

Below is a list of documents that will be reviewed during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Please contact the reviewer with any questions prior to the onsite review.

<b>IP for Individuals in Sample</b>	<b>Completed</b>
1. Current and previous IP, including addendums/revisions	
2. Comprehensive Functional Assessment	
<b>MEDICATIONS for Individuals in Sample</b>	
3. Current Self-Medication Assessment	
4. Name and credentials of the nurse providing delegation (if applicable)	
<b>FOR DELEGATED NURSING:</b>	
5. Evidence of nurse supervision of delegation <ul style="list-style-type: none"> <li>a. Log Notes</li> <li>b. Nursing Notes</li> <li>c. Any documentation used by delegating nurse to evidence supervision</li> <li>d. Any special conditions identified by the nurse</li> <li>e. On-going nursing assessments</li> <li>f. Statement of delegation</li> <li>g. Annual Staff skills checklist</li> </ul>	
6. Medication Administration Records (MAR) for the last 3 months.	
7. Current Physician's orders	
<b>BEHAVIOR SUPPORT for Individuals in Sample</b>	
8. Behavior Support Plan if not integrated in the IP (should be a single plan)	
9. If the plan includes restrictive measures: Evidence of an assessment within the past 12 months that describes the risk of harm or likelihood of legal sanction.	
10. Date of plan implementation	
11. Behavior assessment if not integrated in the IP	
12. Informed consent for restrictive measures	
13. List of Human Rights Committee or verification that provider uses County Board Human Rights Committee.	
14. Evidence of Human Rights Committee approval of restrictive measures	
15. Human Rights Committee member initial or annual training	
16. Facility's Behavior Support Policy/Procedures	
17. Evidence that the provider notified DODD restrictive measures – Restrictive Measure Notification	
18. Evidence of 90 day team reviews of restrictive measures	
19. Evidence of staff training on restrictive measures	
20. Annual Analysis of behavior support strategies that include restrictive measures	
<b>MONEY MANAGEMENT for Individuals in Sample</b>	
21. Receipts for each individual in the sample for the last 3 months.	
22. Bank statements for the last 3 months.	
23. Account transaction records for the last 3 months.	
24. Last 3 account reconciliations	
25. Evidence that the individual receives personal allowance (\$30/\$40)	
26. Inventory for personal items with a value of \$50.00 or more	
27. Copy of facility's Money Management Policy	

<b>DOCUMENTATION for Individuals in Sample</b>	
28. Service documentation sheets for the last 3 months.	
29. Behavior Support Documentation for the last 3 months.	
<b>PERSONNEL / BACKGROUND CHECKS for Staff in Sample</b>	
30. Date of hire <u>and</u> initial direct contact with individuals	
31. Evidence that staff person is 18 years old or older	
32. Initial BCII check.	
33. Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment)	
34. Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees	
35. Evidence that the employee signed an attestation statement verifying that the employee has never been charged with, convicted of or pled guilty to a disqualifying offense <u>as well as</u> a statement verifying the employee will notify the employer in writing within 14 days if ever charged, convicted of or pleads guilty to a disqualifying offense	
36. Evidence of initial and 5 year checks of the following: <ul style="list-style-type: none"> <li>• abuser registry check</li> <li>• nurse aide registry check</li> <li>• Inspector general exclusion list</li> <li>• sex offender and child victim offender database</li> <li>• US general services administration system for award management database</li> <li>• incarcerated and supervised offenders database</li> </ul>	
37. Verification of High School Diploma (such as transcripts or diploma) or GED (certified medication passers only hired after 2/1/2000)	
<b>TRAINING/CERTIFICATION FOR STAFF IN SAMPLE</b>	
38. Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube (if applicable)	
39. Evidence that direct service staff received initial training prior to providing services to individuals that included: <ol style="list-style-type: none"> <li>Overview of serving individuals with developmental disabilities including implementation of ISP</li> <li>The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</li> <li>Universal precautions</li> <li>Initial rights training including the health and welfare alerts issued by the department.</li> <li>Initial MUI training</li> <li>Management of Individual Funds <b>including training on 5123:2-2-07</b></li> <li>Initial Training on the actions to take in the event of a fire or emergency</li> </ol>	
40. Evidence of appropriate licenses/certifications for professional staff if applicable (RN, LPN, PT, OT, Speech, etc.)	
41. Evidence of staff training on current IP/BSP prior to implementation	
42. Evidence of annual training including: <ul style="list-style-type: none"> <li>• Overview of serving individuals with developmental disabilities including implementation of ISP</li> <li>• The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</li> </ul>	

<ul style="list-style-type: none"> <li>• Universal precautions</li> <li>• Rights training including the health and welfare alerts issued by the department.</li> <li>• MUI training</li> <li>• Fire Safety and Emergency response training specific to each location in which the staff provides services.</li> </ul>	
43. Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
44. Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component.	
45. If there is a swimming pool/program:, current: Water safety instructor certificate or Senior life saving certificate or Adapted aquatics certificate	
46. Evidence of enrollment in RAPBACK	
<b>MUI</b>	
47. MUI reports for the last 9-12 months, including follow up on incidents	
48. UI Log(s) and evidence of monthly UI reviews for the last 3 months- additional reports may be requested onsite	
49. Most Recent Semi Annual or Annual MUI Analysis Report	
<b>DRIVERS / ATTENDANTS / TRANSPORTATION</b>	
50. Valid driver's license (if direct support professional is responsible for transporting individuals)	
51. Evidence of initial Driver's Abstract (free online abstract available via BMV website is acceptable)	
52. Transportation Policy (addressing vehicle maintenance, vehicle accessibility and driver requirements)	
<b>PHYSICAL ENVIRONMENT</b>	
53. Written record of fire and tornado drills for the last 12 months-6 per year	
<b>GENERAL ADMINISTRATION</b>	
54. Copy of General Liability Insurance in the amount of at least \$500,000	
55. For Administrator, evidence of annual training including: <ul style="list-style-type: none"> <li>• New Administrator Orientation for LRFs (available on-line at DODD.com)</li> <li>• The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy;</li> <li>• Rights training including the health and welfare alerts issued by the department.</li> <li>• MUI training</li> </ul>	