



# IMPROV

## Recertification Compliance Result Report

### Survey Details

**Provider Name:** ARK REGIONAL SERVICES

**Date Completed:** 10/10/2019

**PVS Name:** Theresa Cain

**Compliance Percentage:** 99.02%

### Compliance Areas

Compliance Area	Points	Result	Comments	Guidance
All direct services staff are over the age of 18.	1	Compliance	Provider has met full compliance in this area.	0- Any direct service worker not over the age of 18 -R 1- All direct service workers reviewed over the age of 18 -C
All direct services staff have current CPR and First Aid Certification	3	Compliance	Provider has met full compliance in this area.	0- Any direct service worker without CPR/First Aid -R 3- All Direct Service Workers reviewed have CPR/First Aid -C
All employees providing waiver services as outlined in Section 14 (a) successfully passed a Wyoming Department of Family Services Central Registry Screening, Office of Inspector General's Exclusions Database, and successfully passed a state and national fingerprinted criminal history check	5	Compliance	Provider has met full compliance in this area.	0- Of any employees reviewed, no evidence of successful passing of a Wyoming Department of Family Services Registry, Office of Inspector General's Exclusion Database, and a state and national fingerprinted criminal history check -R 5- Of all employee reviewed, evidence of successful passing of a Wyoming Department of Family Services Registry, Office of Inspector General's Exclusion Database, and a state and national fingerprinted criminal history check -C
Have documentation that staff are qualified to provide waiver services including completion dates and who provided the training	3	Compliance	Provider has met full compliance in this area.	0- 0-50% of staff did not have required training-R 1- 51%-70% of staff reviewed did not have required training-TA 2- 71%-95% of staff reviewed did not have required training-TA 3- 100% of staff reviewed have required training-C

<p>All staff qualified to provide waiver services completed training in all of the following areas within one month of hire/provider certification date: Participant Choice; The rights of participants in accordance with state and federal laws and any rights restrictions for each participant with whom a person works (environmental modification, specialized equipment and homemaker staff are exempt from this); Confidentiality; Dignity and respectful interactions with participants; Preventing, recognizing and reporting abuse, neglect, intimidation, exploitation, and all other categories listed in the Division's Notification of Incident form; Responding to injury, illness, and emergencies; Billing and documentation of services; Releases of information; Grievance and complaint procedures for participants, guardians, provider employees, and community members; Implementing and documenting participant objectives and progress on objectives;</p>	2	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- 0%-75% of staff reviewed have been trained on all areas within one month of hire/provider certification date. -R  1- 76%-99% of staff reviewed have been trained on all areas within one month of hire/provider certification date-TA  2- 100% of staff reviewed have been trained on all areas within one month of hire/provider certification date-C</p>
<p>Provider and Provider staff have current certification in CPI, MANDT or other entity approved by the BHD</p>	3	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0-Any of reviewed staff did not have required CPI or MANDT certification- R  3- All reviewed staff have required CPI or MANDT certification- C</p>
<p>All staff implementing a PSBP been given participant specific training on the PBSP and on specific positive de-escalation techniques and interventions prior to beginning work with the participant</p>	1	Compliance	<p>Provider has met full compliance in this area.   Located in Therap</p>	<p>0- Staff reviewed have no evidence of being trained on any PBSP used for the participants they serve. -R  1- Staff reviewed have evidence of being trained on any PBSP used for the participants they serve -C</p>
<p>All written policies and procedures are available upon request and updated or revised with rule or policy changes</p>	1	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- Policies and procedures are not available upon request or are not revised with rule or policy changes  1-Policies and procedures are available upon request and are revised with rule or policy changes -C</p>
<p>All written policies and procedures have been reviewed at least annually with all employees.</p>	0	Recommendation	<p>Recommendations need to be completed for provider.   During Staff File review, evidence supported that Employees are reviewing policies and procedures on a bi-annual basis.</p>	<p>0- No, policies and procedures are not available, updated or revised or reviewed annually with staff-R  1- Yes, policies and procedures are available, updated or revised, and reviewed annually with staff-C</p>
<p>Have policies and procedures in place to ensure all critical incidents described in Section 20 are reported to the division</p>	1	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- Provider does not have policies and procedures in place to ensure all critical incidents in Section 20 are reported to the Division-R  1- Provider has policies and procedures in place to ensure all critical incidents in Section 20 are reported to the Division-C</p>

<p>Have a process for the review of internal incident data including the incident, preceding events, follow up, causes of reoccurring critical incidents, other trends, actions taken to prevent similar events from reoccurring, evaluation of actions taken, education of personnel, and internal and external reporting requirements</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Provider does not have a process for reviewing critical incidents, preceding events, follow up, causes of reoccurrence, trends, actions taken to prevent similar incidents, evaluation of actions, education of personnel and internal and external reporting requirements. -R  1- Provider has a process for reviewing critical incidents, preceding events, follow up, causes of reoccurrence, trends, actions taken to prevent similar incidents, evaluation of actions, education of personnel and internal and external reporting requirements. -C</p>
<p>Provide access to internal incident data to case managers within 5 business days</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Provider does not provide internal incident data to case managers in 5 business days.-R  1- Provider does provide internal incident data to case managers in 5 business days. -C</p>
<p>Have a process in place to notify the BHD, Protection and Advocacy, and other governmental agencies such as law enforcement and DFS if you believe a participant's health or safety is in jeopardy</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No process in place for notification of agencies when participant's health and safety are in jeopardy-R  1- Process in place for notification of agencies when participant's health and safety are in jeopardy. -C</p>
<p>Have a system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility.-R  1- Evidence of system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility.-C</p>
<p>Cost notice includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of cost notice to participants that includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing.-R  1- Evidence of cost notice to participants that includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing.-C</p>

<p>Cost notice include information on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of cost notice on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants.-R  1- Evidence of cost notice on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants.-C</p>
<p>If hiring of a legally authorized representative of a participant receiving services from the provider or the hiring of relatives of the provider is permitted, have a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Provider has hired a legally authorized representative or relative and does not have a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative-R  1-Provider has hired a legally authorized representative or relative and has a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative-C</p>
<p>Have a systematic organization of records and process related to storage, destruction, and retention of participants records to protect participant confidentiality.</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Organization of records not apparent and needs improvement-R  1- Organization of records apparent and easily retrieved-C</p>
<p>All service locations have an external inspection within the last 36 months</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Any site reviewed that did not have an inspection the past 36 months-R  1- All sites reviewed have an inspection in the past 36 months-C</p>
<p>Any service location inspections had identified deficiencies, they were corrected within 30 days</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.   **Please be sure to include the internal inspection completed following the external inspection as evidence of the corrected deficiencies</p>	<p>0-Any site reviewed with outstanding deficiencies or no proof of correction-R  1- All sites reviewed had no outstanding deficiencies or corrections-C</p>
<p>All new location opened this survey year for services have an external inspection</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Any new location that did not have an external inspection-R  1- All new locations have an external inspection-C</p>

Completed an annual self-inspection of your service locations within the last year	1	Compliance	Provider has met full compliance in this area.	0- Any site reviewed that did not have a self inspection within the year-R 1- All sites reviewed did have a self inspection within the year-C
Have emergency plans and procedures as outlined in Section 13 f (i) Fires Bomb Threats Natural Disasters earthquakes, blizzards, floods, tornados, fires Power Failures Medical Behavioral Emergencies Missing Person Safety During Violent or Threatening Situations Vehicle Emergency Supervision for both participants and children under 12	3	Compliance	Provider has met full compliance in this area.	0- No evidence of all emergency plans and procedures being implemented-R 3- All emergency plans and procedures being implemented-C
Emergency plans includes a plan that assures that there is a continuation of services when emergencies occur	1	Compliance	Provider has met full compliance in this area.	0- Any emergency plans reviewed did not have a plan to continue services in an emergency-R 1- All emergencies plans reviewed have a plan to continue services in an emergency-C
If providing 24 hour services: Documentation of the review of all applicable emergency plans at least once a year Plan reviewed on each shift Documentation of follow-up to concerns One evacuation is required per shift annually for all emergency plans with the remainder being review of the plan if desired.	1	Compliance	Provider has met full compliance in this area.	0- Of sites reviewed, documentation missing and needing improvement-R 1- Of sites reviewed, all documentation accurate and correct-C
Participants have access to food at all times and are provided nutritious meals and snack options	3	Compliance	Provider has met full compliance in this area.	0- Participants do not have access to food at all times 1- Participant have access to food at all times -C
If 24 hour services are not provided: Documentation of the review of all applicable emergency plans at least once a year Plan reviewed during work hours Documentation of follow-up to concerns	1	Compliance	Provider has met full compliance in this area.	0- Of sites reviewed, documentation missing and needing improvement-R 1- Of sites reviewed, all documentation accurate and correct-C

