**Department of Developmental Services**

**Quality Assurance Monitoring Form**

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of individuals present during the visit: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of individuals who live in this home: \_\_\_\_

Time In: \_\_\_\_\_\_\_\_\_\_(am / pm) Time Out: \_\_\_\_\_\_\_\_\_\_(am/pm) Number of staff present during visit: \_\_\_\_

Shift (check one): 1st.\_\_\_ 2nd.\_\_\_ 3rd.\_\_\_

**Minimum Authorized Staff** :\_\_\_\_\_\_\_

Questions about the **HOME** (refer to Strike Contingency Plans):

1. Have there been any unusual occurrences or incidents in the past 24 hours?

 If “yes,” please explain. Yes\_\_\_ No \_\_\_

2. Do the numbers of staff on duty match the numbers specified in the strike

 contingency plan (page 6, #11)? Yes\_\_\_ No \_\_\_

3. Are emergency telephone numbers posted? Yes\_\_\_ No \_\_\_

4. Are first aid supplies present ? Yes\_\_\_ No \_\_\_

5. Is there an adequate supply of food in the home including food supplements

 needed (e.g. Ensure, etc.)? Yes\_\_\_ No \_\_\_

6. Is the home clean and in good repair? Yes\_\_\_ No \_\_\_

Questions about the **PEOPLE** (refer to Individual Fact Sheets):

1. Is all needed adaptive equipment present or being utilized in the home for dining,

 positioning and mobility? Yes\_\_\_ No \_\_\_

2. Are staff aware of special diet orders as well as allergies to foods or medicines? Yes\_\_\_ No \_\_\_

3. Do medication Med. Admin. Records (MAR) verify administration of medications? Yes\_\_\_ No \_\_\_

4. Are there medications in the home that coincide with those listed on the MAR? Yes\_\_\_ No \_\_\_

5. Do the residents’ physical appearances support that basic health and hygiene needs

 are being met (i.e. people are clean, dressed appropriately for time of day)? Yes\_\_\_ No \_\_\_

Monitor Comments (areas checked “no” require explanation):

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Name of Monitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Monitor Action needed: Yes\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_

Persons contacted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Agency Representative Title Date Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Regional Designee Title Date Time

6/20/16 (Use Reverse Side if Additional Space is needed)