

DEVELOPMENTAL DISABILITIES CRISIS SERVICES

10.01 DD Mobile Crisis Team (does not apply to initial certification)

(Rev. 4/1/17)

Written policy, procedure and practices document a well-defined plan/process for the management of mobile crisis team services , in-home crisis care and out-of-home crisis placement.

Reference:

Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD) Part II, Section 2c

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) protocols for the team's dispatch to the site of a crisis; (2) assessment and stabilization; (3) referral to hospital emergency department; and, (4) processes for the provision of or referral for both in-home and out-of-home intensive crisis supports, including transportation as needed.		
2	The DD Mobile Crisis Team includes a minimum of 3 team members, including one Licensed Clinical Social Worker (LCSW) or a Licensed Professional Counselor (LPC), a behavior specialist, and a direct support staff who respond to each dispatch of the DD Mobile Crisis Team. Other possible team members may include a registered nurse, an additional social worker (MSW), safety officer, or additional direct support staff. In addition, a psychiatrist is available for consultation if needed.		
3	The Georgia Crisis Response System (GCRS) serves children no younger than age 5 and adults with developmental disabilities. Individuals receiving GCRS services have documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years.		
4	Individuals served by GCRS are determined to be at a substantial risk of imminent harm to self or others with no other available, appropriate community supports to meet the needs of the person.		

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5	The LCSW/LPC on the DD Mobile Crisis Team provides oversight of the team and ensures that the appropriate team members are dispatched and/or are available for consultation.		
6	The DD Mobile Crisis Team arrives on site within 1 ½ hours of the Single Point of Entry (SPOE) dispatch.		
7	The DD Mobile Crisis Team rules out any medical causes which might be contributing to the crisis prior to recommending any intensive crisis supports involving behavioral interventions.		
8	When an individual has dual diagnosis, both a developmental disability and a co-existing mental health condition, both co-existing disorders must be addressed, documented and coordinated.		
9	The mobile crisis team has the capacity to provide emergency transportation, if needed.		
10	The DD Mobile Crisis Team follows the direction of SPOE concerning dispatch.		
11	If the Mobile Crisis Team in the region of the crisis is unable to respond to the crisis within the required 1.5 hours, the Team informs the SPOE at the time of the initial contact and includes the reason for not being able to meet the 1.5 hour response requirement. Upon receipt of this information, the SPOE contacts the nearest crisis provider for dispatch.		
12	When a Team is dispatched across Regional lines, the mobile crisis response is provided by an out-of-area team and the individual is transitioned to the in-area crisis provider for ongoing supports.		
13	The DD Mobile Crisis Team completes a comprehensive assessment(s) of the current crisis situation, which includes interviews with the individual, care providers and/or family members, observation of the current environment, and review of behavior and individual support plans.		

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14	The Mobile Crisis Team determines if additional in-home or out-of-home supports are required, subsequent to the initial stabilization. If additional in-home or out-of-home supports are required, subsequent to the initial stabilization, the initial Mobile Crisis Team works in conjunction with the Team within the region of residence to ensure that the individual receives the supports in their home region.		
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15	The LCSW/LPC ensures that the assessment process is thorough and complete.		
16	The DD Mobile Crisis Team requests Consumer Information System (CIS) of the Field Office immediately for all individuals in crisis who are listed in CIS.		
17	When the DD Mobile Crisis Team makes a disposition, the LCSW communicates all recommendations within 24 hours to all applicable parties (Families/Caregivers, Support Coordination Agencies, Provider Agencies, and/or Field Office I & E Teams.		
18	The discharge planning process includes collaboration with all applicable parties, family, care-givers, providers, support coordination agency, PLA, I&E teams. The social work staff in the CRS coordinates this process with the oversight of a LCSW or LPC.		
19	The discharge plan is person-centered, begins at intake, and includes: (1) an evaluation of additional supports and services by the support coordinator for individuals with waiver services; (2) an evaluation of additional supports and services by the planning list administrator for individuals on the planning list; (3) referral for intake and evaluation by the region I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services; (4) intensive out-of-home support staff have trained the personnel in post-crisis services and placement and/or family members regarding all interventions utilized in the out-of-home crisis placement; (5) coordination with the family and/or DD service provider on a plan for return to school/educational activities.		
20	The following information is documented in the record for each individual: (1) dates (beginning and ending) of service; (2) completed intake/evaluation documents (medical and/or behavioral assessment); (3) determined model of support; and, (4) discharge plan.		

