

Lakeshore Regional Partners Site Review Tool

Date/Time of Review: _____

Organization: _____

Reviewers: _____

Services Reviewed: _____

Certified for What Populations? _____

Home Manager: _____

Type of Home: _____

License Effective Date: _____

License Expiration Date: _____

Number of Licensed Beds: _____

Telephone Number: _____

Reviews (Check Indicates Completed):

_____ Facility

_____ Policies and Procedures

_____ Health and Safety

_____ Quality Assurance

_____ Medications

_____ Training (Per CMH Contract)

_____ Emergency Procedures

_____ Personnel Files (Per CMH Contract)

_____ Record Review

_____ Recipient Rights (Muskegon & Ottawa)

CMH Reviewer Signature

CMH Reviewer Signature

Home Manager Signature

Follow-Up Information:

CMH needs to: _____

Provider needs to: _____

Lakeshore Regional Partners Site Review Tool

FACILITY		
1	<p>If the home is handicap accessible, the adaptive devices are in good working order.</p> <ul style="list-style-type: none"> • Handrails/grab bars sturdy • Power doors • Installed lifts • Other <p>MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
2	<p>Facility Structure - Exterior: From the outside, home <i>appears</i> to be in good repair and well maintained (no obvious maintenance, safety issues)</p> <ul style="list-style-type: none"> • Decks and ramps • Exterior walls • Doors • Windows/screens • Stairways • Sidewalks (buckled cement, snow cleared, etc.) • Attached structures <p>BCAL R400.1426(FH) BCAL R400.14403(SGH) BCAL R400.15403(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
3	<p>Grounds & Premises <i>appear</i> well maintained and free of any obvious hazards, litter, refuse, etc.</p> <p>BCAL R400.1426(FH) BCAL R400.14403(SGH) BCAL R400.15403(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
4	<p>Interior Cleanliness</p> <ul style="list-style-type: none"> • Proper food storage – in sanitary environment (food and non-food items stored separately) • Clean work surfaces, utensils and equipment • Clean appliances • Clean flooring • Clean bathrooms • Garbage, litter and clutter is minimal • Garbage disposed in a manner that discourages insects, rodents and vermin • Odor-free • Home furnishings, flooring and walls are clean and in good repair <p>BCAL R400.14401 BCAL R400.14403 #2 MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>

Lakeshore Regional Partners Site Review Tool

5	<p>Interior Safety</p> <ul style="list-style-type: none"> • Dryer and other vents unobstructed • Clothes dryer exhaust duct is metal material • Electrical outlets are not overloaded • Adapters and extension cords not used • No exposed wiring • Light fixtures are working properly • All switches and outlets have secured cover plates <p>MDCH 2015 Site Review</p>	2 1 0 NA NS
6a	<p>Homes with residents on the HAB Waiver The facility has a home-like atmosphere.</p> <ul style="list-style-type: none"> • Free of video cameras or monitoring equipment. • Kitchen with cooking functions where residents may, with assistance as needed, get a snack or prepare meals. • Small family-sized dining area. • Personal space that the resident can decorate to his/her own taste. • Private space to visit with friends & family at times of preference and convenience of the resident. <p>CMS Guidance on Home and Community-Based Waivers</p>	2 1 0 NA NS
6b	<p>For homes with <u>NO</u> residents on the HAB Waiver The facility appears safe and is furnished in a pleasing manner.</p> <p>MDCH 2015 Site Review</p>	2 1 0 NA NS
7	<p>Poisons, caustics, and other dangerous materials shall be stored and safeguarded in non-resident areas and in non-food preparation storage areas.</p> <p>BCAL R400.14401(SHG)/R400.15401(LGH) MDCH 2015 Site Review</p>	2 1 0 NA NS
8	<p>Maintenance of Personal Equipment. There is evidence of routine maintenance of:</p> <ul style="list-style-type: none"> • Assistive Technology • Portable Lifts • Hospital Beds • Other • Oxygen Supplies • Glucometer • Scale • Nebulizer • C-pap Equipment • Other <p>MDCH 2015 Site Review</p>	Y/N NA NS

