Approved OSAC 5-15-2024 and AERAC 5-29-2024

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| **Residential Facilities** **and** **Health** **Care** **Services (RFHC)**  For any organization or school operating a residential facility.  **Organization will establish a self-study committee to assess and rate the organization on the following:**  Note: Items with an asterisk (\*) indicate Absolute Standards. The other items are Critical Standards. | Supporting Documentation  Indicate name of file or cite page in documents you provide to show compliance. | Review Committee Decision | | |
| Fully Met | Partially Met | Not Met |
| 1. \*Residential living programs on a temporary or permanent basis, and/or health care services are within the scope of the mission of the organization. |  |  |  |  |
| 2. Residential services are based upon written short- and long-range plans and reflect input from a variety of sources including consumers, their involved family members, staff, and community organizations. |  |  |  |  |
| 3. Residential services are guided and directed by a process for assessment of needs, goal setting, and evaluation**.** |  |  |  |  |
| \*4. Writtenevaluations are conducted regularly (or as specified and required by the funding source) by each of the involved disciplines (for example, social work, VRT, O&M, PT, OT, low vision, nursing, academic, vocational, etc.) to determine the progress made for each resident. |  |  |  |  |
| \*5. Residential services are clearly and purposefully organized to provide a safe, comfortable living environment conducive to the physical, social, and emotional growth of each resident. |  |  |  |  |
| \*6. Residents have functional and comfortable living quarters and furnishings suited to chronological ages**,** developmental levels, and visual and physical limitations. |  |  |  |  |
| \*7. Facilities and trained staffare provided for residents to learn, practice and use skills necessary for independent living. |  |  |  |  |
| 8. There is a consistent system of supervision including night times with appropriate staff to learner ratios, closed circuit cameras for surveillance in the facility, and supervision for off-campus activities. |  |  |  |  |
| \*9. More intensive supervision is provided when residents are under the age of 22 and/or intellectually or developmentally disabled with special attention to preventing and addressing teasing, bullying, scapegoating happening in person or using social media. |  |  |  |  |
| 10. Residential and health care staff use a regular system of communication which includes written reports and records to facilitate daily shift changes and coordinate with all disciplines including but not limited torehabilitation/ academic/vocational staff. |  |  |  |  |
| 11. There is compliance with statutory and regulatory accessibility mandates with all materials available in alternate formats (for example braille, electronic, large print, etc.) and websites accessible with screen reading software. |  |  |  |  |
| 12. The residents have decision-making responsibilities and freedom of choice. |  |  |  |  |
| \*13. An accessible description of resident rights and responsibilities is available on the facility website and upon arrival at the facility. |  |  |  |  |
| \*14. Residential and/or Health care facilities are properly staffed, supplied, and equipped to meet the needs of the organization and all residents served in the facility, and in accordance with local, state and federal guidelines. |  |  |  |  |
| \*15. Residential and/or Health care staff are appropriately licensed and/or certified and are available to provide and interpret program, discipline and/or health information to consumers, families, and staff. |  |  |  |  |
| 16. Health care services are available on site or with referral throughout times when consumers are in residence and in the care of the organization. |  |  |  |  |
| 17. Current and comprehensive medical, psychological, and behavioral information is available and kept in confidential files. |  |  |  |  |
| \*18. Procedures are in place to provide emergency care. |  |  |  |  |
| \*19. There are written policies to care for and isolate consumers with communicable diseases including respiratory viruses and the handling of fluids that may contain blood borne pathogens, in compliance with local, state and federal guidelines. |  |  |  |  |
| \*20. Staff is trained to implement emergency procedures, care for and isolate consumers with communicable diseases including respiratory viruses and handle fluids that may contain blood borne pathogens, in compliance with local, state and federal guidelines. |  |  |  |  |
| \*21. Health services staff administers, and monitors medications as prescribed in compliance with state and federal laws. |  |  |  |  |
| 22. Health services staff identifies health problems and refers for additional timelytreatments. |  |  |  |  |
| \*23. Rules, policies, and procedures**,** including safety and emergency issues**,** are available to each resident in the format of choice and in the most appropriate (accessible) media. |  |  |  |  |
| 24. Rules, policies and procedures are reviewed and modified at least annually with input from residents. |  |  |  |  |
| \*25. At least one staff member trained in facility policies and procedures is on duty whenever individuals are in residence. |  |  |  |  |
| \*26. All residential staff participates in an orientation upon hire and annually thereafter ina staff development program which includes residents’ rights, confidentiality, incident reporting, safety and health needs, symptoms of bullying, abuse and neglect, interpersonal skills in relating to and supporting residents, and human guide techniques. |  |  |  |  |
| Total Standards |  | /26 | /26 | /26 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Rehabilitation Residential and Health Care Services Self-Study, with sub-folders labeled for each of the following documents:

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Rehabilitation Residential and Health Care Services Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policies and Procedures for Rehabilitation Residential and Health Care Services including Confidentiality, Emergency Care, Safety, Medication and Resident Grievances
* Description of Services that includes Scope, Goals and Objectives
* Resident Intake Application and Admissions Criteria
* Sample Client Records that include the Resident’s Needs Assessments Conducted, Assessment Results, Resident’s Goals and Objectives and Implementation Plan
* Documentation of Resident Rights and Responsibilities
* Monthly Resident Progress Reports
* Resident Grievance Reports and the Findings and Resolutions for Past 12 Months
* Fire, Evacuation and Emergency Plans
* Credential Verifications and Resumes for Personnel Providing Services
* Personnel Job Descriptions
* List of Staff Trained in First Aid
* Records of Fire Drills
* Internal and External Health and Safety Inspection Reports
* Verification of Verification of Orientation Topics Covered for, and Completed by**,** New Hires
* Verification of Relevant In-service Training and Continuing Education Provided for**,** and Completed by**,** Personnel including Emergency Response and Safety Training
* Relevant In-service Training and Continuing Education Provided for**,** and Completed by**,** Personnel including Emergency Response and Safety Training
* Total Number of Program Personnel Providing Services and Total Number of Residents Served Daily, Weekly and Monthly
* **See** **Section** **I.** **(G)** **Program** **Evaluation** **and** **Improvement** **Required** **Documents** **and** **Submit** **Each** **Item** **for** **Rehabilitation** **Residential** **and** **Health** **Care** **Services** **and** **Label** **“I.** **(G)** **Rehabilitation** **Residential** **and** **Health** **Care** **Services.”**
* Narrative to explain any standards you rated as partially met or not met.
* Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: