FOCUS SAMPLE REVIEW CHECKLIST

RIGHTS RESTRICTIONS

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
INDIVIDUAL RIGHTS AND RESTRICTIONS (404 NAC 4-011, 5-003.02B,6-004.01)	
Individuals are aware of their rights and responsibilities.	
Individuals are informed of their rights and responsibilities **in a manner that is easily understood.**	
Supports are given to individuals in exercising their rights.	
Rights are not treated as privileges.	
The agency **prohibits retaliation against individual's services and supports due to advocating rights and initiating complaints.**	

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RIGHTS RESTRICTIONS

BASED ON YES/NO/NA – NOTES FROM THE FOLLOWING IS PRESENT	**OBSERVATIONS/INTERVIEWS -- OBSERVATIONS/INTERVIEWS**
If the individual is receiving **Supported Living and/or Supported Day, restriction of rights, person, or property is NOT allowed.**	
If the individual is receiving **Provider Operated/Controlled Residential and/or Day Services, *restrictive measures:*** **• Do not affect other individuals receiving services in that setting;** **• Are not used as:** ○ **Punishment;** ○ **Staff convenience;** ○ **Due to shortage of staff;** ○ **As a substitute for habilitation;** ○ **Or as an element of a positive behavior support plan;** ○ **Are least restrictive and intrusive possible;** ○ **Have a goal of reducing and eliminating the restrictive measure;** **Are safe for the individual.**	

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The agency gives information to individuals regarding their rights and responsibilities at entry to services and annually thereafter.	
The **rights review committee reviewed and has documented approval of the rights restriction before it is implemented.**	
The **IPP team has reviewed and approved the restrictive measure before it is implemented.**	
If the individual is receiving **Provider Operated/Controlled Residential and/or Day Services:** • **There is documented evidence that other less restrictive methods had been regularly applied by trained staff and failed;** • **The individual or his/her legal representative gave consent to the restrictive** measure**;** • **The restrictive measure and considerations are documented in the IPP.**	