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21	The DD Crisis System provider develops a performance data system that includes, but not limited to, the following: (1) total number of mobile crisis team dispatches by Region; (2) total number/percentage of referrals to in-home crisis services by Region; (3) total number/percentage of referral to out-of-home supports by Region; (4) the average length of stay for each crisis admission episode (both in home and out of home); (5) total number of referrals to out-of-home supports that were denied and reason for denial by Region; (6) average MCT arrival time after dispatch; (7) total number of 1013s/1014s rescinded following MCT intervention; (8) disposition pursuant to MCT intervention (state hospital, CSU, return to own/family/provider home; (9) total number of hours for training of providers and families regarding needs of individuals accessing the crisis system; (10) total number of hours of direct service provided by discipline; (11) team staffing by name/position; (12) number of direct /on-call service hours provided by staff name; (13) staff vacancies; and (14) total number of critical incidents (internal and reportable to DBHDD) for out of home supports.		
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10.02 In-Home Intensive Crisis Supports (does not apply to initial certification)

(Rev. 4/1/17)

Written policy, procedure and practice document intensive crisis supports in an individual's home.

Reference:

DBHDD Provider Manuals for Community Developmental Disabilities Providers
 Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses in-home intensive crisis supports to include, at a minimum, the following: (1) accessing intensive crisis supports; (2) types of intensive crisis supports it plans to provide; (3) procedures for utilizing Intensive Crisis Supports both in and out of the individual's home; (4) implementation of behavioral intervention strategies; (5) provision of one-to-one support, as necessary; (6) modeling of interventions with the family and/or provider staff; (7) assistance with simple environmental adaptations to maintain safety; and, (7) accompanying the individual to appointments related to the crisis response.		

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2	In-home intensive crisis supports includes the provision of a staffing pattern up to 24 hours per day, 7 days per week, with the intensity of the services decreasing over 7 calendar days. In addition, staff ratios reflect the needs of the individuals supported, the individuals' levels of observation, and safety considerations.		
3	The GCRS serves children no younger than age 5 and adults with developmental disabilities. Individuals receiving GCRS services have documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years.		
4	Individuals served by GCRS are determined to be at a substantial risk of imminent harm to self or others with no other available, appropriate community supports to meet the needs of the person.		

5	Clinical intervention decisions are made to ensure the least restrictive interventions and placements likely to be successful are utilized as evidenced by assessments that justify the need for any restrictive interventions and/or placements (including intensive in-home supports or intensive out-of-home supports).		
6	Plans intended to modify behavior over time (not including crisis plans) are not developed unless appropriate behavioral assessments are completed, and the personnel who develop the plans are able to provide follow-up activities.		
7	Reasonable, simple environmental modifications are considered before intensive crisis supports and/or a behavior plan is recommended or implemented.		
8	Individuals receiving intensive in-home supports meet the following criteria: (1) the DD Mobile Crisis Team is not able to mitigate the crisis in a reasonable amount of time OR the crisis was resolved but environmental variables and/or the individual's lack of adaptive behavioral responses make another crisis imminent; AND (2) the caregiver or DD service provider is not capable of providing necessary intervention and protection for the individual or others living with the individual; AND (3) the intensive crisis supports will enable the individual to avoid institutional placement (such as a placement in a behavioral health hospital, nursing home, jail or correctional facility).		