Food is kept and managed in accordance with Section 13, g (ii-iii)	2	Compliance	Provider has met full compliance in this area.	<p>0- In sites reviewed, food is not clean, covered, dated and labeled. Food not served in a sanitary manner and site needs improvement.-R</p> <p>1- In sites reviewed, most food is clean, covered, dated and labeled. Food is served in a sanitary manner and sites could use minor improvements.-TA</p> <p>2- In sites reviewed, food is clean, covered, dated and labeled. Food is served in a sanitary manner-IC</p>
Walls, wall coverings and ceilings maintained in good repair and are not visibly soiled or damaged	2	Compliance	Provider has met full compliance in this area.	<p>0- In sites reviewed, walls, wall coverings, and ceilings are not in good repair and are visibly soiled or damaged-R</p> <p>1- In sites reviewed, most sites have walls, wall coverings, and ceilings that are in good repair and are not visibly soiled or damaged but still need improvement in some sites-TA</p> <p>2- If sites reviewed, walls, wall coverings, and ceilings are in good repair and not visibly soiled or damaged.-IC</p>
Doors, windows, and other exits to the outside reasonably protected against the entrance of insects and rodents, and are in good repair	2	Compliance	Provider has met full compliance in this area.	<p>0- Of any site reviewed, doors, windows or any exits are in need of repair-R</p> <p>2- Of site reviewed, doors, windows or any exits are in good repair-IC</p>
Windows free of cracks and breaks	2	Compliance	Provider has met full compliance in this area.	<p>0- Of any site reviewed, windows have cracks or breaks-R</p> <p>2- Of sites reviewed, no windows have cracks or breaks-IC</p>
Chemicals, poisons, or household cleaners secured in a manner that prevents the risk of improper use or harm to individuals as outlined in the participants' plans of care	2	Compliance	Provider has met full compliance in this area.	<p>0- Of any site reviewed, chemicals, poisons, or household cleaners not secured as outlined any participant plan of care residing at the home-R</p> <p>1- Of sites reviewed, chemicals, poisons, or household cleaners are secured in a manner that is outlined in most participants residing in the house plan of care.-ta</p> <p>2- Of sites reviewed, chemicals, poisons, or household cleaners are secured in a manner that is outlined in participants residing in the house plan of care-IC</p>

Restrooms contain trash receptacles, towels, hand cleansers and toilet tissue at all times	1	Compliance	Provider has met full compliance in this area.	0- Of sites reviewed, any restroom not containing trash receptacles, towels, hand cleansers and toilet tissue at all times in not in compliance-R 1- Of sites reviewed, all restrooms contained trash receptacles, towels, hand cleansers, and toilet tissue.-IC
Toilet facilities clean, sanitary and in good repair	3	Compliance	Provider has met full compliance in this area.	0- Of sites reviewed, toilet facilities are not clean, sanitary and not in good repair (facilities not working, broken toilet seats, dirty etc..)-R 1- Of sites reviewed, less than 75% facilities are clean, sanitary and in good repair-TA 2-Of sites reviewed, less than 90% of toilet facilities are clean, sanitary and in good repair-TA 3- Of sites reviewed, all toilet facilities are clean, sanitary and in good repair-IC
Condition of the home or setting maintained in a: clean, uncluttered, sanitary and healthful manner Does not impede mobility Jeopardize a participant's health or safety Allows physical access?	3	Compliance	Provider has met full compliance in this area.	0- Home or setting is not maintained in a clean, uncluttered, sanitary and healthful manner and jeopardizes health and safety of the participant and/or impedes mobility and/or does not allow physical access.-R 3- Home or setting is maintained in a clean, uncluttered, sanitary and healthful manner and jeopardizes health and safety of the participant and does not impedes mobility and does for allow physical access.-IC
Participants residing in a provider owned or leased facility have : a lease Freedom and support to control their schedules and activities Furnish and decorate their sleeping units within the lease or other agreement Have individual bed Access to egress Have a secure place for personal belongings which the participant may freely access	5	Compliance	Provider has met full compliance in this area.	0- Participants reviewed in residential services do not have five out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R 1- Participants reviewed in residential services do not have four out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R 2- Participants reviewed in residential services do not have three out of the six

