

## **Fiscal Year 2016 Post Compliance Monitoring Quarter One Results**

**January 2016**

### **INTRODUCTION**

This report contains results of monitoring, and legal and lay advocacy activities completed by Quality Trust during the first quarter of Fiscal Year 2016. The report is organized into the following sections:

- Monitoring results (including data from review of 63 people from the sample of 177 class members, incidents and investigations)
- Advocacy
- Involvement in DDS committees and stakeholder groups
- Presentations and other Activities

In May of 2015, Quality Trust submitted its FY 16 monitoring plan outlining activities for the year beginning October 1, 2015. In addition to regular and ongoing advocacy and monitoring, we agreed to complete individual monitoring for 177 class members (a statistically significant number) through a simple random sample. From June through August we met with the parties to develop the questions that would be used in the monitoring tool. In September we conducted inter-rater reliability (IRR) testing, and drew the sample of 210 class members. This number included extra people that might be needed in case of death and/or class member refusal to participate. At the end of September we met with the Court Monitor to go over the tool, discuss the results of the IRR testing and to share observations on other global issues involved in monitoring of the system as it currently exists. Our relationship with the Court Monitor, stretching back to before 2010 has been an invaluable asset to the Deputy Director of Programs and to all monitoring and advocacy staff members at Quality Trust.

During the first quarter of FY 2016 we completed sixty three (63) monitoring reviews. The data indicate that the District has been successful maintaining compliance with all retired court orders as measured by the questions in the tool. This performance is evidence of improvements made in policy and program oversight, technical assistance and improved QA/QI interventions instituted by leadership at DDS. Quality Trust also implemented additional review activities as outlined in our monitoring plan. As a result of our collective work, the following issues are highlighted as areas for continued improvement:

- Ensuring DSP's and nurses can demonstrate that they possess the knowledge and judgment to perform their work in ways that enhance the quality of life of all the people they support
- Continuing to examine the root causes of unplanned hospital admissions-especially repeated hospitalizations
- Continuing to implement improvements to the Restricted Control Review Committee (RCRC) and Human Rights Advisory Committee (HRAC) processes. Specific recommendations are included in the body of this report. .

### **RESULTS**

#### **Monitoring**

We began our review of 177 class members in October of 2015. As of December 31, 2015 we completed and sent to DDS monitoring reviews for 63 class members, or 36% of the entire project. We increased the individual review activity to complete a higher percentage of this work in the first quarter since QT monitoring staff will be involved in Joint Monitoring during the second quarter of FY 16. While individual

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

review activity will be reduced, we will focus on review provider compliance with recommendations contained in investigations of Serious Reportable Incidents (SRI's) during the second quarter.

Selected highlights from the data summary are as follows:

#### Demographics:

- 39 people (62%) are supported through the HCBS waiver
- 24 people (38%) live in ICF's/IDD
- 32 people (51%) live in Supported Living arrangements; the least restrictive option available in the District
- 42 Men (66%) were reviewed
- 21 Women (33) were reviewed
- 27 people (43.5%) were between the ages of 31-40
- 25 people (40%) were between 41-50
- These 52 people constitute 82% of this quarter's sample; a rather young cohort of the overall Evans population
- 17 different day programs are represented
- 31 people participated in Day Habilitation
- 15 people participated in Individualized Day Supports
- 14 people participated in Day Treatment
- 4 people participated in Supported Employment
- 3 people were gainfully employed

#### ISP:

- Fully 100% had a current ISP
- 54 (86%) of the people we met are deemed to need assistance with Decision making
- Of that total 53 (98%) had the recommended assistance
- 57 people (95%) use at least one piece of adaptive equipment
- 50 people (86%) had the equipment, the equipment was in working order for 90%, but it was being used correctly for 75%

#### Personal Possessions

- 57 people (98%) were receiving their Personal Needs Allowance
- 50 people (89%) had an IFP based on their preferences
- 51 people (98%) had their IFP explained to them

#### Staff Training (Combined residential & day program)

- In the residence we found evidence of required training for DSP's for 47 people (75%), at the day program the number was 45 people, or (71%)
- In the home, staff for 58 people or (92%) could describe the person's preferences and needs, while at day program 51 people's staff or (81%) could describe the program/employment related goal

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

- At home DSP's could describe their responsibilities in carrying out the person's HCMP for 44 people or (73%), while at day program staff for 26 people (62%) could describe their responsibilities

#### Nursing (combined residential & day program)

- All 63 people (100%) had a current physical examination
- 98% had a current dental or a variance if appropriate
- 95 % had recommendations from their physicians implemented
- 92% of recommendations from medical specialists were implemented in a timely manner
- 73% of the DSP/TME were able to describe their responsibilities in the HCMP
- 90% HCMP's were updated according to DDS, H & W Standards within the identification of new health concern
- 97% of the nursing assessments met professional standards
- 83% of RN notes indicate they are coordinating healthcare services
- 80% of TME's were knowledgeable of intends effects and possible side effects of medications

#### Behavioral Healthcare Combined residential & day program)

- 28 people (45%) had a restricted control implemented for which a BSP is required
- 24 people or 96% of those people had evidence of consent or an approved opt out
- 58% of the BSP's we reviewed had been approved by DDS
- 96% of BSP's were being reviewed quarterly by a Psychiatrist
- 81 % of people supported by a BSP were being monitored for Tardive Dyskinesia
- In all but one case, (96%) only one BSP was being implemented at home and the day program

#### Day/Vocational Program

- 49 people or (78%) had a current ISP at their day or vocational program
- 51 people or (94%) had some type of vocational assessment addressing their interests and needs

#### Service Coordination

- 92% of Service Coordinators had a caseload of 30 people
- 95% of Service Coordinators had all required training
- 97% of Service Coordinators could identify the preferences of the people they support
- 94% of Service Coordinators were able to identify the person's health needs

### **Incidents & investigations**

#### Incidents

Quality Trust received 256 Serious Reportable Incidents from DDS in the first quarter of FY 2016. Of that total 108 (42%) involved unplanned hospitalizations. This is the largest category of SRI. The second largest category was neglect at 55 allegations. There were 30 allegations of abuse reported. Together these three categories account for 193, or (75%) of the SRI's reported in the first quarter of the fiscal year.

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

Of the 256 incidents received, 74 (29%) involved class members. Of the 108 incidents for unplanned hospitalizations, 36, or (33%) involved class members. Put another way, 49% of SRI's received by Quality Trust in the first quarter of 2016 for class member's involved unplanned hospitalizations.

The following data involve the nine providers with the most Serious Reportable Incidents during the first quarter reveal a significant proportion involving unplanned hospitalizations.

- Provider A: Total Incidents= 18
  - 9 of 18 were UEIH's (50%)
  - Of the 9, three each involved three people (2 CM/1 NCM)
- Provider B: Total Incidents= 15
  - 9 of 15 were UEIH's (60%)
  - There was also 1 death and 2 neglect
- Provider C: Total Incidents = 14
  - 7 of 14 were UEIH's (50%)
  - There were also 3 neglect
- Provider D: Total Incidents= 12
  - 6 of 12 were UEIH's (50%)
  - One person had 2 of the UEIH's and a related neglect
  - One person had 1 UEIH and a related neglect
- Provider E: Total Incidents= 12
  - 3 of 12 were UEIH's, 4 were neglect & 2 were abuse
- Provider F: Total Incidents= 12
  - 6 of 12 were neglect (50%)
- Provider G: Total Incidents= 11
  - 4 of 11 were UEIH's (36%). One person had two of the UEIH's and a related neglect
  - Another person had one UEIH and a related neglect
- Provider H: Total Incidents= 11
  - 4 of 11 were UEIH's (36%). There were also 2 deaths and 3 allegations of abuse.
- Four other providers each had 8 Serious Reportable Incidents.

For 7 of the 8 providers with the highest number of incidents, unplanned hospitalizations were the largest percentage category. This is in line with the overall number of 108 of 256 total incidents being unplanned hospitalizations. All 256 SRI's were reviewed and follow up visits were made for 18 people. We have begun a more focused healthcare review to look at the 9 hospitalization incidents involving 3 people for provider A. This will include looking at the communication between the RN and the Executive Director, the treating physicians and general practitioners, the Service Coordinators and staff from the DDS Health & Wellness Unit, and the provider DSP's as far as training/retraining post discharge is concerned. We are also looking at the monitoring tools completed by Service Coordinators during these episodes, and their communication if any with agency nurses and the DDS Health & wellness Unit. Finally we will examine whether or not the investigations of the second and third hospitalizations discuss any identified trends, and if so what recommendations were made. We will share our results when completed.

We received seven notifications of placement in Long Term Acute Care Facilities during the first quarter of FY 2016, and made follow up visits to those people to ensure they were receiving the necessary services and supports. Of the seven people placed in LTAC's, one person died before returning home. One person is in the process of moving to California with the assistance of his family. The family of another person initially indicated they preferred she stay in the LTAC rather than returning to her previous

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

**January 2016**

residence and provider. Through continued advocacy with the family, they have now decided to choose a new provider within the community. The Service Coordinator completed referrals and the family is now interviewing providers in order to make a decision.

Despite receiving notices of proposed LTAC admission, two people did not require the LTAC placement and returned home from their hospitalizations. One person remains on a ventilator in the LTAC placement, and the last person, a class member left the first LTAC placement on December 21, 2015 and was transferred to another facility. He is still there awaiting the completion of his LOC. for his transfer back to the community at an ICF/IDD level of care. He will remain with the same provider but will move to a different home due to his need for a G tube.

### Investigations

As an update to investigation 14-0774 on which we reported previously, we can report that after further review and investigation, DDS has completed three addendums to the original investigation. The investigation, which originally occurred in May of 2014, involved alleged exploitation of a class member's funds. We have continued to advocate for the class member, and continued monitoring whether or not equitable reimbursement was required of the provider. The final investigation is due to be distributed on February 4, 2016.

As discussed previously we did not begin reviewing compliance on recommendations included in investigations from FY 2016 until January 2016. We are currently reviewing these recommendations and making follow up visits as warranted to determine provider compliance as measured by staff performance when retraining was required. Data on those results will be included in our second quarter report.

### Advocacy

As the chart below indicates the volume and type of requests for advocacy we continue to receive. The reasons for our support are varied as are the sources of formal requests. The length of our involvement varies but we try to limit our support to no more than 90 days. In many cases we find that no more than 30 days is required to bring about desired outcomes. Often we find that by bringing the key players together we are able to identify and overcome barriers or elevate the problem to the highest levels for intervention and more timely resolution

**People in active advocacy:** 14 people are currently receiving support

**People referred to legal:** 2

**People's outcomes met:** 11

October Ongoing	October Closed/referred to legal	November Ongoing	November Closed	December Ongoing	December Closed
10 (Family communication issues, working with family to build consensus around preferred outcomes )	4 met 1 referred to legal (guardianship)	9 (2 housing issues, 2 transition from DCPCS to RSA, 1 waiting for MDE to arrive, ensuring necessary medical supports are in place)	3 met	11 (Day Program intake, transitioning between residential providers, on-going medical issues)	4 met 1 referred to legal (guardianship)

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

**January 2016**

### Outcomes Met

Medical/nursing concerns	Medical appointments completed	Residential move	Received Benefits	Family difficulties	Adaptive equipment	Court appointed advocate	Day or SEP
2	1	2	1	1	1	1	2
1 resolved nursing concerns  1 home health aide put into place	1 appointment made and kept	1 moved to apartment  1 residential move	1 received SSI	1 Improved family communications	1 new wheelchair	1 court appointed advocate put into place	1 change in day program  1 started SEP

### Referrals Sources

October	November	December	Totals
DDS:	DDS:	DDS: 1	DDS: 1
LTAC F/U:	LTAC F/U:	LTAC F/U: 2	LTAC F/U: 2
SRI F/U:	SRI F/U:	SRI F/U: 1	SRI F/U: 1
Outside Agency:	Outside Agency: 1	Outside Agency:	Outside Agency: 1
Family:	Family:	Family:	Family: 0
Provider: 1	Provider:	Provider:	Provider: 1
Guardian:	Guardian: 1	Guardian:	Guardian: 1
APS:	APS:1	APS:	APS: 1
QT Monitoring: 1	QT Monitoring:	QT Monitoring:	QT Monitoring: 1

### Number of New Referrals by Month

October	November	December
2	3	3

### RCRC Review:

Quality Trust attorneys review and analyze the data from the meeting minutes of the Restrictive Control Review Committee (“RCRC”). These minutes are provided to us by DDS on a monthly basis. Based on that review, during the first quarter:

- RCRC reviewed 139 Behavioral Support Plans (BSPs) for 132 people.
  - 119 reviews (86%) were of new BSPs, 16 reviews (12%) were of updated BSPs, 3 reviews (2%) were on an emergency basis, and the review type for 1 BSP was not identified in the minutes.

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

- 117 (84%) of the BSPs were approved, 2 (1%) were approved for 60 days, and 1 (1%) was approved for 45 days.
  - 1 BSP was approved even though the RCRC answered “No” to one of the 8 review criteria listed in Section 3(D)(3) of DDS’ RCRC Procedure (Procedure No. 2013-DDA-PR014).
  - 42 BSPs were approved even though the RCRC minutes including substantive comments requiring the revision of the BSP, requesting additional information or justification for the restriction, and/or raising issues that called into question whether the BSP met the 8 criteria listed in DDS’ Procedure.
  - 1 BSP was approved without the RCRC listing their answers to the 8 criteria listed in DDS’ Procedure.
- 15 (11%) of the BSPs were deferred
  - 13 BSPs were deferred even though the RCRC answered “No” to one of the 8 criteria listed in DDS’ Procedure.
- 4 (3%) of the BSPs were rejected.
- The BSPs reviewed included:
  - 136 (98%) requests for the use of psychotropic medication
  - 35 (25%) requests for the use of behavioral one-to-one “aides”
  - 9 (6%) requests for the use of behavioral two-to-ones “aides”
  - 5 (4%) requests for the use of individualized housing
  - 5 (4%) requests for the use of sharps restrictions
  - 5 (5%) requests for the use of protective helmets
  - 3 (2%) requests for the use of a medical one-to-one “aide”
  - 2 (1%) requests for the use of cell phone restrictions
  - 2 (1%) requests for the use of cloth head wrapping
  - 1 (1%) requests for the use of monitoring for smoking hazards
  - 1 (1%) request for the use of other environmental modifications
  - The minutes did not list the type of restrictive control being requested in 1 (1%) of the BSPs.
- RCRCs reviewed 12 requests for exemption from the requirement of having a BSP. All were approved without an explanation or justification being include within the minutes.

Based on our review, we recommend that DDS:

- (1) Ensure, pursuant to Section 3(D)(4)(a) of its procedure, that RCRC only approves a BSP when it is sure that the plan satisfies all 8 criteria in Section 3(D)(3).
- (2) Direct RCRC, pursuant to Sections 2(D)(4)(b) and (c) of its procedure, to defer or reject -- rather than approve -- BSPs when it is requiring revisions to the plan, requesting additional information or justification for a restriction, or has doubts as to whether the plan meets the 8 criteria.
- (3) Direct RCRC, pursuant to Section 2(D)(4)(c) of its procedure, to reject -- rather than defer -- a BSP when it finds that the plan does not meet one or more of the 8 criteria, making it clear that there is no “harm” to the person in doing so, since both designations mean that the BSP cannot be implemented as written.

## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

- (4) Direct RCRC to use, when appropriate, “Yes with Recommendations for Improvement,” when one or more of the 8 criteria is/are met, but the team has non-mandatory suggestions to strengthen the BSP. As DDS’ Guidance for RCRC Review of BSPs recognizes, designations of “Yes with Recommendations for Improvement” under RCRC Procedure Section 3(D)(3) are “intended to be suggestions to improve or strengthen the plan.” Plans that are approved with recommendations for improvement “are acceptable as written and do not *require* further revision” (emphasis added).
- (5) Direct RCRC to document their review of requests for exemption from a BSP and provide justifications for any approvals, based on Section 6(D) of the DDS BSP Policy (Policy No. 2013-DDA), within its minutes.

In the upcoming quarter, QT proposes to work with DDS to randomly select a statistically significant number of people who have been approved for one-to-one and/or two-to-one behavioral aides – respectively, the second and third most common restriction within RCRC-reviewed BSPs last quarter – to conduct a qualitative analysis as to whether that restriction was reviewed and implemented appropriately.

### HRAC Review

Quality Trust attorneys review and analyze the data from the meeting minutes of the Human Rights Advisory Committee (“HRAC”), which are provided by DDS. Based on that review, during the first quarter:

- HRAC reviewed 25 matters for 25 people.
- 9 (36%) of the reviews involved out-of-state placements, 7 (28%) concerned Long Term Acute Care (“LTAC”) placements, 4 (16%) looked at institutional placements, 2 (8%) involved refusal of treatment and/or medical appointments, 1 (4%) concerned an ineffective BSP, 1 (4%) was about a request to remain in the person’s current residential placement, and 1 (4%) looked at a person’s being provided with a key to his/her residence.
- 

Based on our review, we recommend that DDS:

- (1) Direct HRAC, when reviewing a placement, to clearly document, within its minutes, whether it is approving, disapproving, or deferring it and the reasons for that decision, pursuant to Sections 3(A)(2)(b) and/or 3(A)(3)(f) of DDS’ HRAC Procedure (Procedure No. 2013-DDA-H&W-PR012).
- (2) Provide training to HRAC members on the requirement, pursuant to Section 3(A)(2)(b) of the HRAC Procedure, that there be at least quarterly reviews of out-of-state institutional placements.
- (3) Direct the HRAC, when reviewing matters of refusal or consent to treatment, to identify and clearly document, within its minutes, whether the person makes his or her own decisions, with or without support; or whether he or she has a substitute decision-maker and, if so, what kind (e.g., power of attorney, limited or general guardian, substitute health-care decision maker, under DC Health Care Decisions Act, *etc.*).
- (4) Direct HRAC, when it discusses a person’s individualized staffing within its minutes, to identify and clearly document whether or not it is the HRAC – rather than RCRC or the Health & Wellness Division -- that is reviewing that issue and, if so, whether the HRAC is approving, rejecting, or deferring the request and the reasons why.
- (5) Direct HRAC, when it conducts emergency reviews of placements, to clearly document, within its minutes, whether its decision will be reviewed at the next regularly scheduled HRAC meeting and, if not, whether requirements of Section 3(A)(4)(c) of the HRAC Procedure are met (*i.e.*, there was a quorum and the person was invited and offered support to attend the meeting).



## Fiscal Year 2016 Post Compliance Monitoring Quarter One Results

### January 2016

- (6) Direct the HRAC, when it reviews or discusses a decision by a person's substitute decision-maker, to identify and document, within its minutes: (a) the source of the substitute decision-maker's authority (e.g., power of attorney, limited or general guardian, substitute health-care decision maker, under the D.C. Health Care Decisions Act, *etc.*); (b) the extent of the substitute decision-maker's authority; and (c) whether the substitute decision-maker's decision appears to have met the standards for substituted judgment, as that is a human rights issue that could lead to an HRAC recommendation.

#### **Participation on Committees and Stakeholder groups:**

Quality Trust agreed to resume participation in a number of activities with DDS/DDA as part of the proposed monitoring plan for FY 2016.

The Deputy Director of Programs now attends meetings of the QIC Committee. Since resuming participation with the Quality Improvement Committee we have exchanged information and ideas with the other members of the committee. We have expressed our interest in the Committee taking a look at the issue of unplanned hospitalizations generally, and repeated hospitalizations more specifically. As we stated earlier we are looking at recent hospitalizations for three people in order to better understand some of the possible root causes for unplanned hospitalizations-especially readmissions. We hope to engage the Committee in this work so we can utilize the substantial capacity of DDS to collect and analyze data.

Also as planned, we rejoined the DDA Mortality Review Committee and will begin active participation in February 2016.

Quality Trust also participated in the DC Olmstead Working Group and submitted formal written comments on the 2016 DC Olmstead Plan. We participated in the Center for Court Excellence's Adult Guardianship Project committee, providing input on public resources that are needed to promote less restrictive options for decision-making support within the District.

We are also members of the DDA HCBS Settings Advisory Group. This group did not meet during the first quarter of FY 16.

Quality Trust participates with DDS/DDA as a core team member of the Supporting Families Community of Practice.

During the past quarter, Quality Trust advocated for amendments and additional due process protections to be incorporated within DDS' version of DC Bill 21-385 (the Citizens with Intellectual Disabilities Civil Rights Act of 2015), which would reform the District's civil commitment system for people with IDD and codify Supported Decision-Making Agreements. We also attended a series of family and attorney forums to gather stakeholder feedback on the bill, which informed our position.

#### **Presentations and other Activities:**

Quality Trust also conducted a number of presentations and trainings on topics impacting people with developmental disabilities. Specifically, this quarter, we:

## **Fiscal Year 2016 Post Compliance Monitoring Quarter One Results**

### **January 2016**

- Collaborated with ULS and DDS to provide training on Supported Decision-Making (SDM) to attorneys on the D.C. Superior Court Mental Habilitation Panel
- Hosted a DC SDM work group made up of families, DC-based private organizations (including the Bazelon Center and the Arc) and public agencies (including representatives from DDS, Department of Aging, and DC Public Schools) to discuss ways to increase knowledge of and access to SDM.
- Hosted a DC-based SDM symposium that included a presentation by DC Public Schools on its work to implement SDM for students. The symposium was attended by families, professionals, and providers from DC and beyond and provided information on SDM development and implementation in the District and around the country. As a result, DC residents and professionals were given access to SDM best practices and were able to share their experiences with experts from across the nation.
- Published an article on SDM for the DC-based American Bar Association
- Presented on SDM at the American Bar Association conference in DC.
- Presented “Supported Decision-Making: What, Why, & How,” to both the U.S. President’s Committee for People with Intellectual Disabilities and to staff at Legal Counsel for the Elderly.
- Presented at a training series on “Decision-Making & Guardianship: Exploring the Least Restrictive Alternatives” sponsored by the D.C. Working Interdisciplinary Network of Guardianship Stakeholder (WINGS).
- Presented on “Legal & Ethical Consideration in Representing Clients with Disabilities,” as part of the New Attorney Training sponsored by the D.C. Consortium of Legal Service Providers.

**Monitoring Form**

Version Number:26

**DEMOGRAPHICS 1. 1.- Person's Name:**

XXXXXX

**DEMOGRAPHICS 1. 2.- Class Status:**

CM

Comment:

**DEMOGRAPHICS 1. 3.- Waiver:**

Yes

No

**DEMOGRAPHICS 1. 4.- Type of Residence:**

ICF/ID

Supported Living

Independent Living

Residential Habilitation

Host Home

Family Home

Name of Provider:

**DEMOGRAPHICS 1. 5.- Day Provider/Employment:**

Name of Provider:

**DEMOGRAPHICS 1. 6.- Day Activity Type:**

IDS

Supported Employment

Day Habilitation

Day Treatment

Employment Readiness

Retired

Other

List any/all that apply

**DEMOGRAPHICS 1. 7.- Age Range:**

21-30

41-50

61-70

81-90

31-40

51-60

71-80

91+

**DEMOGRAPHICS 1. 8.- Gender:**

- Female
- Male

**DEMOGRAPHICS 1. 9.- Mobility Status:**

- Ambulatory without support
- Uses a wheelchair
- Ambulatory with support

**DEMOGRAPHICS 1. 10.- Reviewer's Name/Title:**

**DEMOGRAPHICS 1. 11.- Date:**

**OBSERVATIONS 2. 1.- Brief Description:**

**PERSONAL INTERVIEW 3. 1.- What method of communication does the person utilize?**

- |  |  |
|--|--|
| <input type="checkbox"/> Spoken Language, Fully Articulates Without Assistance | <input type="checkbox"/> Limited Spoken Language, Needs Some Staff Support |
| <input type="checkbox"/> Communication Device                                  | <input type="checkbox"/> Gestures  |
| <input type="checkbox"/> Vocalizations   | <input type="checkbox"/> Facial Expressions                                |

Other (please specify):

**PERSONAL INTERVIEW 3. 2.- Does the person require staff support to answer interview questions?**

- Yes
- No

If yes, list name and title of staff:

**PERSONAL INTERVIEW 3. 3.- Did you attend your ISP?**

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 4.- Did your express concerns at your ISP meeting at your ISP meeting?**

- Yes
- No
- N/A
- CND
- Made a choice not to answer

If yes, were they addressed?

