

OHIO DEPARTMENT OF DD – EXIT SUMMARY FORM

Provider: _____ **DODD #** _____

Date: _____ **Reviewer:** _____

Briefly describe Citations, Commendations, or Technical Assistance addressed during the exit conference:

- 1. Individual Service Plan:** (Describe any issues with the development of the ISP, identified unmet needs, etc):

- 2. Medication Administration:** (Describe the any issues with the administration of medications, the completion of health related activities, delegated nursing, etc.):

- 3. Behavior Support:** (Describe any issues with the implementation of Behavior Support Plans, the lack of necessary supports for behaviors, etc.):

- 4. Money Management:** (Describe any issues with individual funds, account transaction records, individual inventory, receipts, etc.)

- 5. Service Delivery & Documentation:** (Describe any issues with the implementation of the Individual Service Plan, service delivery, documentation, etc.):

- 6. Personnel:** (Describe any issues with background checks, registry checks, training, etc.)

- 7. Transportation:** (Describe any issues with vehicles, staff who provide transportation services, etc)

- 8. Incident Prevention & Reporting** (Describe how the licensee responded to MUIs, follow-up to U.I.s, appropriate reporting of MUIs, MUI training, etc.)

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9. Physical Environment: (Describe any issues with facility cleanliness, required inspections, fire safety, emergency response, time out areas, etc.):

10. Individual Interview: (Describe any issues identified during interviews with individuals)

11. Immediate Health and/or Safety Concerns:

12. Early Intervention

13. Waiver Administration

This is a summary of the issues addressed during the Compliance Review exit conference. A copy of the final report will be sent to the provider within 7 days of the date of the exit conference.

Review Specialist Signature

(Please complete and attach an Exit Interview Sign-In Sheet)