

**INDIVIDUAL RECORD AUDIT**

<b>Agency/Area Program:</b>	<b>Reviewer Name:</b>
<b>Individual Name/#:</b>	<b>Review Date:</b>
<b>Date of Admission:</b>	<b>Date of Annual IPP:</b>

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
<b>PERSONAL INFORMATION (404 NAC 4-013)</b>					
Date of entry to services					
Name, gender, birth date					
Current physical description or current photo					
Language or means of communication utilized					
Legal status and name/phone #/address of legal guardian					
Name/phone #/address of persons to contact in an emergency					
Notice of charges					
Notification of rights					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Name/phone # of Service Coordinator					
Social history information					
<b>MEDICAL INFORMATION (404 NAC 4-013 &amp; 4-005.06)</b>					
Name/phone # of current personal physician					
Name/phone # of any other applicable health care professionals					
History of seizures					
Illness					
Current physician orders (for care, treatments, medications, and therapies)					
Treatments					
Medications					
Medication side effects					
Medication history					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Immunizations					
Physician contacts					
Emergency room visits					
Dental visits					
Counseling visits					
Hospitalizations					
<b>HEALTH SERVICES (404 NAC 4-005.06)</b>					
Medical evaluation					
Dental evaluation					
Psychological evaluation					
Physical therapy evaluation					
Occupational therapy evaluation					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Speech therapy evaluation					
Audiologic evaluation					
Visual evaluation					
Nutrition therapy evaluation					
Recommendations from other health care professionals (OT, PT, Speech Therapy, Nutritionist, Audiologist, etc.)					
Other related health assessments					
Documentation of illness, injury, and other health concerns					
Documentation of treatment and medication administration					
Documentation of provision of health-related services					
Height/Weight record					
Records of visits to physician or other health care professionals AND recommendations					
Information related to hospitalization, nursing facility stays, or other types of health care providers					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
<b>INCIDENTS/ACCIDENTS (404 NAC 4-013)</b>					
Records of incidents and accidents (including notification, review, and resolution)					
<b>FBA/BSP/SAFETY PLAN (404 NAC 4-005.03)</b>					
Functional Behavioral Assessment					
Positive Behavioral Support Plan					
Safety Plan					
Documentation of emergency safety intervention usage and rationale for use					
<b>CONSENTS (404 NAC 4-013)</b>					
Consents as appropriate					
Personal funds/property for restitution					
Release of information (including release of photographs)					
Restrictive measures					
Psychotropic meds					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
IPP (404 NAC 4-013)					
Current IPP					
<b>PERSONAL FUNDS/PROPERTY (404 NAC 4-005.05)</b>					
Designation of who manages funds/property					
Charges for management of funds/property					
Minimum of annual review by IPP team of funds/property management					
Documentation of all cash funds, savings & checking accounts, deposits, and withdrawals					
Individual ledger providing a record of all funds received & disbursed and current balance					
Review/authorization for non-routine expenditures exceeding \$100 (including notification of IPP team)					
<b>NOTICE OF COSTS (404 NAC 4-005.04)</b>					
Written notice of costs (any associated cost for service or items and terms of payment)					
Designation of responsibility for replacing/compensation when individual's personal items are damaged or missing.					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Designation of responsibility for compensation when staff or other individuals in service (who do not reside in the location) utilize the environment and eat food paid for by the individuals. (Excludes any visitors/guests invited by individuals to socialize in his/her residence)					
<b>PROGRAMS/SUPPORTS/HABILITATION (404 NAC 4-005.01 &amp; 4-005.01C)</b>					
Specific written plan (enough detail to consistently implement services)					
Comprehensive assessments					
Individualized plan					
Training and supports					
Documentation of service delivery					
Measured progress of plan					
<b>ASSESSMENTS (404 NAC 4-005.01A)</b>					
Individual's history					
Individual's preferences, strengths, and abilities					

**INDIVIDUAL RECORD AUDIT**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Individual's needed services					
DATA COLLECTION (404 NAC 4-005.01)					
Program data collection forms					
Program attendance					





