

COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN

PROVIDER SITE REVIEW

Scoring Key

Date of Review: _____

Name: _____

Service address: _____

- | |
|------------------------|
| 1 = Non Compliant |
| 2 = Partial Compliance |
| 3 = Full Compliance |
| 0 = Not Applicable |

Primary Program Type: _____

Cursor must be in cell above to activate drop-down list.

SECTION I - Human Resources

M · Autism

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	SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
1		Personnel files are complete and contain: date of hire, job title/job description signed by employee, performance appraisals, & evidence of orientation to Provider Agency and consumer Licensure/Certification	
2		The provider has evidence of initial and ongoing training of staff. Training is completed as required on the CMHCM training grid.	
3		Criminal Background Checks are completed prior to date of hire. Fingerprinting completed. Eligibility form obtained for all employees.	
4		Meets Provider Qualifications to deliver Medicaid services & HCPCS/CPT. Licensure/Certification if applicable	
5		The provider has administrative policies/procedures which include Limited English Proficiency, Corporate Compliance, and Quality Improvement.	
6		Provider assures that only persons appropriately licensed and insured are permitted to operate motor vehicles used to transport consumers.	The provider has a driving policy to ensure safety in transports and verification of staff driving records for any staff who do transport consumers.
7		CMHCM file contains current accreditation?	
8		Do training records indicate that staff received RR training within 30 days of hire and annually thereafter?	If so, who conducted the training? % Compliance Verified By: Karen Bressette
	SCORE	0	

Notes:

SECTION II - Recipient Rights

	SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
		The following are posted and available to staff, recipients, and visitors:	
1		Know Your Rights booklets are posted/available where staff, consumers, families and/or guardians have access?	List other counties available and names of Rights staff (if applicable): 1. 2. 3. 4.
2		Current Rights posters were conspicuously posted and visible to Staff and Recipients (unless SIP)?	List other counties available and names of Rights staff (if applicable): 1. 2. 3. 4.

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		SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
3	Abuse and Neglect reporting posters are posted where staff can see them?			
4a	House Rules Posted (identify any exclusions: weapons, phone use, visits, etc.)? ATTACH COPY			
4b	Are the House Rules reasonable and lawful? (further limitations only as justified in the IPOS)			
5	Are complaint forms readily available?			
6	Incident report forms readily available?			
7	Recipients know how to file a complaint, with whom, and where complaints forms are located?			
8	Staff know where complaint forms are to be found, how to file a complaint and with whom? <i>As identified by asking 2 staff</i>		<u>Identify by asking two staff:</u> Staff #1: Staff #2:	
9	Records or other confidential information are not open for public inspection?			
	SCORE	0		

Notes:

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SECTION III - Person-Centered Planning

		SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
1	Case records contain current PCP/IPOS & training for staff.		Consumer ID # Consumer ID #	
2	Evidence that treatment goals identified in the person-centered plan are being carried out.		Documented as required, individual chooses daily schedule?	
3	AFC licensing forms completed as required.			
4	Case record review shows consumers involvement in the development of person-centered plan.			
5	Case record contains, if applicable, name of guardian and scope and expiration date of guardianship.			
6	Current applicable consent & annual forms are in record?		Prescription for Personal Care, Advance Directive Acknowledgement Form, Routine medical consent, & Psychotropic medication consent.	
7	Food/Nutrition: menus posted, substitution list available, consumer involvement for food selections & menus.			
	SCORE	0		

Notes:

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SECTION IV - Quality Improvement

		SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
1	Does the organization demonstrate efforts to improve the quality of service?		The provider is able to describe ways that they work toward improving the quality of care for consumers in this home.	
2	The provider maintains a fully operational internal quality improvement program?			
3	The provider has a customer satisfaction questionnaire process?		Satisfaction survey completed Discussed annually at the PCP as well as during case management review.	
4	Is there evidence that the provider identifies problems and develops a plan to address any problems?		The provider works to address problems as they are identified.	
5	Organization has a mission/program statement and the organizational structure been defined?		Program statement is available.	
6	Does the organization collect and/or use data as a part of quality improvement?			
7	Are staff advised of problem/quality issues and improvements through staff meetings or other communications - and there is documentation and agendas available?		What method is used to inform staff?	
	SCORE	0		

Notes:

SECTION VI - Environment of Care

		SCORE	REVIEWER NOTES	PLAN FOR IMPROVEMENT
1	The Environment; floors, steps and walkways, etc., are free from slip, trip and fall hazards. No obvious hazards are present. The lobby/break/care area(s) are clean, comfortable and pleasant?		No hazards noted. Appeared well maintained.	
2	Evacuation Plan is consumer specific & EDI score is current			
3	Smoking, if allowed, occurs in designated areas away from care areas.		There is no smoking allowed in facility.	
4	The provider has a process for assessing/communicating safety issues and concerns in the service setting?			
5	Pets have license, vaccinations, vet records and policies (as applicable).			
6	Provider has emergency procedures in place: Fire, tornado, contingency plans			
7	Routine utility systems inspections/maintenance are scheduled.		Fire alarm & extinguishers, emergency lighting, Furnace.	
8	Emergency supplies are available, maintained, and monitored as needed?		Phone numbers, First aid kit, blood spill kit, fire extinguishers, emergency kit bag, Carbon monoxide detector, etc.	
9	Premises have no evidence of insects, rodents, or other pests?			
10	The provider has a policy/procedure regarding medication management including medication storage, administration, and disposal practices?		Any program/agency that dispenses medication. Look-A-Like Sound-A-Like Drug & Controlled substance List available.	
	SCORE	0		

TOTAL SCORE: 0

PROVIDER SITE REVIEW Monitoring Summary

Initial Site Review Recredentialing

Source of Information for this Review

Licensing/Accreditation
<input type="checkbox"/> MDCH

Data Source(s) for Review

ACCREDITING REPORT POLICIES AND PROCEDURES
 CHARTER REVIEW GENERAL CLEARANCE
 OBSERVATION OF CARE

AFC Licensing Review
Findings and Notes:

Review Date:

Plan of Correction:

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Staff Training
Completed:

Number of staff:

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Satisfaction Surveys
Sent and Received:

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Contract Compliance

EVALUATION COMPLETED

Other:

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Audit Completed by: _____ Date: _____

Staff Present:

