

## 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

| <b>Interior:</b>   | <b>Acceptable</b>     | <b>Needs Action</b>   |
|--------------------|-----------------------|-----------------------|
| Floor Coverings    | <input type="radio"/> | <input type="radio"/> |
| Window Coverings   | <input type="radio"/> | <input type="radio"/> |
| Appliances         | <input type="radio"/> | <input type="radio"/> |
| Furniture          | <input type="radio"/> | <input type="radio"/> |
| Evacuation Plans   | <input type="radio"/> | <input type="radio"/> |
| Personalization    | <input type="radio"/> | <input type="radio"/> |
| Cleanliness        | <input type="radio"/> | <input type="radio"/> |
| Staff Room/Desk    | <input type="radio"/> | <input type="radio"/> |
| Fire Extinguishers | <input type="radio"/> | <input type="radio"/> |
| Smoke Detectors    | <input type="radio"/> | <input type="radio"/> |
| CO Detectors       | <input type="radio"/> | <input type="radio"/> |
| Emergency Radio    | <input type="radio"/> | <input type="radio"/> |

Comments: \_\_\_\_\_

### **Exterior:**

|                      |                       |                       |
|----------------------|-----------------------|-----------------------|
| Exterior of the home | <input type="radio"/> | <input type="radio"/> |
| Garage               | <input type="radio"/> | <input type="radio"/> |
| Yard                 | <input type="radio"/> | <input type="radio"/> |
| Fence/Other          | <input type="radio"/> | <input type="radio"/> |

Comments: \_\_\_\_\_

## **Section 2 – Documentation**

| <b>Client Binder:</b>         | <b>Acceptable</b>     | <b>Needs Action</b>   |
|-------------------------------|-----------------------|-----------------------|
| Updated Picture               | <input type="radio"/> | <input type="radio"/> |
| Updated Client Contact List   | <input type="radio"/> | <input type="radio"/> |
| Consumer Demographics         | <input type="radio"/> | <input type="radio"/> |
| Updated ID                    | <input type="radio"/> | <input type="radio"/> |
| Birth Certificate             | <input type="radio"/> | <input type="radio"/> |
| Social Security Card          | <input type="radio"/> | <input type="radio"/> |
| Medicare/Medicaid Card        | <input type="radio"/> | <input type="radio"/> |
| Other Insurance Cards         | <input type="radio"/> | <input type="radio"/> |
| Ind. Specific Training (Meds) | <input type="radio"/> | <input type="radio"/> |
| Self-Medication Assessment(s) | <input type="radio"/> | <input type="radio"/> |
| Physician Orders/Blank Mars   | <input type="radio"/> | <input type="radio"/> |
| Bedtime Auth Form             | <input type="radio"/> | <input type="radio"/> |
| DNR Orders if Any             | <input type="radio"/> | <input type="radio"/> |
| OTC/PRN Orders (Yearly)       | <input type="radio"/> | <input type="radio"/> |
| ISP Signature Training Sheet  | <input type="radio"/> | <input type="radio"/> |
| Current ISP in the book       | <input type="radio"/> | <input type="radio"/> |
| Outcome Listed                | <input type="radio"/> | <input type="radio"/> |
| CICL Rights and Releases      | <input type="radio"/> | <input type="radio"/> |
| Guardianship Docs             | <input type="radio"/> | <input type="radio"/> |
| Power of Attorney Docs        | <input type="radio"/> | <input type="radio"/> |
| Burial Information            | <input type="radio"/> | <input type="radio"/> |
| Staff Area Consent Form       | <input type="radio"/> | <input type="radio"/> |
| Client Biography              | <input type="radio"/> | <input type="radio"/> |
| Inventory Guidelines/Record   | <input type="radio"/> | <input type="radio"/> |
| Medical Appt Tracking Form    | <input type="radio"/> | <input type="radio"/> |
| Blank Medical Forms           | <input type="radio"/> | <input type="radio"/> |

| <b>Communication Binder:</b>       | <b>Acceptable</b>        | <b>Needs Action</b>      |
|------------------------------------|--------------------------|--------------------------|
| Daily Record/Description/Menu      | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff /Other Contact Numbers       | <input type="checkbox"/> | <input type="checkbox"/> |
| Duty List                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Meeting Agenda/Minutes       | <input type="checkbox"/> | <input type="checkbox"/> |
| Visitor Policy and Signature Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| Program Specific Training          | <input type="checkbox"/> | <input type="checkbox"/> |
| New Employee DSP Training          | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicable Trainings               | <input type="checkbox"/> | <input type="checkbox"/> |

Date of last staff meeting or next scheduled staff meeting : \_\_\_\_\_

**Program Van/ Van Binder:** ☐ N/A

|                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| Mileage Sheets               | <input type="checkbox"/> | <input type="checkbox"/> |
| Client Pictures              | <input type="checkbox"/> | <input type="checkbox"/> |
| Demographics/Contact Numbers | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance/Registration       | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle Location Sheet       | <input type="checkbox"/> | <input type="checkbox"/> |
| Handicap Placard Expiration  | <input type="checkbox"/> | <input type="checkbox"/> |
| Monthly Van Check Off        | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Maintenance Check       | <input type="checkbox"/> | <input type="checkbox"/> |
| Accident Reporting Form      | <input type="checkbox"/> | <input type="checkbox"/> |
| Wex Card Information         | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Van Cleanliness      | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit with Gloves    | <input type="checkbox"/> | <input type="checkbox"/> |
| Mounted Fire Extinguisher    | <input type="checkbox"/> | <input type="checkbox"/> |
| Roadside Assistance Kits     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Stickers on License Plate  | <input type="checkbox"/> | <input type="checkbox"/> |

### **Section 3 – Medications and Quick Mar**

| <b>Medications:</b>        | <b>Acceptable</b>     | <b>Needs Action</b>   |
|----------------------------|-----------------------|-----------------------|
| 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"/> |
| <b>Quick Mar:</b>          |                       |                       |
| 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"/> |

### **Section 4 – Client Information**

|                              |                       |
|------------------------------|-----------------------|
| <b>Provide:</b>              |                       |
| ISP's / ISP Packet           | <input type="radio"/> |
| Med Appt Forms/Tracking Form | <input type="radio"/> |
| Identifying Information      | <input type="radio"/> |
| Trust                        | <input type="radio"/> |
| Burial Arrangements          | <input type="radio"/> |
| Fire and Severe Weather      | <input type="radio"/> |
| Past Program Records         | <input type="radio"/> |

## **Section 5 - Review of the Mars and Audit Reports**

### **Audit Reports:**

Review 3 months of Audit Reports, Prompting Notes, Outcomes (Have available for review)

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### **Mars Complete:**

Review 3 months of Mars Complete: (Have 3 months of Mars Complete packets for review to include Variance Reports, UI Reports, Follow Up Training Forms and Paper Mars if used)

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## **Section 6 – Home Review Follow Up**

1. Date and time to follow up, if needed: \_\_\_\_\_
2. Complete Packet due to SPD and the CEO within 30 days of the review. This should include the 19 Services Review, this Home Review Tool, and all corrected items including pictures and follow up items.

Comments: \_\_\_\_\_

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See last page for additional notes if more space is needed.

Reviewers: \_\_\_\_\_

Print

Signature

Reviewers: \_\_\_\_\_

Print

Signature

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