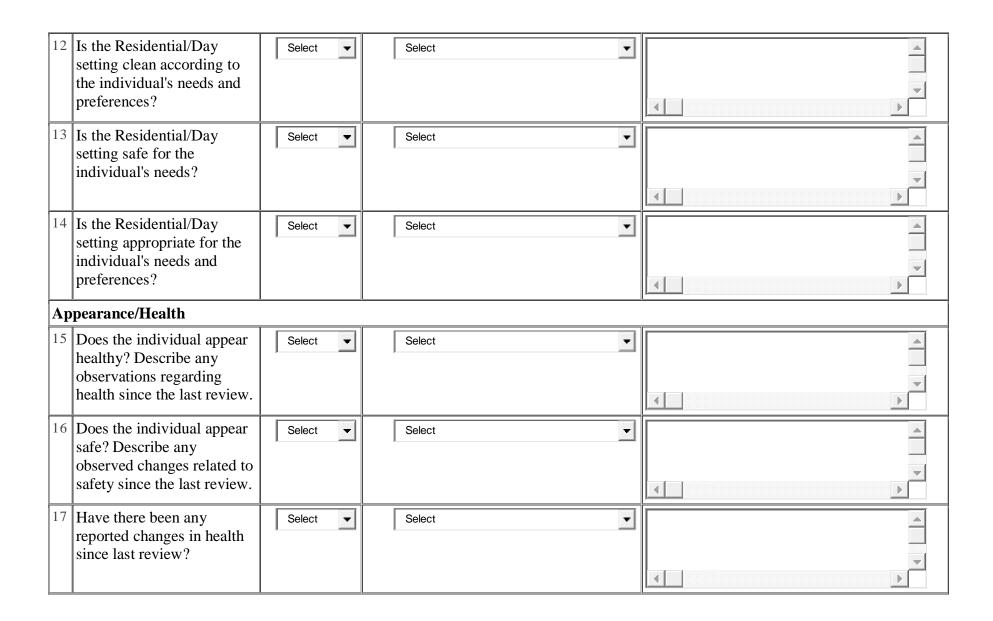
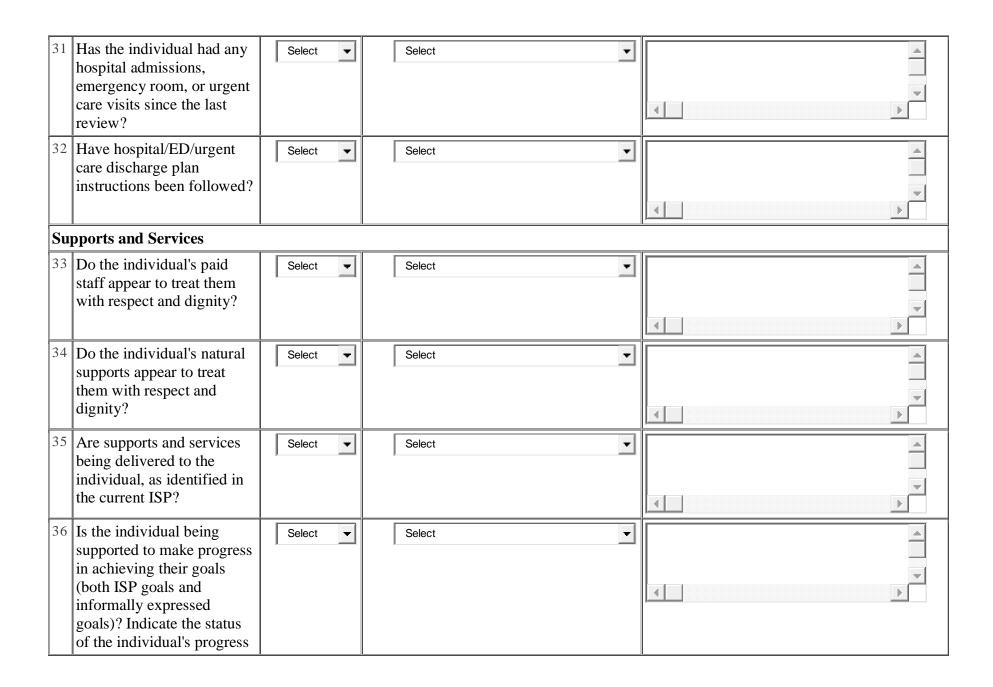
Focus Area		Yes/No:	Select:	Comments/Actions Needed: Concerns, Barriers, Successes
En	vironment			ч.
1	Is the home/site accessible to the individual?	Select •	Select	△ ▽ I
2	Does the individual have access to privacy for personal care?	Select	Select	▲ ▼ ■
3	Does the individual have a private place in the home to visit with friends or family?	Select •	Select	△ ▼ I
4	Does the individual have access to privacy for phone discussions with friends or family?	Select •	Select	△ ▼ ▼
5	Does the individual have access to receive and view their mail/email privately?	Select ▼	Select	

6	Is the individual able to have private communications with family and friends through other means?	Select	Select	_	A V A
7	The home setting allows the individual the option to have a private bedroom.	Select ▼	Select	<u> </u>	△ ▼ → → → → → → →
8	Are all assistive technologies being utilized as planned?	Select	Select	▼	△ ▼ I I I I I I I
9	Are all assistive technologies in good working order?	Select •	Select	▲	A
10	Does the individual have adequate clothing to accommodate the individual's needs or preferences/choices?	Select	Select		
11	Does the individual have adequate food and supplies to accommodate the individual's needs or preferences/choices?	Select _	Select	•	

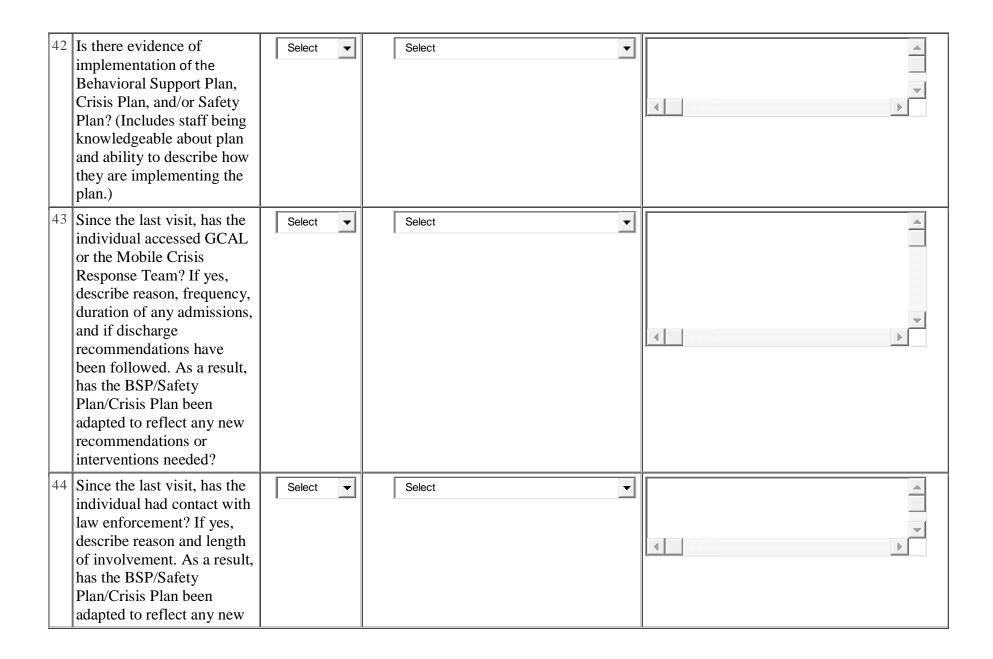


18	Does the HRST align with current health and safety needs?	Select	Select	<u> </u>	△ ▼ ▼
19	Is the ISP available to staff on site? If there have been ISP addendums, are they available to staff on site?	Select	Select	•	△ ▼
20	Are all staff knowledgeable about all information contained within the individual's ISP?	Select	Select	•	△ ▼
21	Are indicated healthcare plans current (i.e. not expired)?	Select	Select	•	△ ▽ I
22	Are indicated healthcare plans available to staff on site?	Select	Select	•	△ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
23	Are all staff knowledgeable about all of the individual's healthcare plans?				
24	Are indicated healthcare plans being implemented?	Select	Select	V	A V

25	Are skilled nursing hours being provided, as ordered?	Select ▼	Select	•	<u>A</u>
					▼ 1
26	Are all medical/therapeutic appointments being scheduled and attended?	Select	Select	•	A ▼
27	Are all follow-up appointments being scheduled and attended?	Select ▼	Select	•	
28	Are all physician/clinician recommendations being followed?	Select	Select	_	△ ▼ ▼
29	Are all prescribed medications being administered, as ordered, and documented accurately?	Select	Select	•	
30	Are all required assessments/evaluations completed?	Select	Select	<u></u>	△ ▼ ▼ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★



	toward achieving established goals.			
37	Are there any additional service/support needs not being met at this time? Describe.	Select •	Select	A ✓
Be	havioral and Emotional			
38	Since the last visit, are there any emerging or continuing behavioral/emotional responses for the individual?	Select	Select	A ▼
39	Are current supports and behavioral interventions adequate to prevent engaging external interventions?	Select ▼	Select	A ✓
40	Does the individual currently have a Behavioral Support Plan, Crisis Plan, and/or Safety Plan relating to behavioral interventions?	Select ▼	Select	△ ▼ ■
41	Is/Are the plan(s) available on site for staff review?	Select	Select	



	recommendations or interventions needed?						
Ho	Home/Community Opportunities						
45	Does the individual have unpaid community connections? If no, describe steps being taken to further develop community connections.	Select	Select	•	△ ▼ ▼		
46	Is the individual receiving services in a setting where he/she has the opportunity to interact with people who do not have disabilities (other than paid staff)?	Select	Select	•	▲ ▼ ▼		
47	Is the individual being offered/provided documented opportunities to participate in activities of choice with non-paid community members?	Select	Select	•	A ▼		
48	Does the individual have the opportunity to participate in activities he/she enjoys in their home and community? Describe steps being taken to increase opportunities to meet this objective and allow choices to be offered while in services.	Select	Select	•			