9	<p>Intensive in-home support services include the following: (1) implementation of behavioral intervention strategies provided under the recommendations of the DD Mobile Crisis Team, safety plans, or behavioral support plans already established for the individual; (2) provision of one-to-one support, as necessary, to address the crisis; (3) modeling of interventions with family and/or provider staff; (4) assistance with simple environmental adaptations as necessary to maintain safety; (5) accompanying the individual to appointments related to the crisis response; (6) the provision of a staffing pattern up to 24 hours per day, 7 days per week, with the intensity of the services decreasing over 7 calendar days; (7) maintenance of stakeholder’s involvement in the response to the crisis in order to restore the individual to pre-crisis supports and/or provider services; (8) assurance of appropriate training to support crisis stabilization and the return of the individual to pre-crisis services and supports, to include demonstration of interventions to the family/caregiver and/or existing DD service provider (if applicable) AND implementation of these interventions by the family/caregiver and/or existing DD service provider (if applicable); and, (9) provision of intensive case management services with the assistance of designated support coordinators or planning list administrator (if applicable), for assessment/evaluation for additional needs and supports, with follow-up to ensure implementation of recommended supports/services.</p>		
10	<p>The length of stay does not exceed a 7 calendar days.</p>		
11	<p>Stays beyond 7 calendar days are approved by the Regional Services Administrator for Developmental Disabilities (RSA-DD) for the applicable Regional Field Office, in conjunction with DBHDD Director of Field Operations/assigned designee. The extension approvals are documented in the individual's record.</p>		
12	<p>Documentation occurs on a daily basis, includes a description of the behavioral interventions utilized, and indicates the training process and identity of the trained caregiver or staff that will support the individual upon termination of crisis supports.</p>		

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13	The following information is documented in the record for each individual: (1) dates (beginning and ending) of service; (2) completed intake/evaluation documents (medical and/or behavioral assessment); (3) determined model of support; and, (4) discharge plan.		
14	The Crisis Response System service provider completes a written discharge plan indicating at a minimum that: (1) the crisis has been resolved, and a plan has been developed that prevents future crises or allows current caregivers or staff to maintain safety should future crisis arise AND; (2) the family and/or provider have been trained and can implement all components of the plan AND; (3) the individual has met the discharge criteria and the plan of discharge was developed with and reviewed with family, care-giver, and/or DD service provider OR; (4) the individual exhibits medical conditions requiring more intensive medical care that cannot be provided through Intensive Crisis Supports.		
15	The discharge planning process includes collaboration with all applicable parties, family, caregivers, providers, support coordination agency, PLA, I&E teams. The social work staff in the CRS coordinates this process with the oversight of a LCSW or LPC.		
16	The discharge plan is person-centered, begins at intake, and includes: (1) an evaluation of additional supports and services by the support coordinator for individuals with waiver services; (2) an evaluation of additional supports and services by the planning list administrator for individuals on the planning list; (3) referral for intake and evaluation by the region I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services; (4) intensive out-of-home support staff have trained the personnel in post-crisis services and placement and/or family members regarding all interventions utilized in the out-of-home crisis placement; (5) coordination with the family and/or DD service provider on a plan for return to school/educational activities.		

17	The DD Crisis System provider develops a quality assurance data system that includes, but not limited to, the following: (1) Names of individuals supported for in home supports; (2) Admit and discharge dates; (3) Total number of hours of direct support provided by staff name and supporting documentation; and (4) Plans developed for follow-up post discharge;		
18	The Crisis Response System service provider participates in data collection and generates monthly quality assurance reports and submits the report to the DBHDD Division of Developmental Disabilities.		

10.03 Child and Adolescent (C&A) Home (does not apply to initial certification)

(Rev. 4/1/17)

Written policy, procedure and practices provide safe facilities to stabilize individuals between the ages of 10 to 17 years needing stabilization through nursing and behavioral supports on a time-limited basis.