				<p>following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R</p> <p>3- Participants reviewed in residential services do not have two out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -TA</p> <p>4- Participants reviewed in residential services do not have one out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -TA</p> <p>5- Participants reviewed in residential services provider has six out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. - C</p>
<p>Participants residing in provider owned or leased facilities have a private bedroom with no more than one person to a bedroom</p>	<p>1</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Participant residing in provider owned or leased facilities does not have a private bedroom with no more than one person to a bedroom.-R</p> <p>1- All participants reviewed residing in provider owned or leased facilities have a private bedroom with no more than one person to a bedroom. -C</p>
<p>All participants residing in provider owned or leased facilities a lockable entrance which can be unlocked by the participant</p>	<p>3</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Participants reviewed that are in residential services do not have a lockable entrance which can be unlocked by the participant-R</p> <p>3- Participants reviewed that are in residential services do have a lockable entrance which can be unlocked by the participant-C</p>



All participants residing in provider owned or leased facilities have a key or other type of access to a lock for both the housing unit, the participants bedroom, and any form of locked storage where the participant's personal belonging are kept, with only appropriate staff having keys	1	Compliance	Provider has met full compliance in this area.	0- Any participants reviewed that are in residential services do not have a key for the house and their bedroom with appropriate staff having keys -R 1- All participants reviewed that are in residential services have a key for the house and their bedroom with appropriate staff having keys-C
Provider notified case manager within 3 business days of any use of an emergency restrictive intervention not written in the participant's plan of care	1	Compliance	Provider has met full compliance in this area.	0- Any instance of provider failing to notify the case manager within 3 business days of any use of an emergency restrictive intervention not written in the participant's plan of care-R 1- Provider notified case manager within 3 days of any use of an emergency restrictive intervention not written in the participant's plan of care-C
Training Staff on: Documentation Any participant specific medical concerns and processes Follow-up with staff and the participant Investigation of injuries and complaints from restraints	3	Compliance	Provider has met full compliance in this area.	0- 0-50% of staff did not have required training-R 1- 51%-70% of staff reviewed did not have required training-TA 2- 71%-95% of staff reviewed did not have required training-TA 3- 100% of staff reviewed have required training-C
Maintain internal documentation to track and analyze: Each use of a restrictive intervention It's antecedents Reasons for the restrictive intervention The participants reaction to the restrictive intervention Actions that may make future restrictive interventions unnecessary	1	Compliance	Provider has met full compliance in this area.	0-No internal documentation to track and analyze restrictive intervention data -R 1- Internal documentation to track and analyze restrictive intervention data -C
Hold a debriefing meeting with the participant, guardian, and case manager after the incident to discuss use of a restriction	1	Compliance	Provider has met full compliance in this area.	0- Any instance that provider did not hold a debriefing meeting with the participant, guardian and case manager after the incident to discuss use of a restriction-R 1- Providers always held a debriefing meeting with the participant, guardian and case manager after the incident to discuss use of a restriction -C
Provide case managers with a copy of the provider's completed internal tracking form within 3 days	1	Compliance	Provider has met full compliance in this area.	0- Any instance that provider did not provide case manager with a copy of the provider's completed internal tracking form within 3 days-R 1- Providers always provided case manager with a copy of the provider's completed internal tracking form within 3 days -C

Provide guardian with a copy of the provider's internal tracking form within 5 days	1	Compliance	Provider has met full compliance in this area.	0- Any instance that provider did not provide guardian with a copy of the provider's completed internal tracking form within 5 days 1- Providers always provided guardian with a copy of the provider's completed internal tracking form within 5 days -C
Submit a critical incident report to the BHD for each instance when a restraint is used as a restrictive intervention	1	Compliance	Provider has met full compliance in this area.	0- Any instance that provider did not submit a critical incident report to the BHD for each instance when a restraint was used as a restrictive intervention-R 1- Provider always submitted a critical incident report to the BHD for each instance when a restraint was used as a restrictive intervention-C
Provider regularly collects and reviews all available data regarding the use of restraints and demonstrates work to reduce their duration and frequency, and eliminate their occurrence	1	Compliance	Provider has met full compliance in this area.	0- Provider does not have a process for reviewing data regarding the use of restraints and does not have documentation demonstrating work to reduce their duration and frequency, and eliminate their occurrence-R 1- Provider does have a process for reviewing data regarding the use of restraints and does have documentation demonstrating work to reduce their duration and frequency, and eliminate their occurrence-C
Vehicles are in good repair	2	Compliance	Provider has met full compliance in this area.	0- Any vehicles used by the provider are not in working condition or not legal to operate (example, no working headlights, turn signals, brake lights, not starting, leaking fluids, no seat belts, flat tires etc..)-R 1- Any vehicles are legally operable but are in need of maintenance and repair. This could include any repair to the vehicle body, interior dirty, exterior rust, etc..-S 2- Vehicles are in good repair-IC
Keep current emergency information on each participant in the vehicle or ensure the staff have the ability to quickly access the information	1	Compliance	Provider has met full compliance in this area.	0- No emergency information on each participant is in the vehicle and staff do not have easy access to the information.-R 1- Emergency information on each participant is in the vehicle and/or staff have easy access to the information-C
Keep and replenish a first aid kit in the vehicle	1	Compliance	Provider has met full compliance in this area.	0- No first aid kit is in the vehicle or first aid kit-R 1- First Aid kit is kept in vehicle-IC

