
104 2	C	V	NM	NA	Contact info – Health Care
104 3	C	V	NM	NA	Consent for Medical Treatment
104 4	C	V	NM	NA	Med Info – Diag/Treatment

## **ADMISSION AND PLACEMENT**

111a	C	V	NM	NA	Preadmission Interview
111b	C	V	NM	NA	Notified 30 days, Reasons Y/N
111c	C	V	NM	NA	Kept on File for 3 years
112a	C	V	NM	NA	Client Orientation, Doc. Record
112b	C	V	NM	NA	Written Info, Signed, Record
113a	C	V	NM	NA	Arrangement for Placement Serv.
113b	C	V	NM	NA	Placement Serv – Staff Resp.
113c1	C	V	NM	NA	Placement Serv – Employ. Info
113c2	C	V	NM	NA	Placement Serv - Notifications
113c3	C	V	NM	NA	Placement Serv – Client Prep
113c4	C	V	NM	NA	Placement Serv – Client’s Abil.
113c5	C	V	NM	NA	Placement Serv – Follow up
113d	C	V	NM	NA	Doc – Competitive Employ
113e	C	V	NM	NA	Placement Serv - Components

## **CLIENT RECORDS**

121	C	V	NM	NA	Record, leg. Date/signed
122	C	V	NM	NA	Records at Facility, 3 yrs.
123	C	V	NM	NA	Confidential & Locked
124 1	C	V	NM	NA	Name, sex, DOB, etc.
124 2	C	V	NM	NA	Name & Address
124 3	C	V	NM	NA	Name, Phone Num. of Phys.
124 4	C	V	NM	NA	Written Consent
124 5	C	V	NM	NA	Physical Exam
124 6	C	V	NM	NA	Assessment
124 7	C	V	NM	NA	Voc. Evaluation
124 8i	C	V	NM	NA	Invite – Initial Meeting
124 8ii	C	V	NM	NA	Invite – Ann. Update
124 8iii	C	V	NM	NA	Invite – ISP Review Meeting
124 9i	C	V	NM	NA	Sign Sheet – Initial ISP
124 9ii	C	V	NM	NA	Sign Sheet – Ann. Update
124 9iii	C	V	NM	NA	Sign Sheet – ISP Review
124 10	C	V	NM	NA	Current ISP
124 11	C	V	NM	NA	Doc of ISP review/revise
124 11i	C	V	NM	NA	ISP Review Sign Sheet
124 11ii	C	V	NM	NA	Recs to revise ISP
124 11iii	C	V	NM	NA	ISP Revision
123 11iv	C	V	NM	NA	Notice PT may decline
123 11v	C	V	NM	NA	Req. from PT not to rec.
124 12	C	V	NM	NA	Content Discrepancies
124 13	C	V	NM	NA	Restrictive Procedures
124 14	C	V	NM	NA	Unusual Incident Reports
124 15	C	V	NM	NA	Psych Eval.
124 16	C	V	NM	NA	Vocational Evals.
125	C	V	NM	NA	Record Policy
126a	C	V	NM	NA	Client/Parent/Guard. Access
126b	C	V	NM	NA	Facility Responsible
127	C	V	NM	NA	Written Consent – Release Info

## **HANDICAPPED EMPLOYMENT**

142	C	V	NM	NA	Applicable Requirements
143a	C	V	NM	NA	Work Perform. Revise Comp.
143b1	C	V	NM	NA	WPR – Quality & Control
143b2	C	V	NM	NA	WPR – Changes in Prod.
143b3	C	V	NM	NA	WPR – Up Move / Comp. Employ
143b4	C	V	NM	NA	WPR – Work related prob.
143c	C	V	NM	NA	WPR – Copy Provided

