

Developmental Disabilities Adult Service and Children's Group Home  
Annual Quality Assurance Review

**Agency Name:** DEAP  
**Evaluator(s):** Kathleen Kaiser  
**Dates Covered by Review:** 2009-2010

**DESK REVIEW**

\* QAOS = Quality Assurance Observation Sheet

insert \*  
QAOS #

**Accreditation:**  
 Accreditation is no longer required by the state contract.

**Significant Events from the Agency:**

- \* Deap provided evaluation and diagnosis for 33 children in 5 months under the autism waiver. 13 of these children were diagnosed with autism, 4 of these children from Region 1, including 2 from DEAP who were screened into autism waiver services.
- \* Anna Whiting Sorrell, DPHHS Director and Jon Ebert, Information Officer visited DEAP and went on a home visit. The family, FSS and Executive Director all received personal notes signed by the Governor thanking DEAP for their good services.
- \* DEAP successfully integrated a new individual with autism into Skyreach Youth Home.
- \* DEAP continues to facilitate "Communities Can" lunch meetings 5 times a year where over 20 community professionals representing a variety of community services network and share pertinent information on new services, training, etc. \*Collaborated with Children's Mental Health to fund ABA intervention for 4 children with autism.
- \* Published a new DEAP agency brochure.
- \* Was awarded the continued contract for Family Preservation Services after a RFP proposal.
- \* DEAP netted \$5000 in a successful antiques photo fund raiser during the Bucking Horse Sale, with the help of many DEAP volunteers.
- \* Received 3 mini-grants for support for the WIC program to fund additional services including targeted outreach and breastfeeding.
- \* Provided a 3% salary increase to all staff and an increased health insurance benefit.
- \* Participated in Health Fairs, community Resource Fairs in multiple communities.
- \* Received an additional \$6000 from the Area 1 Agency on Aging to fund Lifespan Respite Services.

**Agency Internal Communications Systems:**  
 DEAP is a large corporation with satellite offices and programs in different communities over a large geographic area. Staff meetings are held on a bi-monthly basis with all of the staff from the outlying areas attending. There is also a monthly meeting with all of the Family Support Specialists (FSS) and their Supervisors where each consumer's case is reviewed and training issues are covered. DEAP does a very good job of maintaining internal communication over a wide geographic area.

**Policies and Administrative (DDP) Directives:**  
 The updated policies are: Benefit, Leave and Pay Policies. The new policies for disposal of DEAP inventory and a Fundraising Policy. All Policies and Procedures were reviewed and found to be in compliance with DDP requirements and directives.

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DESK REVIEW	insert QAOS #
<p><b>Fiscal (audits, cost plans, invoices):</b>                      Completed A-133 audit with no findings</p>	
<p><b>Licensing ( for Group Homes, Adult Foster sites and Assisted Living sites):</b>                      The Sky Reach Youth Home operated by DEAP was licensed by the Quality Assurance Specialist in November 2009 with 9 deficiencies found. Most of the deficiencies had been corrected by the time of this site visit and the rest were in the process of being repaired or replaced as funds become available. QAOS 5-10: When reviewing fire drills for the last year, there was a fire drill completed once a month for the entire year. The drills were completed during a variety of shifts to give staff and consumers a more comprehensive training.</p>	QAOS 5-10

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DESK REVIEW	insert QAOS #
<p><b>Quality Assurance Observation Sheets: (trends from past year)</b>                      No QAOS Sheets were issued during the year. Seven QAOS Sheets were issued during this review and are specified in this spread sheet and the IFES spread sheet.                      QAOS 1-10: The DEAP administration are to be commended for the quality of services that they provided throughout the region. During this Annual Review over the last four months I have conducted 25 interviews with consumers or families of consumers. All of the consumers or families had very positive things to say about DEAP as an organization and about all of the DEAP staff as a whole. They all said one way or another that they didn't know what they would do without DEAP to support them throughout all aspects of their lives.</p>	QAOS 1-10
<p><b>Medication Errors: (trends from past year)</b>                      There were no trends in medication errors this year.                       During the review of the group home OTC &amp; PRN medication documentation, the manager has developed a new OTC &amp; PRN medications form. This new form is very clear and easy to use for both staff and physicians. I would like to use these as examples for other organizations.</p>	QAOS 4-10
<p><b>Incident Management: (Incident Management Committees - IMCs &amp; trend reports, summary trends, steps to address trends, and investigation summaries)</b>                      DEAP is commended for having a quality Incident Management team that meets bi-weekly to address all incident reports. These meetings are effective because they are well attended by member of the committee and the committee members come prepared to discuss any of the issues in the incident reports. Having staff members trained to conduct investigations in both Miles City and Glendive helps assure prompt and thorough review of incidents when necessary. The Incident Management Team meeting notes do a good job of recording the issues that are discussed and the follow up to concerns. There were no major trends identified this last year.</p>	QAOS 2-10