Lakeshore Regional Partners Site Review Tool

9	<p>There is one week of food menus posted including:</p> <ul style="list-style-type: none"> • Special diets <i>as prescribed by doctor</i> (diabetic, low sugar, low salt, low calorie, etc.) • Snack choices • Alternative meals offered • Changes to menu <p>MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
10	<p>Residents' personal care items separate and labeled. Examples:</p> <ul style="list-style-type: none"> • Tooth brush/toothpaste/mouthwash • Hair brush • Shampoo/Hair products • Soap • Other <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
HEALTH & SAFETY		
1	<p>Food is stored at a safe temperature.</p> <ul style="list-style-type: none"> • Freezer: <0 degrees • Refrigerator: < 40 degrees <p>BCAL R400.14401 (SHG) BCAL R400.15401 (LGH) BCAL R400.1425 (FH) MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
2	<p>If smoking is permitted, an outside area is designated.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
3	<p>There is a fire-safe container available for used cigarettes.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
4	<p>Poison Control number is clearly posted. (800-222-1222)</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
5	<p>First Aid Kits are complete and readily accessible.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
6	<p>Spill Kit is complete and readily accessible. Should include:</p> <ul style="list-style-type: none"> • Absorbent Material • Antiseptic Cleansing Wipes • Biohazard Bags • Body Fluid Pick-up Guide • Disposable Gloves • Disposable Clean-up Towels • Disposable Gown • Disposable Shoe Covers • Eye Shields • Germicidal Wipes • Scooper <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>

Lakeshore Regional Partners Site Review Tool

7	<p>Emergency bag (best practice: wheeled) complete in home? Van?</p> <ul style="list-style-type: none"> • Blankets & raincoats (enough for each resident) • Battery-operated radio • Flashlight • Appropriate batteries (best practice: packaged) • Resident Profiles (meds, physician/allergies, guardian, etc.) • First Aid Kit Disposable Briefs (if appropriate) • Wet wipes/hand sanitizer • Disposable gloves • Keys to van & house • Other: cell phone, flares, reflectors for van, etc. • Food Items (best practice: expiration date labeled) • Bottled water (best practice: expiration date labeled) • Sugar-free and other special foods if necessary • Staff telephone numbers • Process to contact others (management, staff) • Checklist to monitor bag includes the following information: <ul style="list-style-type: none"> • Who completed list • Completeness of Bag(s) • Frequency of monitoring • Needs identified/implemented <p>MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
8	<p>Weather or battery-operated radio is accessible and in working order.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
9	<p>Transportation</p> <ul style="list-style-type: none"> • Program has adequate transportation to meet the needs of the home. • Program vehicle(s) appear to be safe, well maintained and in good operating condition (maintenance logs/records/receipts); first aid kit present. <p>BCAL R400.14319(SGH) BCAL R400.15319(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
MEDICATIONS		
1	<p>There is a system for medication administration and procedures in place that include written procedures are in place for:</p> <ul style="list-style-type: none"> • Receiving, filing and documenting new physician orders • Ordering/receiving monthly/annual medications from the pharmacy • Controlled substance counts • Medication disposal • Medications for residents on leave of absence (LOA) <p>BCAL R400.1418(FH) BCAL R400.14312(SGH) BCAL R400.15312(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>

