

# PROGRAM DIRECTOR'S HOME VISIT REVIEW

Program Director: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Program: \_\_\_\_\_

This review serves as one means of monitoring the services provided at homes managed by a program administrator. It is completed at six-month intervals to help maintain compliance with agency service standards. A copy of the completed review is given to the Executive Director.

## SECTION I - HOME REVIEW

Program Administrator \_\_\_\_\_

Residence Address \_\_\_\_\_

Client Files Reviewed \_\_\_\_\_  
\_\_\_\_\_

<u>Interior: Common areas</u>	<u>Acceptable (X)</u>	<u>Needs Action</u>
Floor coverings	_____	_____
Window coverings	_____	_____
Appliances	_____	_____
Furniture	_____	_____
General decor	_____	_____
Personalization	_____	_____
Cleanliness	_____	_____
Staff room	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

<u>Exterior:</u>	<u>Acceptable (X)</u>	<u>Needs Action</u>
Exterior of house	_____	_____
Garage	_____	_____
Yard	_____	_____
Fence/Other	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Who are the two people who reconcile the account every 60 days or less? Needs Action

Program Administrator: \_\_\_\_\_

Designated Staff: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_



## PROGRAM DIRECTOR'S HOME VISIT REVIEW

Program: \_\_\_\_\_

<u>Is there a sufficient system in place for medication storage?</u>	<u>Needs Action</u>
_____	_____

<u>Is there a sufficient system in place for medication documentation?</u>	<u>Needs Action</u>
_____	_____

<u>Communications:</u>	<u>Needs Action</u>
Procedures for Maintenance _____	_____
Date of Last Staff Meeting _____	_____

	<u>Location:</u>	<u>Thoroughness:</u>	<u>Needs Action</u>
Staff meeting minutes	_____	_____	_____
Staff communication log	_____	_____	_____
Daily notes on clients	_____	_____	_____

<u>Safety:</u>	<u>Date of Last Drill</u>	<u>Needs Action</u>
Fire drills	_____	_____
Severe weather drills	_____	_____

<u>Supplies/Procedures:</u>	<u>In Place? / Location</u>	<u>Needs Action</u>
OSHA supplies	_____	_____
Smoke alarms	_____	_____
Carbon monoxide detectors	_____	_____
Fire extinguishers with current tags	_____	_____
Evacuation plan	_____	_____
Fire safety procedures	_____	_____
Severe weather procedures	_____	_____
Bio-waste procedures	_____	_____
OSHA manual	_____	_____
Household chemical procedures	_____	_____
Frequently called phone numbers	_____	_____
Policy and procedures manual on site	_____	_____
Billing forms	_____	_____
Household checklist	_____	_____

<u>Vans (if applicable):</u>	<u>In Place? / Location</u>	<u>Needs Action</u>
Pre-trip vehicle inspection	_____	_____
Mileage sheets	_____	_____
Weekly vehicle checklist	_____	_____
Maintenance service records	_____	_____
Emergency kit inventory	_____	_____
First aid kit	_____	_____
State of cleanliness of van	_____	_____

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_



## PROGRAM DIRECTOR'S HOME VISIT REVIEW

Program: \_\_\_\_\_

### SECTION II - CLIENT REVIEW

Client: \_\_\_\_\_

<u>Individual's Bedroom</u>	<u>Acceptable (X)</u>	<u>Needs Action</u>
Floor coverings	_____	_____
Window coverings	_____	_____
Personal furniture	_____	_____
General decor	_____	_____
Personal possessions	_____	_____
Cleanliness	_____	_____
 <u>Description of Wardrobe:</u>	_____	_____
	_____	_____

COMMENTS: \_\_\_\_\_

Describe the client's community contacts:

- Family \_\_\_\_\_
- Church \_\_\_\_\_
- Employment \_\_\_\_\_
- School \_\_\_\_\_
- Volunteers \_\_\_\_\_
- Other activities \_\_\_\_\_
- Methods of transportation \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Describe the accounting of personal funds:

Needs Action

_____	_____
_____	_____
_____	_____

- Does the individual take medications? \_\_\_\_\_
- Is the individual self medicating? \_\_\_\_\_
- Do charting and storage meet requirements? \_\_\_\_\_

COMMENTS: \_\_\_\_\_



## PROGRAM DIRECTOR'S HOME VISIT REVIEW

Client: \_\_\_\_\_

Is the consumer file complete for the client?

	<u>Acceptable (X)</u>	<u>Needs Action</u>
1. Identifying information		
a. Current face sheet	_____	_____
b. Copy of Medicaid card	_____	_____
c. Birth certificate	_____	_____
d. Copy of Social Security card	_____	_____
e. Copy of state ID	_____	_____
f. Picture	_____	_____
2. Releases/rights	<u>Dates:</u>	
a. Date of last release	_____	_____
b. Date of last Bill of Rights	_____	_____
3. Medical		
a. Date of last medical review	_____	_____
b. Date of last physical	_____	_____
4. Date of last dental appointment	_____	_____
5. Date of last vision exam	_____	_____
6. Date of last social history or update	_____	_____
7. Date of last assessment	_____	_____
a. Type of assessment	_____	_____
8. Date of ISP on file	_____	_____
9. IP documentation up to date?	_____	_____
a. Date of last IP	_____	_____
10. Date of personal possessions inventory	_____	_____
11. Other: _____	_____	_____
12. Other: _____	_____	_____
13. Other: _____	_____	_____
14. Other: _____	_____	_____
15. Other: _____	_____	_____

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Program Director*

\_\_\_\_\_  
*Date Report Completed*