Reference:

DBHDD Provider Manual for Developmental Disabilities Providers, pages 86-90
 Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

#	Criteria	Deficient Practice	Effect / Outcome
1	The Child and Adolescent Home provider is licensed as a Child Care Institutions (CCI) by the Department of Human Services (DHS).		
2	C&A home supports are available 24 hours a day, 7 days a week.		
3	Individuals served are between the ages of 10 to 17 years.		
4	The provider has protocols that include, at minimum: (1) criteria for determining when and if a referral to a C&A Home is necessary; (2) staffing plan with a minimum staffing of an RN, Behavior Specialist, C&A Coordinator, C&A staff and a psychiatrist; and (3) transportation.		
5	The applicable Regional Office is immediately notified of the child/youth's admission into the C&A home.		
6	The discharge planning process includes collaboration with all applicable parties, family, caregivers, providers, SC agency, I&E teams.		

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10.04 DD Crisis Home (Out-of-Home Intensive Crisis Supports) (does not apply to initial certification)

(Rev. 4/1/17)

Written policy, procedure and practice document intensive crisis supports in a crisis support home.

Reference:

DBHDD Provider Manuals for Community Developmental Disabilities Providers
 Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) criteria for determining when and if a referral to a crisis support home is necessary; (2) staffing plan to include the minimum staffing of a registered nurse, a licensed professional nurse, day, evening and night staff, a behavior specialist, and a psychologist; (3) transportation plan to and from home(s); and, (3) the availability of a licensed clinical social worker to assist crisis support home staff with case management and discharge planning services, to ensure that appropriate referrals and/or coordination of services are part of the transition back to the home environment.		
2	The organization has a staffing plan to include the minimum staffing of a registered nurse, a licensed professional nurse, direct care staff onsite 24 hours per day, a behavior specialist, a psychologist, and a Licensed Clinical Social Worker. In addition, staff ratios reflect the needs of individuals supported, the individuals' levels of observation, and safety considerations.		
3	The Georgia Crisis Response System (GCRS) serves children no younger than age 5 and adults with developmental disabilities. Individuals receiving GCRS services have documented evidence of a diagnosis of an intellectual disability prior to age 18 years or other closely related developmental disability prior to age 22 years.		
4	Intensive Out-of-Home Supports are provided to no more than four individuals simultaneously.		
5	No one under the age of 18 years is served in an crisis support home with adults 18 years and older.		

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6	Individuals served by GCRS are determined to be at a substantial risk of imminent harm to self or others with no other available, appropriate community supports to meet the needs of the person.		
7	Clinical intervention decisions are made to ensure the least restrictive interventions and placements likely to be successful are utilized as evidenced by assessments that justify the need for any restrictive interventions and/or placements (including intensive in-home supports or intensive out-of-home supports).		
8	Plans intended to modify behavior over time (not including crisis plans) are not developed unless appropriate behavioral assessments are completed, and the personnel who develop the plans are able to provide follow-up activities.		
9	Reasonable, simple environmental modifications are considered before intensive crisis supports and/or a behavior plan is recommended or implemented.		
10	Individuals receiving intensive out-of-home supports meet the following criteria: (1) the DD Mobile Crisis Team is not able to mitigate the crisis in a reasonable amount of time OR the crisis was resolved but environmental variables and/or the individual's lack of adaptive behavioral responses make another crisis imminent; AND (2) the caregiver or DD service provider is not capable of providing necessary intervention and protection for the individual or others living with the individual; AND (3) the intensive crisis supports will enable the individual to avoid institutional placement (such as a placement in a behavioral health hospital, nursing home, jail or correctional facility); AND (4) the safety of others living in the home with the individual or others living in the community cannot be maintained through the use of intensive in-home supports with written justification based on clinical observation and/or assessment OR extensive environmental modifications are needed as a result of the crisis and the individual cannot safely reside in the home with intensive in-home supports while modifications are completed.		

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11	The program description clearly states that the intent of intensive out-of-home supports is to stabilize the individual through nursing and behavioral supports, on a time-limited basis.		
12	The Crisis Support for Intensive Out-of-Home (CSH) must develop and maintain protocols that include: (1) criteria for determining when and if a referral to a crisis home is necessary; (2) staffing plan to include the minimum staffing of a registered nurse, a licensed professional nurse, day, evening and night staff, a behavior specialist, and a psychologist; (3) transportation plan to and from home(s); and, (4) the availability of a licensed clinical social worker to assist crisis support home staff with case management and discharge planning services, to ensure that appropriate referrals and/or coordination of services are part of the transition back to the home environment.		
13	The length of stay does not exceed a 7 calendar days.		
14	Stays beyond 7 calendar days are approved by the Regional Services Administrator for Developmental Disabilities (RSA-DD) for the applicable Regional Field Office in conjunction with DBHDD Director of Field Operations/assigned designee. Extensions do not exceed beyond 30 calendar days unless approved by Division Director of DD or designee.		
15	Out-of-home support services and discharge planning case management are documented daily by appropriate personnel.		
16	The following information is documented in the record for each individual: (1) dates (beginning and ending) of service; (2) completed intake/evaluation documents (medical and/or behavioral assessment); (3) determined model of support; and, (4) discharge plan.		

17	<p>The Crisis Response System service provider completes a written discharge plan indicating at a minimum that: (1) the crisis has been resolved, and a plan has been developed that prevents future crises or allows current caregivers or staff to maintain safety should future crisis arise AND; (2) the family and/or provider have been trained and can implement all components of the plan AND; (3) the individual has met the discharge criteria and the plan of discharge was developed with and reviewed with family, care-giver, and/or DD service provider OR; (4) the individual exhibits medical conditions requiring more intensive medical care that cannot be provided through Intensive Crisis Supports.</p>		
18	<p>The discharge planning process includes collaboration with all applicable parties, family, caregivers, providers, SC agency, PLA, I&E teams. The social work staff in the CRS coordinates this process with the oversight of a LCSW or LPC.</p>		
19	<p>The discharge plan is person-centered, begins at intake, and includes: (1) an evaluation of additional supports and services by the support coordinator for individuals with waiver services; (2) an evaluation of additional supports and services by the planning list administrator for individuals on the planning list; (3) referral for intake and evaluation by the region I & E Team, to determine eligibility and most in need of services, for individuals not in waiver services; (4) intensive out-of-home support staff have trained the personnel in post-crisis services and placement and/or family members regarding all interventions utilized in the out-of-home crisis placement; (5) coordination with the family and/or DD service provider on a plan for return to school/educational activities.</p>		
20	<p>When an individual is discharged to different permanent provider location, an assessment evaluation as a result of an approved Individual Service Plan (ISP) addendum based upon the long term interests of the individual is completed.</p>		

21	The DD Crisis System provider develops a quality assurance data system that includes, but not limited to, the following: (1) Occupancy rate for each site; (2) Individuals at each site on last day of month (admit date, LOS, discharge date, planned disposition, discharge activities documentation for the month and any barriers to discharge); and (3) Individuals discharged for this month (admit date/discharge date, LOS, discharge disposition, date discharged, planned follow-up activities to support individual/family/provider post discharge and discharge plan uploaded to CIS).		
22	The Crisis Response System service provider participates in data collection and generates monthly quality assurance reports and submits the report to the DBHDD Division of Developmental Disabilities.		

10.05 General Residence Requirements

(Rev. 4/1/17)

Written policy, procedure and practices provide safe facilities that are accessible by individuals meet DBHDD safety and physical requirements in Crisis Home service settings.

Reference:

DBHDD Provider Manual for Developmental Disabilities Providers, pages 29-31
 Operational and Clinical Standards for Georgia Crisis Response System (GCRS-DD)

#	Criteria	Deficient Practice	Effect / Outcome
1	The residence is constructed, arranged, and maintained so as to provide adequately for the health, safety access, and well-being of the individual.		
2	Residence meets ADA requirements for accessibility and safety.		
3	There is a common living space, such as living and dining rooms, for use by the individual without restriction. Common areas are large enough to accommodate the individuals without crowding. Common areas are comfortably furnished.		
4	The general floor plan of the home provides for optimal line of sight observations throughout the home. Blind spots are addressed through use of unbreakable convex viewing mirrors that allow visual access by staff.		