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KEY (mark "+" or "X" if present, "-" or "no" if not)

Staff Related:

insert  
QAOS #

**Evidence Found of Orientation Training** Use three to five staff ~ new hires

staff initials	SS	RH	CN	TC	AH				
+ or X / - or no	X	X	no	X	X				

Note where evidence found: On file in HR office. Working on staff CN's paperwork.

**Evidence Found DDCPT or equivalent:** For intensive staffing only - LOC for Waiver indicates Intensive determination

staff initials	SS	RH	CN	TC	AH				
consumer initials									
+ or X / - or no	X	X	X	X	X				

Note where evidence found: On file in HR office. Staff are working on certification for FES.

**Evidence of Criminal Background Checks:** Use three to five staff ~ new hires

staff initials	SS	RH	CN	TC	AH				
yes/no	X	X	X	X	X				

Note where evidence found: On file in HR office.  
 personnel files, staff training records, agency employment application

**Evidence of Staff Survey:** Interview at least one staff per site visited, no less than 5 staff

staff initials	DG	VZ	WD	JH	AH				
+ or X / - or no	X	X	X	X	X				

Note where evidence found: QA file.

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Staff Related:							insert QAOS #	
<b>Evidence Found of Staff Training:</b>								
<b>staff initials</b>	DG	VZ	PE	SC	FP			
1st aid/CPR	X	X	X	X	X			
Abuse Prevention	X	X	X	X	X			
Client Rights	X	X	X	X	X			
Incident Reporting	X	X	X	X	X			
Confidentiality	X	X	X	X	X			
IP/PSP Process	X	X	X	X	X			
CDS* complete w/in 6 months of hire date?	X	X	X	X	X			
Medication Cert	X	X	X	X	X			
<b>Note where evidence found:</b> On file in group home.								
* CDS = College of Direct Supports								
<b>Comments:</b>								

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IP Checklist:		Note Site Reviewed:		Add sites as needed:					insert QAOS #
Consumer Initials		GH	GH	C					
<b>O n s i t e</b>	Consumer/Family Survey	X	X						
	PSP/IP Available to all Staff	X	X						
	IPP/Actions Implemented	X	X						
	Data for IPP/Actions	X	X						
	Data Internally Monitored	X	X						
	Self Medication Objective	NA	NA						
	Consumer informed of grievance procedure	X	X						
	SL consumer choice of SL staff	NA	NA						
	Rights Restrictions	NA	NA						
**	PSP/IP Checklist	X	X						
<b>M H P H</b>	PSP/IP completed Annually?	X	X						
	Individual Needs Addressed?	X	X						
	Assessment Based?	X	X						
	Quarterly Reports?	X	X						
	Incident Reports Addressed?	X	X						
	Behavioral Supports Addressed?	X	X						
	Functional Analysis Needed?	NA	NA						
	Free from Aversive Procedures?	X	X						
<b>Comments: (regarding service planning and delivery)</b>									
** = Case manager									

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KEY (mark "+" or "X" if present, "-" or "no" if not)

IP Checklist:		Note Site Reviewed:				Add sites as needed:			insert QAOS #
Consumer Initials		SL	SL	SL	SL	SL			
<b>O n s i t e</b>	Consumer/Family Survey	X	X	X	X	X			QAOS 11-10
	PSP/IP Available to all Staff	X	X	X	X	X			
	IPP/Actions Implemented	NO	X	X	X	X			
	Data for IPP/Actions	NO	X	X	X	X			
	Data Internally Monitored	NO	X	X	X	X			
	Self Medication Objective	NA	NA	NA	NA	NA			
	Consumer informed of grievance procedure	X	X	X	X	X			
	SL consumer choice of SL staff	X	X	X	X	X			
	Rights Restrictions	NA	NA	NA	NA	NA			
** <b>M I N I S T R I B U T I O N</b>	PSP/IP Checklist	X	X	X	X	X			
PSP/IP completed Annually?	X	X	X	X	X				
Individual Needs Addressed?	X	X	X	X	X				
Assessment Based?	X	X	X	X	X				
Quarterly Reports?	X	X	X	X	X				
Incident Reports Addressed?	X	X	X	X	X				
Behavioral Supports Addressed?	X	X	X	X	X				
Functional Analysis Needed?	NA	NA	X	X	X				
Free from Aversive Procedures?	X	X	X	X	X				
<b>Comments: (regarding service planning and delivery)</b>									
QAOS 11-10: In reviewing the daily consumer check off list; one of the actions was missing and 7 other actions had not been completed on a consistent basis. This issue has been address.									
** = Case manager									

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IP Checklist:		Note Site Reviewed:				Add sites as needed:			insert QAOS #
Consumer Initials		CSP	CSP	CSP	CSP	CSP			
<b>O n s i t e</b>	Consumer/Family Survey	X	X	X	X	X			QAOS 9-10
	PSP/IP Available to all Staff	X	X	X	X	X			
	IPP/Actions Implemented	NO	NO	NO	X	X			
	Data for IPP/Actions	NO	NO	NO	X	X			
	Data Internally Monitored	NO	NO	NO	X	X			
	Self Medication Objective	NA	NA	NA	NA	NA			
	Consumer informed of grievance procedure	X	X	X	X	X			
	SL consumer choice of SL staff	X	X	X	X	X			
	Rights Restrictions	NA	NA	NA	NA	NA			
** <b>M H P T</b>	PSP/IP Checklist	X	X	X	X	X			
PSP/IP completed Annually?	X	X	X	X	X				
Individual Needs Addressed?	X	X	X	X	X				
Assessment Based?	X	X	X	X	X				
Quarterly Reports?	X	X	X	X	X				
Incident Reports Addressed?	X	X	X	X	X				
Behavioral Supports Addressed?	X	X	X	X	X				
Functional Analysis Needed?	NA	NA	NA	NA	NA				
Free from Aversive Procedures?	X	X	X	X	X				
<b>Comments: (regarding service planning and delivery)</b>									
QAOS 9-10: In reviewing the home visit logs, there is no documentation for some of the PSP actions for three Community Supports consumers. This was from a time period of 7-09 thru the end on 10-09. This issue was addressed and has been resolved.									
** = Case manager									

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Make note of site reviewed

Residential Site Checklist:		Site Name Skyreach Group Home						insert QAOS #		
<b>H</b> <b>e</b> <b>a</b> <b>l</b> <b>t</b> <b>h</b>	Bathing procedures posted	X						QAOS 12-10		
	Clean/Sanitary Environment	X								
	Egress	NO								
	Hot Water Temps	119°								
	Emergency Assistance	X								
	Fire Extinguishers/smoke Detectors	X								
	1st Aid/CPR Supplies Accessible/Available	X								
	PRN Medications	YES	very good						QAOS 4-10	
	Medication Procedures	X								
	Medication Locked Storage	X								
<b>S</b> <b>a</b> <b>f</b> <b>e</b> <b>t</b> <b>y</b>	Medication Administration Records	X						QAOS 3-10		
	Staff Ratios or ICP staffing	X								
	Awake Overnight Staff	X								
	Adequate Supplies	X								
	Storage of Supplies	X								
	Free from aversive procedures?	X								
	<b>D</b> <b>a</b> <b>i</b> <b>l</b> <b>y</b>	Weekly integrated activities	YES	very good						QAOS 3-10
		House or Site Rules	X							
		Opportunities for choice, self determination	X							
		Meal Prep, Mealtime	X							
Engagement in Daily Life		X								
Participation in Daily Living Skills		X								
Daily Leisure Opportunities		YES	very good					QAOS 3-10		
Staff Trained in Individual Specifics	X									
<b>Comment:</b> QAOS 12-10: In the Children Group Home the window crank in one bedroom didn't work and two of the sliding glass doors were locked with a barrel bolt at the top. Both of these issues have been resolved. QAOS 3-10: During the records review for recreation and leisure at Sky Reach Group Home for the last several months it was noted the records were very good. There were no dates missing documentation and there was a nice variety of activities that had been offered each consumer.										

