

Audit

DIT NAME 022 SUD Residential Facility		PASSING %	
Consumer	linked to this audit	Staff Audit	
		SECTIONS	
	Facility Review Standards		
		SECTION QUESTIONS	
Ques			
1	1a. Building is handicap accessible with ramp and wheelchair access	Yes/Partial/No	N/A
2	1b. Handrails and grab bars are in good working order	Yes/Partial/No	N/A
3	2a. From the outside, home appears to be in good repair and well maintained (no obvious maintenance, safety issues)	Yes/Partial/No	N/A
4	2b. Decks and Ramps (need safety rails)	Yes/Partial/No	N/A
5	 Grounds & Premises appear well maintained and free of obvious hazards, litter, refuse, etc. 	Yes/Partial/No	N/A
6	4a. Proper food storage-in sanitary environment (food and non-food items stored separately).	Yes/Partial/No	N/A
7	4b. Clean work surfaces, utensils and equipment	Yes/Partial/No	N/A
8	4c. Clean Bathrooms	Yes/Partial/No	N/A
9	5. Clothes dryer exhaust duct is metal material	Yes/Partial/No	N/A
10	If smoking is permitted, an outside area is designated	Yes/Partial/No	N/A
11	7. There is a fire-safe container available for used cigarettes	Yes/Partial/No	N/A
12	8a. Does the Program have transportation available to transport individuals receiving services	Yes/Partial/No	N/A
13	8b, Provider has vehicle maintenance records?	Yes/Partial/No	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE 2 SUD Health and Safety Review

SECTION QUESTIONS

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Questions			
1	1a. Freezer < 0 degrees	Yes/Partial/No	N/A
2	1b. Refrigerator: < 40 degrees	Yes/Partial/No	N/A
3	2. Emergency numbers	Yes/Partial/No	N/A
4	3. Poison Control number is clearly posted (800-222-1222)	Yes/Partial/No	N/A
5	4. First aid kits are complete and readily accessible	Yes/Partial/No	N/A
6	5. MSDS Guidelines are available (either paper form or online)	Yes/Partial/No	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

3 SUD Emergency Procedures

		SECTION QUESTIONS	
Questions			
1	1. There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required	Yes/Partial/No	N/A
2	2a. If system has emergency lighting, tests are conducted routinely and documented	Yes/Partial/No	N/A
3	2b. Carbon Monoxide: Installed and tested and Documentation is present.	Yes/Partial/No	N/A
4	2c. Smoke Detectors: Installed and tested and Documentation is present.	Yes/Partial/No	N/A
5	2d. Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is present	Yes/Partial/No	N/A
6	3. Fire exits and hallways are free of obstructions and clear for evacuation	Yes/Partial/No	N/A
7	4. Fire drills are conducted and documented	Yes/Partial/No	N/A
8	5. Emergency evacuation maps/ routes are displayed in prominent locations.	Yes/Partial/No	N/A
9	6. Annual tornado drill is conducted and documented during season (Apr-Oct)	Yes/Partial/No	N/A
10	7. There is designated tornado area	Yes/Partial/No	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE

4 SUD Medication Review

SECTION QUESTIONS

Questi	ons		
1	1. There is a procedure for controlled substance counts	Yes/Partial/No	N/A
2	2. There is a procedure for medication disposal	Yes/Partial/No	N/A
3	3. Refrigerated and non- refrigerated medications are properly stored, locked and monitored	Yes/Partial/No	N/A
4	4. All medications either prescribed or over the counter are not expired	Yes/Partial/No	N/A
5	5. Medication Incident Reports and follow-up is effective per staff?	Yes/Partial/No	N/A
6	6. Medication administrations are properly documentedstaff initials for every med administration for the period reviewed	Yes/Partial/No	N/A
7	7. The reason the PRN was given is documented	Yes/Partial/No	N/A
8	8. The results of using the PRN medications are clearly documented on the Medication Administration Record (MAR)	Yes/Partial/No	N/A

SECTION QUESTIONS

Questions

NUMBERTITLE 5 SUD Recipient Rights Quality Review

		SECTION QUESTIONS	
Questions			
1	1. Were rights information provided to consumers?	Yes/Partial/No	N/A
2	2. Did the rights information provide the correct information for contacting the appropriate Rights Office?	Yes/Partial/No	N/A
3	3. Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	Yes/Partial/No	N/A
4	4. Did the posters provide the correct information for contacting the appropriate Rights Office? (addresses and telephone numbers)	Yes/Partial/No	N/A
5	5. The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	Yes/Partial/No	N/A
6	6. Were complaint forms readily available?	Yes/Partial/No	N/A
7	7. Were recipients aware of how to file a complaint?	Yes/Partial/No	N/A

8. Were staff aware of how to file a complaint?	Yes/Partial/No	N/A
9. Copies of Chapter 7 and 7a available, or accessible on internet	Yes/Partial/No	N/A
10. A list of items not allowed to be brought into the facility (contraband) is posted. This list is visible to consumers and visitors	Yes/Partial/No	N/A
11. Were records and other confidential information secured and not open for public inspection?	Yes/Partial/No	N/A
12. Incident Report Forms	Yes/Partial/No	N/A
13. Summary of the Whistleblowers Act	Yes/Partial/No	N/A
	 a complaint? 9. Copies of Chapter 7 and 7a available, or accessible on internet 10. A list of items not allowed to be brought into the facility (contraband) is posted. This list is visible to consumers and visitors 11. Were records and other confidential information secured and not open for public inspection? 12. Incident Report Forms 13. Summary of the 	a complaint?Yes/Partial/No9. Copies of Chapter 7 and 7a available, or accessible on internetYes/Partial/No10. A list of items not allowed to be brought into the facility (contraband) is posted. This list is visible to consumers and visitorsYes/Partial/No11. Were records and other confidential information secured and not open for public inspection?Yes/Partial/No12. Incident Report FormsYes/Partial/No13. Summary of theYes/Partial/No

SECTION QUESTIONS

Questions

NUMBERTITLE 6 SUD Policies and Procedures

		SECTION QUESTIONS		
Questi	ons			
1	1. Bio-Terrorism Plan	Yes/Partial/No	N/A	
2	2. Bomb Threat	Yes/Partial/No	N/A	
3	3. Chemical/Biological Threat	Yes/Partial/No	N/A	
4	4. Driving Accident and Emergencies	Yes/Partial/No	N/A	
5	5. Fire / Life Safety	Yes/Partial/No	N/A	
6	6. Testing and Maintenance policy for Carbon Monoxide Detector	Yes/Partial/No	N/A	
7	7. Testing and Maintenance policy for Smoke Detector	Yes/Partial/No	N/A	
8	8. Flood	Yes/Partial/No	N/A	
9	9. Medical Emergency / Death	Yes/Partial/No	N/A	
10	10. Power Shortage	Yes/Partial/No	N/A	
11	11. Water Shortage	Yes/Partial/No	N/A	
12	12. Severe Weather	Yes/Partial/No	N/A	

SECTION QUESTIONS

Questions

SECTIONS

Audit

Section