

**LICENSING SCORESHEET**  
**Family Living Homes – CHAPTER 6500 – 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 To Home: \_\_\_\_\_

Name of Legal Entity: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ License Capacity: \_\_\_\_\_ Current Census: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Total Bedrooms: \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_ 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                     |
| 14  | C | V | NM | NA | Max Capacity                   |
| 15a | C | V | NM | NA | Agency Resp. Compliance        |
| 15b | C | V | NM | NA | Home Resp. Compliance          |
| 16  | C | V | NM | NA | Occupancy Permit               |
| 17a | C | V | NM | NA | Self-Assessment                |
| 17b | C | V | NM | NA | L.I.I. Used                    |
| 17c | C | V | NM | NA | L.I.I. Results                 |
| 18  | C | V | NM | NA | Abuse                          |
| 19  | C | V | NM | NA | Reporting to Childline         |
| 20b | C | V | NM | NA | Unusual Incidents Policy       |
| 20c | C | V | NM | NA | UI Oral Notice - 24 Hrs.       |
| 20d | C | V | NM | NA | UI Report - 72 Hrs.            |
| 20e | C | V | NM | NA | Final UI Report                |
| 20f | C | V | NM | NA | UI Report - Ind. Record        |
| 20g | C | V | NM | NA | UI Reports Kept                |
| 20h | C | V | NM | NA | Family Notification - UI       |
| 21a | C | V | NM | NA | Death Report - 24 Hrs.         |
| 21b | C | V | NM | NA | Investigation of Unusual Death |
| 21c | C | V | NM | NA | Death Report - Ind. Rec.       |
| 21d | C | V | NM | NA | Family Notification - Death    |
| 22  | C | V | NM | NA | Incident Record                |

|      |   |   |    |    |                                |
|------|---|---|----|----|--------------------------------|
| 23a  | C | V | NM | NA | PSP Clearance prior            |
| 23b  | C | V | NM | NA | FBI Clearance prior            |
| 23c  | C | V | NM | NA | a and b if 17yrs+ in home      |
| 23d  | C | V | NM | NA | Criminal Clearance – 1 yr      |
| 23e  | C | V | NM | NA | PSP/FBI Clearance Copies       |
| 23f  | C | V | NM | NA | Child Abuse Clearance          |
| 24a  | C | V | NM | NA | Funds and Property             |
| 24b  | C | V | NM | NA | Financial Policy – Ind. Rights |
| 24c  | C | V | NM | NA | Ind. Funds – Ind. Benefit      |
| 24d1 | C | V | NM | NA | Financial/Prop. Record         |
| 24d2 | C | V | NM | NA | Disbursements Records          |
| 24e1 | C | V | NM | NA | Deposit/Withdrawal Records     |
| 24e2 | C | V | NM | NA | Funds to Ind. Records          |
| 24e3 | C | V | NM | NA | Receipt over \$15              |
| 24f  | C | V | NM | NA | Comingling of Ind. Funds       |
| 24g  | C | V | NM | NA | Borrowing Ind. Funds           |

**INDIVIDUAL RIGHTS**

|     |   |   |    |    |                    |
|-----|---|---|----|----|--------------------|
| 31a | C | V | NM | NA | Ind. Informed      |
| 31b | C | V | NM | NA | Signed Statement   |
| 31c | C | V | NM | NA | Exercise Rights    |
| 32  | C | V | NM | NA | Deprived of Rights |
| 33a | C | V | NM | NA | Neglect, Abuse     |

|      |   |   |    |    |                              |
|------|---|---|----|----|------------------------------|
| 33b  | C | V | NM | NA | Research Projects            |
| 33c  | C | V | NM | NA | Manage Own Finances          |
| 33d  | C | V | NM | NA | Program Planning             |
| 33e  | C | V | NM | NA | Privacy                      |
| 33f  | C | V | NM | NA | Personal Property            |
| 33g  | C | V | NM | NA | Visitors, Communication      |
| 33h  | C | V | NM | NA | Telephone Access             |
| 33i  | C | V | NM | NA | Mail                         |
| 33j  | C | V | NM | NA | Voting                       |
| 33k  | C | V | NM | NA | Religion                     |
| 33l  | C | V | NM | NA | No Excess Meds.              |
| 33m  | C | V | NM | NA | Required to Work             |
| 34a  | C | V | NM | NA | Discrimination               |
| 34b  | C | V | NM | NA | Civil Rights Policies        |
| 34b1 | C | V | NM | NA | Policies - Nondiscrimination |
| 34b2 | C | V | NM | NA | Policies - Accessibility     |
| 34b3 | C | V | NM | NA | Policies - Complaints        |
| 34b4 | C | V | NM | NA | Policies - Rights            |

### **STAFFING**

|       |   |   |    |    |                                   |
|-------|---|---|----|----|-----------------------------------|
| 42a   | C | V | NM | NA | CEO                               |
| 42b   | C | V | NM | NA | CEO - Responsibilities            |
| 42b1  | C | V | NM | NA | CEO - Policies                    |
| 42b2  | C | V | NM | NA | CEO - Admission/Discharge         |
| 42b3  | C | V | NM | NA | CEO - Safety of Ind.              |
| 42b4  | C | V | NM | NA | CEO - Regs. Compliance            |
| 42c   | C | V | NM | NA | CEO - Qualifications              |
| 43a   | C | V | NM | NA | Family Living Spec (FLS)          |
| 43b   | C | V | NM | NA | FLS – 8 Homes                     |
| 43c   | C | V | NM | NA | FLS – 16 Inds.                    |
| 43d   | C | V | NM | NA | FLS - Program                     |
| 43d1  | C | V | NM | NA | FLS - Assessments                 |
| 43d2  | C | V | NM | NA | FLS – Provide Assessments         |
| 43d3  | C | V | NM | NA | FLS – Participate in ISPs/Reviews |
| 43d4  | C | V | NM | NA | FLS – Attend ISP                  |
| 43d5  | C | V | NM | NA | FLS – Plan Lead                   |
| 43d6  | C | V | NM | NA | FLS – ISP Review for Accuracy     |
| 43d7  | C | V | NM | NA | FLS – Content Discrepancy         |
| 43d8  | C | V | NM | NA | FLS – ISP Implementation          |
| 43d9  | C | V | NM | NA | FLS – ISP Services                |
| 43d10 | C | V | NM | NA | FLS – Monthly Review              |
| 43d11 | C | V | NM | NA | FLS – Report Need Changes         |
| 43d12 | C | V | NM | NA | FLS – Review ISP with Ind.        |
| 43d13 | C | V | NM | NA | FLS – Document Review of ISP      |
| 43d14 | C | V | NM | NA | FLS – ISP Review to SC/Team       |
| 43d15 | C | V | NM | NA | FLS – Declination Option to Team  |
| 43d16 | C | V | NM | NA | FLS – Recommend ISP Revision      |
| 43d17 | C | V | NM | NA | FLS – Coordinate Services         |
| 43d18 | C | V | NM | NA | FLS – Coordinate Fam. Support     |
| 43d19 | C | V | NM | NA | FLS – Train Health & Safety Need  |
| 43d20 | C | V | NM | NA | FLS – Develop Provider Services   |
| 43e   | C | V | NM | NA | Qualifications                    |

### **SUPERVISION**

|     |   |   |    |    |                     |
|-----|---|---|----|----|---------------------|
| 44a | C | V | NM | NA | Supervision         |
| 44b | C | V | NM | NA | Unsupervised        |
| 44c | C | V | NM | NA | FLS Accessible      |
| 44d | C | V | NM | NA | Supervision Per ISP |

|     |   |   |    |    |                                  |
|-----|---|---|----|----|----------------------------------|
| 44e | C | V | NM | NA | Staff Qualifications & Ratios    |
| 44f | C | V | NM | NA | Ind. Unsupervised                |
| 45a | C | V | NM | NA | Pre Service 24 Hrs. An. Training |
| 45b | C | V | NM | NA | Prior & An. First Aid/Heimlich   |
| 45c | C | V | NM | NA | Prior & An. CPR                  |
| 46a | C | V | NM | NA | 24 Hr. An. Training for FLP      |
| 46b | C | V | NM | NA | 24 Hr. An. Training for FLS      |
| 47  | C | V | NM | NA | Training Records                 |

### **PHYSICAL SITE**

|      |   |   |    |    |                               |
|------|---|---|----|----|-------------------------------|
| 61a  | C | V | NM | NA | Special Accommodations        |
| 61b  | C | V | NM | NA | Adaptive Equip.               |
| 62a  | C | V | NM | NA | Poisons Locked                |
| 62b  | C | V | NM | NA | Documentation                 |
| 62c  | C | V | NM | NA | Poisons Original Containers   |
| 62d  | C | V | NM | NA | Poisons Separate from Food    |
| 63a  | C | V | NM | NA | Heat Sources                  |
| 63b  | C | V | NM | NA | Documentation                 |
| 64a  | C | V | NM | NA | Clean and Sanitary            |
| 64b  | C | V | NM | NA | Insects/Rodents               |
| 64c  | C | V | NM | NA | Trash Removal                 |
| 65   | C | V | NM | NA | Ventilation                   |
| 66   | C | V | NM | NA | Lighting                      |
| 67   | C | V | NM | NA | Surfaces – Hazard Free        |
| 68a  | C | V | NM | NA | Running Water                 |
| 68b  | C | V | NM | NA | Hot Water - 120°              |
| 68c  | C | V | NM | NA | Documentation                 |
| 69a  | C | V | NM | NA | 62° Non-Sleeping              |
| 69b  | C | V | NM | NA | 55° Sleeping                  |
| 69c  | C | V | NM | NA | 85° Mechanical Vent           |
| 69d  | C | V | NM | NA | Different Indoor Temp.        |
| 70   | C | V | NM | NA | Telephone                     |
| 71   | C | V | NM | NA | Emergency Numbers             |
| 72a  | C | V | NM | NA | Windows/Doors Screened        |
| 72b  | C | V | NM | NA | Screens – Good Repair         |
| 73   | C | V | NM | NA | Handrails                     |
| 74   | C | V | NM | NA | Nonskid Surfaces              |
| 75a  | C | V | NM | NA | Landings                      |
| 75b  | C | V | NM | NA | Landing Width                 |
| 76   | C | V | NM | NA | Furniture Safe, Clean, Sturdy |
| 77   | C | V | NM | NA | First Aid Materials           |
| 78a  | C | V | NM | NA | Outside Walkway               |
| 78b  | C | V | NM | NA | Outside Conditions            |
| 79a  | C | V | NM | NA | Bedrooms in Basement          |
| 79b  | C | V | NM | NA | 50 Sq. Ft./60 Sq. Ft.         |
| 79c  | C | V | NM | NA | Window in Bedrooms            |
| 79d  | C | V | NM | NA | Curtains/Shades               |
| 79e  | C | V | NM | NA | Doors for Privacy             |
| 79f1 | C | V | NM | NA | Bed                           |
| 79f2 | C | V | NM | NA | Mattress/Foundation           |
| 79f3 | C | V | NM | NA | Pillows, Linens               |
| 79f4 | C | V | NM | NA | Chest of Drawers              |
| 79f5 | C | V | NM | NA | Closet Space                  |
| 79g  | C | V | NM | NA | Cribs with Domes              |
| 79h  | C | V | NM | NA | Share Bedroom w/ Other Gender |
| 80a  | C | V | NM | NA | Toilets/Tubs/Shower           |
| 80b  | C | V | NM | NA | Privacy in Bathroom           |
| 80c  | C | V | NM | NA | Bathroom Items                |
| 80d  | C | V | NM | NA | Towel, Washcloth, Toothbrush  |

|     |   |   |    |    |                         |
|-----|---|---|----|----|-------------------------|
| 81a | C | V | NM | NA | Kitchen Area/Contents   |
| 81b | C | V | NM | NA | Utensils Washed         |
| 82  | C | V | NM | NA | Laundry Clean           |
| 83a | C | V | NM | NA | In-Ground Pool          |
| 83b | C | V | NM | NA | Above Ground Pool       |
| 83c | C | V | NM | NA | Swimming Pool Locked    |
| 84  | C | V | NM | NA | Firearms and Ammunition |