Division of Developmental Disabilities

State of Nebraska  
Dave Heineman, Governor

**INDIVIDUAL RECORD AUDIT**

Additional Comments or Follow-up Recommendations:

Record Audit Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**CORE SAMPLE REVIEW CHECKLIST**

<b>Agency/Area Program:</b>	<b>Reviewer Name:</b>
<b>Core sample individual name/#:</b>	<b>Review Date:</b>

<b>BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
<b>RECORD KEEPING (404 NAC 4-013)</b>	
The agency maintains records in a manner to ensure <b>accurate, current, and complete records specific to the individual &amp; administrative records.</b>	
The agency maintains <b>separate records for each individual.</b>	
The agency has a record organization system that ensures <b>permanency, accuracy, completeness, and easy retrieval of information.</b>	
The agency ensures <b>all record entries are dated, legible, and clearly identify the person making the entry.</b>	
The agency ensures <b>sufficient, current, and accurate documentation that verifies the delivery of services.</b>	
<b>HEALTH SERVICES (404 NAC 4-005.06)</b>	
Unless otherwise identified in the IPP, the agency <b>takes reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

<b>BASED ON FILE REVIEW --            THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
Unless otherwise identified in the IPP, the agency <b>arranges or assists individuals in obtaining evaluations and services based on his/her needs.</b>	
<b>Medical and dental evaluations every 12 months.</b>	
The agency ensures <b>health status and physical conditions are observed, reported, and responded to in a timely and appropriate manner as needed.</b>	
If the responsibility of obtaining health services has been <b>assigned to someone other than the agency, the agency observes, reports, and responds to the individual's health service needs to ensure needs can be appropriately met.</b>	
The agency ensures <b>individuals receive care, treatment, and medications in accordance with orders from a medical practitioner.</b>	
The agency ensures <b>recommendations from other health care professionals are reviewed by the IPP team and incorporated into the IPP, as needed.</b>	
The agency maintains <b>health-related records on each individual to document the provision of services.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
<b>PROGRAMS AND SUPPORTS (404 NAC 4-005.01C)</b>	
The agency develops <b>specific written plans with enough detail to consistently implement services.</b>	
Supports are <b>flexible and subject to change.</b>	
Programs are <b>based on goals identified in the IPP for the development of functional skills.</b>	
<b>ASSESSMENTS (404 NAC 4-005.01A)</b>	
Assessments are <b>conducted for each individual to obtain accurate and complete information related to the individual's history, preferences, strengths &amp; abilities, and needed services.</b>	
Assessments are the <b>basis for the development of the IPP.</b>	
Assessments are <b>completed within 30 calendar days of entry to services.</b>	
Assessments are <b>completed at least annually.</b>	
Assessments are <b>reviewed and updated to reflect the individual's current status.</b>	
<b>HABILITATION (404 NAC 4-005.01)</b>	
The agency develops <b>specific written plans with enough detail to consistently implement services.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
Supports are <b>flexible and subject to change.</b>	
Programs are <b>based on goals identified in the IPP for the development of functional skills.</b>	
Habilitation is <b>identifiable in the IPP and supporting documentation.</b>	
Strategies and supports are <b>developed based on prioritized needs, relevant to the IPP, functional, tailored to individual needs, respectful of individual choice, and documented in the IPP.</b>	
Performance is <b>accurately measured and modified based on data and changes in individual circumstances.</b>	
Service delivery is <b>monitored, and if needed, results in actions to ensure needs are addressed.</b>	
When further growth or development is unlikely, <b>training and supports are designed to maintain skills and functioning and prevent further regression to the extent possible.</b>	
<b>INDIVIDUALS' PERSONAL FUNDS AND PROPERTY (404 NAC 4-005.05)</b>	
The agency <b>provides account balances and records of transactions to each individual or legal representative at least quarterly (unless otherwise requested).</b>	

**CORE SAMPLE REVIEW CHECKLIST**

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
<b>RESTRAINTS (404 NAC 6-006)</b>	
<b>Use of restraints are prohibited (both mechanical and physical).</b>	
<b>RESTRICTIVE MEASURES (404 NAC 6-004.01)</b>	
<b>Restrictive measures cannot affect other individuals who receive services in that setting.</b>	
<b>Restrictive measures cannot be used as a punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan.</b>	
<b>Restrictive measures are the least restrictive and intrusive (as possible).</b>	
<b>There is a goal of reducing and eliminating the restrictive measure.</b>	
<b>There is documentation supporting evidence that other less restrictive methods applied by trained staff have failed.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