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Make note of site reviewed

Residential Site Checklist: SL

insert  
QAOS #

Site Name								
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	NA	NA		NA			
	Clean/Sanitary Environment	X	X		X			
	Egress	X	X		X			
	Hot Water Temps	121°	129°		118°			
	Emergency Assistance	X	X		X			
	Fire Extinguishers/smoke Detectors	NO	X		X			
	1st Aid/CPR Supplies Accessible/Available	X	X		X			
	PRN Medications	X	X		X			
	Medication Procedures	X	X		X			
	Medication Locked Storage	X	X		X			
	Medication Administration Records	X	X		X			
	Staff Ratios or ICP staffing	X	X		X			
	Awake Overnight Staff	NA	NA		NA			
	Adequate Supplies	X	X		X			
Storage of Supplies	X	X		X				
Free from aversive procedures?	X	X		X				
<b>D a i l y</b>	Weekly integrated activities	NO	X		X			
	House or Site Rules	X	X		X			
	Opportunities for choice, self determination	X	X		X			
	Meal Prep, Mealtime	NO	X		X			
	Engagement in Daily Life	X	X		X			
	Participation in Daily Living Skills	X	X		X			
	Daily Leisure Opportunities	X	X		X			
	Staff Trained in Individual Specifics	X	X		X			

QAOS 10-10

QAOS 11-10

**Comments:**  
 The water temperature was to be reported to the landlord of the apartment complex. QAOS 10-10: During the SL visit to a consumer's apartment, I asked the consumer to show me his fire extinguisher. He said it was on the top of his coat closet. He went to get it out and it took him over a minute to get it because it was stored in the back corner, with lots of stuff in front of it. This has been responded to and it has been taken care of.

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Residential Site Checklist:								insert QAOS #
		Site Name	Skyreach Group Home					
<b>T r a n s p o r t a t i o n</b>	Driver Orientation Program	X						
	Wheelchair tie downs	NA						
	Wheelchair Lift	NA						
	Driver's Licenses	X						
	Emergency Supplies	X						
	Fire Extinguisher	X						
	Transportation Log	X						
	Scheduled Maintenance Program	X						
	Training--Staff Doing Maintenance Checks	NA						
	Procedures for Timely Repairs	NA						
	MDT* inspection on file (MDT vehicles only)	NA						
Comments:								
* MDT = Montana Department of Transportation								
Comments:								

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**FOR EACH STAFF:**

Ask one question per topic area, if incorrect as a second if still incorrect move on the next topic area.

KEY

(mark "+" or "X" if correct, "-" or "no" if not)

insert  
QAOS #

Staff Survey: Sky Reach Group Home & SL		Staff Initials	DG	VZ		JH	WR			
<b>A b u s e</b>	Allegations are reported to? (APS)	X	X			X	X			
	Do you notify Supervisor first? (NO)	X	X			X	X			
	Steps to take if abuse is discovered?									
	Comments:									
<b>r i g h t s</b>	Suspect theft of gloves, steps to take?	X	X			X	X			
	IP/PSP requests Doctors appt									
	No jacket, -25 consumer wants to leave	X	X			X	X			
	Review Right's Restriction									
	Comments One staff member forgot to write an IR.									
<b>** b m p **</b>	describe consumer behaviors	X	X			X	X			
	staff response to behaviors by plan	X	X			X	X			
	list proactive or environmental strategies									
	Comments:									
<b>H o u s e h e l p h o u s e</b>	former employee wants info	X	X			X	X			
	what is consumer information?	X	X			X	X			
	training to meet health and safety needs?									
	emergency evacuation procedures?	X	X							
	Comments:									
Comments:										
** = Behavior Management Plans										

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 Ask one question per topic area, if incorrect as a second  
 if still incorrect move on the next topic area.  
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey: Sky Reach Group Home and SL									insert QAOS #
	Staff Initials	DG	VZ		JH	WR			
<b>m e d i c a t i o n s</b>	describe procedure to assist with meds	X	X		X	NA			
	if med is unavailable?	X	X		X	NA			
	if gave wrong med?	X	X		X	NA			
	if moving to a new place or gets new med?								
	requirement to assist with meds?								
	describe PRN or OTC* is to be given								
	what constitutes a med error?								
Comments WR is not medications certified.									
* OTC = over-the-counter									
<b>E R C</b>	steps to avoid power struggles	X	X		X	X			
	how to respond to someone who is upset	X	X		X	X			
	what if you start to lose control?								
	Comments:								
** = Emotionally Responsible Caregiving									
<b>I N C I D E N T R E P O R T I N G A N D M A N A G E M E N T</b>	when do you fill out an incident report?	X	X		X	X			
	notifications for Emergency Room visit?				X				
	consumer to consumer incidents								
	who writes the Incident Report?	X	X			X			
	Comments:								
* = Incident Reporting and Management									

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 Ask one question per topic area, if incorrect as a second  
 if still incorrect move on the next topic area.

