

**ABA Provider Reviews Standards
FY2022**

Agency Name:		Center Name:	Center Address:
	Standard/Requirement – Facility Review Standards	Evidence of Compliance May Include:	
1.0	Facility Maintenance and Cleanliness		
1.1	If the facility is handicap accessible, the adaptive devices are in good working order.	<ul style="list-style-type: none"> • Power Doors • Ramps • Handrails/grab bars are sturdy 	
1.2	Facility structure is in good repair and well maintained.	<ul style="list-style-type: none"> • No obvious maintenance, safety issues. • Examples: interior/exterior walls, doors, stairways, sidewalks, windows 	
1.3	Exterior is clean, maintained, and inviting.	<ul style="list-style-type: none"> • Grounds and premises are well maintained and free of litter, refuse, weeds, leaves and spiderwebs. • Snow and ice cleared • Landscaping maintained 	
1.4	Interior is clean, maintained, and inviting.	<ul style="list-style-type: none"> • Clean work surfaces, equipment, flooring, bathrooms. • Garbage, litter, and clutter is minimal • Garbage disposed of in a manner that discourages insects and rodents. • Furnishings are clean and in good repair • Odor Free • Toys, reinforcers, and other materials are organized and stored properly. 	
2.0	Health and Safety		
2.1	Interior is free of safety concerns.	<ul style="list-style-type: none"> • Electrical outlets are not overloaded. • There is no exposed wiring. • Light fixtures are working properly. • All switches and outlets have secured cover plates. 	

		<ul style="list-style-type: none"> • Wall furnishing are secure • Heavy objects are stored low • Hallways are passable and free of obstructions • Hazardous materials are secured stored (cleaning supplies)
2.2	Poison Control number is clearly posted.	(800-222-1222)
2.3	First aid kits are complete and readily accessible.	Well stocked
2.4	MSDS Guidelines are available.	Paper form or online Website: https://www.osha.gov/Publications/OSHA3514.pdf
2.5	Spill Kits are complete and readily accessible.	Well stocked
2.6	Agency specific emergency numbers are clearly posted.	
3.0	Specialized Care Needs	
3.1	Procedures and trainings are in place for client specific medical needs.	<p>Staff receive training and there is a written procedure in place for medical needs:</p> <ul style="list-style-type: none"> • Feeding Tube • Catheter • Diabetes • Seizures • Other
3.2	Policies, procedures, and trainings are in place for medication administration including rescue medications.	<ul style="list-style-type: none"> • Medication administration policy is in place. • Receiving, filling, and documenting physician orders • Refrigerated and non-refrigerated medications are properly stored, locked, and monitored • Staff receive training and there is a written procedure in place for rescue medication administration (Diastat, Epi Pen, Glucagon).
3.3	Annual CMHSP IPOS is available to the ABA treatment team.	A copy of each client's IPOS is available for review upon request.
4.0	Emergency Procedures	

4.1	Facility is equipped with smoke and carbon monoxide detectors.	<ul style="list-style-type: none"> • Fire alarm system or smoke detectors and carbon monoxide detectors are installed. • Documentation of annual inspection or testing. • If system has emergency lighting, tests are conducted routinely and documented.
4.2	Facility is equipped with fire extinguishers.	<ul style="list-style-type: none"> • Fire extinguishers are present on each occupied floor. • Fire extinguishers are properly charged (indicator arrow is within the green gauge) • Fire extinguishers are monitored and serviced as needed (minimally annually) Documentation is present.
4.3	Emergency evacuation plan is in place.	<ul style="list-style-type: none"> • Emergency evacuation maps/routes are displayed in prominent locations. • Written evacuation procedures are present that detail how to evacuate in the safest most efficient manner including any client specific information that impacts evacuation. • Fire exits and hallways are free of obstructions and clear for evacuation.
4.4	Fire drills are conducted quarterly.	<ul style="list-style-type: none"> • Fire drills are conducted quarterly and properly documented.
4.5	There is designated tornado area and annual tornado drill is conducted.	Annual tornado drill is conducted and documented. There is a designated and labeled tornado area.
5.0	Emergency Policies	Written policy is in place and reviewed by all staff for the following:
5.1	Active Shooter	
5.2	Bomb Threat	
5.3	Driving Accident and Emergencies	
5.4	Fire Safety	

5.5	Flood	
5.6	Medical Emergency/Death	
5.7	Elopement/Missing Person	
5.8	Power Outage	
5.9	Severe Weather	
5.10	Water Outage	
6.0	Recipient Rights	
6.1	Recipient Rights booklets are readily available for review by clients and staff.	<ul style="list-style-type: none"> • Booklets are placed in a location to visible to clients, families, and staff. • Booklets provide the correct information for contacting the appropriate Right's office for each CMHSP served.
6.2	Posters providing contact information for the Rights Office of each CMHSP served is conspicuously posted and visible to consumers and staff?	<ul style="list-style-type: none"> • Posters provide the correct contact information for each CMHSP served.
6.3	Complaint forms are readily available.	<ul style="list-style-type: none"> • Complaint forms are displayed in a location which is easily accessible for clients, families, and staff.
6.4	Staff, clients, and families are aware of how to file a complaint.	<ul style="list-style-type: none"> • Staff training records • Parent Handbooks • Policies/Procedures
6.5	The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	
6.6	Records and other confidential information are secure and not open for public inspection.	
6.7	Whistleblower's Act is clearly displayed for staff to see.	