<b>BASED ON FILE REVIEW --            THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
There is <b>consent from the individual or his/her legal representative for the restrictive measure.</b>	
Restrictive measures are <b>safe for the individual.</b>	
Restrictive measures and considerations are <b>documented in the IPP.</b>	
There was <b>review and approval by the rights review committee and the IPP team prior to implementation of the restrictive measure.</b>	
<b>PSYCHOTROPIC MEDICATIONS (404 NAC 6-005)</b>	
Psychotropic meds are <b>only given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis.</b>	
Psychotropic meds <b>are NOT given as PRN (as needed).</b>	
Psychotropic meds <b>are NOT used to deal with under-staffing, ineffective/inappropriate/or other nonfunctional programs or environments.</b>	
There is <b>review by the IPP team to determine risks and potential side-effects and that the risk of the intervention has been weighed against the risk of the behavior.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
There is <b>evidence that a less restrictive and more positive technique had been tried and was shown to be ineffective.</b>	
There is <b>review by the rights review committee.</b>	
There is <b>annual review by the prescribing physician.</b>	
There is <b>semi-annual review by the IPP team.</b>	
There is a <b>BSP to address symptoms when they occur (if symptoms reappear) and the use of medication is no longer effective.</b>	
There is <b>ongoing and documented review by the agency to provide the IPP team and physician sufficient information regarding: effectiveness of/and any side effects experienced from the meds, frequency/severity of symptoms, and effectiveness of the BSP.</b>	
There is a <b>plan to reduce and eliminate the medication.</b>	
<b>POSITIVE BEHAVIORAL SUPPORTS (404 NAC 4-005.03)</b>	
If behaviors are present, the agency has conducted a <b>Functional Behavioral Analysis (FBA) that attempts to define the communicative function of the behavior and what purpose the identified behavior serves in the individual's life.</b>	

**CORE SAMPLE REVIEW CHECKLIST**

<b>BASED ON FILE REVIEW --            THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
If needed, there is a plan for the individual that <b>emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change.</b>	
The plan includes a <b>description of potential stressors and triggers that may lead to the individual experiencing a crisis.</b>	
If identified as needed, a <b>comprehensive safety plan is developed and implemented.</b>	
There is <b>meaningful and individualized data collection and data analysis that tracks the progress of the individual.</b>	
<b>Restrictions are NOT included in the BSP.</b>	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM FOR PROVIDER OPERATED/CONTROLLED RESIDENTIAL AND DAY SERVICES**

Residential or Day Program Setting/Address:	Reviewer Name:
Core sample individual name/#:	

Date and time (start and finish) of observations/interviews:

Describe setting, location and who was present during observations:

Cleanliness or environmental concerns noted (obstructions to exits, are smoke detectors working, are safe practices observed, is the environment safe, clean, and adapted to individual needs, is protective equipment available on-site [fire extinguishers, equipment guards, etc.]):

Summary of comments/recommendations for action based on completion of form: (Note facility and staff strengths and suggested follow-up items)