Lakeshore Regional Partners Site Review Tool

2	Refrigerated and non-refrigerated medications are properly stored, locked, and monitored. BCAL R400.14312 (SGH) BCAL R400.15312 (LGH) MDCH 2015 Site Review	Y/N NA NS
3	Topical and oral medications are maintained separately. MDCH 2015 Site Review	Y/N NA NS
4	All medications either prescribed or over the counter are not expired. MDCH 2015 Site Review	Y/N NA NS
5	Staff can express what to do if and when there is a medication error. Incident Reports have been written as required. The home/management has identified trends. MDCH 2015 Site Review	2 1 0 NA NS
EMERGENCY PROCEDURES		
	If anyone in the home has a hearing impairment, is he/she adequately alerted to smoke or fire danger, by means such as: <ul style="list-style-type: none"> • Lights • Bed shaker • 1:1 staff • Other BCAL R330.1803 Certification of Specialized Programs MDCH 2015 Site Review	Y/N NA
2	There is documentation in the home that the alarm system is inspected each year by a licensed electrician or fire inspector as required. BCAL R330.1803 Certification of Specialized Programs MDCH 2015 Site Review	Y/N NA NS
3	If system has emergency lighting, tests are conducted routinely and documented. Test: Pass___ Fail___ MDCH 2015 Site Review	Y/N NA NS
4	Carbon monoxide and smoke detectors are installed and tested as recommended by the manufacturer. Documentation is present. MDCH 2015 Site Review BCAL R400.14505	Y/N NA NS
5	Fire extinguishers are present on each occupied floor and the basement*, properly charged (indicator arrow is within the green gauge) and are monitored and serviced as needed (minimally annually). Documentation is present. *BCAL R400.2245(FH) *BCAL R400.14506(SGH) *BCAL R330.1803 Certification of Specialized Programs MDCH 2015 Site Review	2 1 0 NS

Lakeshore Regional Partners Site Review Tool

6	<p>Fire exits and hallways are free of obstructions and clear for evacuation.</p> <p>BCAL 400.2243(FH & SGH) MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
7	<p>Fire drills are conducted per AFC Licensing standards, properly documented and evaluated.</p> <ul style="list-style-type: none"> “A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.” “A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 drills shall be conducted during sleeping hours.” <p>BCAL 330.1803 Certification of Specialized Programs MDCH 2015 Site Review</p>	<p>2 1 0 NS</p>
8	<p>Fire drill logs support that fire drills are typically under three minutes. Fire evacuation problems are identified, addressed and documented.</p> <p>BCAL 330.1803 Certification of Specialized Programs AFC Administrative Rules BCAL R400.14318 BCAL R400.15318 MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
9	<p>Current E-Scores are available for home and each dependent person*. *Dependent persons include children and other dependent adults in Family AFC homes.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
10	<p>Emergency evacuation maps/routes are displayed in prominent locations.</p> <p>BCAL 400.14507(SGH) BCAL 400.15507(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NS</p>
11	<p>Written evacuation procedures are present that detail how to evacuate in the safest and most efficient manner.</p> <p>BCAL 400.1438(FH) BCAL 400.14318(SGH) BCAL 400.15318(LGH) MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
12	<p>Fire plan details any client-specific information that impacts evacuation. Example:</p> <ul style="list-style-type: none"> Sally is blind and needs 1:1 assistance Joe can independently evacuate Ken typically refuses or is resistant <p>BCAL R400.1438 (FH) BCAL R400.15318 (SHG) BCAL R400.15318 (LGH) MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
13	<p>Annual tornado drill is properly documented and evaluated during tornado season (Apr. – Oct.).</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
14	<p>There is a designated tornado area.</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>

Lakeshore Regional Partners Site Review Tool

RECORD REVIEW		
Site Record Review		
1	Each site of service maintains a copy (electronic or hard copy) of the current Individual Plan of Service/Treatment Plan (IPOS/TP), including Ancillary Plan(s) (as applicable: ex., Behavior Treatment Plan, Nursing Plan, Care Plan/protocols, OT, PT, etc.), created by the primary provider and of all Plan Reviews for the planning cycle. MDCH 2015 Site Review	Y/N NA NS
2	The name, address, and telephone number of guardian/emergency contact is in the resident record. MDCH 2015 Site Review	Y/N NA NS
3	Authorization for release and/or exchange of information with the identified parties are signed by the appropriate parties (Individual/guardian, program representative, etc.) and are up-to-date. MDCH 2015 Site Review	Y/N NA NS
4	Information/instruction to assist in responding to medical emergencies that may occur to this individual while under the care of program is available and readily accessible. MDCH 2015 Site Review	Y/N NA NS
5	Documentation of service delivery is consistent with the Individual Plan of Service/Treatment Plan. MDCH 2015 Site Review	Y/N NA NS
COORDINATION OF CARE		
1	Documented evidence of contact with Primary Service Provider (Case Manager, Supports Coordinator), other service providers, family and other relevant parties. BCAL R400.14311 (SGH) BCAL R400.15311 (LGH) MDCH 2015 Site Review (Clinical Review)	Y/N NA NS
2	Documented evidence of contacts with Primary Care Physician/ other health care professionals. There is evidence that the individual is receiving medical attention adequate to his/her needs (Evidence: Service Notes, Incident Reports, Specific health care tracking forms, Medical appointment slips/documents, documented evidence of contact/exchange of information w/ health care professionals). BCAL R400.1416 (FH) BCAL R400.14310 (SGH) BCAL R400.15310 (LGH) MDCH 2015 Site Review (Clinical Review)	Y/N NA NS
MEDICAL MANAGEMENT		
1	Staff have access to Drug Information for the medications being administered, including the purpose and potential side effects. MDCH 2015 Site Review	Y/N NA NS