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### **FIRE SAFETY**

|      |   |   |    |    |                                  |
|------|---|---|----|----|----------------------------------|
| 101  | C | V | NM | NA | Unobstructed Egress              |
| 102  | C | V | NM | NA | Combustible Supplies             |
| 103  | C | V | NM | NA | Furnace Cleaned                  |
| 104  | C | V | NM | NA | Portable Space Heaters           |
| 105a | C | V | NM | NA | Wood/Coal Stoves Inspected       |
| 105b | C | V | NM | NA | Wood/Coal Stoves Cleaned         |
| 106a | C | V | NM | NA | Fireplace Guards                 |
| 106b | C | V | NM | NA | Fireplaces Cleaned               |
| 107a | C | V | NM | NA | Smoke Detector per Floor         |
| 107b | C | V | NM | NA | Common Areas                     |
| 107c | C | V | NM | NA | UL or L&I Approved               |
| 107d | C | V | NM | NA | Detectors Checked                |
| 108a | C | V | NM | NA | 2A Ext. Per Floor                |
| 108b | C | V | NM | NA | 2A-10BC Ext. in Kitchen          |
| 108c | C | V | NM | NA | Extinguisher UL/FMS Approved     |
| 108d | C | V | NM | NA | Fire Ext. Accessible             |
| 109a | C | V | NM | NA | Fire Drill – 3 Months            |
| 109b | C | V | NM | NA | Fire Drill – 6 Months            |
| 109c | C | V | NM | NA | Documentation of Ability to Exit |
| 109d | C | V | NM | NA | Fire Drill Record                |
| 109e | C | V | NM | NA | Fire Drill – Sleeping Hours      |
| 109f | C | V | NM | NA | Alternate Exit Routes            |
| 109g | C | V | NM | NA | Fire Drills – Days/Times         |
| 109h | C | V | NM | NA | Meeting Place                    |
| 109i | C | V | NM | NA | Detector Set Off                 |
| 110a | C | V | NM | NA | Fire Safety Training             |
| 110b | C | V | NM | NA | Training Plan Content            |
| 110c | C | V | NM | NA | Training Completed               |
| 110d | C | V | NM | NA | Record of Training               |

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### **INDIVIDUAL HEALTH**

|        |   |   |    |    |                              |
|--------|---|---|----|----|------------------------------|
| 121a   | C | V | NM | NA | Ind. Physical                |
| 121b   | C | V | NM | NA | Physician Sign/Date          |
| 121c1  | C | V | NM | NA | Medical History              |
| 121c2  | C | V | NM | NA | General Physical             |
| 121c3  | C | V | NM | NA | Immunizations Adults         |
| 121c4  | C | V | NM | NA | Vision/Hearing Screen Adults |
| 121c5  | C | V | NM | NA | Immun. Screening Child.      |
| 121c6  | C | V | NM | NA | TB Testing                   |
| 121c7  | C | V | NM | NA | Gyn. Exam                    |
| 121c8  | C | V | NM | NA | Mammogram                    |
| 121c9  | C | V | NM | NA | Prostate Exam                |
| 121c10 | C | V | NM | NA | Communicable Disease         |
| 121c11 | C | V | NM | NA | Health Maintenance           |
| 121c12 | C | V | NM | NA | Physical Limits              |
| 121c13 | C | V | NM | NA | Allergies, Cont. Meds        |
| 121c14 | C | V | NM | NA | Emergency Information        |
| 121c15 | C | V | NM | NA | Diet Instructions            |
| 121d   | C | V | NM | NA | RN/LPN Test                  |

|      |   |   |    |    |                              |
|------|---|---|----|----|------------------------------|
| 122a | C | V | NM | NA | Dental Exam                  |
| 122b | C | V | NM | NA | Dental if Meds.              |
| 122c | C | V | NM | NA | Dental Exam Records          |
| 122d | C | V | NM | NA | Teeth Cleaning               |
| 122e | C | V | NM | NA | Follow Up Dental Work        |
| 123a | C | V | NM | NA | Refusal of Treatment         |
| 123b | C | V | NM | NA | Consent if Serious Condition |
| 124  | C | V | NM | NA | Health Services              |

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### **FAMILY HEALTH**

|       |   |   |    |    |                      |
|-------|---|---|----|----|----------------------|
| 125a  | C | V | NM | NA | Staff Physicals      |
| 125b  | C | V | NM | NA | Physician Sign/Date  |
| 125c1 | C | V | NM | NA | General Physical     |
| 125c2 | C | V | NM | NA | TB Testing           |
| 125c3 | C | V | NM | NA | Communicable Disease |
| 125c4 | C | V | NM | NA | Medical Problems     |
| 126a  | C | V | NM | NA | Specific Precautions |
| 126b  | C | V | NM | NA | Precautions Followed |

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### **MEDICATIONS**

|      |   |   |    |    |                                   |
|------|---|---|----|----|-----------------------------------|
| 131a | C | V | NM | NA | Original Containers               |
| 131b | C | V | NM | NA | Meds. Locked                      |
| 131c | C | V | NM | NA | Refrigerated Meds. Locked         |
| 131d | C | V | NM | NA | Storage Containers                |
| 131e | C | V | NM | NA | Disposal of Meds.                 |
| 132a | C | V | NM | NA | Meds. Labels                      |
| 132b | C | V | NM | NA | Nonpres. – Original Labels        |
| 132A | C | V | NM | NA | Labeling - Statement of Policy    |
| 133a | C | V | NM | NA | Use of Meds                       |
| 133b | C | V | NM | NA | Protocol Diag. Psych. Illness     |
| 133c | C | V | NM | NA | 3 Month review of Psych Meds      |
| 133A | C | V | NM | NA | Use of Meds - Statement of Policy |
| 134a | C | V | NM | NA | Medication Logs                   |
| 134b | C | V | NM | NA | Logged Immediately                |
| 134c | C | V | NM | NA | Meds. Records for SA              |
| 134A | C | V | NM | NA | Med Log - Statement of Policy     |
| 135  | C | V | NM | NA | Doc. Of Med Errors                |
| 136  | C | V | NM | NA | Adv. Reaction – Notific./ Record  |
| 136A | C | V | NM | NA | Adv. React. - Statement of Policy |
| 137a | C | V | NM | NA | Meds. Admin per Instructions      |
| 137b | C | V | NM | NA | Insulin Pre-Measured              |
| 138a | C | V | NM | NA | Training by Phys.                 |
| 138b | C | V | NM | NA | Insulin Training                  |
| 138c | C | V | NM | NA | Documentation of Training         |

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### **NUTRITION**

|     |   |   |    |    |                  |
|-----|---|---|----|----|------------------|
| 141 | C | V | NM | NA | Food Protected   |
| 142 | C | V | NM | NA | 3 Meals Per Day  |
| 143 | C | V | NM | NA | Quantity of Food |
| 144 | C | V | NM | NA | 4 Food Groups    |

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### **ASSESSMENT**

|       |   |   |    |    |                          |
|-------|---|---|----|----|--------------------------|
| 151a  | C | V | NM | NA | Initial/An. Assessment   |
| 151b  | C | V | NM | NA | Service Revision Assess. |
| 151c  | C | V | NM | NA | Basis of Assessment      |
| 151d  | C | V | NM | NA | FLS Sign Date            |
| 151e1 | C | V | NM | NA | Strengths/Needs/Pref.    |

|            |   |   |    |    |                          |
|------------|---|---|----|----|--------------------------|
| 151e2      | C | V | NM | NA | Likes/Dislikes/Interests |
| 151e3i     | C | V | NM | NA | Functional Skills        |
| 151e3ii    | C | V | NM | NA | Communication            |
| 151e3iii   | C | V | NM | NA | Personal Adjustment      |
| 151e3iv    | C | V | NM | NA | Personal Needs           |
| 151e4      | C | V | NM | NA | Supervision Needs        |
| 151e5      | C | V | NM | NA | Self Admin. Of Meds.     |
| 151e6      | C | V | NM | NA | Poisons                  |
| 151e7      | C | V | NM | NA | Heat Sources             |
| 151e8      | C | V | NM | NA | Self-Evaluate            |
| 151e9      | C | V | NM | NA | Doc. of Disability       |
| 151e10     | C | V | NM | NA | Lifetime Med History     |
| 151e11     | C | V | NM | NA | Psych. Eval.             |
| 151e12     | C | V | NM | NA | Recommendations          |
| 151e13i    | C | V | NM | NA | Progress - Health        |
| 151e13ii   | C | V | NM | NA | Motor/Communication      |
| 151e13iii  | C | V | NM | NA | Daily Living             |
| 151e13iv   | C | V | NM | NA | Personal Adjustment      |
| 151e13v    | C | V | NM | NA | Socialization            |
| 151e13vi   | C | V | NM | NA | Recreation               |
| 151e13vii  | C | V | NM | NA | Financial Independence   |
| 151e13viii | C | V | NM | NA | Manage Pers. Property    |
| 151e13ix   | C | V | NM | NA | Community Integration    |
| 151e14     | C | V | NM | NA | Water/Swim Safety        |
| 151f       | C | V | NM | NA | Assessment to SC         |

### **ISP DEVELOPMENT**

|       |   |   |    |    |                                |
|-------|---|---|----|----|--------------------------------|
| 152a  | C | V | NM | NA | One Plan                       |
| 152b  | C | V | NM | NA | P.S. Plan Lead                 |
| 152c  | C | V | NM | NA | Lead Dev. & Imp. Plan          |
| 152d1 | C | V | NM | NA | Plan Lead Develop Initial Plan |
| 152d2 | C | V | NM | NA | Developed w/in 90 days         |
| 152d3 | C | V | NM | NA | HCSIS form                     |
| 152d4 | C | V | NM | NA | Invitation to PT w/in 30 days  |
| 152d5 | C | V | NM | NA | Copies                         |

### **ISP CONTENT**

|           |   |   |    |    |                                 |
|-----------|---|---|----|----|---------------------------------|
| 1531      | C | V | NM | NA | Services & Outcomes             |
| 1532      | C | V | NM | NA | Increase Commun. Involv.        |
| 1533      | C | V | NM | NA | Current Status & Eval. Method   |
| 1534      | C | V | NM | NA | Protocol for Unsup. Time        |
| 1535      | C | V | NM | NA | Protocol for Psych Symptoms     |
| 153 6 i   | C | V | NM | NA | Assess. cause/ant. of Behav.    |
| 153 6 ii  | C | V | NM | NA | Protocol to assess              |
| 153 6 iii | C | V | NM | NA | Method/Timeline to Elim. Pro.   |
| 153 6 iv  | C | V | NM | NA | Protocol to Avoid Restraint     |
| 153 7 i   | C | V | NM | NA | Potential - Residential Indep.  |
| 153 7 ii  | C | V | NM | NA | Potential – Comm. Involvement   |
| 153 7 iii | C | V | NM | NA | Potential – Voc. Programming    |
| 153 7 iv  | C | V | NM | NA | Potential - Competitive Employ. |

### **ISP PARTICIPATION**

|          |   |   |    |    |                         |
|----------|---|---|----|----|-------------------------|
| 154a     | C | V | NM | NA | Plan Team Participation |
| 154a1i   | C | V | NM | NA | Individual              |
| 154a1ii  | C | V | NM | NA | Specialist/FLS          |
| 154a1iii | C | V | NM | NA | Direct Service Worker   |
| 154a1iv  | C | V | NM | NA | Others Ind. Chooses     |
| 154a2i   | C | V | NM | NA | Medical Professionals   |
| 154a2ii  | C | V | NM | NA | Additional DSW          |

|          |   |   |    |    |                         |
|----------|---|---|----|----|-------------------------|
| 154a2iii | C | V | NM | NA | Ind. Parent/Guard./Adv. |
| 154b     | C | V | NM | NA | Min. 3 Team Members     |
| 154c     | C | V | NM | NA | Sign/Date               |

### **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 | FLS/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             |

### **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         |

### **DAY SERVICES**

|       |   |   |    |    |                         |
|-------|---|---|----|----|-------------------------|
| 159a  | C | V | NM | NA | Day Services Provided   |
| 159b1 | C | V | NM | NA | Physician Serv. at Home |
| 159b2 | C | V | NM | NA | Team Approved           |

### **RECREATIONAL & SOCIAL ACTIVITES**

|       |   |   |    |    |                             |
|-------|---|---|----|----|-----------------------------|
| 160a1 | C | V | NM | NA | FLH                         |
| 160a2 | C | V | NM | NA | Away From FLH               |
| 160b  | C | V | NM | NA | Time Away from Home         |
| 160c  | C | V | NM | NA | Doc. Of Rec/Soc. Activities |

### **RESTRICTIVE PROCEDURES**

|       |   |   |    |    |                             |
|-------|---|---|----|----|-----------------------------|
| 162   | C | V | NM | NA | Policy                      |
| 163a  | C | V | NM | NA | Retribution, Convenience    |
| 163b1 | C | V | NM | NA | Anticipate/De-Escalate      |
| 163b2 | C | V | NM | NA | Less Restrictive Techniques |
| 164a  | C | V | NM | NA | Review Committee            |
| 164b  | C | V | NM | NA | Committee Composition       |
| 164c  | C | V | NM | NA | Time Frame for Review       |
| 164d  | C | V | NM | NA | Record of Meetings          |
| 165a  | C | V | NM | NA | Plan Prior to use of RP     |
| 165b  | C | V | NM | NA | Development of RPP          |
| 165c  | C | V | NM | NA | Revision of RPP             |
| 165d  | C | V | NM | NA | Approval of RPP             |
| 165e1 | C | V | NM | NA | RPP – Specific Behaviors    |
| 165e2 | C | V | NM | NA | RPP - Outcome               |
| 165e3 | C | V | NM | NA | RPP – Methods to Modify     |
| 165e4 | C | V | NM | NA | RPP – Types of RP           |

|       |   |   |    |    |                                  |          |   |   |    |    |                            |
|-------|---|---|----|----|----------------------------------|----------|---|---|----|----|----------------------------|
| 165e5 | C | V | NM | NA | RPP – Target Date                | 182c4    | C | V | NM | NA | Dental Exam                |
| 165e6 | C | V | NM | NA | RPP – Time Limits                | 182c5    | C | V | NM | NA | Assessment                 |
| 165e7 | C | V | NM | NA | RPP – Physical Problems          | 182c6i   | C | V | NM | NA | Copies Inv. Int. Meeting   |
| 165e8 | C | V | NM | NA | RPP – Person Responsible         | 182c6ii  | C | V | NM | NA | Copies Inv. An. Meeting    |
| 165f  | C | V | NM | NA | RPP - Implementation             | 182c6iii | C | V | NM | NA | Copies Inv. Revis. Meeting |
| 165g  | C | V | NM | NA | RPP – Copies in Ind. Record      | 182c7i   | C | V | NM | NA | Sign Sheet Initial ISP     |
| 166a  | C | V | NM | NA | Positive App Training            | 182c7ii  | C | V | NM | NA | Sign Sheet Annual Update   |
| 166b  | C | V | NM | NA | Specific RP Training             | 182c7iii | C | V | NM | NA | Access to Records          |
| 166c  | C | V | NM | NA | Exp. Use of RP                   | 182c8    | C | V | NM | NA | Copy of Current ISP        |
| 166d  | C | V | NM | NA | Doc. Of Training                 | 182c9i   | C | V | NM | NA | ISP Revision Sign Sheet    |
| 167   | C | V | NM | NA | Seclusion                        | 182c9ii  | C | V | NM | NA | Recomm. To Revise ISP      |
| 168   | C | V | NM | NA | Averse Conditioning              | 182c9iii | C | V | NM | NA | ISP Revision               |
| 169b  | C | V | NM | NA | Chemical Restraint               | 182c9iv  | C | V | NM | NA | Notice Member Decline      |
| 169c1 | C | V | NM | NA | Phys. Examine, Order             | 182c9v   | C | V | NM | NA | Request Not to Receive     |
| 169c2 | C | V | NM | NA | Re-Admin. - Physical             | 182c10   | C | V | NM | NA | Content Discrepancy        |
| 169d1 | C | V | NM | NA | Vital Signs                      | 182c11   | C | V | NM | NA | Restrictive Proced. Proto. |
| 169d2 | C | V | NM | NA | Physical Needs - CR              | 182c12   | C | V | NM | NA | Copy of Psych. Eval.       |
| 169d3 | C | V | NM | NA | PRN                              | 182c13   | C | V | NM | NA | Recreational & Social Acts |
| 169i  | C | V | NM | NA | Training for Ind.                | 182c14   | C | V | NM | NA | Copies of Phys. Exams      |
| 169j  | C | V | NM | NA | Documentation - CR               | 183      | C | V | NM | NA | Current Info.              |
| 170b  | C | V | NM | NA | Mechanical Restraint             | 184a     | C | V | NM | NA | Record Info – 4 yrs.       |