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5	Windows used for ventilation to the outside and exterior doors used for ventilation are screened and in good repair. All windows are protected with a safety film preferably textured for privacy (so curtains/drapes will not be required) to protect against glass breakage, hold glass pieces in place in an impact situation or prevent dangerous flying glass pieces. For newer house construction or replacement of windows, the use of Tempered glass/Lexan/Plexiglas is required.		
6	Supportive devices are installed as necessary to enable the individual to achieve a greater degree of mobility and safety from falling.		
7	All stairways and ramps have sturdy handrails, securely fastened not less than 30 inches or more than 34 inches above the center of the tread.		
8	Exterior stairways, decks, and porches have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch.		
9	The spacing between any railings should not allow for an individual to put their head through them.		
10	Floor covering is intact, safely secured, and free of any hazard that may cause tripping.		
11	All areas, including hallways and stairs, have sufficient lighting for reading and other activities.		
12	Lighting fixtures are recessed and tamper proof with Lexan or other strong translucent materials. Light switches and electrical outlets shall be secured with non-tamper type screws.		
13	Wall-mounted electric outlets, lamps and/or light fixtures are operational and maintained in safe condition.		
14	Space heaters are not utilized.		
15	Fire screens and protective devices are used with fireplaces, stoves, and heaters.		
16	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence is protected with carbon monoxide detectors.		

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17	Exterior doors are equipped with locks that do not require keys to open the door from the inside.		
18	The Crisis Support Home is equipped and maintained to provide a sufficient amount of hot water for the use of the individuals.		
19	The temperature throughout the residence is maintained by a central heating system or its equivalent at ranges that are consistent with individual's health needs. No individual must be in any area of the residence that falls below 65 degrees or that exceeds 82 degrees Fahrenheit.		
20	There is an outside area where individuals may have access to fresh air and exercise. The area provides privacy from public view and is designed to minimize elopement.		
21	The yard area is free of all hazards, nuisances, refuse, and litter.		
22	The residence has its house number displayed and is easily visible from the street.		
23	The residence has laundering facilities on the premises for individual's personal laundry.		
24	Poisons, caustics and other dangerous materials are stored in clearly labeled and in appropriate containers. Such materials are safeguarded away from medications, food and secured as required by the capacity of the individual(s).		
25	The residence provides a means of locked storage for the valuables or personal belongings of the individual.		
26	A telephone for incoming and outgoing calls is available for use.		
27	There are no overhead metal rods, fixtures, privacy stalls supports or protrusions capable of carrying more than a thirty (30) pound load.		

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10.06 Bathrooms

(Rev. 4/1/17)

Written policy, procedure and practice demonstrate that there are private, safe bathrooms.

Reference:

DBHDD Policy 02-704, Process for Enrolling, Matching, and Monitoring Host Home/Life-Sharing Sites for DBHDD Developmental Disabilities Community Service
 DBHDD Provider Manual for Community Developmental Disabilities Providers

#	Criteria	Deficient Practice	Effect/Outcome
1	The residence provides an area that affords privacy for the individual and visitors.		
2	The home has at least one fully handicap accessible bathroom for individuals' use.		
3	There is one functional toilet, lavatory and bathing or showering facility for every four individuals that provides for individual privacy.		
4	Bathrooms and toilet facilities must have a window that can be opened or there must have forced ventilation.		
5	The toilet is a flushometer-type, not residential with water tank and cover.		
6	Shower fixtures are recessed or have a smooth curve from which items cannot be hung and/or bear weight.		
7	Non-skid surfacing or strips are installed in all showers, tubs and bathing areas.		
8	Flush mounted safety grab bars are installed in all showers and area near the toilet.		
9	Heated water provided for use by individuals does not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.		
10	A water temperature monitor or a scald valve is installed where necessary to ensure the safety of the individuals.		
11	Mirrors are polycarbonate and securely flat mounted to the wall.		

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10.07 Sleeping Areas

(Rev. 10/15/16)

Written policy, procedure and practice demonstrate that there are private, safe sleeping areas.

Reference:

DBHDD Policy 02-704, Process for Enrolling, Matching, and Monitoring Host Home/Life-Sharing Sites for DBHDD Developmental Disabilities Community Service
 DBHDD Provider Manual for Community Developmental Disabilities Providers

#	Criteria	Deficient Practice	Effect/Outcome
1	Bedding for each individual including two sheets, a pillow, a pillowcase, and a minimum of one blanket and bedspread. The home must maintain a linen supply for not less than twice the bed capacity.		
2	A room can not be used as a bedroom where more than one-half of the room height is below ground level. Bedrooms which are partially below ground level should have adequate natural light and ventilation and be provided with two useful means of egress.		
3	The residence has private sleeping areas. The sleeping areas and living space are within the same building.		
4	Each bedroom has at least one window. The windows may be textured to provide privacy without the use of curtains or blinds.		
5	The individual's bedroom has a closet.		
6	Bedrooms for individuals are separated from halls, corridors, and other rooms by floor to ceiling walls. Hallways are not used for sleeping. No person other than the occupant of that bedroom may pass through a bedroom in order to reach another room.		
7	Each bedroom has a bed and a dresser or bureau or the equivalent.		
8	Beds are non-portable and are at least 36 inches wide and 72 inches long. The mattress is greater than 5 inches thick or four (4) inches of a synthetic construction. The use of beds with springs, cranks, rails or wheels including hospital beds, rollaway beds, cots, bunk beds, stacked, hide a beds and day beds is prohibited.		

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9	Bedrooms have doors that can close. If the doors have locks, both the individual and the staff have keys. Double cylinder locks (requiring keys for both sides) are not used. Doors are capable of swinging outward or be mounted so that the door can be removed from outside if the door is barricaded from the inside.		
10	Furniture capable of use to barricade a door is secured to the floor or wall.		

10.08 Emergency Preparedness

(Rev. 4/1/17)

Written policy, procedure and practice demonstrate that the organization is prepared for responding to natural and manmade disasters in a manner that provides safety to the individuals served.

Reference:

DBHDD Policy 02-704, Process for Enrolling, Matching, and Monitoring Host Home/Life-Sharing Sites for DBHDD Developmental Disabilities Community Service
 DBHDD Provider Manual for Community Developmental Disabilities Providers, pages 52 to 53, 86

#	Criteria	Deficient Practice	Effect/Outcome
1	There must be a supply of first-aid materials available with a minimum of the following: bandages, antiseptic, gauze, tape, thermometer, and gloves.		
2	A three day supply of non-perishable foods and water for emergency needs for all individuals and staff assigned. Items for individualized special diets are included.		
3	Entrances and exits, sidewalks, and escape routes are free of any obstructions that would impede leaving the residence quickly in the event of an emergency.		
4	An automatic extinguishing system (sprinkler) is installed per city/county requirement for residential settings not governed by other federal, state and county rules and regulations, if applicable.		
5	The facility has been inspected to meet fire safety code and copies of inspection are maintained. Re-inspection occurs at least annually.		

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6	Each residence has at least one charged, 5 pound multipurpose ABC fire extinguisher on each occupied floor and in the basement that is readily accessible. Fire extinguishers are checked by a fire safety technician, they are charged and in operable condition.		
7	An AC powered smoke detector with battery backup is installed in each sleeping room, hallway and normally occupied areas on all levels of the residence. The smoke detector(s) must initiate an alarm that is audible in the sleeping rooms.		
8	A safety plan is in place For individuals with special needs such as hearing impairment or deep sleepers who have difficulty in waking to a typical smoke alarm.		
9	Smoke alarms are tested monthly and practice documented.		
10	There are clearly accessible route(s) for emergencies throughout the residence.		
11	The home has at least two (2) exits, remote from each other that are handicapped accessible.		
12	No animals/pets are kept at the residence with the exception of a service animal.		
13	No weapons are kept in the residence.		
14	Information on the relocation destination(s) for each location includes contact person, telephone number and the address of location. A current transfer agreement with location(s) destination is maintained onsite.		

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