Lakeshore Regional Partners Site Review Tool

2	Medication list/chart matches the doctor's prescriptions/orders and/or packaging/labels, discontinuations and med changes. BCAL R400.1418 (FH) BCAL R400.14312 (SGH) BCAL R400.15312 (LGH) MDCH 2015 Site Review	Y/N NA NS
3	Medication administration is properly documented (staff initials for every administration for the period reviewed, proper documentation of problems/variations, etc.). BCAL R400.1418 (FH) BCAL R400.14312 (SGH) BCAL R400.15312 (LGH) MDCH 2015 Site Review	Y/N NA NS
4	PRN medications include parameter for use and when administered, the reason is given and the results are clearly documented on the Medication Administration Record (MAR). BCAL R400.14312 (SGH) BCAL R400.15312 (LGH) MDCH 2015 Site Review	2 1 0 NA NS
RESIDENT FUNDS		
1	If the provider takes responsibility for the funds of clients, it can produce: <ul style="list-style-type: none"> • Current cash, checks, or gift cards on hand for each client • All receipts (including date of expenditure, purpose, and receipt and deposit documents) Are purchases apparently for someone other than the resident? Who is performing routine audits? MDCH 2015 Site Review BCAL R400.1421 (FH) BCAL R400.14315 (SGH) BCAL R400.15315 (LGH)	Y/N NA NS
POLICIES & PROCEDURES		
1	Pet Policy: Program has comprehensive policy for the conditions and guidelines for animals at the facility. Policy must include the maintenance of animal health records and the facility cleaning while animals are present. (if applicable) MDCH 2015 Site Review	Y/N NA NS
2	Volunteer Policy: Program has comprehensive policy for the conditions and guidelines for volunteers at the facility. Minimally the policy must include guardian permissions, training, confidentiality, and supervision requirements (if applicable). MDCH 2015 Site Review	Y/N NA NS

Lakeshore Regional Partners Site Review Tool

3	<p>There are written Emergency Procedures for:</p> <ul style="list-style-type: none"> • Bio-Terrorism Plan • Bomb Threat • Chemical/Biological Threat • Driving Accident and Emergencies • Emergency Shelter (Interim & Overnight) • Fire/Life Safety • Flood • Medical Emergency/Death • Elopement/Missing Person • Power Shortage • Water Shortage • Severe Weather <p>MDCH 2015 Site Review</p>	<p>(Weighted)</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p> <p>Y/N/NA/NS</p>
QUALITY ASSURANCE		
1	<p>Staff meeting minutes are maintained, including information regarding:</p> <ul style="list-style-type: none"> • Date and time of meeting • Staff present and absent • Subject(s) discussed (in detail) Examples: • Resident safety issues, i.e. gait belts, swallowing, elopement, choking, etc. • Resident health issues, i.e. diabetes, seizure disorders, skin care, tube feeding, etc. • CMH professional in-services for Individual Plan of Service (IPOS), Nursing Plans, Behavior Treatment Plans, OT Plans, etc. • Home operations, i.e. resident issues, staff issues, scheduling, maintenance, etc. • If training was provided, who provided it? • In-services must include staff sign-in sheet. <p>MDCH 2015 Site Review</p>	<p>Y/N</p> <p>NA</p> <p>NS</p>
2	<p>There is evidence of staff assignments for each shift, planned in advance.</p> <p>BCAL R400.14208 (SGH)</p> <p>BCAL R400.15208 (LGH)</p> <p>MDCH 2015 Site Review</p>	<p>Y/N</p> <p>NA</p> <p>NS</p>

