

## SECTION 1 – IP DEVELOPMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
1.1	Does the individual plan address the assessed needs of the individual as identified in the Comprehensive Functional Assessment (CFA)? 5123:2-3-17			
1.2	Did the individual or guardian give consent to the IP prior to implementation? 5123:2-3-17	<ul style="list-style-type: none"> <li>Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent.</li> </ul>		
1.3	Was the plan reviewed annually? 5123:2-3-17	<ul style="list-style-type: none"> <li>The review should be done to correspond with the 365-day IP span unless the span is being adjusted.</li> </ul>		
1.4	Was the IP revised based on the changes in the individuals needs/wants? 5123:2-3-17	<ul style="list-style-type: none"> <li>Consider significant life changes such as moving, changing providers or roommates, a change in the BSP, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly?</li> </ul>		
1.5	Does the individual's plan include a path to employment? 5123:2-2-05	<ul style="list-style-type: none"> <li>The IP must address where the person is on the path to employment using one of the following four stages... <ul style="list-style-type: none"> <li>a. The person is currently competitively employed</li> <li>b. The person wants and needs assistance to become competitively employed</li> <li>c. The person wants/needs</li> </ul> </li> </ul>		

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		assistance to explore employment options d. The person does not express a desire to work		

**SECTION 2 – MEDICATION ADMINISTRATION**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
2.1	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location?  5123:2-3-09	<ul style="list-style-type: none"> <li>All medications must be secured in an ICF-IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space.</li> </ul>		
2.2	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container?  5123:2-3-09	<ul style="list-style-type: none"> <li>This may include a pharmacy pill bottle or pharmacy blister pack.</li> </ul>		
2.3	If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed?  5123:2-3-09	<ul style="list-style-type: none"> <li>An ICF-IID may utilize the DODD med admin assessment, or utilize their own assessment which includes the same elements as the DODD form. A new self-medication assessment must be completed every 3 years or if there has been a change in the needs of the individual. The person completing the form must know the individual.</li> </ul>		
2.4	If the individual is not self-medicating has the assessment been reviewed annually, and revised as-needed?  5123:2-3-09	<ul style="list-style-type: none"> <li>A new assessment must be done every 3 years at a minimum, with an annual review each year end between.</li> </ul>		
2.5	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist?  5123:2-3-09	<ul style="list-style-type: none"> <li>ICF-IIDs of 1-5 individuals may provide medication administration without delegation.</li> <li>ICF-IIDs of 6-15 individual may provide delegated nursing services.</li> <li>Nursing must administer medications in all other settings of 16 or more individuals.</li> </ul>		

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		<ul style="list-style-type: none"><li>ICF-IIDs of 16 or more may delegate only on outings.</li></ul>		

**SECTION 3 – BEHAVIOR SUPPORT**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
3.1	If the behavior support plan includes the use of aversive stimuli or timeout devices was the plan reviewed and approved by the team or QMRP? 5123:2-3-25			
3.2	If the IP includes aversive interventions are the use of the interventions supported by assessment? 5123:2-3-17	<ul style="list-style-type: none"> <li>Does the assessment show that the interventions being implemented are being used only when the behaviors are destructive to the individual or others and that other less intrusive interventions have been attempted first?</li> </ul>		
3.3	If the IP includes the use of physical restraints, are they only used when absolutely necessary to protect the resident from injuring himself or others? 5123:2-3-25	<ul style="list-style-type: none"> <li>This applies to all behaviors including property destruction</li> </ul>		
3.4	If the IP includes aversive interventions, has staff received training to ensure that the behavior support methods are employed with sufficient safeguards and in a safe manner? 5123:2-3-08	<ul style="list-style-type: none"> <li>Training must be provided prior to staff implementation of the plan. Training should be specific to the interventions being implemented (i.e.; COPE, TAPS, etc.)</li> <li>Prone restraints are prohibited in all settings.</li> </ul>		
3.5	If the IP includes the use of aversive interventions, is there a physician's order in place authorizing the use of the aversive? 5123:2-3-25	<ul style="list-style-type: none"> <li>This may be located on the physician's orders, a separate prescription, by signature if the physician participated in the team or as a member of the Specially Constituted Committee.</li> </ul>		
3.6	If the IP includes aversive interventions (including rights restrictions), was consent	<ul style="list-style-type: none"> <li>Must be written consent. Verbal is OK for immediate/temporary use only to</li> </ul>		