**CORE SAMPLE OBSERVATION/INTERVIEW FORM FOR PROVIDER OPERATED/CONTROLLED RESIDENTIAL AND DAY SERVICES**

BASED ON OBSERVATIONS -- THE FOLLOWING IS PRESENT (404 NAC 6)	YES/NO/NA – NOTES FROM OBSERVATIONS
<b>Residential</b> services are provided to <b>three (3) or fewer</b> individuals. ( <i>Unless licensed as a CDD</i> )	
The residence is in a <b>community integrated setting</b> .	
<b>Privacy</b> is provided for the individuals when they request or show the desire and staff assures privacy during personal care activities.	
Client Activity follows a <b>normal pattern of life</b> . People get up, dress, stay in day time clothing, until their regularly scheduled bathing time.	
Individuals have <b>personal possessions</b> and enough personal clothing. <ul style="list-style-type: none"> <li>• How are individuals dressed?</li> <li>• Are they in neat and clean clothing?</li> </ul>	
Individuals observed being taught personal hygiene skills and other skills promoting <b>self-help &amp; independence</b> .	
Throughout the observations, there is <b>enough staff</b> to promote independence and create a learning environment. <ul style="list-style-type: none"> <li>• How many staff are present?</li> <li>• How many individuals?</li> </ul>	
When the opportunity presents itself, <b>staff encourages and teaches individual rights</b> .	
Overall, <b>interactions</b> between individuals and staff are genuine, respectful and sincere. <ul style="list-style-type: none"> <li>• Does staff talk with folks?</li> <li>• Is the tone friendly?</li> </ul>	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM FOR PROVIDER OPERATED/CONTROLLED RESIDENTIAL AND DAY SERVICES**

BASED ON <b>OBSERVATIONS</b> -- THE FOLLOWING IS PRESENT (404 NAC 6)	YES/NO/NA – NOTES FROM <b>OBSERVATIONS</b>
<p><b>Habilitation</b> is observed throughout visit.</p> <ul style="list-style-type: none"> <li>• What activities are taking place?</li> <li>• Are the active or passive?</li> <li>• What materials/supplies are in use?</li> <li>• Is the environment supportive of learning? (e.g. noise, odors, equip.)</li> </ul>	
<p>Staff provides individuals with many <b>opportunities to have choices and participate actively</b> in their day.</p>	
<p>During the observation, individuals are <b>working on skills and programs</b> that are verified in the individual records.</p>	
<p><b>Interventions to manage inappropriate behaviors</b> are not for staff convenience &amp; individuals are supported in finding other appropriate options to the behavior.</p>	
<p>Individuals are <b>actively encouraged</b> by staff to learn new skills and programs. (Can staff explain the purpose of the activities?)</p>	
<p>From observations only, all individuals <b>appear healthy and have no obvious health needs</b>.</p>	
<p>From observation only, <b>adaptive equipment</b> appears to be in good condition and properly maintained.</p>	
<p>Individuals <b>are being taught how to use specific specialized equipment</b> and assistive devices (i.e. hearing aids, dentures, wheelchairs, etc.)</p>	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM FOR PROVIDER OPERATED/CONTROLLED RESIDENTIAL AND DAY SERVICES**

DURING INTERVIEWS with staff and/or individuals, it is apparent: (404 NAC 4 & 404 NAC 6)	YES/NO – NOTES FROM INTERVIEWS
Services are <b>flexible and person centered</b> .	
Services promote the <b>freedom for an individual to live a meaningful life and participate as a member of the community</b> .	
The facility <b>promotes communication with family members and encourages their participation in IPP meetings</b> .	
The facility <b>promotes social activities in the community</b> reflecting the preferences of the individuals living there.	
Individuals are encouraged to <b>express a choice</b> of personal belongings, decorations, & clothing.	
Family is notified promptly of <b>incidents/injuries</b> .	
The use of <b>restraints is prohibited</b> . Individuals report that they are free from restraints.	
Individuals communicated that they (individuals) were <b>free from abuse and neglect</b> . They do not appear fearful of staff or housemates.	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM  
FOR SUPPORTED LIVING/DAY SERVICES**

Residential or Day Program Setting/Address:	Reviewer Name:
Core sample individual name/#:	

Date and time (start and finish) of observations/interviews:

Describe setting, location and who was present during observations:

Cleanliness or environmental concerns noted (obstructions to exits, are smoke detectors working, are safe practices observed, is the environment safe, clean, and adapted to individual needs, is protective equipment available on-site [fire extinguishers, equipment guards, etc.]):

Summary of comments/recommendations for action based on completion of form:  
(Note facility and staff strengths and suggested follow-up items)