**PERSONAL INTERVIEW 3. 5.- Do you have a copy of your ISP?**

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 6.- Was your ISP explained to you?**

- Yes
- No
- CND
- Made a choice not to answer

**PERSONAL INTERVIEW 3. 7.- If applicable, has your BSP been explained to you?**

- Yes
- No
- N/A
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 8.- Do you have relationships with people not paid to be in your life?**

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 9.- Do you like your home?**

- Yes
- No
- CND
- Made a choice not to answer

If no, where would you rather live?

**PERSONAL INTERVIEW 3. 10.- Do you like the people you live with?**

- Yes
- No
- N/A
- CND
- Made a choice not to answer

If no, who would you rather live with?

**PERSONAL INTERVIEW 3. 11.- Do you have some place you can go in your home to be alone?**

- Yes
- No
- CND

Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 12.-** Is your home located near community resources (OBSERVATION: i.e. shopping, recreational sites, churches, etc.)?

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 13.-** Do you have someone to take you where you want to go?

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 14.-** Do you use public transportation?

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 15.-** What type of transportation services do you receive?

- Public
- Personal
- Metro Access
- MTM
- Provider Vehicle
- Other
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 16.-** Are you happy with the transportation services you receive?

- Yes
- No
- N/A
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 17.-** Do you like your job or day program?

- Yes

- No
- N/A
- CND
- Made a choice not to answer

If no, what would you rather do during the day?

**PERSONAL INTERVIEW 3. 18.- Is there anything you want to do during the day that you are currently not doing?**

- Yes
- No
- CND
- Made a choice not to answer

Comment:

**PERSONAL INTERVIEW 3. 19.- Issues/Recommendations:**

**INDIVIDUAL SUPPORT PLAN 4. 1.- Is there a current ISP? (Completed within the past 12 months)**

- Yes
- No

Approval Date:

**INDIVIDUAL SUPPORT PLAN 4. 2.- Does the ISP state that the person requires assistance with decision making?**

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 3.- If needed, does the person have the recommended decision maker?**

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 4.- If the person requires assistance with decision making, what type is recommended?**

- |  |  |
|--|--|
| <input type="radio"/> Independent Decision Maker             | <input type="radio"/> Supported Decision Maker |
| <input type="radio"/> Power Of Attorney                      | <input type="radio"/> Representative Payee     |
| <input type="radio"/> Substituted Health Care Decision Maker | <input type="radio"/> Limited Guardian         |
| <input type="radio"/> Conservator                            | <input type="radio"/> General Guardian         |
| <input type="radio"/> N/A                                    |  |

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 5.- Are there supporting documents in the record (i.e. court order, signed affidavit, etc.) designating the role of the decision maker?**

- Yes
- No
- N/A

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 6.-** Do the ISP goals and outcomes reflect the person's preferences and needs as identified in assessments in the ISP?

- Yes
- No

List the assessments:

**INDIVIDUAL SUPPORT PLAN 4. 7.-** Does the ISP contain measureable criteria to determine if progress is made or goals are achieved?

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 8.-** Does the ISP include goals for work/day services?

- Yes
- No
- N/A

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 9.-** Does the ISP state that the person uses Adaptive Equipment?

- Yes
- No

If yes, list all:

**INDIVIDUAL SUPPORT PLAN 4. 10.-** Is the equipment available?

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 11.-** Is it working?

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 12.-** Is it being used correctly?

- Yes
- No

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 13.-** Does the ISP contain a statement of any unmet needs and a plan to achieve them?

- Yes
- No



Comment:

**INDIVIDUAL SUPPORT PLAN 4. 14.-** Is there evidence that the ISP was updated to reflect significant changes?

- Yes
- No
- N/A

Comment:

**INDIVIDUAL SUPPORT PLAN 4. 15.-** Issues/Recommendations

**PERSONAL POSSESSIONS 5. 1.-** Were financial documents available?

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 2.-** Does the person's ISP include an IFP?

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 3.-** Is the IFP based on the person's preferences?

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 4.-** Was the IFP explained to the person?

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 5.-** Does the person have an interest-bearing account?

- Yes
- No
- N/A
- CND

Comment:

**PERSONAL POSSESSIONS 5. 6.-** Is the person receiving their personal needs allowance (\$70 for ICF and \$100 for waiver, if eligible)

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 7.- Does the organization provide periodic financial statements to the person?**

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 8.- Does the provider have receipts for withdrawals, purchases?**

- Yes
- No
- N/A

Comment:

**PERSONAL POSSESSIONS 5. 9.- Issues/Recommendations:**

**RESIDENTIAL STAFF TRAINING 6. 1.- Does the person receive paid staff support?**

- Yes
- No

Comment:

**RESIDENTIAL STAFF TRAINING 6. 2.- Name(s) of residential staff interviewed and their title(s)**

**RESIDENTIAL STAFF TRAINING 6. 3.- Is there evidence staff received all required training? (i.e. Phase I, II, III and IV)?**

- Yes
- No

Comment:

**RESIDENTIAL STAFF TRAINING 6. 4.- Were staff able to describe the person's preferences and needs?**

- Yes
- No

Comment:

**RESIDENTIAL STAFF TRAINING 6. 5.- Is the staff able to describe the person's goals and outcomes?**

- Yes
- No
- N/A

Comment:

**RESIDENTIAL STAFF TRAINING 6. 6.- Are direct care staff able to describe how they implement the person's BSP?**

- Yes
- No
- N/A

Comment:

**RESIDENTIAL STAFF TRAINING 6. 7.- Issues/Recommendations:**

**RESIDENTIAL NURSING REVIEW 7. 1.- Sources of Information:**

**RESIDENTIAL NURSING REVIEW 7. 2.- Informant(s) and Title:**

**RESIDENTIAL NURSING REVIEW 7. 3.- Please check all indicators as appropriate**

- Health Indicator Checklist (Check all that apply)
- 
- Significant Change in Health Behavior in past year
- 
- Choking Precautions
- 
- 2 or more Medical Hospitalizations in the past year
- 
- Ventilator
- 
- Oxygen Therapy
- 
- Tracheotomy
- 
- Suction Required
- 
- Tube Feeding
- 
- Bowel Elimination Problems- colostomy, ileostomy
- 
- Bowel Elimination Problems-diarrhea or constipation
- 
- Bladder Elimination Problems- recurrent UTI (3 or more a year)
- 
- Excessive Fluid Intake
- 
- PICA
- 
- Communicable Disease- TB/Hepatitis A, B or C, STD, MRSA
- 
- Pressure Ulcer/Skin Breakdown
- 
- Major Seizure Disorder
- 
- Dialysis

- 
- Injuries
- 
- Falls (2 or more a month)
- 
- Diabetes
- 
- Use of Insulin for Diabetes
- 
- Use of Anti-Coagulants
- 
- Difficulty Maintaining or Losing Weight
- 
- Immobility
- 
- Baclofen Pump
- 
- Recurrent (3 or more a year) respiratory infections
- 
- Chronic Pain
- 
- CPAP Mask
- 
- Hypertension
- 
- Psychotropic Medications (total number = \_\_\_\_\_)
- 
- Anti-Convulsant Medications (total number = \_\_\_\_\_)
- 
- Other
- 
- 

Comments:

**RESIDENTIAL NURSING REVIEW 7. 4.- Has the person had a physical examination within the last 12 months?**

- Yes
- No

Comment:

**RESIDENTIAL NURSING REVIEW 7. 5.- If there were recommendations from the Primary Care Physician, have the recommendations been implemented?**

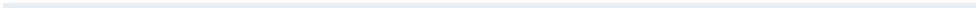
- Yes
- No
- N/A (no recommendations made)

Comment:

**RESIDENTIAL NURSING REVIEW 7. 6.- Has the person had a dental examination within the last 12 months or is there a variance approved by the dentist?**

- Yes
- No
- N/A

Date of last exam?



**RESIDENTIAL NURSING REVIEW 7. 7.-** If there were recommendations from the appointment are they being followed?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 8.-** If applicable per the ISP or physician's orders, does the provider monitor food intake?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 9.-** If the person has one, is the dining plan being followed?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 10.-** If the person has one, is the positioning plan being followed?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 11.-** If applicable per the ISP or physician's orders, does the provider monitor the person's fluid intake?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 12.-** Does the provider monitor weight fluctuations, if applicable per the ISP or physician orders?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 13.-** Does the provider monitor bowel movements, if applicable per the ISP or the physician orders?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 14.- Does the provider monitor positioning protocols, if applicable per the ISP or the physician orders?**

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 15.- Were the medical specialist's recommendations addressed/implemented within the time frame recommended by the medical specialist?**

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 16.- Are clinical therapy recommendations (OT, PT, S/L, psychology, nutrition) implemented or is staff actively engaged in scheduling appointments?**

- a. OT
- 
- b. PT
- 
- c. S/L
- 
- d. Psychology
- 
- e. Nutrition
- 
- a. Other
- 
- g. Other

Comment:

**RESIDENTIAL NURSING REVIEW 7. 17.- Does the HCMP reference all of the person's health needs?**

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 18.- Is the DSP/TME able to describe their responsibilities as identified in the HCMP?**

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 19.- Is the person's HCMP revised and/or updated according to DDS H&W Standards? (i.e. within 7 days of the identification of the new health concern? Urgent health concerns HCMP should be updated immediately)**

- Yes
- No

- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 20.-** Is there evidence that the staff was trained on the updated HCMP within the required time frame?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL NURSING REVIEW 7. 21.-** Does the provider's QDDP (or other appropriate staff in waiver homes) monitor the person's HCMP?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 22.-** Do nursing assessments meet professional standards as reflected in the DDS H&W Standards and the Scope and Standards of Practice for the RN and LPN?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 23.-** Are all required recommendations/assessments current, incorporated in the ISP, and implemented as per DDS H&W Standards?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 24.-** Is there evidence that the Provider Nurse has completed all four modules of DC DDS' Online Nurse Competency Program? (Mandatory for all newly hired nurses 2015)?

- Yes
- No
- NA

Comment:

**RESIDENTIAL NURSING REVIEW 7. 25.-** Is there a consistently scheduled review/revision/oversight plan in effect for BSP per DDS H&W standards?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 26.-** Is there evidence that the RN has ensured the coordination of health care services and reflected such in the nursing, therapeutic service, primary care, and specialty care progress notes?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 27.-** For people experiencing a decline in health, is there evidence that a comprehensive plan of care is documented by the PCP, the DDS SC, and/or residential support RN in the health record progress notes?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 28.-** In your professional judgement as a RN, are the person's serious physical health care needs met?

- Yes
- No
- N/A
- NH

If no, cite the circumstances and the specific professional standard and DDS H&W Standard and Nursing Practices Act:

**RESIDENTIAL NURSING REVIEW 7. 29.-** Does nursing care meet professional standards?

- Yes
- No
- N/A
- NH

If no, cite the circumstances and the specific professional standard and DDS H&W Standard and Nursing Practices Act:

**RESIDENTIAL NURSING REVIEW 7. 30.-** Is there evidence that the RN has followed all the requirements for delegation as outlined by the DC Board of Nursing?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 31.-** Are required medications available, properly stored, and administered by appropriate staff (including PRN)?

- Yes
- No
- N/A

Comment:



**RESIDENTIAL NURSING REVIEW 7. 32.-** If applicable, are medication errors handled according to DC DDS H&W Standards?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 33.-** Is the DSP/TME or appropriate staff knowledgeable of the intended effects and the possible side effects of the medication the person receives?

- Yes
- No
- N/A
- NH

Comment:

**RESIDENTIAL NURSING REVIEW 7. 34.-** In your professional opinion, are measures being taken to ensure this person is protected from harm?

- Yes
- NO

Comment:

**RESIDENTIAL NURSING REVIEW 7. 35.-** Issues/Recommendations:

**RESIDENTIAL NURSING REVIEW 7. 36.-** Reviewer's Name/Title:

**RESIDENTIAL NURSING REVIEW 7. 37.-** Date(s) of Review:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 1.-** Has a restricted control been implemented for which a BSP is required (BSP or other rights restriction) ?

- Yes
- No

Date BSP or other restriction approved:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 2.-** Informants:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 3.-** Sources of Information:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 4.-** If the person has a restricted control are they supported by a BSP or is there proper documentation of their decision to opt out?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 5.-** Is there documentation that the person and/or legal guardian /surrogate decision-maker has given informed consent for the use of a BSP and/or psychotropic medication(s)?

- Yes
- No
- N/A

List name and position of person who gave consent:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 6.-** Is the person prescribed psychotropic medication?

- Yes
- No

List medications:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 7.-** Is the BSP being implemented?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 8.-** Are the BSP and ISP consistent with each other?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 9.-** Is the BSP or other rights restriction approved by RCRC?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 10.-** Does behavior data collected indicate the plan is effective?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 11.-** Is there evidence the Psychiatrist is conducting quarterly reviews of medications?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 12.-** Is there evidence the Psychiatrist or nurse conduct monitoring as indicated for Tardive Dyskinesia using a standardized tool at baseline, and at least every six months afterwards?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 13.-** In instances where medications are used for sedation prior to medical/dental appointments, is there a desensitization and fade plan in effect?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 14.-** Is only one BSP implemented at both the home and day program?

- Yes
- No
- N/A

Comment:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 15.-** Issues/Recommendations:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 16.-** Does the person engage in any behaviors (e.g., self-injury, aggression, property destruction, pica, elopement, etc.) that could result in injury to self or others?

- Yes
- No

If yes, describe the behavior and how often it occurs:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 17.-** Does the person engage in behaviors (e.g., screaming,etc.) that disrupt the environment?

- Yes
- No

If yes, describe the behavior and how often it occurs:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 18.-** Does the person engage in behaviors that impede his/her ability to access a wide range of environments (e.g., public markets, restaurants, libraries, etc.)?

- Yes
- No

If yes, describe the behavior and how often it occurs:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 19.-** Does the person engage in behaviors that impede his/her ability to learn new skills or generalize already learned skills?

- Yes
- No

If yes, describe the behavior and how often it occurs:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 20.- Has there been police contact?**

- Yes
- No

If yes, list the date, reason why, and an indication of whether or not they were arrested or otherwise detained:

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 21.- Has there been a psychiatric hospitalization?**

- Yes
- No

If yes, list the date he/she was hospitalized and recommendations on discharge

**RESIDENTIAL BEHAVIORAL HEALTH CARE 8. 22.- Has there been any referral to or use of crisis services**

- Yes
- No

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 1.- Does the person have a job or day/program activity?  
(specify which in the comments section)**

- Yes
- No

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 2.- Sources of Information:**

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 3.- Informants:**

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 4.- Is there a current ISP at the Day Program? (If facility based services)**

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 5.- Is there a vocational assessment that addresses the person's interest and needs for community based day services, including employment?**

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 6.- Is there evidence that day/vocational staff are collecting data towards the goals and outcomes specified in the person's ISP? (Evidence must be present that progress is reviewed and goals are revised as appropriate.)**

- Yes

- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 7.-** If the person is working or has expressed an interest in working, does he/she have an individualized job goal?

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 8.-** If the answer to question seven is yes, it is being implemented?

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 9.-** If the person is working, does he/she work in the community with co-workers who do not have disabilities?

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 10.-** If the person is working do they receive a competitive wage?

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 11.-** Does the person want vocational or day services they are not receiving?

- Yes
- No
- N/A

If yes, list needed services and date when each service was identified as being needed:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 12.-** If the person has expressed interest in being retired, is there a plan in place to address his/her choice?

- Yes
- No
- N/A

Comment:

**DAY/VOCATIONAL SERVICES AND SUPPORTS 9. 13.-** Issues/Recommendations:

**DAY SUPPORT STAFF TRAINING 10. 1.- Does the person have a job or day/program?**

- Yes
- No

Comment:

**DAY SUPPORT STAFF TRAINING 10. 2.- Sources of Information:**

**DAY SUPPORT STAFF TRAINING 10. 3.- Name(s) of staff interviewed:**

**DAY SUPPORT STAFF TRAINING 10. 4.- Is there evidence the staff received required training (e.g. Phase I,II,III,IV)?**

- Yes
- No

Comment:

**DAY SUPPORT STAFF TRAINING 10. 5.- Is the staff able to describe the person's day program/employment related goals?**

- Yes
- No

Comment:

**DAY SUPPORT STAFF TRAINING 10. 6.- Were staff able to describe the person's preferences and needs?**

- Yes
- No

Comment:

**DAY SUPPORT STAFF TRAINING 10. 7.- Are direct care staff able to describe how they implement the person's BSP including positive, proactive strategies?**

- Yes
- No
- N/A

Comment:

**DAY SUPPORT STAFF TRAINING 10. 8.- Issues/Recommendations:**

**DAY NURSING REVIEW 11. 1.- Does the person receive day/vocational services?**

- Yes
- No

Comment:

**DAY NURSING REVIEW 11. 2.- Sources of Information:**

**DAY NURSING REVIEW 11. 3.- Informants and title:**

**DAY NURSING REVIEW 11. 4.- Does the person receive nursing services at the day/vocational program?**

- Yes
- No

Comment:

**DAY NURSING REVIEW 11. 5.- Does the provider monitor fluid intake, if applicable per the ISP or physician orders?**

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 6.- Does the provider monitor food intake, if applicable per the ISP or physician orders?**

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 7.- Does the provider monitor tube feedings, if applicable per the ISP or physician orders?**

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 8.- Does the provider monitor weight fluctuations, if applicable per the ISP or physician orders?**

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 9.- Does the provider monitor positioning protocols, if applicable per the ISP or the physician orders**

- YEs
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 10.- Does the provider monitor bowel movements, if applicable per the ISP or the physician orders?**

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 11.-** Is the DSP, TME or appropriate staff able to describe their responsibilities as identified in the "interventions" section of the HCMP?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 12.-** Are staff implementing clinical therapy recommendations (OT, PT, S/L, psychology, nutrition)?

- a. OT
- 
- b. PT
- 
- c. S/L
- 
- d. Psychology
- 
- e. Nutrition
- 
- g. Other

Comment:

**DAY NURSING REVIEW 11. 13.-** If the person has a dining protocol, is it being followed?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 14.-** Is there evidence that the staff was trained on the updated HCMP within the required time frame?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 15.-** If the person's HCMP was revised and/or updated, is the day program aware of the revisions?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 16.-** If the person's HCMP was revised and/or updated, was the day program staff trained on the revisions?

- Yes
- No
- N/A



Comment:

**DAY NURSING REVIEW 11. 17.-** Does the Day Provider's QDDP (or other appropriate staff in waiver programs) monitor the person's HCMP?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 18.-** Do nursing assessments meet professional standards as reflected in the DDS H&W Standards and the Scope and Standards of Practice for the RN and LPN?

- Yes
- No

Comment:

**DAY NURSING REVIEW 11. 19.-** Is the person's HCMP revised and/or updated according to DDS H&W Standards? (i.e. within 7 days of the identification of the new health concern? Urgent health concerns HCMP should be updated immediately)

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 20.-** Are all required recommendations/assessments current, incorporated in the ISP, and implemented as per DDS H&W Standards?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 21.-** If applicable, are medication errors handled according to DC DDS H&W Standards?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 22.-** Is there a current BSP being followed per DDS H&W Standards

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 23.-** Is there evidence that the Day Provider Nurse has completed all four modules of DC DDS' Online Nurse Competency Program? (Required for new nurses 2015)

- Yes
- No
- N/A

**DAY NURSING REVIEW 11. 24.-** Is there evidence that the RN has ensured the coordination of health care services and reflected such in the nursing, therapeutic service, primary care, and specialty care progress notes?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 25.-** For people experiencing a decline in health, is there evidence that a comprehensive plan of care is documented by the PCP, the DDS Service Coordinator, and/or Day Program RN in the health record progress notes?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 26.-** Are the DSP, TME, or other staff knowledgeable of the intended effects and possible side effects of the medication the person receives?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 27.-** Are required medications available, properly stored, and administered by appropriate staff (including PRN)?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 28.-** Is there evidence that the RN has followed all the requirements for delegation as outlined by the DC Board of Nursing?

- Yes
- No
- N/A

Comment:

**DAY NURSING REVIEW 11. 29.-** Does nursing care meet professional standards?

- Yes
- No
- N/A

If no, cite the circumstances and the specific professional standard and DDS H&W Standard and Nursing Practices Act:

**DAY NURSING REVIEW 11. 30.-** In your professional judgement as a RN: Are the person's serious physical health care needs met?

- Yes
- No
- N/A

If no, cite the circumstances and the specific professional standard and DDS H&W Standard and Nursing Practices Act:

**DAY NURSING REVIEW 11. 31.-** In your professional opinion, are measures being taken to ensure this person is protected from harm?

- Yes
- No

Comment:

**DAY NURSING REVIEW 11. 32.-** Issues/Recommendations:

**DAY NURSING REVIEW 11. 33.-** Reviewer's Name/Title:

**DAY NURSING REVIEW 11. 34.-** Date(s) of Review:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 1.-** Has a restrictive control been implemented (BSP or other restriction)?

- Yes
- No

Date BSP or other restriction approved:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 2.-** Informants

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 3.-** Sources of information

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 4.-** If the person has a restricted control are they supported by a BSP or is there proper documentation of their decision to opt out?

- Yes
- No
- N/A

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 5.-** Is the person prescribes psychotropic medications?

- Yes
- No

Comment:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 6.-** Is there documentation that the person and/or legal guardian/surrogate decision-maker provided informed consent for the use of a BSP and/or psychotropic medication(s)?

- Yes
- No
- N/A

Comment:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 7.- Is the BSP being implemented?**

- Yes
- No
- N/A

Comment:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 8.- Has the BSP been approved by the RCRC?**

- Yes
- No
- N/A

Comment:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 9.- Does behavior data collected indicate the plan is effective?**

- Yes
- No
- N/A

Comment:

**DAY PROGRAM BEHAVIORAL HEALTH CARE 12. 10.- Issues/Recommendations:**

**SERVICE COORDINATION 13. 1.- Service Coordinator's Name:**

**SERVICE COORDINATION 13. 2.- Is there evidence that eight visits have occurred in one year?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION 13. 3.- Does the Service Coordinator maintain a caseload of no more than 30 people?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION 13. 4.- Is there evidence the Service Coordinator has received required training?**

- Yes
- No
- CND

Comment:

**SERVICE COORDINATION 13. 5.- Was the Service Coordinator able to describe the person's preferences?**

- Yes
- No

Comment:

**SERVICE COORDINATION 13. 6.- Was the Service Coordinator able to describe the person's significant issues?**

- Yes
- No

Comment:

**SERVICE COORDINATION 13. 7.- Is the Service Coordinator able to describe the goals & outcomes contained in the ISP?**

- Yes
- No

Comment:

**SERVICE COORDINATION 13. 8.- Is the Service Coordinator able to describe the person's health needs?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION 13. 9.- Are the person's health needs being met?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION 13. 10.- Is the Service Coordinator ensuring delivery of services as outline in the ISP?**

- Yes
- No

Comment:

**SERVICE COORDINATION 13. 11.- If the person is supported by a BSP, is the Service Coordinator able to discuss the reason for BSP?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION 13. 12.- Is the BSP effective?**

- Yes
- No
- N/A

Comment:

**SERVICE COORDINATION** 13. 13.- If the answer to 12 is no, has the Service Coordinator called the team together to propose changes?

- Yes
- No
- 

Comment:

**SERVICE COORDINATION** 13. 14.- Issues/Recommendations:

**SERVICE COORDINATION** 13. 15.- Date(s) of interview:

## QUALITY TRUST