## Name of Individual: Click here to enter text.

# Personal Care Services for Adults

#### If the individual uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, individual indicated with non-verbal cues, etc.) Click here to enter text.

**Questions to ask the individual receiving services:**

1. I understand that you like to Click here to list preferred activities from support plan.

Do you get to do these as often as you like? [ ]  YES [ ] NO

1. I understand that you like to spend time with Click here to list from support plan.

Do you get to spend as much time with them as you like? [ ]  YES [ ] NO

If no, why? Click here to enter text.

1. Do you go shopping for the things that you need? [ ]  YES [ ] NO

If no, who does? Click here to enter text. Are you OK with that? [ ]  YES [ ] NO

1. If you do not like what you have for a meal, do you get other choices? [ ]  YES [ ] NO

If no, explain: Click here to enter text.

1. Is there anything you would change about where or with whom you are living? [ ] YES [ ] NO

If yes, what? Click here to enter text.

1. Is there anything you would change about what you do during the day? [ ] YES [ ] NO

If yes, what? Click here to enter text.

1. What do you do:
2. In case of a tornado? Click here to enter text.
3. In case of a fire? Click here to enter text.
4. In case the electricity goes out? Click here to enter text.
5. If someone hurts/mistreats/is mean to you? Click here to enter text.
6. If you are hurt/ sick? Click here to enter text.
7. If your staff does not show up for work? Click here to enter text.
8. Tell me what goals you are working on. Click here to enter text.

 How does staff help you with that? Click here to enter text.

1. Do you have any questions or is there anything else that you would like to tell me? Click here to enter text.

**Questions to ask staff**

Staff Name: Click here to enter text.

How long has staff been working with this individual? Click here to enter text.

How long has staff been working for this agency? Click here to enter text.

1. How did you learn how to support this individual? Click here to enter text.
2. Does this individual have special diet needs? (calories, food allergies, low sodium, etc.) [ ] YES [ ] NO

 If yes, what? Click here to enter text.

Require special food preparation/eating supports? (pureed, food cutting, etc.) [ ] YES [ ] NO

 If Yes, what? Click here to enter text.

 Is he or she OK with this diet? [ ] YES [ ] NO

 What do you do if the individual refuses to follow the diet? Click here to enter text.

1. The plan describes that the individual uses Click here to enter description of the assistive equipment/ technology.).

What support do they need for these items? Click here to enter text.

1. What are the individuals’ medical needs? Click here to enter text.

How do you support these needs? Click here to enter text.

 If health services are needed, whom do you contact? Click here to enter text.

Do you receive follow up as to the outcome? [ ] YES [ ] NO

1. Does this individual have any rights or restrictive procedures? [ ] YES [ ] NO If yes, what? Click here to enter text.

 Is this addressed in the individuals plan? [ ] YES [ ] NO

1. What behavior does this individual display? Click here to enter text.

 How do you support this need? Click here to enter text.

1. Does this individual take psychotropic medications? [ ] YES [ ] NO If so, what are the potential side effects or where do you go to find them? Click here to enter text.

1. Where do you keep the support plan? Click here to enter text.
2. According to the plan, what are the individual’s Personal Care Services goals? Click here to enter text.
3. What do you do:
4. In case of a tornado? Click here to enter text.
5. In case of a fire? Click here to enter text.
6. In case of a power outage? Click here to enter text.
7. If the next shift does not show up? Click here to enter text.
8. If you suspect abuse, neglect or exploitation? Click here to enter text.
9. Do you know how to make an ANE report directly to APS? (skip if mentioned above) [ ] YES [ ] NO
10. Do you have any questions or is there anything else that you would like to tell me? Click here to enter text.

**Questions the reviewer answers based on their observation/interview:**

Interactions were positive between the individual and parent/family. [ ] YES [ ] NO [ ] N/A

Interactions were positive between staff and the individual. [ ] YES [ ] NO [ ] N/A

The individual expressed their own opinions. [ ] YES [ ] NO

The services are consistent with the support plan. [ ] YES [ ] NO

 If no, please explain: Click here to enter text.

The individual was free of rights restrictions or restrictive interventions (i.e. alarms on doors, locked refrigerator or cabinets, etc). [ ] YES [ ] NO

 If no, please explain: Click here to enter text.

**The Property:**

* Reasonably clean and well maintained. [ ] YES [ ] NO
* Safe and secure. [ ] YES [ ] NO
* Has adequate lighting inside and out. [ ] YES [ ] NO
* Has adequate space. [ ] YES [ ] NO
* Accessible to meet the individuals needs. [ ] YES [ ] NO

**Kudos** (positive observations that the reviewer has noted about the staff, the individual receiving services, the site, etc.): Click here to enter text.

**Comments/Concerns**: Click here to enter text.