| 170c1 | C | V | NM | NA | Exceed 2 Hours                   | 184b     | C | V | NM | NA | Ind. Records – 4 Yrs.      |
| 170c2 | C | V | NM | NA | Physician Notified               | 185      | C | V | NM | NA | Exit Sign Letters          |
| 170c3 | C | V | NM | NA | Checked – 15mins                 | 186      | C | V | NM | NA | Exit Sign Letters          |
| 170c4 | C | V | NM | NA | Physical Needs - MR              |          |   |   |    |    |                            |
| 170c5 | C | V | NM | NA | Removal – 2 Hrs.                 |          |   |   |    |    |                            |
| 170c6 | C | V | NM | NA | Training for Ind.                |          |   |   |    |    |                            |
| 170c7 | C | V | NM | NA | Documentation - MR               |          |   |   |    |    |                            |
| 171a  | C | V | NM | NA | Funds, Property                  |          |   |   |    |    |                            |
| 171b  | C | V | NM | NA | Payment for Damages              |          |   |   |    |    |                            |
| 172b  | C | V | NM | NA | Manual Restraints - Injury       |          |   |   |    |    |                            |
| 172c  | C | V | NM | NA | Manual Restraints – Least Resis. |          |   |   |    |    |                            |
| 172d  | C | V | NM | NA | 30 Min./2 Hrs.                   |          |   |   |    |    |                            |
| 173b  | C | V | NM | NA | Exclusion - Injury               |          |   |   |    |    |                            |
| 173c  | C | V | NM | NA | Exclusion – Least Resist.        |          |   |   |    |    |                            |
| 173d  | C | V | NM | NA | 60 Min./2 Hrs.                   |          |   |   |    |    |                            |
| 173e  | C | V | NM | NA | 4x/24 Hrs.                       |          |   |   |    |    |                            |
| 173f  | C | V | NM | NA | Continual Monitoring             |          |   |   |    |    |                            |
| 173g  | C | V | NM | NA | Exclusion 0 40 Sq. Ft.           |          |   |   |    |    |                            |
| 174   | C | V | NM | NA | Emergency Use of Exl/MR          |          |   |   |    |    |                            |
| 175   | C | V | NM | NA | RP Record                        |          |   |   |    |    |                            |
| 176   | C | V | NM | NA | Notice to Day Service            |          |   |   |    |    |                            |

### **EMERGENCY PLACEMENT**

|       |   |   |    |    |                    |
|-------|---|---|----|----|--------------------|
| 191b1 | C | V | NM | NA | Assessment 31 Days |
| 191b2 | C | V | NM | NA | Physical Exam      |

### **INDIVIDUAL RECORDS**

|          |   |   |    |    |                          |
|----------|---|---|----|----|--------------------------|
| 181a     | C | V | NM | NA | Emergency Info           |
| 181b1    | C | V | NM | NA | Name, Address, Phone     |
| 181b2    | C | V | NM | NA | Source of Health Care    |
| 181b3    | C | V | NM | NA | Consent                  |
| 181b4    | C | V | NM | NA | Physical Exam            |
| 182a     | C | V | NM | NA | Separate Ind. Record     |
| 182b     | C | V | NM | NA | Entries                  |
| 182c1i   | C | V | NM | NA | Name, Sex, DOB, SSN      |
| 182c1ii  | C | V | NM | NA | Race/ht/wt/hair/eye/mark |
| 182c1iii | C | V | NM | NA | Language                 |
| 182c1iv  | C | V | NM | NA | Religious Affiliation    |
| 182c1v   | C | V | NM | NA | Next of Kin              |
| 182c1vi  | C | V | NM | NA | Current Dated Photo      |
| 182c2    | C | V | NM | NA | Unusual Incident Reports |
| 182c3    | C | V | NM | NA | Physical Exam            |