

Program Director Home Visit Review

Program: _____

Date: _____

Program Manager: _____ Program Director: _____

This review serves as one means of monitoring the services provided at the home managed by a program manager. It is completed once a year to help maintain compliance with agency service standards. A copy of the completed review, any follow ups, and other QA materials will be scanned into Provide by the PD.

Section 1 – Overall Home Review

Interior:	Acceptable	Needs Action
Floor Coverings	O _____	O _____
Window Coverings	O _____	O _____
Appliances	O _____	O _____
Furniture	O _____	O _____
General Décor	O _____	O _____
Personalization	O _____	O _____
Cleanliness	O _____	O _____
Staff Room/Desk	O _____	O _____
Fire Extinguishers	O _____	O _____
Smoke Detectors	O _____	O _____
CO2 Detectors	O _____	O _____

Comments: _____

Exterior:

Exterior of the home	O _____	O _____
Garage	O _____	O _____
Yard	O _____	O _____
Fence/Other	O _____	O _____

Comments: _____

Section 2 – Documentation

Client Binder:	Acceptable	Needs Action
Updated Picture	O	O_____
Consumer Demographics	O	O_____
Updated Contact List	O	O_____
Updated ID	O	O_____
Birth Certificate	O	O_____
Social Security Card	O	O_____
Medicare/Medicaid Card	O	O_____
Other Insurance Cards	O	O_____
Ind. Specific Training (Meds)	O	O_____
Self-Medication Assessment(s)	O	O_____
Physician Orders/Blank Mars	O	O_____
Bedtime Auth Form	O	O_____
DNR Orders	O	O_____
OTC Orders (Yearly)	O	O_____
Current ISP	O	O_____
ISP Training Sheet	O	O_____
Outcome Listed	O	O_____
ISP Packet in Provide	O	O_____
CICL Rights and Releases	O	O_____
Guardianship Docs	O	O_____
Power of Attorney Docs	O	O_____
Client Biography	O	O_____
Specific Training	O	O_____
Inventory Guidelines/Record	O	O_____
Medical Appt Tracking Form	O	O_____
Blank Medical Forms	O	O_____

Communication / Training Binder:

Acceptable

Needs Action

Contact Info / Phone #'s	<input type="radio"/>	<input type="radio"/> _____
Daily Record/Description/Menu	<input type="radio"/>	<input type="radio"/> _____
Duty List	<input type="radio"/>	<input type="radio"/> _____
Staff Meeting Agenda/Minutes	<input type="radio"/>	<input type="radio"/> _____
Staff Area Consent Form	<input type="radio"/>	<input type="radio"/> _____
Trainings	<input type="radio"/>	<input type="radio"/> _____

Date of last staff meeting:_____

Program Van/ Van Binder:

O N/A

Acceptable

Needs Action

Client Picture and Name	<input type="radio"/>	<input type="radio"/> _____
Demographics/Contact Numbers	<input type="radio"/>	<input type="radio"/> _____
Mileage Sheets	<input type="radio"/>	<input type="radio"/> _____
Insurance/Registration	<input type="radio"/>	<input type="radio"/> _____
Monthly Van Check Off	<input type="radio"/>	<input type="radio"/> _____
Quarterly Maintenance	<input type="radio"/>	<input type="radio"/> _____
Accident Reporting Form	<input type="radio"/>	<input type="radio"/> _____
Wex Card Information	<input type="radio"/>	<input type="radio"/> _____
Overall Van Cleanliness	<input type="radio"/>	<input type="radio"/> _____
First Aid Kit with Gloves	<input type="radio"/>	<input type="radio"/> _____
Mounted Fire Extinguisher	<input type="radio"/>	<input type="radio"/> _____
Roadside Assistance Kits	<input type="radio"/>	<input type="radio"/> _____
2 Stickers on License Plate	<input type="radio"/>	<input type="radio"/> _____

Comments:_____

Section 3 – Safety /Procedures:

	Acceptable	Needs Action
Fire Extinguishers	<input type="radio"/>	<input type="radio"/> _____
CO2 Detectors	<input type="radio"/>	<input type="radio"/> _____
Emergency Radio	<input type="radio"/>	<input type="radio"/> _____
Fire Drills Done	<input type="radio"/>	<input type="radio"/> _____
Severe Weather Drills Done	<input type="radio"/>	<input type="radio"/> _____
Evacuation Plans	<input type="radio"/>	<input type="radio"/> _____

Section 4 – Medications and Quick Mar

Medications:	Acceptable	Needs Action
Storage	<input type="radio"/>	<input type="radio"/> _____
Monthly Meds / Expirations	<input type="radio"/>	<input type="radio"/> _____
PRN Meds	<input type="radio"/>	<input type="radio"/> _____
Like products together	<input type="radio"/>	<input type="radio"/> _____
HRA equipment	<input type="radio"/>	<input type="radio"/> _____
Self Med Assessment Match	<input type="radio"/>	<input type="radio"/> _____
Med Destruction	<input type="radio"/>	<input type="radio"/> _____
Quick Mar:	Acceptable	Needs Action
Flags	<input type="radio"/>	<input type="radio"/> _____
DC/New Meds Need Approved	<input type="radio"/>	<input type="radio"/> _____
Med Variance Report	<input type="radio"/>	<input type="radio"/> _____
Notifications Set Up	<input type="radio"/>	<input type="radio"/> _____
Station MD Available	<input type="radio"/>	<input type="radio"/> _____
PRN Meds have follow ups	<input type="radio"/>	<input type="radio"/> _____
Allergies Listed	<input type="radio"/>	<input type="radio"/> _____
Diagnoses Listed	<input type="radio"/>	<input type="radio"/> _____

Comments:_____

Section 5 – Client Information

Provide:	Acceptable	Needs Action
ISP	O	O_____
Med Appts/Tracking Form	O	O_____
Identifying Information	O	O_____
Trust	O	O_____
Burial Arrangements	O	O_____
Past Fire and Severe Weather	O	O_____
Past Program Records	O	O_____

Review 3 months of Audit Reports, Reporting Work, Outcomes (Have available for review)

Review 3 months of Mars: (Have available for review)_____

Comments:_____

Date and time to follow up, if needed:_____

Reviewers:_____

Print

Signature

Reviewers:_____

Print

Signature