Conduct quarterly self-inspections or have the vehicle inspected by a mechanic to ensure the vehicle is operational, safe and in good repair	1	Compliance	Provider has met full compliance in this area.	0- No evidence of quarterly self inspection or mechanic inspections for any one of the vehicles used-R 1- All vehicles used have quarterly self inspections or mechanic inspections-IC
Provider has separate records for each participant served	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files are not separate record for each participant-R 1- Reviewed files are separate record for each participant- C
Individualized plan of care start date for participant	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the IPC start date-R 1- Reviewed files did have the IPC start date- C
Physical address of location of services	1	Compliance	Provider has met full compliance in this area.  Guidance provided from leadership would like to see Full addresses listed as locations for documentation. "D Suite" would not work with such guidance.	0- Reviewed files did not have the physical location-R 1- Reviewed files did have the physical location- C
Date of service (year, month, day)	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the date of service-R 1- Reviewed files did have the date of service- C
Type of service provided, service name, billing code	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the type of service provided, name and billing code-R 1- Reviewed files did have the type of service provided, name and billing code- IC
Time services began and ended	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the time services began and ended-R 1- Reviewed files did have the time services began and ended- C
Signature or initial of each person performing services	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the signature or initial of each person providing a service-R 1- Reviewed files did have the signature or initial of each person providing a service- C
Detailed description of services provided Consists of a personalized list of tasks or activities that describe a typical day, week or month	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have detailed description of services provided-R 1- Reviewed files did have detailed description of services provided- C
Includes specific objectives for habilitation services, support needs, health and safety needs, and approximate number of hours in service	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have specific objectives etc-R 1- Reviewed files did have specific objectives etc- C

Services meet service definitions and are pursuant to participant's Plan of Care	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not show that the services meet service definitions and are pursuant to the IPC-R 1- Reviewed files did show that the services meet service definitions and are pursuant to the IPC-C
Provider not billing for more than one direct services for same participant at the same time	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not show more than one direct service being billed at the same time-R 1- Reviewed files did show more than one direct service being billed at the same time- IC
Provider not rounding up total service time to next unit (except for skilled nursing)	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files did round up to the next unit-R 1- Reviewed files did not round up to the next unit- C
Documentation legible  retrieved easily  complete  unaltered	1	Compliance	Provider has met full compliance in this area.	0- Reviewed files were not legible, easily retrieved, complete and unaltered-R 1- Reviewed files were legible, easily retrieved, complete and unaltered- C
Have a PRN medication protocol for each participant who has a prescription for a psychoactive medication	1	Compliance	Provider has met full compliance in this area.	0- No evidence of PRN protocol in review of participants prescribed psychoactive medications.-R 1- Up to date PRN protocol in review of participants prescribed psychoactive medications-IC
Have documentation on the non-pharmacological interventions which are used prior to the use of a psychoactive medication	1	Compliance	Provider has met full compliance in this area.	0- No evidence of documentation of interventions used before administering psychoactive medications. -R 1- Evidence of documentation of interventions used before administering psychoactive medications.-C
Monitor and document each participant's response to prescribed medications	1	Compliance	Provider has met full compliance in this area.	0- No evidence of review of participant's response to prescribed medications of participants reviewed.-R 1-Evidence of review of participant's response to prescribed medications of participants reviewed.-C
(If applicable) Have accreditation in the areas applicable to each service you provide	1	Compliance	Provider has met full compliance in this area.	0- Provider is not accredited in the areas applicable to each service they provide-R 1- Provider is accredited in the areas applicable to each service they provide-C

If accredited, you adhere to the current accreditation requirements for complaints and grievances	1	Compliance	Provider has met full compliance in this area.	0- No evidence provided accredited provider adheres to current requirements for complaints and grievances.-R 1- Evidence provided accredited provider adheres to current requirements for complaints and grievances.-C
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