Observation Form Rev. 12/30/22

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| Agency/Area Program: | Reviewer Name: |
| Staff Name(s)/Title(s): | Review Date/Time (Start & Finish): |
| Focus Sample Participant Name #: | Observation setting or address: |
| BASED ON OBSERVATIONS | YES/NO/NA – NOTES |
| Participants have free access to personal possessions and right to privacy. |  |
| Participants have materials to meet personal needs; i.e., hygiene products, clothing appropriate for the weather and in good repair, coats, bedding, etc. |  |
| Participants report the right to choice of living placement, personal belongings, decorations, clothing, outings in the community, how to spend petty cash, activities in the home, daily schedule, access to phone/internet/television, visitors, etc. |  |
| Any complaints or missing/damaged belongings of the participant have been responded to timely and adequately addressed by the provider. |  |
| Adaptive equipment appears to be in good condition and properly maintained. |  |
| Participants report that staff never borrow their personal property or money. |  |
| Participants are not responsible for payment of damages unless team approved. |  |
| Are approved restrictions being implemented? Any restrictions that are unapproved being utilized? |  |
| Habilitation is observable in practice. |  |
| Participants appear healthy and have no health needs or injuries of unknown origin. |  |
| Participant rights are being protected. |  |
| Interventions to manage negative behaviors are consistent with the participant’s safety plan and not for staff convenience. |  |
| Review of petty cash. |  |
| Staff have access to policies & procedures and participant records |  |
| Staff are able to access first aid & disaster preparedness supplies, contact numbers, etc... to ensure the health and safety needs of participants served. |  |
| Medications are stored appropriately. |  |
| 5-001.02 NON-RESIDENTIAL LOCATION REQUIREMENTS  When a service is provided in a provider-controlled or operated setting outside of the participant’s home, the provider must provide services in a facility or location that: | |
| 1. Is architecturally designed to accommodate the needs of the participant being served; |  |
| 1. Is accessible to the participant, clean, in good repair, free from hazards, and free of rodents and insects; |  |
| 1. Is equipped to provide comfortable temperature and ventilation conditions; |  |
| 1. Has an operable telephone and emergency numbers available; |  |
| 1. Has toilet facilities that are clean and in working order; |  |
| 1. Has eating areas and equipment that are clean and in good repair; |  |
| 1. Is free from fire hazards and contains working smoke detectors; |  |
| 1. Has the furnace and water heater located safely; |  |
| 1. Ensures any firearms on site are in a locked unit and inaccessible to the participant; |  |
| 1. Has an area that is inaccessible to participants in which medications, harmful chemicals, and poisons are stored; |  |
| 1. If it has household pets, keeps the necessary vaccinations current. |  |

Other comments: