

Facility: _____
 Contact: _____
 Date: _____
 Time: _____

1. SETTING

1.1. *Expectation: Individuals do not receive services/training primarily in isolated facilities, or settings which limit their potential integration with the community at large.*

		Yes	No
1.1.1	Is the program surrounded by high walls/fences and/or have closed/locked gates?		
	NOTES:		
1.1.2	Is the program setting among private residences/businesses and community resources?		
	NOTES:		
1.1.3	Does the program admit individuals not receiving Medicaid HCBS?		
	NOTES:		
1.1.4	Is the program on the grounds of, or adjacent to, a public institution? <i>A public institution is defined as an inpatient facility that is financed and operated by a county, state, municipality or other unit of government.</i>		
	NOTES:		
1.1.5	Is the setting located on a parcel of land that contains more than one State licensed facility?		
	NOTES:		
1.1.6	Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?		
	NOTES:		

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1.2 *Expectation: Individuals are able to maneuver through hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.*

		Yes	No
1.2.1	Are supports provided for individuals who need them to move around the setting independently/as they are able (grab bars, ramps, viable emergency exits, etc.)?		
	NOTES:		
1.2.2	Are individuals, or groups of individuals, restricted from areas of the program because it is inaccessible to individuals with specific ambulatory needs?		
	NOTES:		

1.3 *Expectation: Programs should allow for flexibility of an individual's day.*

		Yes	No
1.3.1	Does the program offer individuals flexibility outside of structured events?		
	NOTES:		
1.3.2	Does the program afford opportunities for individual schedules that focus on the needs and desires of an individual?		
	NOTES:		

2. ACTIVITIES AND COMMUNITY INTEGRATION

2.1 *Expectation: Individuals go outside the facility while receiving services.*

		Yes	No
2.1.1	Do individuals exercise choice in determining community-based activities (related to objectives in their service plan) in which they will participate during receipt of services?		
	NOTES:		

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2.1.2	Do individuals have opportunities to interact with citizens without disabilities during receipt of services?		
	NOTES:		

2.2. *Expectation: Individuals have opportunities to discover and learn to access new community resources.*

		Yes	No
2.2.1	Does the program communicate with an individual’s family and/or case manager about interests in the community the individual communicates to program staff?		
	NOTES:		

2.3. *Expectation: Individuals have access to the community as part of the program’s scheduled events.*

		Yes	No
2.3.1	Are individuals able to come and go from the facility and its grounds as they are able?		
	NOTES:		
2.3.2	Are individuals moving around inside and outside the facility, if able?		
	NOTES:		
2.3.3	Is transportation provided or arranged by the facility to community activities that take place during receipt of services?		
	NOTES:		

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3. CHOICE, DIGNITY & RESPECT

3.1. Expectation: Individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion.

		Yes	No
3.1.1	Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?		
	NOTES:		
3.1.2	Do the staff retaliate or impose consequences on individuals in response to complaints?		
	NOTES:		
3.1.3	Are individuals allowed to voice grievances to the facility staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference, or coercion?		
	NOTES:		
3.1.4	Do individuals make choices regarding the activities in which they engage that are aligned with their plan of care/service plan?		
	NOTES:		
3.1.5	Are individuals encouraged to engage in activities outside of what has been scheduled?		
	NOTES:		
3.1.6	Do individuals' schedules vary from others?		
	NOTES:		

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3.2. *Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for appropriate regulating bodies and information for reporting Abuse, Neglect, and Exploitation are posted in a common area of the facility.*

		Yes	No
3.2.1	Is information about filing complaints posted in obvious and accessible areas?		
	NOTES:		
3.2.2	Is information about filing complaints given to individuals upon entry to the program and updated yearly with a service plan development meeting?		
	NOTES:		

3.3. *Expectation: Staff treat individuals in a dignified manner.*

		Yes	No
3.3.1	Do staff greet and chat with individuals?		
	NOTES:		
3.3.2	Do staff converse with individuals while providing assistance/services and during the course of the day?		
	NOTES:		
3.3.3	Do staff talk to other staff in front of individuals as if the individual is not there?		
	NOTES:		
3.3.4	Do staff address individuals in the manner they like to be addressed?		
	NOTES:		
3.3.5	Are staff available when support/assistance is needed or desired?		
	NOTES:		

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3.3.6	Are there employee policies in place which address staff who do not treat individuals with dignity and respect?		
	NOTES:		

3.4. Expectation: Individual choices are accounted for and honored unless the individual’s safety would be jeopardized and in accordance with the person-centered plan.

		Yes	No
3.4.1	Do staff ask the individual about his/her needs/preferences?		
	NOTES:		
3.4.2	Are individuals aware of how to make service requests?		
	NOTES:		

3.5. Expectation: Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.

		Yes	No
3.5.1	Does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?		
	NOTES:		
3.5.2	Does the program offer the choice to individual/representative(s) to lead/contribute during a service planning meeting?		
	NOTES:		
3.5.3	Do individuals participate in their planning meetings?		
	NOTES:		
3.5.4	Is the individual’s input reflected in the service plan?		

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	NOTES:		
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3.6. *Expectation: The individual's right to dignity and privacy is protected and respected.*

		Yes	No
3.6.1	Is health information about individual's kept private?		
	NOTES:		
3.6.2	Is health information stored in a central location, locked in a secure area, and only accessible to professional staff?		
	NOTES:		
3.6.3	Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?		
	NOTES:		
3.6.4	Are health related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc.		
	NOTES:		

Person Completing Assessment: _____

Title/Organization: _____

Date: _____

Time: _____