

ACCREDITATION, LICENSURE & CERTIFICATION

DEEMED STATUS

DEVELOPMENTAL TRAINING COMPLIANCE CHECKLIST

Agency _____ **Date(s) of Survey** _____

Individual Clinical Records Reviewed (Initials & Last 4 Social Security #s) 1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____

Surveyor(s) _____

LEGEND

F = Full Compliance (For policy, is there = 1 point; For records, all reviewed complied)	1 point, 3 points or 9 points where applicable
S = Substantial Compliance (75% - 99% of records reviewed complied)	2 points or 4 points where 9 total is possible
M = Minimal Compliance (50% - 74%)	1 point
U = Unacceptable (Less than 50%)	0 points
N = Non-Applicable (Standard or issue is not applicable)	
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	
* = Compliance with standard determined by content of records	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

(Note the initials of the record of non-compliant records alongside standard)

Standard	Guideline	F	S	M	U	N	Pts	Tot
		Section 119.200 General Requirements						
c) No individual shall be transported in a one-way trip that exceeds one hour, excluding field trips.	Policy & practice. Ask to see policy regarding transportation. Ask if any individuals are on a bus more than one hour one-way.							1
d) Transportation required for individuals shall be the responsibility of the provider.	Review transportation policy. Note this does not require direct transportation, only that the provider be active in assuring transportation for the individual.							1
e) Programs shall not be located in buildings where individuals reside.								1
f) Programs attended by individuals residing in licensed long-term care facilities (LLTCF) shall promote the principles of program independence and community integration by meeting two of the following three criteria: 1) No more than 25 % of the direct-care staff hours allocated to the program shall be provided by personnel also employed by a LLTCF in a residential capacity; 2) At least 30 % of the individuals in the program shall not reside in the same LLTCF; or 3) The location of the program shall not be within or adjacent to the boundaries of any LLTCF having individuals in the program.	Note the program needs compliance with only 2 of the 3 statements. If compliant with 2 of the 3, no waiver of this standard is required. Ask the program if they have their own dedicated DT staff or do they also use staff from the facility. If from the facility, make sure that no more than 25% of their hours are spent performing residential functions. This standard ALLOWS 70% of the individuals in the program to be from the same residence.							1
* g) The Department shall grant a waiver of the requirements in subsections (f)(1) and (f)(2) above for individuals of LLTCFs whose physicians have determined that participation in a program away from the residence will present a risk to the individual's health. Physicians shall document and annually update this medical determination in the individuals' records.	For a program that is in or adjacent to licensed long-term care facility, verify that each individual's record that is a part of the survey sample contains an annual physician's statement regarding the necessity for programming to occur on-site.							3
Section 119.210 Exclusion, Suspension, or Discharge of an Individual								
* e) A provider shall not suspend or discharge an individual from a program without at least a 10-day written notice to the individual or guardian except when it is documented that the individual is dangerous to himself or herself or others and the behavior cannot be corrected through special training procedures.	Do the records of suspended or discharged individuals have evidence of the 10 calendar-day notice before the suspension or termination or documentation that the individual was a danger to himself or others?							3
f) An individual shall have the opportunity to appeal to the agency representative the provider's decision to exclude, suspend or discharge him or her in accordance with the procedures required in Section 119.235 (e).	Is there evidence that each individual excluded, discharged or suspended has been given the opportunity to appeal to the DHS Division of Developmental Disabilities.							3
							Pts. =	Pts. N =

Standard		Guideline	F	S	M	U	N	Pts	Tot
Section 119.230 Individual Service Plan									
* b)	Within 30 days after an individual's entry into the program, a plan shall be developed by the team that states goals and objectives for developmental training that:	Are plans developed within 30 days of entry into the program?							3
* 1)	Is based on assessment results;	Do assessment recommendations correspond to ISP goals and objectives? Was there an assessment completed before the ISP? If no then not in compliance here.							3
* 2)	Reflect the individual's or guardian's preferences for goals, objectives and services;	Is there any evidence that individuals/guardians preferences were elicited and incorporated in the ISP?							3
* 3)	Identifies services and supports to be provided and by whom; and	Does the ISP identify what services & supports will address the needs and who is responsible for ensuring provision? Services/supports are more than just objectives. For example, if someone needs a helmet, have they gotten one, if someone needs a physical therapy assessment, have they gotten it?							3
* 4)	Has objectives that:	Can you tell when the desired outcome has been achieved?							3
* A)	Are measurable;								
* B)	Have time frames for completion; and	Is there an estimated date for achievement of the objective?							3
* C)	Have a person assigned responsibility.	For each objective is there a specific person or specific identifiable title that is responsible for ensuring the objective is being implemented properly.							3
* g)	At least monthly, the QMRP shall review the plan and document in the record that:	Is there evidence of a monthly review by the QMRP?							3
* 1)	Services are being implemented; and	Is each objective addressed? Have identified services/supports (119.230b3)) also been addressed?							9
* 2)	Services identified in the plan continue to meet the individual's needs or require modification or change to better meet the needs.	If an objective has been achieved as written, does the QMRP recommend changes? If no progress or if evidence of regression over 3 consecutive months or individual refuses to participate, does QMRP address? Have identified services/supports been addressed?							9
* h)	The team shall review the plan, at least annually,	Is there an annual review? To be current must be within 365 and 14 days.							3
	and shall note the status of the individual including any progress or regression which might require modification or change to the plan.	Is there a review of the previous plan's objectives in terms of progress or regression? And, services/supports?							3
								Pts =	Pts N=

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.232 Work activities								
<p>When an individual participates in work activities, the individual services plan must contain assessments or documentation that:</p> <ul style="list-style-type: none"> a) The work activities are necessary to achieve the individual's goals and objectives; b) The work activities are part of an organized training program to teach the individual new skills; c) The individual is not able to work at a competitive wage level. d) The individual's other goals, objectives and needs are being addressed, whether in the developmental training program, in the residential program, or in the home; and e) The work activities are not directly related to the preparation of the individual for a specific paid or unpaid job. 	<p>All criteria below must be met for each individual engaged in work activities.</p> <p>Review the ISP to ensure work activities are identified within the plan. Are the work activities supportive of the objective(s) in the plan identified to teach skills?</p> <p>Identify documentation that individual cannot work at this level.</p> <p>Is it clear that individual assessed needs and preferences other than work activities are also being addressed by DT?</p> <p>Ensure individual is not in a work-training program for a specific job.</p>							3
Section 119.235 Individual Rights and Confidentiality								
<p>To ensure that the individual's rights are protected and that all services provided to the individual comply with the laws cited in subsections (a) and (b) below, providers assure that:</p> <ul style="list-style-type: none"> a) The individual's rights are protected in accordance with the Code, except that the use of seclusion shall not be permitted. 	<p>The rights statement should expressly prohibit seclusion. It should reference Chapter 2 of the Code or incorporate all rights identified in Chapter 2.</p>							1
<ul style="list-style-type: none"> b) The individual's right to confidentiality is in accordance with the Act. 	<p>The rights statement should reference the Confidentiality Act.</p>							1
<ul style="list-style-type: none"> c) Staff shall inform individual's entering a program of their rights in accordance with subsections (a) and (b) above and of their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., and the provider's human rights committee. Staff shall offer assistance to individual's in contacting these groups, giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.. This information shall be given to the individual and his or her guardian in writing. If the individual is unable to read, the information shall be read and explained to him or her in a language he or she understands. Staff shall, upon request, offer assistance to individual's in contacting the Commission and Equip for Equality, Inc.. 	<p>Does the rights document list the Guardianship and Advocacy Commission's and Equip for Equality's address and phone number. Is there advisement of their right to contact G&A, E for E, and the agency's human rights committee?</p> <p>Are individuals/guardians informed that staff will assist them in contacting these bodies if they say they need help?</p>							1
Pts. =							Pts. N =	

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.235 Individual Rights and Confidentiality								
* d) There is documentation in the record that staff have advised the individual of his or her rights, provided justification for any restriction of the individual's rights in accordance with Chapter 2 of the Code or assisted in contacting the Guardianship and Advocacy Commission.	Do the individuals' records contain a signatory document of advisement of their rights or other evidence that they were advised of their rights?							3
e) Providers have procedures that permit the individual or guardian to present grievances and to appeal decisions to deny, modify, reduce or terminate services up to and including the authorized agency representative. The procedures shall require, at a minimum; 1) Notification of a right to appeal actions to deny, modify, reduce or terminate services be given to the individual or guardian upon entry into the program; 2) Written notice shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services; 3) That no provider action shall be implemented pending a final administrative decision; 4) Time frames for notice of intent to appeal and the rendering of a final administrative decision; and 5) That no one directly involved in the action or decision being grieved or appealed shall be a part of the review of that action or decision.	Does the grievance procedure have provisions for steps 1-5? Does the grievance procedure allow for grievance all the way up to the authorized agency representative.							1
f) The authorized agency representative's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Adm. Rev. Law .	Does the grievance procedure identify the authority for the final administrative decision?							1
g) The individual is not excluded, suspended or discharged from services and services are not reduced for exercising any of his or her rights.	This should be a specific statement in the rights statement.							1
Section 119.240 Special Training Procedures								
b) The program shall prohibit corporal punishment, seclusion, abuse, neglect and exploitation of individuals.	This prohibition should be found in both policy and the rights statement.							1
i) Programs using restraints in any special training procedure shall comply with Section 2-108 of the Code.	Surveyors need to carry a copy of Section 2-108 of the Code. Evidence of compliance must be included in individuals record.							3
Pts =							Pts N =	

Standard		Guideline	F	S	M	U	N	Pts	Tot
Section 119.240 Special Training Procedures									
j)	The use of time-out rooms shall be in accordance with 42 CFR 483 (1996) (Conditions of Participation for Long Term Care Facilities)	Policy and procedure. 42 CFR 483 reads as follows: (c) Standard Time-out rooms. (1) A individual may be placed in a room from which egress is prevented only if the following conditions are met: i) The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section (Thus emergency placement of a individual into a time-out room is not allowed); ii) The individual is under the direct constant visual supervision of designated staff; iii) The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged; (2) Placement of a individual in a time-out room must not exceed one-half hour; (3) Individuals placed in time-out rooms must be protected from hazardous conditions including, but not limited to presence of sharp corners and objects, uncovered electrical outlets; (4) A record of time-out activities must be kept.							1
k)	The team shall implement time-out procedures, medications for behavior management and aversive procedures programs only when:	Compliance is determined through examination of records of those whose programs include time-out, aversive procedures or medications to manage.							3
*	1) The individual's behavior is likely to cause physical or psychological harm to the individual or others;	Is there documentation of danger to self or others?							3
*	2) Positive procedures used within the past six months have been documented to be ineffective in reducing or eliminating this particular behavior;	Look for evidence of positive interventions and documentation of lack of effectiveness							3
*	3) Both the human rights committee and the behavior management committee have approved the program prior to implementation.	There must be evidence of both committees approval of the behavior program.							3
*	4) The authorized agency representative has given written approval.	Look for the written approval of the person noted on the application as authorized agency representative or designee authorized in writing.							3
*	l) Any approval by the program's human rights and behavior management committees and authorized agency representative of an individual's written aversive procedures program shall expire in 30 days. The program shall not continue beyond that time unless it is reviewed and approved by both committees and the authorized agency representative.	Look to see if a program including aversive procedures has been reviewed and approved by both committees and the authorized agency representative every 30 days. If not, look to see that the aversive procedure was not utilized beyond the 30 day approval.							3
								Pts =	Pts N=

ENVIRONMENTAL MANAGEMENT AND ADMINISTRATIVE REQUIREMENTS

Individual Sites Reviewed: 1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____

Surveyor(s) Who Inspected Sites: _____

LEGEND

F = Full Compliance (all sites reviewed compliant)	1 point, 3 points or 9 points where applicable
S = Substantial Compliance (75%-99% of sites reviewed compliant)	2 points (Note ID of non-compliant site alongside standard)**
M = Minimal Compliance (50% to 74% of sites reviewed compliant)	1 point (Note ID of non-compliant site alongside standard)**
U = Unacceptable (Less than 50% of sites reviewed compliant)	0 points (Note ID of non-compliant site alongside standard)
N = Non-Applicable (Standard or issue is not applicable)	
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When as a result of the review, an agency would normally be given 1 or 2 points, but the citation to be made is a repeat violation, the agency should be given 1 or 0 points instead.	
** = When an agency would normally be given 4 points, a repeat violation will result in 1 point.	

Note: Alongside any standard found not in full compliance, note the number of the site address which is non-compliant.

For Unusual Incidents:

F = Full Compliance (Is there)	1 point
U = Unacceptable (Is not there)	0 points
Pts = Points awarded for level of compliance	
Tot = Total points possible for full compliance	

Standard		Guideline	F	S	M	U	N	Pts	Tot
Section 119.255 Environmental management									
a)	Buildings used by the provider for the program shall:	Any citations regarding the cleanliness, upkeep or safety of the site can be cited under this section, however, citation must be specific to problem noted. This is where water below 100 F or exceeding 110 F should be cited. Let hot water run for at least 2 minutes before measuring temp from the spigot.							9
1)	Be safe and clean								
2)	Conform with Chapters 28, 29 and 31 (specifically 31-1.1 through 31-1.6 of Chapter 31) of the NFPA 101, Life Safety Code (National Fire Protection Association, 1988)(Storage buildings of less than 200 square feet of floor area are exempt from compliance with Chapter 29);	Is there a fire clearance letter from the Office of the State Fire Marshal less than 12 months old.							
3)	Conform with the Environmental Barriers Act, [410 ILCS 25] and 71 Ill. Adm. Code 400 (Illinois Accessibility Code);	Is the building accessible? (Entrance, bathroom, training rooms, etc.)							3
4)	Have a normal temperature and humidity comfort range in accordance with the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE); Handbook of Fundamentals (National Association of American society of Heating Refrigerating, and Air Conditioning, United Engineering Center, 345 East 47 th Street, New York, New York 10017, 1977)	Does the building maintain a comfortable temperature?							3
5)	Have a written preventive maintenance program which includes a schedule of inspection and service of equipment and physical plant.	Is there a written maintenance program with these components							3
b)	Toilets and bathrooms shall provide privacy and be located and equipped to facilitate accessibility and independence. When needed by the individuals, special assistance or devices shall be provided.	Do toilet stalls have doors or curtains? Is toilet paper readily available in the stalls? Are soap and towels (or other drying mechanism) available in the toilet area?							3
c)	The provider shall maintain copies of inspections performed by local and state inspectors in regard to health, sanitation and environment.	Ask if any inspections have been performed. Review documentation.							3
d)	The provider shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary, and ensure that:	Is there evidence of annual review of the disaster plan?							3
1)	Records and reports of fire and disaster training are maintained ;	Is there evidence of fire & other disaster (at a minimum tornado) drills occurring since the last survey?							3
2)	Records of actions taken to correct noted deficiencies in disaster drills or inspections are maintained;	If deficiencies have been noted, is there evidence of actions taken to correct noted deficiencies?							3
3)	Staff know how to react to fire, severe weather, missing persons, medical emergencies, poison control and deaths;	Interview 3 staff regarding knowledge of these issues. All 3 staff knowledgeable = 3 pts, 2 staff = 2 pts, 1 staff = 1 pt and 0 staff = 0 pts.							3
								Pts. =	Pts. N =

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.255 Environmental management								
d)4) Individuals can react to fire and severe weather emergencies or they are receiving training;	Talk with 3 individuals while doing physical plant tour for knowledge of issues. If any do not have knowledge, ask for evidence of training of the particular individual(s). If 3 individuals knowledgeable = 3 pts, 2 = 2pts, 1 = 1pt, 0 = 0pts. If there is evidence of training and practice involving the individuals, grant 3 pts.							3
5) Staff and individuals can locate fire-fighting equipment, first aid kits, evacuation routes and procedures; and	Interview 3 staff for knowledge of where first aid kit is located and where is the fire extinguisher closest to where they regularly work. All 3 staff knowledgeable = 3 pts, 2 staff = 2 pts, 1 staff = 1 pt and 0 staff = 0 pts.							3
6) A telephone is available with a list of the telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel.	There must be at least one working land line telephone at each site. Must be able to dial 911 from all phones. Each site must have a list of the numbers noted readily available.							3
e) The provider shall have procedures for evacuation which ensure that: 1) Evacuation drills are conducted at a frequency determined by the provider based on the needs and abilities of the individuals served.	Surveyor observation or review of drills may confirm need for greater frequency. If so, have they been conducted at a greater frequency? For example, surveyors may note that the evacuation times exceed four minutes, in which case more frequent drills need to occur.							3
2) Evacuation drills occur at least annually.	Drills should occur at least once annually.							3
3) Special provisions are made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.	Ask if there is anyone at the site who is mobility impaired or has a <u>significant</u> hearing and/or vision problem. If yes, the evacuation plan must specify what will be done to assist those individuals to evacuate the building.							3
4) All personnel are trained to carry out their assigned tasks;	Is there evidence that the employees are participating in the evacuation drills?							3
5) Corrective action is taken when inefficiency or problems are identified during an evacuation drill; and	If the drill notes deficiencies, is there evidence of attempts to correct the problem? Any evacuation drill that exceeds 4 minutes should be noted as problematic.							3
6) Drills include actual evacuation of individuals to a safe area.	Drill documentation must include that evacuation included evacuation to designated safe area.							3
Section 119.260 Administrative requirements								
e)7) An agency shall not employ any person in any capacity unless the agency has inquired of the Department of Public Health as to information in the Nurse Aide Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the agency shall not employ him or her in any capacity.	Nurse Aide Registry is now Health Care Work Registry. Any capacity means just that - not as executive director, secretary, DSP, Q.							3
f) Staff and volunteer training 1) Training in principles and practices in the following areas shall be provided to direct service and professional staff: A) Cardiopulmonary resuscitation (CPR), Heimlich maneuver and first aid;	Review all direct service and professional staff training records up to a total of 10. If more than 10 staff, identify 10 staff at random from the agency roster. Each staff must have evidence of current certification in CPR.							3
							Pts =	Pts N=

Standard	Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements								
<p>f)1)B) Behavior management; C) Normalization; D) Age and cultural appropriateness; E) Safety, fire, and disaster procedures including: i) Use of fire-fighting equipment; and ii) Familiarity with the disaster preparedness plan; F) Prevention, handling and reporting of abuse, neglect, exploitation, unusual incidents; G) Individual rights in accordance with Chapter 2 of the Code and maintaining confidentiality in accordance with the Act. H) Team planning; I) Infection control and sanitation; and J) Food preparation and handling for staff who prepare and serve food to individuals.</p>	<p>Professional staff with a college degree in a human service field will be presumed compliant for B & C.</p> <p>Look for evidence of training on OIG Rule 50.</p> <p>If there is evidence of DSP training being completed, then BALC can assume that B) - I) are compliant.</p> <p>If the agency prepares lunches or gives food to the individuals in the program, staff who do this must have this training.</p>							3
<p>h) Unusual incidents 1) The provider shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the provider's management structure, up to and including the authorized agency representative. The provider shall ensure that staff demonstrate their knowledge of, and follow such policies and procedures that shall include but are not limited to:</p>	<p>Each item below must be specifically identified with a concomitant procedure for staff to follow in dealing with the individual(s) involved, and how to report the incident to the supervisory chain.</p>							1
<p>A) Sexual assault; B) Abuse or neglect; C) Death; D) Physical injury; E) Assault; F) Missing persons; G) Theft; and H) Criminal conduct.</p>	<p>For 3 of the 10 staff training records examined, verify through interviews with those staff that these competencies exist in compliance with agency policies.</p>							3
<p>2) Within 24 hours after becoming aware of an incident, the provider shall report to the appropriate law enforcement agencies any incident which is subject to the Criminal Code of 1961 [720 ILCS 5].</p>								1
Pts =							Pts. N =	

Standard		Guideline	F	S	M	U	N	Pts	Tot
Section 119.260 Administrative requirements									
3)	The provider shall ensure that instances of abuse or neglect against individuals in programs that are certified by the Department are reported to the Office of the Inspector General (Section 6.2 of the Abused and Neglected Long Term Care Facility Residents Reporting Act [210 ILCS 30/6.2].	Providers must report abuse or neglect to OIG within 4 hours of discovery.							1
Section 119.261 Application for waiver of the prohibition against employment									
a)	The agency shall not knowingly hire or retain any person after January 1, 1998 in a full-time, part-time or contractual direct care position if that person has been convicted of committing or attempting to commit one or more of the following offenses unless the applicant or employee obtains a waiver.....	Do all employees (up to the 10 checked for staff training) with a criminal background have a waiver? If any employee records which should have a waiver do not, 0 points will be awarded for this section.							3
f)	The provider shall request the UCIA criminal history record check in accordance with the requirements of the Department of State Police.	Do all employees (up to the 10 checked for staff training) have evidence of a criminal background check? All records must be compliant to receive 3 pts.							3
								Pts. =	Pts. N =

- Level 1 = 100%
- Level 2 = 93-99%
- Level 3 = 80-92%
- Level 4 = 70-79%
- Level 5 = 0-69%

Total Points Possible 177

Total Points "N" _____

Total Points Available _____

Total Points Awarded _____

Level Award _____

Total Points Awarded/Total Points Available x 100 = Percentage Compliance