144 C V NM NA 1:20 Floor Ratio

## **ASSESSMENT**

151a	C	V	NM	NA	Initial – 1 yr PR/60 days
151b	C	V	NM	NA	PS Recommend Service
151c	C	V	NM	NA	Assessment
151d	C	V	NM	NA	PS Sign & Date
151e1	C	V	NM	NA	Strengths, Needs, Pref.
151e2	C	V	NM	NA	Likes, Dislikes, Interests
151e3i	C	V	NM	NA	Acq. Voc. Skills
151e3ii	C	V	NM	NA	Communication
151e3iii	C	V	NM	NA	Personal Adjustment
151e3iv	C	V	NM	NA	Needs with, w/o assist
151e4	C	V	NM	NA	Supervision
151e5	C	V	NM	NA	Ability to Self-Ad. Meds
151e6	C	V	NM	NA	Avoid Poisons
151e7	C	V	NM	NA	Know of Heat Sources
151e8	C	V	NM	NA	Evac. in Fire
151e9	C	V	NM	NA	Doc. Of Disability
151e10	C	V	NM	NA	Lifetime Med.
151e11	C	V	NM	NA	Psych Eval.
151e12	C	V	NM	NA	Rec. Training, Etc.
151e13i	C	V	NM	NA	Health
151e13ii	C	V	NM	NA	Motor & Comm. Skills
151e13iii	C	V	NM	NA	Socialization
151e13iv	C	V	NM	NA	Vocational Skills
151f	C	V	NM	NA	Assess 30 days prior

## **ANNUAL UPDATE/RENEWAL ISP**

152a	C	V	NM	NA	One ISP
152b	C	V	NM	NA	Plan Lead
152c	C	V	NM	NA	Lead Develop/Implement
152d1	C	V	NM	NA	Initial Plan Developed
152d2	C	V	NM	NA	Likes/Dislikes/Interests
152d3	C	V	NM	NA	Functional Skills
152d4	C	V	NM	NA	Communication
152d5	C	V	NM	NA	Personal Adjustment

## **ISP CONTENT**

153 1	C	V	NM	NA	Services & Outcomes
153 2	C	V	NM	NA	Services to Increase Skills
153 3	C	V	NM	NA	Current Status & Eval. Method
153 4	C	V	NM	NA	Supervision
153 5	C	V	NM	NA	S.E.E. Plan
153 6i	C	V	NM	NA	Restrictive Procedure Plan
153 6ii	C	V	NM	NA	Assess Causes of Behavior
153 6iii	C	V	NM	NA	Protocol for Intervention
153 6iv	C	V	NM	NA	RP Timeline
153 7i	C	V	NM	NA	Advance in Voc. Programs
153 7ii	C	V	NM	NA	Advance in Compet. Employ.

## **ISP PARTICIPATION**

154a	C	V	NM	NA	Team Participation
154a1i	C	V	NM	NA	Individual
154a1ii	C	V	NM	NA	PS for Fam Living Specialist
154a1iii	C	V	NM	NA	Direct Service Worker
154a1iv	C	V	NM	NA	Others Ind. Chooses
154a2i	C	V	NM	NA	Medical Professional
154a2ii	C	V	NM	NA	Additional DSW

### **ISP PARTICIPATION CONT.**

154a2iii C V NM NA Parent/Guard/Advocate  
154b C V NM NA Min. 3 members  
154c C V NM NA Sign & Date Attendance

### **ISP IMPLEMENTATION**

155a C V NM NA Implementation by Start  
155b C V NM NA Implemented as Written

### **ISP REVIEW & REVISION**

156a C V NM NA Quarterly Review  
156b C V NM NA PS/Ind. Sign/Date  
156c1 C V NM NA Monthly Review  
156c2 C V NM NA Entire ISP Review as app.  
156c3 C V NM NA Document Change in need  
156c4i C V NM NA Deletion per Accomplishment  
156c4ii C V NM NA Add an Outcome/Service  
156c4iii C V NM NA Modify an Outcome/Serv.  
156c5 C V NM NA Revise Assessment  
156d C V NM NA Quarterly Rev. to SC/Team  
156e C V NM NA Notification to Decline Rev.  
156f C V NM NA 30Day Invite to Revis. Mtg  
156g C V NM NA Change Effective by Start  
157 C V NM NA 5 Copies to team, 30 days

---

### **PROVIDER SERVICES**

158a C V NM NA Home Provide Services  
158b C V NM NA Home Provide Comm. Life  
158c C V NM NA Services as Specified  
158d C V NM NA Age Appropriate

### **VOCATIONAL EVALUATION**

159 1 C V NM NA Day Services Provided  
159 2 C V NM NA Physician Serv. at Home  
159 3i C V NM NA Team Approved  
159 3ii C V NM NA FLH  
159 3iii C V NM NA Away From FLH  
159 3iv C V NM NA Time Away from Home  
159 3v C V NM NA Doc. Of Rec/Soc. Activities  
159 3vi C V NM NA Day Services Provided  
159 3vii C V NM NA Physician Serv. at Home  
159 3viii C V NM NA Team Approved  
159 4 C V NM NA FLH  
159 4i C V NM NA Away From FLH  
159 4ii C V NM NA Time Away from Home