**KEY** (mark "+" or "X" if correct answer, "-" or "no" if not)

Staff Survey: Sky Reach Group Home and SL									insert QAOS #
	Staff Initials	DG	VZ		JH	WR			
<b>B O D Y C O N T R O L</b>	consumer destroying things	X	X		X	X			
	staff pinches consumer back	X	X		X	X			
	how do you know a support plan is needed?								
	Comments:								
<b>* I P / P S P</b>	what is IP/PSP based on?	X	X		X	X			
	you have an idea for an objective.....	X	X		X				
	why do assessments?	X	X			X			
	How do you find out what someone would like to do?								
Comments:									
* = IP = Individual Plan PSP = Personal Support Plan									
Comments:									

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 "-" or "no" indicates need for follow up  
 and comments in lilac area below

Consumer Questionnaire by QIS.		ALL questions are MANDATORY					insert QAOS #
USE THIS FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials					
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)							
<b>c o n s u m e r</b>	Do you have nice staff at home/work?	X	X	X			
	Is anyone mean to you at home/work?	X	X	X			
	Do you like where you live/work?	X	X	X			
	Are you ever afraid of anyone?	X	X	X			
	<b>Someone hits/hurts you, who can you tell?</b>	X	X	X			
	<b>Does anyone talk to you about this?</b>	X	X	X			
	Can you get help when you need it?	X	X	X			
	from staff?	X	X	X			
	from Case Manager?	X	X	X			
	Can you get your own food/drink?	X	X	X			
	Do people come into your house/room without knocking or getting permission?	X	X	X			
	Do staff ever take things from you?	X	X	X			
	Can you get rides to places you need to go?	X	X	X			
Rides to the places you want to go?	X	X	X				
<b>Who is your Case Manager?</b>	X	X	X				
<b>Does s/he talk to you about waiver services?</b>	X	X	X				
<b>Does s/he help you get what you need?</b>	X	X	X				
<b>Comments:</b>							

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Consumer Questionnaire by QIS.		ALL questions are MANDATORY					insert QAOS #
USE THIS FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials					
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)							
<b>c o n s u m e r</b>	Do you have nice staff at home/work?	X	X	X	X	X	
	Is anyone mean to you at home/work?	X	X	X	X	X	
	Do you like where you live/work?	X	X	X	X	X	
	Are you ever afraid of anyone?	X	X	X	X	X	
	<b>Someone hits/hurts you, who can you tell?</b>	X	X	X	X	X	
	<b>Does anyone talk to you about this?</b>	X	X	X	X	X	
	Can you get help when you need it?	X	X	X	X	X	
	from staff?	X	X	X	X	X	
	from Case Manager?	X	X	X	X	X	
	Can you get your own food/drink?	X	X	X	X	X	
	Do people come into your house/room without knocking or getting permission?	X	X	X	X	X	
	Do staff ever take things from you?	X	X	X	X	X	
	Can you get rides to places you need to go?	X	X	X	X	X	
Rides to the places you want to go?	X	X	X	X	X		
<b>Who is your Case Manager?</b>	X	X	X	X	X		
<b>Does s/he talk to you about waiver services?</b>	X	X	X	X	X		
<b>Does s/he help you get what you need?</b>	X	X	X	X	X		
<b>Comments:</b>							

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 "-" or "no" indicates need for follow up  
 and comments in the lilac area below

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY					
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS							
	Consumer initials						
Support	Who helps this person and how?	X	X		X	X	
	Are there some staff/peers they like better?	X	X		X	X	
	Staff/peers they don't like? Why?	X	X		X	X	
	Current needs not being met?	X	X		X	X	
	Health and Safety related?	X	X		X	X	
	Who do you talk to about these concerns?	X	X		X	X	
	Does the person have input to his/her life?	X	X		X	X	
	If you have concerns, who do you talk to?	X	X		X	X	
	are they resolved?	X	X		X	X	
	What are this persons wishes/dreams?	X	X		X	X	
	is the plan moving that direction?	X	X		X	X	
	what would make things better?	X	X		X	X	
	does this person ever seem afraid?	X	X		X	X	
	are you afraid for them?	X	X		X	X	
	<b>Does this person know how or where to report abuse?</b>	X	X		X	X	
	<b>who provided that training?</b>	X	X		X	X	
	Who will the individual call or report to?	X	X		X	X	
	who provided that info?	X	X		X	X	
	Does the person have transportation to all services and places s/he would like to go?	X	X		X	X	
	<b>who is the person's case manager?</b>	X	X		X	X	
<b>Does CM help the person access services</b>	X	X		X	X		
<b>Does the CM explain waiver services?</b>	X	X		X	X		
<b>Does the person understand this info?</b>	X	X		X	X		

insert  
 QAOS #

Comments: