|  |  |  |
| --- | --- | --- |
| **QUALITY SECTION** | **MAXIMUM**  **POSSIBLE**  **SCORE** | **YOUR**  **SCORE** |
| 9. TRAINING | 3 |  |
| 10. UNIT FLOOR | 4 |  |
| 11. CORPORATE COMPLIANCE | 5 |  |
| 12. SENTINEL EVENTS | 4 |  |
| SUBTOTAL | 16 |  |
|  |  |  |
| TOTAL SCORE | 16 |  |
| FULL COMPLIANCE | 16 |  |
| SUBSTANTIAL COMPLIANCE | 15.2 |  |
| LESS THAN SUBSTANTIAL COMPLIANCE |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 9 – TRAINING** | | **MAX SCORE** | **SCORE** | **FINDINGS** | **REQUIRED ACTIONS** |
|  | 9.1.1 | | | *Required Trainings are completed for all staff on unit (PCP, Grievance, Appeals,…)* | 2 |  |  |  |
|  | 9.1.2 | | | Corporate Compliance Training includes DRA 2005 | 1 |  |  |  |
|  |  | | | **SECTION TOTAL** | 3 |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 10 – UNIT FLOOR** | | **MAX SCORE** | **SCORE** | **FINDINGS** | **REQUIRED ACTIONS** |
|  | 10.1.1 | | | Provisions for privacy are available (Note if separate rooms by Dr. orders) | 2 |  |  |  |
|  | 10.2.1 | | | Weekly and weekend activities are scheduled and posted for consumers to see | 2 |  |  |  |
|  |  | | | **SECTION TOTAL** | 4 |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 11 – CORPORATE COMPLIANCE** | | **MAX SCORE** | **SCORE** | **FINDINGS** | **REQUIRED ACTIONS** |
|  | 11.1.1 | | | Sanctioned/excluded providers checklist | 1 |  |  |  |
|  | 11.1.2 | | | Exclusion checks are being completed on required individuals monthly | 2 |  |  |  |
|  | 11.2.1 | | | Disclosure of Ownership, controlling interest, and criminal convictions are completed on managing employees, contractors, etc., at times and frequencies designated | 2 |  |  |  |
|  |  | | | **SECTION TOTAL** | 5 |  |  |  |

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| **Citation** | | **Standard** | **SECTION 12 – SENTINEL EVENTS** | | **MAX SCORE** | **SCORE** | **FINDINGS** | **REQUIRED ACTIONS** |
|  | 12.1.1 | | | Sentinel events that occurred on the unit during the review period were reported to PIHP as required. | 2 |  |  |  |
|  | 12.1.2 | | | An investigation/root cause analysis occurred for all sentinel events | 2 |  |  |  |
|  |  | | | **SECTION TOTAL** | 4 |  |  |  |

**DOCUMENTS OBTAINED**

**QUALITY DISCUSSION**

1. Describe the organization’s Quality Improvement Process
2. What ongoing processes are in place for evaluating the effectiveness of ongoing services (Feedback loop, surveys, outcome measures)?
3. How are staff trained on the Organization’s Quality Improvement Initiatives?

**DOCUMENTS NEEDED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date on File** | **Document** | **Current?** | **Comments** |
|  | License |  |  |
|  | Liability Insurance |  |  |
|  | Workers Comp Insurance |  |  |
|  | Accreditation |  |  |