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	obtained prior to implementation? 5123:2-3-25	protect the individual.		
3.7	If the IP includes physical restraints is there documentation available to show that: <ul style="list-style-type: none"> <li>The restraints were not in effect longer than 12 hours.</li> <li>The individual was checked every 30 minutes while restrained</li> <li>The individual was given an opportunity for motion and exercise for at least 10 minutes during each two hours of restraint?</li> </ul> 5123:2-3-25	<ul style="list-style-type: none"> <li>Request restraint log if not found on UI/MUI or BSP documentation.</li> </ul>		
3.8	If the IP includes the use of time out, is there documentation available to show that the timeout was not used for longer than one hour and that the use is part of an approved plan? 5123:2-3-25	<ul style="list-style-type: none"> <li>Request restraint log if not found in UI/MUI or BSP documentation.</li> </ul>		
3.9	Were there rights restrictions or aversive interventions in place which were not addressed in the IP? 5123:2-3-25	<ul style="list-style-type: none"> <li>This may include restrictions or aversive not in the plan or ones in the plan that were not approved by the Specially Constituted Committee. May be noticed during observations and interviews with staff and individuals.</li> </ul>		
3.10	Does the facility policy address the following: 1) use of time-out rooms, 2) use of physical restraints, 3) use of drugs to manage behaviors, 4) application of painful or noxious stimuli, 5) the staff members who may authorize the use of interventions, and 6) a system for monitoring the use of interventions? 5123:2-3-25	<ul style="list-style-type: none"> <li>The reviewer should just ensure that these items are addressed in the policy.</li> </ul>		
3.11	Does the facility ensure that physical restraints are not used;	<ul style="list-style-type: none"> <li>Look to ensure that lesser restrictive interventions have been attempted</li> </ul>		

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	<ul style="list-style-type: none"> <li>• As punishment</li> <li>• For convenience of staff</li> <li>• As a substitute for activities or treatment</li> </ul> 5123:2-3-25	prior to implementation of physical restraint.		
3.12	Does the facility ensure that chemical restraints are not used; <ul style="list-style-type: none"> <li>• As punishment</li> <li>• For convenience of staff</li> <li>• As a substitute for activities or treatment</li> <li>• In quantities that interfere with the resident's habilitation program</li> </ul> 5123:2-3-25	<ul style="list-style-type: none"> <li>• Look to ensure that lesser restrictive interventions have been attempted prior to implementation of chemical restraint.</li> </ul>		

## SECTION 4 – MONEY MANAGEMENT

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
4.1	Does the ICF-IID ensure that individuals have access to their funds as stipulated in the IP? 5123:2-3-14	<ul style="list-style-type: none"> <li>For an ICF-IID, individual funds must be available for the individual's use within 5 days of receipt. This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps.</li> <li>The IP will specify the level of independence the individual has to handle money and any types of assistance to be provided.</li> </ul>		
4.2	Does the ICF-IID ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds? 5123:2-3-14	<ul style="list-style-type: none"> <li>The ICF-IID should have ledgers or documents listing financial activity for each type of account the individual has, including gift cards and food stamps.</li> <li>Ask about pooled accounts. If an account is interest bearing, how does the agency ensure that the individuals accurately earn interest? Ask if petty cash is made up of agency monies or that of the individuals.</li> </ul>		
4.3	Does the ICF-IID maintain receipts as required by the individual's IP? 5123:2-3-14	<ul style="list-style-type: none"> <li>The provider must maintain all receipts for expenditures made on behalf of the individual unless the IP indicates otherwise. Receipts are NOT required for the expenditure of funds done by the individual with monies they can independently manage.</li> <li>Copies of shared receipts should be kept for each individual.</li> </ul>		
4.4	Does the ICF-IID ensure that the account	<ul style="list-style-type: none"> <li>Ledger must include the individuals'</li> </ul>		

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	transaction records/ledgers include Individual or staff signatures for; <ul style="list-style-type: none"> <li>• Withdrawals</li> <li>• Deposits</li> </ul> 5123:2-3-14	signature, initials or mark unless the IP indicates otherwise. Ledger must include the staff signature or initials. If initials are used, a legend must be available to know which staff person initialed the ledger. The use of electronic ledgers is allowable and should be addressed in the IP to state that signatures of staff and individuals are not required. The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual.		
4.6	Does the ICF-IID ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit? 5123:2-3-14	<ul style="list-style-type: none"> <li>• Should be specific to the transaction and include sufficient information to determine how the money was used or from what source the money came.</li> </ul>		
4.7	Does the ICF-IID ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit? 5123:2-3-14	<ul style="list-style-type: none"> <li>• Should be specific to the transaction.</li> </ul>		
4.8	If the service plan includes assistance with money management, are the individuals' funds being managed as indicated in the plan? <ul style="list-style-type: none"> <li>• Bill paying</li> <li>• Banking</li> <li>• Shopping</li> </ul> 5123:2-3-14	<ul style="list-style-type: none"> <li>• Examples include: shared expenses as indicated in the IP, including grocery shopping and food stamp cards.</li> <li>• Are bills being paid on time? Have late fees and insufficient fund fees been reimbursed by the provider? Are accounts separated?</li> <li>• Ensure that burial funds are managed properly and certificates are maintained.</li> </ul>		
4.9	Is there a personal inventory of items with a value of \$50.00 or more? 5123:2-3-14	<ul style="list-style-type: none"> <li>• An inventory is <b>NOT</b> required for items with a value of less than \$50 unless the IP indicated otherwise. An initial inventory is to be completed within 30 days of occupancy and a final</li> </ul>		

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		inventory is to be done within 14 days of discharge. The inventory should include information necessary to accurately describe the item(i.e. plasma TV, Serial number 1100000-0001)		
4.10	Is there evidence that the individual is able to purchase items, goods, and services of his/her preference? 5123:2-3-14	<ul style="list-style-type: none"> <li>Does the individual's room include personal items, decorations? Is there evidence that individual has what they want/need? If the individual is purchasing items typically provided by the licensee (food, clothing, hygiene supplies, adaptive equipment, etc.) does the IP indicate the individual/guardian's consent to the purchase?</li> </ul>		

**SECTION 5 – INDIVIDUAL PLAN IMPLEMENTATION**

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
5.1	Are medication, treatments and dietary orders being followed? 5123:2-3-17	<ul style="list-style-type: none"> <li>This information may come from the review of the Medication Administration Record (MAR), doctor's order, OT/PT and Speech Plans, consultation forms, nurse's notes, unusual incidents, observation and interview.</li> </ul>		
5.2	Is the plan being implemented as written? 5123:2-3-17	<ul style="list-style-type: none"> <li>This information may come from review of the documentation, review of the frequency/duration of services delivered, interview, and observation. Also, verify that services addressed in the plan match the service documentation.</li> </ul>		
5.3	Are all needs identified in the Comprehensive Functional Assessment (CFA) also addressed in the plan? 5123:2-3-17	<ul style="list-style-type: none"> <li>Look at the CFA to determine if assessed needs are addressed in the IP. The team may prioritize the assessed needs of the individual. Look for unmet health and safety needs.</li> </ul>		
5.4	Is there evidence that the provider took action on an individual's need/want, when they were aware of it? 5123:2-3-17	<ul style="list-style-type: none"> <li>A citation is issued only when there is evidence that the provider was aware of the need/want, but did not take any action. If a new need/want is identified during the course of the review, a citation will not be issued</li> </ul>		
5.5	Was the individual actively participating in activities throughout the review? 5123:2-3-17	<ul style="list-style-type: none"> <li>Ensure that the individual has been offered activities and chooses not to participate.</li> </ul>		
5.6	Did the individual participate in day programming? 5123:2-3-24	<ul style="list-style-type: none"> <li>This should be marked compliant if the person typically attends day program but was home on the day of the review.</li> <li>If an individual does not go to an off-site</li> </ul>		

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		day activity program, check IP, MAR, or other documentation to ensure that there is evidence that off-site day activity is contraindicated. Provider may provide on-site day activity services if they were doing so prior to 7/1/05.		
5.7	Is staff available based on the assessed needs of the individuals? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Are supervision levels being met?</li> <li>• Are there adequate staff on each shift to meet the supervision levels of each individual (i.e.; for evacuation, to implement behavior support interventions, to ensure safety, etc.)?</li> </ul>		

## SECTION 6 – MUI/UI

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
6.1	<p>Upon identification of a MUI, is there evidence that the ICF-IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> <li>• Immediate and on-going medical attention</li> <li>• Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the ICF-IID/DD has reasonably determined that such removal is no longer necessary</li> <li>• Other necessary measures to protect the health and safety of at-risk individuals</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• The ICF-IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk.</li> </ul>		
6.2	<p>Is there evidence that the ICF-IID notified the county board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> <li>• Abuse (physical, sexual and verbal)</li> <li>• Exploitation</li> <li>• Misappropriation</li> <li>• Neglect</li> <li>• Suspicious/Accidental Death</li> <li>• Media Inquiry</li> <li>• Peer to Peer</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Ask how the provider documents the date and time of the initial notification.</li> <li>• Check MUI ITS, fax cover sheet or provider documents.</li> <li>• Every CB is required to have 24-hour availability.</li> </ul>		
6.3	<p>Is there evidence that the ICF-IID submitted a written incident report to the county board contact or designee no later than three p.m.</p>	<ul style="list-style-type: none"> <li>• Does not include DC</li> </ul>		