Lakeshore Regional Partners Site Review Tool

3	<p>There is sufficient staff to implement IPOSs based on what the plans require.</p> <p>BCAL R400.14206 (SGH) BCAL R400.15206 (LGH) MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
4	<p>There is a plan for short staffing. On-call?</p> <p>BCAL R400.1404 (FH) MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
5	<p>There is evidence of shift-to-shift communication. (Ex., Log of shift notes, medication changes.) How are staff meeting minutes communicated to staff not in attendance?</p> <p>MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
6	<p>Overall, there is evidence of the opportunity for active engagement of the residents in and out of the home at the residents' convenience. There are opportunities to engage in scheduled and unscheduled recreational activities in the community and at home, including individually and with others. (If "No", please document why.)</p> <p>CMS MDCH 2015 Site Review</p>	<p>Y/N NA NS</p>
7	<p>There is evidence (meeting notes, resident conversation, etc.) of resident choice such as:</p> <ul style="list-style-type: none"> • Menu • Bedtime • Clothing • Activities • Making phone calls <p>CMS MDCH 2015 Site Review</p>	<p>2 1 0 NA NS</p>
<p>TRAINING (per CMH Contractual Agreement)</p>		
1	<p>Providing Residential Services in Community Settings (Muskegon, Ottawa, West Michigan) (Group Home Trainings to be completed within 60 days of hire.)</p> <ul style="list-style-type: none"> • Introduction to Community Residential Services/Role of Staff-Trainer-Coach (or of Direct Staff) • RR within 30 Days of Hire(exception) • Nutrition & Food Safety • Environmental Emergencies • Introduction to Working with People with MI/DD • Basic Health & Medications • Advanced Health & Medications • CPR/First Aid • Non-Aversive Techniques • Documentation <p>BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement</p>	

Lakeshore Regional Partners Site Review Tool

2	RR within 30 Days of Hire and Annually or per CMH Standard BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
3	Working with People (Human Needs and Communication) BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
4	Emergency In-Home Training/Environmental Emergencies BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
5	CPR/First Aid (Updates According to Re-Certification Requirements) BCAL R330.1806 Certification of Specialized Programs MDCH Medicaid Provider Manual CMH Contractual Agreement	
6	Orientation to Community Living (Allegan) BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
7	Health BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
8	Documentation/Charting BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
9	Nutrition & Food Safety BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
10	Medication Administration (Updates per CMH Standard) BCAL R330.1806 Certification of Specialized Programs CMH Contractual Agreement	
11	IPOS Training (for each resident) BCAL R330.1806 Certification of Specialized Programs MDCH Medicaid Provider Manual (HAB Beneficiaries) CMH Contractual Agreement	
12	Ancillary Plans Training (each applicable resident) BCAL R330.1806 Certification of Specialized Programs MDCH Medicaid Provider Manual (HAB Beneficiaries) CMH Contractual Agreement	
13	Cultural Competency (Ongoing-per CMH Standard) CMH Contractual Agreement	
14	Safety/Crisis Planning (Network 180) CMH Contractual Agreement	
15	Limited English Proficiency (LEP) CMH Contractual Agreement	
16	Corporate Compliance/False Claims Act (Annually-includes Deficit Reduction Act) CMH Contractual Agreement	

