

**Office of Health Care Quality
Group Home and Residential Rehab Program
Survey Tool**

Licensee Name			
PRP Affiliated with			
Name of Surveyor		Affiliation	
Agency Contact			
Contact Number			
Type of Survey		Date of Survey	
CSA - Rep		Phone Number	
Administrative Staff			
Site 1		Site 2	Site 3
Program Director			
Rehabilitation Specialist			
Rehabilitation Coordinator			
Program Information			
1	Program Name		Program Type
	Program Address		Gender
	Number of Residents		
2	Program Name		Program Type
	Program Address		Gender
	Number of Residents		
3	Program Name		Program Type
	Program Address		Gender
	Number of Residents		
Program Overview Question and Answer			
	Site 1	Site 2	Site 3
Linkage with PSYCH inpatient facility or detention center			
Staffing Schedule ·General (On-Call& 1 face to face a week) or ·Intensive (Daily support & minimum 40 Hours a week)	General Intensive	General Intensive	General Intensive
Program Hours Director and/or Rehabilitation Specialist			
Rehab Specialist is ·Creative Arts Therapist · Masters in Rehab Counseling PSYCH Rehab,			

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Vocational Rehab, or a Certified Rehab Counselor ·Masters in Therapeutic Rec.											
Date of Last QM and RM Reviews											
Medication Protocol											
Program File Review											
Fire Logs											
Site 1			Site 2			Site 3					
Date	Time	Evacuation time	Date	Time	Evacuation time	Date	Time	Evacuation time			
Documentation Needed					Site 1		Site 2		Site 3		
Residential Specialist Initial and annual Inspection											
Board of Directors /Advisory Committee											
Fire Survey – (6 beds or more) 14.31.07.07 .07A4											
Fleet Insurance											
10.21.22.05 D Relocation Plan											
Temporary living arrangements (if needed)											
Approved by CSA											
Updates annually											
Program Model 10.21.22.06											
Located in a community											
Home like environment											
Promote rehabilitation and integration into community life											
Individual File Review											
1	Program				Medicaid Number						
	Name of Resident				Date of Admission						
2	Program				Medicaid Number						
	Name of Resident				Date of Admission						
3	Program				Medicaid Number						
	Name of Resident				Date of Admission						
					Resident 1			Resident 2		Resident 3	

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Admission Standards GH-10.21.07.03 A			
Did the Resident agree to, in writing, a willingness to comply with the GH Rules and Regulations			
Does the Resident have a primary diagnosis of Alcoholism , drug addiction, or severe brain damage			
Does the Resident show current violent or antisocial behavior			
10.21.21.07 Eligibility & 10.21.07.07			
Services Pre-Authorized by the ASO			
Within 5 days of authorization was a face to face conducted			
Assess Rehabilitation Service Needs			
Willingness to participate			
Within 5 more days was the applicant and ASO notified of acceptance			
10.21.21.07 Enrollment			
Was the applicant informed of in writing			
P &P for discharge			
Charges for services			
10.21.21.07 (2) Documented			
Applicant applied for entitlements for which he is eligible and outcomes			
Applicant consents to 10.21.17.02-1C 1. services 2. CSA Information 3. medical Information			
10.21.21.07 (3) Orientation			
Informed of Rights and responsibilities			
Orientation to program			
Scheduled date of initiation of services			
10.21.17.06 Record Maintenance			
Contents include – Identifying information Name, sex, age, marital status, DOB			
Source of and Reason for referral			
Address and Telephone number			
Emergency contact			
Acceptance and initial service dates			
Source of referral			
Aftercare plan if discharged from inpatient			
Present and history of presenting problems			

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Prior Treatments			
10.21.22.08 Evaluated Services			
Was an assessment completed within 30 days of initiation of services			
Does the assessment include a face to face rehab assessment			
Need for Residential services			
Ability to perform self care and personal safety			
Need for changing intensity of intervention			
Hx (if any) Substance abuse Other supports in order to remain in community Behaviors that are dangerous to self or others			
Document strengths skills and needs regarding: (i)Independent living (ii)Self administration and management of medications (iii) Housing (iv)Mobility (v)Social relationships and Leisure activities (vi)education/Vocational training (vii) employment (viii) Other challenges			
Current resources and support systems			
10.21.22.08 Evaluation and planning			
Individualized Rehabilitation Plan IRP within 30 days of admission			
Based on Assessment			
Include Residential goals			
Frequency of Residential Services			
INTENSITY OF STAFF SUPPORT			
IRP Review 10.21.22.08 B(3)			
minimum of every 6 months			
Document progress towards achieving goal			
changes in intervention			
goal changes			
IRP and Review documentation 10.21.22.08 B4			
Individual			
Staff responsible for the implementation of plan			
Rehab specialist			
Continuing Evaluation 10.21.22.08 C			
Progress notes monthly including change of intensity			

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Contact notes			
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Physical Plant

10.21.22.05 B Bedrooms · INITIALS			
Bedroom #1	Bedroom #3	Bedroom #5	Bedroom #7
Bedroom # 2	Bedroom # 4	Bedroom # 6	Bedroom # 8
Minimum bedroom space of 70 Square feet single – 120 for double window coverings			
1	3	5	7
2	4	6	8
Clean Mattress and pillow			
1	3	5	7
2	4	6	8
Two sets of linens			
1	3	5	7
2	4	6	8
Not more then two residents per room			
1	3	5	7
2	4	6	8
Comments:			
10.21.22.05 C Toileting and Bathing · Location of			
Bathroom #1		Bathroom #2	
Bathroom #3		Bathroom #4	
Bathroom #5		Bathroom #6	
One to four full bathroom ratio			
Full bathroom includes one toilet, one basin, one tub or shower			
Accessible			
Allow for privacy			
Comments:			

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Personnel Records						
	Staff Name	Position		Staff Name	Position	
1			4			
2			5			
3			6			
Requirement 10.21.17.08 C	1	2	3	4	5	6
Current Job Classification						
Resume including 1. education 2. Relevant work experience. 3. specialized skills						
Proof of Certificate/licenses						
Background check (GH Only)						
Reference Checks						
Proof of Valid Drivers license (If transports)						
Annual Drivers report						
Valid Automobile insurance						
1 week orientation to Mission						
Orientation within 3 months						
Orientation includes 1. Individual rights						
2. Psych and medical emergency protocol including crisis management and suicide						
3. P&P 4. Overview of service delivery system						

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5. Required trainings						
6. EEO Policy						
Required Training within 3 months						
10.21.17.09 HR Development						
CPR						
First Aid						
Infection Control						
Emergency evacuation procedures						
Additional Quarterly Trainings						
Comments:						

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