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	the next working day following initial knowledge of a potential or determined major unusual incident? 5123:2-17-02			
6.4	Is there evidence that the DC made all required reports to the Department and Ohio State Patrol? 5123:2-17-02	<ul style="list-style-type: none"> <li>DC Only</li> </ul>		
6.5	Is there evidence that when an ICF has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, they notified the county board or department, as applicable, of any changes regarding the protective action? 5123:2-17-02			
6.6	Is there evidence that notifications were made on the same day of the incident to the following as applicable: <ul style="list-style-type: none"> <li>Guardian</li> <li>Residential Provider</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>Notification must be made on the SAME DAY the MUI occurs or is discovered. 24-hour notice is not sufficient.</li> <li>The incident may not be immediately classified as an MUI, such as an injury that is diagnosed as a fracture several days later. An ICF-IID can complete an internal investigation. If there is sufficient evidence to suggest that the incident may result in an MUI being filed, the ICF-IID should notify the CB and guardian of the "potential" MUI.</li> <li>Check MUI ITS, fax cover sheet or provider documents.</li> </ul>		
6.7	If applicable, were appropriate notifications made to other agencies? <ul style="list-style-type: none"> <li>Children's Services</li> <li>Law Enforcement (for allegations of a</li> </ul>	<ul style="list-style-type: none"> <li>Children under 21 years</li> <li>Any allegation of exploitation, failure to report, misappropriation, neglect, peer to peer acts, physical abuse, sexual</li> </ul>		

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	crime) 5123:2-17-02	abuse, verbal abuse which may constitute a crime must be immediately reported to LE		
6.8	Is there evidence that the provider or CB employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123:2-17-02			
6.9	Is there evidence the ICF-IID cooperated with the investigation of MUIs? Timely submission of requested information 5123:2-17-02	<ul style="list-style-type: none"> <li>When the ICF-IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days (does not apply to developmental centers).</li> <li>Check MUI ITS, fax cover sheet or provider documents.</li> </ul>		
6.10	Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary? 5123:2-17-02	<ul style="list-style-type: none"> <li>The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions.</li> <li>Make sure agency and ITS plans match.</li> </ul>		
6.11	Upon identification of an unusual incident, is there evidences that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> <li>Report was made to the designated person</li> <li>Report was made within 24 hours of the incident</li> <li>Appropriate actions were taken to protect the health and safety of the at-risk individual</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>Check UI report</li> </ul>		
6.12	Did the ICF-IID conduct a monthly review of unusual incidents?	<ul style="list-style-type: none"> <li>Ensure all UI's are listed on the UI log. Provider needs to develop a systematic</li> </ul>		

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	5123:2-17-02	approach for reviewing UI's to determine if there are trends or patterns of 3 similar incidents in a week or 5 similar incidents in a month and that this is addressed by the team. The review may be kept electronically but must show monthly review		
6.13	<p>Is there evidence that the Provider:</p> <ul style="list-style-type: none"> <li>Conducted a semi-annual and annual analysis and implemented follow up actions</li> <li>Sent the analysis and follow up to the County Board for all programs operated in the County by 8/31 (semi-annual) and by 2/28 (annual)</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>Can be via an e-mail sent to CB. Refer to the Health and Safety Toolkit on the DODD website for forms, templates and examples.</li> <li>Jan-June = Semi-annual</li> <li>Jan.-Dec. = Annual All reviews and analysis shall be completed within 30 calendar days following the end of the review period.</li> </ul>		
6.14	<p>Is there evidence that the Pattern and Trends Analysis report contains the following required elements:</p> <ul style="list-style-type: none"> <li>Date of review;</li> <li>Name of person completing review;</li> <li>Time period of review;</li> <li>Comparison of data for previous three years;</li> <li>Explanation of data;</li> <li>Data for review by major unusual incident category type;</li> <li>Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);</li> <li>Specific trends by residence, region, or</li> </ul>	<ul style="list-style-type: none"> <li>Sample Analysis Tips are available on the Health and Safety Tool kit</li> <li>5 MUI of any kind within 6 months, 10 MUI of any kind within a year, or other pattern identified by the individual's team); specific trends by residence, region, or program; previously identified trends and patterns; action plans and preventive measures to address noted trends and patterns</li> <li>The CB shall ensure that trends &amp; patterns of MUIs are included and addressed in the ISP of each individual affected</li> </ul>		

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	<p>program;</p> <ul style="list-style-type: none"> <li>• Previously identified trends and patterns; and</li> <li>• Action plans and preventive measures to address noted trends and patterns</li> </ul> <p>5123:2-17-02</p>			
6.15	<p>During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Based on review of the MAR, nurses' notes, daily documentation and narrative staff notes, interviews, observation, compare with UI logs. Ensure that incident meets the definition of a UI or MUI.</li> </ul>		
6.16	<p>Is there evidence the ICF-IID completed the general investigation requirements found in OAC 5123:2-17-02 (H)?</p> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Reviewed by MUI staff- DC only.</li> </ul>		
6.17	<p>Is there evidence that the ICF-IDD developed and implemented a written unusual incident policy and procedure that:</p> <ul style="list-style-type: none"> <li>• Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule;</li> <li>• Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can</li> <li>• initiate proper action;</li> <li>• Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and</li> <li>• Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed by MUI staff- DC only.</li> </ul>		

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	<p>when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.</p> <p>5123:2-17-02</p>			
6.18	<p>Did the ICF-IDD ensure that all staff were trained and knowledgeable regarding the unusual incident policy and procedure?</p> <p>5123:2-17-02</p>			
6.19	<p>Is there evidence that the Incident Report contains the following required elements?</p> <ul style="list-style-type: none"> <li>• Individual's name;</li> <li>• Individual's address;</li> <li>• Date of incident;</li> <li>• Location of incident;</li> <li>• Description of incident;</li> <li>• Type and location of injuries;</li> <li>• Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;</li> <li>• Name of primary person involved and his or her relationship to the individual;</li> <li>• Names of witnesses;</li> <li>• Statements completed by persons who witnessed or have personal knowledge of the incident;</li> <li>• Notifications with name, title, and time and date of notice;</li> <li>• Further medical follow-up; and</li> <li>• Name of signature of person completing the incident report.</li> </ul> <p>5123:2-17-02</p>			
6.20	<p>Is there evidence that the ICF-IDD reviewed all unusual incidents as necessary but no less than</p>			

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	monthly to ensure appropriate preventative measure have been implemented and <b>trends and patterns</b> identified and addressed? 5123:2-17-02			
6.21	Did the ICF-IDD make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request? 5123:2-17-02			
6.22	Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate: <ul style="list-style-type: none"> <li>• Report was made to the designated person</li> <li>• The UI report was made within 24 hours of the incident</li> <li>• Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.</li> </ul> 5123:2-17-02			
6.23	Is there evidence that the provider submitted a written incident report to the County Board by 3:00 pm, the next working day, following initial knowledge of a potential or determined MUI? 5123:2-17-02	<ul style="list-style-type: none"> <li>• Does not apply to Developmental Centers</li> </ul>		
6.24	Did the provider/County Board maintain a log of unusual incidents which includes: <ul style="list-style-type: none"> <li>• Name of Individual</li> <li>• Description of Incident</li> <li>• Identification of Injuries</li> <li>• Time/Date of Incident</li> <li>• Location of Incident</li> </ul>	<ul style="list-style-type: none"> <li>• Sample UI Log Available on Health and Safety Toolkit</li> <li>• Required for Agency and Independents</li> </ul>		

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	<ul style="list-style-type: none"> <li>Preventative Measures</li> </ul> 5123:2-17-02			
6.25	Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately? 5123:2-17-02	<ul style="list-style-type: none"> <li>Was administrator or designee notified on the same day the incident was identified?</li> </ul>		
6.26	Is there evidence that the ICF-IDD completed an Incident Report for all unusual incidents? 5123:2-17-02	<ul style="list-style-type: none"> <li>Check UI report</li> <li>This applies to all incidents that meet the definition of an unusual incident.</li> </ul>		
6.27	DEVELOPMENTAL CENTERS ONLY: INDIVIDUAL INTERVIEW: Is there evidence of interview, interview within 3 days, documented injuries/medical attention, possible cause of injury from med professional, All other info regarding individual (ISP, bank statements, inventory, medical condition), Statement, Follow-up interviews; Document interviews 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
6.28	DEVELOPMENTAL CENTERS ONLY: REPORTERS/WITNESSES/RELEVANT OTHERS: Is there evidence that <ul style="list-style-type: none"> <li>interview occurred, interview occurred within 24 hours;</li> <li>A review of other documents was completed;</li> <li>Evidence of witness statements</li> <li>Follow up to interviews completed</li> <li>IA identified and interviewed all witnesses/relevant others based upon information collected from incident reports, documentation, and investigation interviews?</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
6.29	DEVELOPMENTAL CENTERS ONLY: PRIMARY PERSON INVOLVED (PPI): Is there evidence that the PPI was interviewed, history and training reviewed, statement obtained, and follow up to interviews conducted?  5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
6.30	DEVELOPMENTAL CENTERS ONLY: Investigation Intake: Did the investigation: <ul style="list-style-type: none"> <li>Contain adequate information for appropriately categorizing Appendix B and C MUIs</li> <li>Spot issues of incorrect coding</li> <li>Spot issues of separate investigation</li> <li>Have law enforcement notification / follow-up</li> <li>Start on time</li> <li>Document that the scene was visited if applicable and relevant information was obtained.</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
6.31	DEVELOPMENTAL CENTERS ONLY INDIVIDUALS Did the investigation contain the following: <ul style="list-style-type: none"> <li>Interview with individual; follow-up if needed</li> <li>Interview of individual conducted within 3 days</li> <li>Documentation of injuries / medical attention</li> <li>Relevant information regarding the individual (ISP, bank statements, inventory, medical conditions, etc.</li> <li>Written statement or other</li> </ul>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	documentation of individual's interview 5123:2-17-02			
6.32	DEVELOPMENTAL CENTERS ONLY: Primary Person Involved (PPI) Did the investigation include the following for the PPI: <ul style="list-style-type: none"> <li>• Interview; follow-up if needed</li> <li>• History / Training / Relevant Documents</li> <li>• Written Statements</li> <li>• Document Interviews</li> </ul> 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
6.33	DEVELOPMENTAL CENTERS ONLY: Investigation Findings Does the investigation report: <ul style="list-style-type: none"> <li>• Does the investigation report provide evidence that the IA evaluated the relative credibility of the individual, PPI and all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner?</li> <li>• Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rational for substantiation or un-substantiation of the allegation(s)?</li> <li>• Does the investigation report provide evidenced that the IA addressed incident-specific investigation questions?</li> </ul> 5123:2-17-02	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

## SECTION 7- PERSONNEL

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.1	Did the provider complete a BCII/FBI check on staff while they were under final consideration for employment? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>Applies to all settings</li> <li>Mark as non-compliant if <b>initial</b> checks were <b>not completed at all</b></li> <li>FBI check if employee hasn't been an Ohio resident for 5 yrs. previous</li> </ul>		
7.2	Did the provider complete BCII/FBI checks every five years for direct service employees? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>FBI check if employee hasn't been an Ohio resident for 5 yrs. previous</li> </ul>		
7.3	Did the provider complete the BCII/FBI checks timely by conducting the checks prior to hire and within 5 years of the previous check?  5123:2-2-02	<ul style="list-style-type: none"> <li>Mark as non-compliant if <b>either the initial or 5 year checks were completed late</b></li> </ul>		
7.4	Did the provider complete the following <u>initial</u> database checks for employees?  <ul style="list-style-type: none"> <li>Inspector General's Exclusion List</li> <li>Sex Offender and Child Victim Offenders Database</li> <li>U.S. General Services Administration System for Award Management Database</li> <li>Database of Incarcerated and Supervised Offenders</li> <li>Abuser Registry</li> <li>Nurse Aide Registry</li> </ul> 5123:2-2-02	<ul style="list-style-type: none"> <li>Mark as non-compliant if checks were <b>not completed at all</b></li> <li>Applies to employees hired after 1/1/13</li> <li>Online data base checks are conducted every 5 years for all direct service providers</li> <li>Persons on the data base may not be employed to provide services to individuals</li> <li>For ICF-IIDs, this is not required for staff hired prior to January 1, 2013 until December 31, 2014.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
7.5	<p>Did the provider complete the following checks every five years for employees</p> <ul style="list-style-type: none"> <li>• Inspector General's Exclusion List</li> <li>• Sex Offender and Child Victim</li> <li>• Offenders Database</li> <li>• U.S. general services administration system for award management database</li> <li>• Database of incarcerated and supervised offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Beginning 1/1/13.</li> <li>• Issue citation here if checks were NEVER done.</li> </ul>		
7.6	<p>Did the provider complete the database checks timely by completing the checks prior to hire and within 5 years of the previous check?</p> <ul style="list-style-type: none"> <li>• Inspector General's Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Mark as non-compliant <b>if either the initial or 5 year checks were completed late</b></li> <li>• Staff hired before 1/1/13 - the first recheck is due 5 years from the date of the last check; as long as the previous check included the BCII, Abuser Registry, Nurse Aide, and FBI as applicable</li> </ul>		
7.7	<p>Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?</p>	<ul style="list-style-type: none"> <li>• Please refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	5123:2-2-02			
7.8	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the ICF-IID within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02			
7.9	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense? 5123:2-2-02			
7.10	For ICF-IID staff members who are responsible for transporting individuals, did the ICF-IID ensure that a Driver's Abstract was completed prior to transporting individuals? 5123:2-2-02	<ul style="list-style-type: none"> <li>An unofficial abstract document is acceptable.</li> <li>The abstract should come from the state where the employee lives.</li> </ul>		
7.11	For ICF-IID staff members who are responsible for transporting individuals, does the staff person have a valid driver's license? 5123:2-2-02	<ul style="list-style-type: none"> <li>Ask provider how they ensure a valid driver's license.</li> </ul>		
7.12	Is the staff person at least 18 years or age? 5123:2-2-02	<ul style="list-style-type: none"> <li>Check driver's license, application or State ID</li> </ul>		
7.13	If the staff person was hired after 2/1/2000 and is administering medications, does the staff person have a high school diploma or GED? 5123:2-3-07	<ul style="list-style-type: none"> <li>Review with the provider their system to verify a high school diploma or GED only when it has been determined that the staff person in the sample is administering medications via Medication Administration or Delegation</li> </ul>		
7.14	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> <li>Oral or topical medications (Category 1)</li> <li>G-tube/J-tube (Category 2)</li> </ul>	<ul style="list-style-type: none"> <li>Certification can be verified online.</li> <li>This only applies when it has been determined that the staff person in the sample is administering medications via Medication Administration.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	<ul style="list-style-type: none"> <li>Insulin injections (Category 3)</li> </ul> 5123:2-3-06			
7.15	Does professional staff have required licenses/certifications? 5123:2-3-07	<ul style="list-style-type: none"> <li>Includes nursing license, social work licenses, OT/PT licenses, etc.</li> </ul>		
7.16	Did the ICF-IID staff have current CPR certification? 5123:2-3-07	<ul style="list-style-type: none"> <li>Required for all staff who work alone in the ICF-IID including nurses.</li> <li>Look at proof that if CPR training is taken online, there is verification of hands-on return demonstration.</li> </ul>		
7.17	Did the ICF-IID staff have current first aid certification? 5123:2-3-07	<ul style="list-style-type: none"> <li>Required for all staff who work alone in the ICF-IID.</li> <li>Licensed nurses are not required to have first aid certification.</li> <li>Look at proof that if FA training is taken online, there is verification of hands-on return demonstration.</li> </ul>		
7.18	For direct service staff, hired after 10/1/09, did the staff person receive initial training prior to providing services with individuals that included: <ul style="list-style-type: none"> <li>Initial rights training</li> <li>Initial MUI training</li> </ul> 5123:2-3-08	<ul style="list-style-type: none"> <li>Look for initial training only for staff hired after 10/1/09.</li> </ul>		
7.19	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-08	<ul style="list-style-type: none"> <li>Verify by reviewing documents and interviews with direct care staff.</li> <li>Staff training on BSPs is required for all aversive Behavioral Support Plans.</li> <li>What system does the provider have to assure all staff understands each individual plan (IP)?</li> </ul>		
7.20	For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency? 5123:2-3-11	<ul style="list-style-type: none"> <li>Training must occur within 30 days of employment and be specific to each setting in which the employee works alone.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
		<ul style="list-style-type: none"> <li>Training must specifically cover actions to take in the event of a fire and tornado.</li> </ul>		
7.21	Did the ICF-IID staff have annual MUI training? 5123:2-17-02	<ul style="list-style-type: none"> <li>Training is in compliance if it is received during each calendar year. (not required to be within 365 days)</li> <li>Should include training on all alerts issued over the last year.</li> </ul>		
7.22	Did the ICF-IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-17-02	<ul style="list-style-type: none"> <li>This may be included in the annual MUI training.</li> <li>Review with the provider their system to verify how they provide annual notification to staff.</li> </ul>		
7.23	Did the ICF-IID staff have annual training on the rights of individuals with DD? 5123:2-3-08	<ul style="list-style-type: none"> <li>Training is in compliance if it is received during each calendar year (not required to be within 365 days).</li> </ul>		
7.24	Did the ICF-IID staff have annual training in fire and emergency response? 5123:2-3-11	<ul style="list-style-type: none"> <li>Training must be received during each calendar year (not required to be within 365 days) and be specific to each setting in which the employee works alone.</li> <li>Training must specifically cover actions to take in the event of a fire or tornado.</li> </ul>		
7.25	Did staff interact appropriately with the individual(s)? 5123:2-3-04	<ul style="list-style-type: none"> <li>During observation, were staff respectful, attentive, and non-threatening, etc?</li> <li>Look for house rules, signs, notes, etc.</li> </ul>		

### SECTION 8 – PHYSICAL ENVIRONMENT

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Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
8.1	Does the ICF-IID have current fire inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> </ul>		
8.2	Does the ICF-IID have current water inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> <li>Only required if not connected to city water.</li> </ul>		
8.3	Does the ICF-IID have current sewer inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> <li>Only required if not connected to city sewer.</li> </ul>		
8.4	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-11	<p>Fire Drills:</p> <ul style="list-style-type: none"> <li>6 per 12 mos. (at least 2 in a.m., 2 in p.m. and 1 during sleep hours).</li> </ul> <p>Tornado Drills:</p> <ul style="list-style-type: none"> <li>1 per 12 mos.</li> <li>Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable.</li> </ul>		
8.5	Does the ICF-IID have an emergency response/fire plan? 5123:2-3-11	<ul style="list-style-type: none"> <li>This is an overall plan for the facility that addresses;</li> <li>The facility's staff training policy,</li> <li>Where individuals will be relocated in the event that the facility is unavailable,</li> <li>Who to call within the organization to report emergencies, etc.</li> <li>Provider should have a signed approval from local fire authority, State Fire Marshall's office or a letter from DODD stating that plan is approved.</li> </ul>		
8.6	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> <li>A current water safety instructor</li> </ul>	<ul style="list-style-type: none"> <li>Required for licensed facilities and CB.</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	certificate OR <ul style="list-style-type: none"> <li>• A senior lifesaving certificate OR</li> <li>• An adapted aquatics certificate</li> </ul> 5123:2-3-07			
8.7	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-10	<ul style="list-style-type: none"> <li>• Good repair and sanitary means the building is free from danger or hazard to the health of the person(s) occupying it as well as, free from strong odors, pests and mold.</li> <li>• All windows and doors that open should have screens or screen doors in good repair in order to keep out pests.</li> </ul>		
8.8	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual? 5123:2-3-10	<ul style="list-style-type: none"> <li>• Furniture and equipment should be safe.</li> <li>• Equipment also includes working smoke detectors and fire extinguishers on each floor and at least one carbon monoxide detector for homes with gas heat, dryers or stoves.</li> <li>• The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.)</li> </ul>		
8.9	Are the entrances, hallways, corridors and ramps clear and unobstructed? 5123:2-3-10	<ul style="list-style-type: none"> <li>• If issues found have the ICF-IID correct immediately.</li> </ul>		
8.10	Is there an accurate graphic floor plan posted on each floor? 5123:2-3-11	<ul style="list-style-type: none"> <li>• Plan should accurately identify exits, fire extinguishers, emergency numbers, outside meeting place and tornado evacuation area.</li> </ul>		
8.11	Are toxic and combustible substances stored in a safe manner and separate from food and perishable items? 5123:2-3-11	<ul style="list-style-type: none"> <li>• Safe manner does NOT have to mean locked, individuals who have the ability to handle these types of items should be trained to do so.</li> </ul>		
8.12	Does the program/facility have suitable first aid	<ul style="list-style-type: none"> <li>• First aid supplies should be monitored</li> </ul>		

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
	facilities, equipment and/or supplies? Is there access to emergency services? 5123:2-3-10	and restocked to ensure there are ample and current supplies. <ul style="list-style-type: none"> <li>For ICF-IIDs, that have a nursing or medical department, this question should be answered as compliant.</li> </ul>		
8.13	If assistance is required per the IP, is the hot water maintained at a safe temperature for the individual? 5123:2-3-10	<ul style="list-style-type: none"> <li>Ask how staff ensures that hot water is maintained at a safe temperature.</li> </ul>		
8.14	Does the time out room/area have adequate lighting and ventilation? 5123:2-3-10	<ul style="list-style-type: none"> <li>Ensure that lighting and ventilation are properly working</li> </ul>		
8.15	Does the time out room appear safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets? 5123:2-3-10	<ul style="list-style-type: none"> <li>View inside the time out room/area</li> <li>View the room from the individual's perspective.</li> </ul>		
8.16	Was the home/facility maintained at a comfortable temperature preferred by the individual(s)? 5123:2-3-10	<ul style="list-style-type: none"> <li>Review IP for any behaviors or medical conditions requiring the home/facility to be maintained at a specific temperature.</li> <li>Ensure that thermostats are not locked unless included in the IP or BSP.</li> </ul>		
8.17	Was the individual able to independently get around his/her home? 5123:2-3-10	<ul style="list-style-type: none"> <li>Were doors wide enough for wheelchairs, were there hand rails and grab bars where needed, ramps, etc.</li> </ul>		
8.18	Are supplies and materials available as needed (i.e.: hygiene supplies, habilitation materials, activities, etc.)? 5123:2-3-04	<ul style="list-style-type: none"> <li>Look to see if individuals are actively engaged in activities.</li> <li>Look to see if there are adequate supplies in bathrooms, hygiene kits, etc.</li> </ul>		

### SECTION 9 – ICF-IID ADMINISTRATION

Question #	Question	Guidance/Additional Information	Compliant Yes/No	Plan of Correction (If not compliant)
9.1	Is the provider/facility following all applicable local, state, and federal rules and regulations? 5123:2-3-04	<ul style="list-style-type: none"> <li>Any citations for this question must be approved by a manager prior to use.</li> </ul>		
9.2	Were records maintained in a confidential manner and available upon request? 5123:2-3-13	<ul style="list-style-type: none"> <li>This includes signs/notes visible to visitors.</li> </ul>		
9.3	Were individuals attending day programming at a building at least 200 feet from the ICF-IID? 5123:2-3-24	<ul style="list-style-type: none"> <li>All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual.</li> <li>Off-site is defined as any building that is located at least 200 feet from the ICF-IID.</li> <li>A provider who was providing on-site day activity services prior to 7/1/05 may continue to do so.</li> </ul>		
9.4	Was there evidence that waiver funded services, other than institutional respite, was being provided either in the ICF-IID or on the grounds of the ICF-IID?  CMS 2296-F	<ul style="list-style-type: none"> <li>HCBS waiver funded services may not be provided in or on the grounds of an ICF-IID unless the individual is receiving supported employment as an employee of the ICF-IID</li> </ul>		
9.5	If the facility is operating at its licensed capacity? 5123:2-3-02	<ul style="list-style-type: none"> <li>Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity.</li> <li>If more individuals are residing in the facility ensure that a waiver of licensed capacity is in place that covers the date of the survey.</li> </ul>		