Lakeshore Regional Partners Site Review Tool

17	Person-Centered Planning (Ongoing-per CMH Standard) CMH Contractual Agreement	
18	Bloodborne Pathogens/Standard Precautions (Annually) MDCH Medicaid Provider Manual CMH Contractual Agreement	
19	Physical/Non-Physical Interventions (i.e. NAPPI, CPI, Mandt, etc.) (Annual Update) CMH Contractual Agreement	
20	HIPAA/HiTech Act (Annually) CMH Contractual Agreement	
21	Positive Techniques for Challenging Behavior (Muskegon & Ottawa) CMH Contractual Agreement	
22	Other training as needed to provide high quality service (Lifts & Transfers, Seizure Awareness, Culture of Gentleness, Stages of Change, Mental Illness, Positive Behavior Supports, Knowledge of Population Being Served, etc.) CMH Contractual Agreement	
PERSONNEL FILES (per CMH Contractual Agreement)		
1	Criminal Background Check (prior to hire and ongoing) MDCH CMH Contractual Agreement	Y/N
2	Corporate Compliance Checks/Exclusion/Debarment Check - OIG (prior to hire and ongoing) MDCH CMH Contractual Agreement LRP Corporate Compliance Policy	Y/N
3	TB Test (3 yrs.) for residential services. TB test at hire for others. BCAL R400.1405 (FH) BCAL R400.14205 (SGH) BCAL R400.15205 (LGH) MDCH 2015 Site Review	Y/N
4	Evidence of 18 years or older. MDCH Medicaid Provider Manual BCAL 400.14208 (SGH) BCAL 400.15208 (LGH) MDCH 2015 Site Review	Y/N
5	Job descriptions are present. BCAL 400.14207 (SGH) BCAL 400.15207 (LGH) MDCH 2015 Site Review	Y/N

Lakeshore Regional Partners Site Review Tool

6	There is documented evidence of verification of status of driver's license at the time of hire and ongoing. BCAL R400.14319 (SHG) BCAL R400.15319(LGH) MDCH 2015 Site Review	Y/N NA
RECIPIENT RIGHTS (RR) (For Muskegon and Ottawa CMHs Only)		
	Notification of Rights	
1	Is there a current and signed Resident Care Agreement found in the record indicating that recipients and, if applicable, legal representatives were notified of rights upon admission and annually. (Found in the Resident Care Agreement)	Y/N NA
	Informed Consent	
2	Are current, signed consents to emergency and ongoing medical care found in each recipient's record?	Y/N NA
	Communication	
3	Is the telephone accessible and does it allow for privacy?	Y/N NA
4	Are the funds for phone use and postage available for those who need them? (Local calls and letters only)	Y/N NA
5	Does the home have house rules, are they posted and consistent with the MH Code? Have they changed in the last year? Attach a copy of current/updated house rules.	Y/N NA
6	If there are no written house rules, do residents have access to unlimited amenities such as phone, mail, visitors, etc.? (Written house rules are required to be posted when limitations apply.) Limitations include: ___ Phone ___ Visiting Hours ___ Curfew ___ Other, please specify.	Y/N NA
	Civil Rights	
7	Are appropriate accommodations made for persons with physical disabilities and is facility barrier-free as needed? (e.g., sign language, communication boards, showers, ramps, etc.)	Y/N NA
	Confidentiality	
8	Are records or other confidential information secured and is there no other evidence that confidentiality is, or is at risk of being breached? (First names only; no pictures on outside of the binder.)	Y/N NA
	Seclusion and Restraint	
9	This home is free from the use of restraints and seclusion.	Y/N NA
10	If the service site is a CCI, does the use of seclusion and restraint conform to State and Federal requirements?	Y/N NA

Lakeshore Regional Partners Site Review Tool

	Rights System	
11	Are the following available and/or posted:	
	Summary of Rights booklets	Y/N
	Abuse and Neglect Reporting Poster	Y/N
	Complaint Forms	Y/N
	Incident Report Forms	Y/N
	Summary of the Whistleblowers Act	Y/N
12	Address and telephone number of the Recipient Rights Officer is posted in a conspicuous location on the Recipient Rights poster.	Y/N
	Training	
13	Does the provider attend the CMHSP RR ORR-approved training or use a curriculum approved by ORR?	Y/N NA
	Policies and Procedures	
14	Were RR policies/procedures found on site or readily accessible?	Y/N NA
ADDITIONAL COMMENTS		