**CORE SAMPLE OBSERVATION/INTERVIEW FORM  
 FOR SUPPORTED LIVING/DAY SERVICES**

BASED ON <b>OBSERVATIONS</b> -- THE FOLLOWING IS PRESENT (404 NAC 5)	YES/NO/NA – NOTES FROM <b>OBSERVATIONS</b>
Services are provided to <b>three (3) or fewer</b> individuals.	
The residence is in a <b>community integrated setting</b> .	
<b>Privacy</b> is provided for the individuals when they request or show the desire as well as privacy being provided during personal care activities.	
Client Activity follows a <b>normal pattern of life</b> . People get up, dress, stay in day time clothing, until their regularly scheduled bathing time.	
Individuals have <b>personal possessions</b> and enough personal clothing. <ul style="list-style-type: none"> <li>• How are individuals dressed?</li> <li>• Are they in neat and clean clothing?</li> </ul>	
Individuals observed being taught personal hygiene skills and other skills promoting <b>self-help &amp; independence</b> .	
Throughout the observations, there is <b>enough staff</b> to promote independence and create a learning environment. <ul style="list-style-type: none"> <li>• How many staff are present?</li> <li>• How many individuals?</li> </ul>	
When the opportunity presents itself, <b>staff encourages and teaches individual rights</b> .	
Overall, <b>interactions</b> between individuals and staff are genuine, respectful and sincere. <ul style="list-style-type: none"> <li>• Does staff talk with folks?</li> <li>• Is the tone friendly?</li> </ul>	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM  
 FOR SUPPORTED LIVING/DAY SERVICES**

BASED ON <b>OBSERVATIONS</b> -- THE FOLLOWING IS PRESENT (404 NAC 5)	YES/NO/NA – NOTES FROM <b>OBSERVATIONS</b>
<p><b>Habilitation</b> is observed throughout visit.</p> <ul style="list-style-type: none"> <li>• What activities are taking place?</li> <li>• Are the active or passive?</li> <li>• What materials/supplies are in use?</li> <li>• Is the environment supportive of learning? (e.g. noise, odors, equip.)</li> </ul>	
<p>Staff provides individuals with many <b>opportunities to have choices and participate actively</b> in their day.</p>	
<p>During the observation, individuals are <b>working on skills and programs</b> that are verified in the individual records.</p>	
<p><b>Interventions to manage inappropriate behaviors</b> are not for staff convenience &amp; individuals are supported in finding other appropriate options to the behavior.</p>	
<p>Individuals are <b>actively encouraged</b> by staff to learn new skills and programs. (Can staff explain the purpose of the activities?)</p>	
<p>From observations only, all individuals <b>appear healthy and have no obvious health needs</b>.</p>	
<p>From observation only, <b>adaptive equipment</b> appears to be in good condition and properly maintained.</p>	
<p>Individuals <b>are being taught how to use specific specialized equipment</b> and assistive devices (i.e. hearing aids, dentures, wheelchairs, etc.)</p>	

**CORE SAMPLE OBSERVATION/INTERVIEW FORM  
 FOR SUPPORTED LIVING/DAY SERVICES**

DURING INTERVIEWS with staff and/or individuals, it is apparent: (404 NAC 4)	YES/NO – NOTES FROM INTERVIEWS
Services are <b>flexible and person centered</b> .	
Services promote the <b>freedom for an individual to live a meaningful life and participate as a member of the community</b> .	
The facility <b>promotes communication with family members</b> and encourages their participation in IPP meetings.	
The facility <b>promotes social activities in the community</b> reflecting the preferences of the individuals living there.	
Individuals are encouraged to <b>express a choice</b> of personal belongings, decorations, & clothing.	
Family is notified promptly of incidents/injuries.	
The <b>use of restraints is prohibited</b> . Individuals report that they are free from restraints.	
There are <b>NO restrictions of rights, persons, or property</b> .	
Individuals communicated that they (individuals) were <b>free from abuse and neglect</b> . They do not appear fearful of staff or housemates.	

**INTERVIEW FORM FOR INTERACTIVE ADMINISTRATIVE REVIEW**

<b>DURING INTERVIEWS with administrative staff, it is apparent:</b>	<b>YES/NO/NA – NOTES FROM INTERVIEWS</b>
The director <b>protects and promotes the health, safety, and well-being of individuals in services.</b>	
The agency ensures <b>policies and procedures are available to staff and reviewed/revised if needed.</b>	
The agency <b>recruits, orients, trains, manages, and retains qualified staff with skills necessary to meet the needs of individuals and respond to emergencies.</b>	
The agency ensures <b>employees providing direct services do not work alone with individuals before results of registry and criminal history checks are reviewed.</b>	
The agency ensures <b>staff receives training and demonstrates competencies under guidance of an already trained staff member prior to working alone with individuals.</b>	
The agency ensures <b>all individuals receive habilitation, supports, health care, and other services consistent with needs and preferences of individuals.</b>	
The agency <b>participates in the development of the IPP.</b>	
The agency develops <b>specific, flexible, and IPP goal-based programs and supports.</b>	
The agency arranges or assists individuals with (not limited to) <b>medical and dental evaluations every 12 months.</b>	

**INTERVIEW FORM FOR INTERACTIVE ADMINISTRATIVE REVIEW**

<b>DURING INTERVIEWS with administrative staff, it is apparent:</b>	<b>YES/NO/NA – NOTES FROM INTERVIEWS</b>
The agency arranges or assists in <b>obtaining health evaluations and services based on individual’s needs.</b>	
The agency ensures individual’s <b>health status and physical conditions are observed, reported, and responded to in a timely and appropriate manner.</b>	
The agency has <b>disaster preparedness/management systems &amp; processes.</b>	
The agency ensures <b>safe and comfortable transportation meeting the needs of individuals.</b>	
The agency has an <b>incident reporting system.</b>	
The agency has a <b>complaints and grievances system.</b>	
The agency <b>detects and prevents abuse and neglect and handles allegations of abuse, neglect, and exploitation.</b>	
The agency ensures individuals are <b>free from abuse and neglect.</b>	
The agency has a <b>rights review committee that meets at least semi-annually.</b>	
The agency ensures <b>protection of confidentiality of each individual’s information.</b>	

**INTERVIEW FORM FOR INTERACTIVE ADMINISTRATIVE REVIEW**

<b>DURING INTERVIEWS with administrative staff, it is apparent:</b>	<b>YES/NO/NA – NOTES FROM INTERVIEWS</b>
The agency has a <b>record keeping system/process</b> .	
The agency's <b>QA/QI</b> system is <b>proactive, continuous, responsive</b> and <b>shares information with individuals, families, agency staff, and governing board and/or advisory committee</b> .	
The use of <b>restraints</b> is <b>prohibited</b> .	
Services are <b>person centered</b> .	
Services promote the <b>freedom for an individual to live a meaningful life and participate as a member of the community</b> .	
The facility <b>promotes communication with family members</b> and encourages <b>their participation in IPP meetings</b> .	
The facility <b>promotes social activities in the community</b> reflecting the preferences of the individuals served.	
Individuals are encouraged to <b>express a choice</b> of personal belongings, decorations, & clothing.	
Family is notified promptly of incidents/injuries.	
The individual or legal representative has given <b>consent to restrictive measures</b> .	
Individuals communicated that they (individuals) were <b>free from abuse and neglect</b> . They do not appear fearful of staff or housemates.	

**STAFF REQUIREMENTS REVIEW CHECKLIST**

<b>Staff Sample Names/#:</b> <b>New Hire Since Last Cert Visit:</b> <b>New Hire Since Last Cert Visit:</b> <b>Employed at least 180 Days:</b>	
<b>BASED ON FILE REVIEW --</b> <b>THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
<b>STAFF REQUIREMENTS (404 NAC 4-004)</b>	
The agency complies with <b>employee verification requirements of Neb. Rev. Stat. §4-114.</b>	
<b>Staff providing direct services are at least 18 years of age.</b>	
The agency complies with <b>Register/Registry Check requirements of 404 NAC 4-004.03A.</b>	
The agency complies with <b>Criminal History Check requirements of 404 NAC 4-004.3B.</b>	
<b>The agency ensures employees DO NOT provide direct support services or work alone with individuals before registry and criminal history checks have been reviewed.</b>	
The agency has <b>documentation of any decision made to maintain a staff person listed on a registry or found to have a criminal history as outline in 404 NAC 4-004.03F.</b>	
The agency uses <b>Department-approved alternative methods of criminal history checks at their own expense IF they employ persons pending the results of the criminal history check.</b>	

**STAFF REQUIREMENTS REVIEW CHECKLIST**

<b>BASED ON FILE REVIEW --            THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
<p>The agency does <b>NOT</b> allow employees to work alone with individuals if he/she is found to be convicted of any crimes listed in 404 NAC 4-004.03F.</p>	
<p>The agency ensures <b>employees (including subcontractors and management) responsible for providing supports and services to individuals are educated/trained on minimum requirements of the individual's needs prior to working with individuals.</b></p>	
<p>Initial employee orientation includes:</p> <ul style="list-style-type: none"> <li>• <b>Individual's choice;</b></li> <li>• <b>Individual's rights;</b></li> <li>• <b>Confidentiality;</b></li> <li>• <b>Dignity and respectful interactions with individuals;</b></li> </ul> <p><b>Abuse/neglect/exploitation and state law reporting requirements &amp; prevention.</b></p>	
<p>Within <b>30 days</b>, employee training includes: <b>competency-based and verified training in:</b></p> <ul style="list-style-type: none"> <li>• <b>Responding to injury/illness/emergencies (emergency procedures, CPR, basic first aid, infection control);</b></li> <li>• <b>Individual's medical protocols;</b></li> </ul> <p><b>Individual's safety protocols.</b></p>	
<p>Within <b>180 days</b>, employee training includes: <b>competency-based and verified training in:</b></p> <ul style="list-style-type: none"> <li>• <b>Implementation and development of the IPP and IPP/IDT process;</b></li> <li>• <b>Positive support techniques approved emergency safety intervention techniques;</b></li> <li>• <b>Concepts of habilitation/socialization/age-appropriateness;</b></li> <li>• <b>Use of adaptive and augmentative devices used to support individuals; and</b></li> <li>• <b>Any other training required by the agency.</b></li> </ul>	

**STAFF REQUIREMENTS REVIEW CHECKLIST**

<b>BASED ON FILE REVIEW --            THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
<p>The agency ensures <b>staff receive training and demonstrate competencies under guidance of an already trained and proficient staff member prior to working alone with individuals.</b></p>	
<p>The agency's training is conducted by <b>persons with expertise who are qualified by education, training, or expertise in those areas.</b></p>	
<p>The agency documents employee training in personnel records including:</p> <ul style="list-style-type: none"> <li>• <b>Topic;</b></li> <li>• <b>Date of training;</b></li> <li>• <b>Date competencies were verified;</b></li> <li>• <b>Name of trainer;</b></li> <li>• <b>Competencies were verified.</b></li> </ul>	
<p>The agency maintains <b>documentation of staff credentials for persons with a license, certification, registration, or other credentials if required.</b></p>	
<p>If the agency has <b>unlicensed staff provide non-complex nursing interventions to individuals, they comply with 172 NAC 99.</b></p>	
<p>If the agency is responsible for <b>provision of medication to individuals as identified in the IPP and uses unlicensed staff, they comply with 172 NAC 95 and 96.</b></p>	
<p>The agency maintains <b>current employment records for each staff person including:</b></p> <ul style="list-style-type: none"> <li>• <b>Date of hire;</b></li> <li>• <b>Initial and ongoing training;</b></li> <li>• <b>Certification/licensing information (if applicable);</b></li> <li>• <b>Background checks, job qualifications, personnel actions (if applicable).</b></li> </ul>	

**STAFF REQUIREMENTS REVIEW CHECKLIST**

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
<b>PAYROLL AND ACCOUNTING SYSTEM (404 NAC 11-003.02 &amp; 11-005.01)</b>	
The agency maintains documentation of front line staff and supervisors payroll.	
Payroll vouchers or statements include: <ul style="list-style-type: none"> <li>• <b>Employee's name;</b></li> <li>• <b>Position number;</b></li> <li>• <b>Gross salary;</b></li> <li>• <b>Taxes; and</b></li> <li>• <b>All other deductions or contributions.</b></li> </ul>	