

## Residential Monitoring Checklist

Facility Name \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Time Arrived: \_\_\_\_\_ Time Left : \_\_\_\_\_ Announced \_\_\_ Unannounced \_\_\_\_\_

Standard Monthly Monitoring \_\_\_\_\_ Other reason for visit (please specify) \_\_\_\_\_

Names of residents present (at foster and group homes only): \_\_\_\_\_

Name(s) of resident(s) whose records/personal funds reviewed \_\_\_\_\_

Names of staff present (at foster and group homes only) \_\_\_\_\_

	Standard	Citation(s)	Met	Not Met*	N/A	Comments
<b>1.0</b>	<b>Resident Records</b>					
1.1	Name, address, ph# of resident's physician and dentist is in record as well as current support plan.	65G-2.011(3)(a) 65G-2.012(3)(a) 65G-2.013(3)(a) 65G-2.014(3)(a)	.			
1.2	Records/reports of resident injuries and illnesses maintained in the home.	65G-2.011(3)(a)4 65G-2.012(3)(a)4 65G-2.013(3)(a)4 65G-2.014(3)(a)6				
1.3	Use of restraint and seclusion is documented, reported, and maintained as required.	393.13(4)(h) 65G-8.010				
<b>2.0</b>	<b>Resident Funds/Property</b>					
2.1	An accounting of resident funds (received and spent) is maintained.	65G-2.011(3)(a)7 65G-2.012(3)(a)7 65G-2.013(3)(a)7 65G-2.014(3)(a)10				

	<b>Standard</b>	<b>Citation(s)</b>	<b>Met</b>	<b>Not Met*</b>	<b>N/A</b>	<b>Comments</b>
2.2	Expenditures of personal funds are used appropriately to meet the needs of the resident.	393.13(4)(b)(2), F.S. 393.0673(1)(b), F.S. 65G-2.011(8)(a) 65G-2.012(7)(a) 65G-2.013(7)(a) 65G-2.014(9)(a)				
2.3	Residents have control of and access to their personal funds and property.	393.13(4)(b), F.S.				
<b>3.0</b>	<b>Care of Residents</b>					
3.1	Residents are allowed free use of all space within the facility, with due regard for privacy and personal possessions of other residents/staff and reasonable house rules.	65G-2.011(11)(d) 65G-2.012(10)(e) 65G-2.013(10)(e)				
3.2	Staff interactions with residents are appropriate and respectful.	393.13(3)(a), F.S. 65G-2.011(11) 65G-2.012(10) 65G-2.013(10)				
3.3	Privacy of residents (and their personal information) is respected.	393.13(3)(a), F.S. 65G-2.011(6)(f) & (g) 65G-2.012(5)(g)6 & 8 65G-2.013(5)(g)6 & 8 65G-2.014(10)(c)1 & (d)5				
3.4	The home routinely offers residents the opportunity to participate in community activities and also reinforces, as applicable, the implementation of goals contained in resident support plans.	393.13(3)(e), F.S. 65G-2.011(12) 65G-2.012(11) 65G-2.013(11) 65G-2.014(5) & (13)(a)(1)				
3.5	Medical and dental needs are met.	393.13(4)(c), F.S. 65G-2.011(4) & (23)(c) 65G-2.012(4) & (23)(c) 65G-2.013(4) & (23)(c) 65G-2.014(5)(a)				
<b>4.0</b>	<b>Staffing</b>					
4.1	Staff provide each resident with adequate and appropriate attention, support, guidance, and supervision.	65G-2.011(4)&(5) 65G-2.012(4)&(5) 65G-2.013(4)&(5) 65G-2.014(5)&(7)				

	<b>Standard</b>	<b>Citation(s)</b>	<b>Met</b>	<b>Not Met*</b>	<b>N/A</b>	<b>Comments</b>
4.2	Staff provides appropriate physical and personal care to residents (clothing individualized, clean & in good condition; no oral or personal hygiene issues).	65G-2.011(11) 65G-2.012(4) & (5)(g) 65G-2.013(4) & (5)(g) 65G-2.014(5)(a)				
4.3	Staff is aware of target behaviors of residents and are prepared and able to respond in a manner consistent with authorized protocols (as described in law, rule and resident-specific behavior plans). Indicate name of staff member(s) questioned on this item.	393.13(4)(f), (g), & (h) 65G-2.011(5)(e) & (6)(c) 65G-2.012(5)(c) & (6)(g)3 65G-2.012(15)(b) 65G-2.013(4) & (5)(g)3 65G-2.013(15)(b) 65G-2.014 (7)(c) & (d)				
4.4	Residents are treated in a humane manner and do not receive painful or noxious discipline.	393.13(4)(f) & (g) 65G-8.009				
<b>5.0</b>	<b>Safety</b>					
5.1	Fire drills are conducted on a monthly basis and documented appropriately.	65G-2.011(8)(a) 65G-2.012(7)(b) (18) 65G-2.013(7)(b) (18) 65G-2.014(9) (c) 3				
5.2	Adequate fencing/barriers are provided around pools and other hazardous areas.	65G-2.011(13)(b) 65G-2.012(12)(b) 65G-2.013(12)(b) 65G-2.014(9)(e)				
5.3	Staff is familiar with proper abuse reporting procedures and is prepared and able to demonstrate competency in this area both in theory and in practice. (Indicate name of staff member(s) questioned on this item).	65G-2.011(16) & (23) 65G-2.012(15) & (23) 65G-2.013(15) & (23) 65G-2.014(7) (c) 4				
5.4	Poisonous and toxic compounds must be safeguarded and not commingled with food items.	65G-2.011(13)(a) 65G-2.012(12)(a) 65G-2.013(12)(a) 65G-2.014(9)(d)				
5.5	A working smoke detector is present in home.	65G-2.011(8)(b)3 65G-2.012(7)(b)3 65G-2.013(7)(b)3 65G-2.014(9)				

	<b>Standard</b>	<b>Citation(s)</b>	<b>Met</b>	<b>Not Met*</b>	<b>N/A</b>	<b>Comments</b>
5.6	Exits, stairway, corridor, ramps, fire escapes, or other means of exit shall not be used for storage purposes or otherwise be blocked from use in case of emergency.	65G-2.011(8)(b)12 65G-2.012(7)(b)12 65G-2.013(7)(b)12 65G-2.014(10)(f)3				
5.7	All doors with locks can be readily opened from the inside.	65G-2.011(8)(b)10 65G-2.012(8)(b)10 65G-2.013(7)(b)10				
5.8	Filters (for clothes dryers, stoves and air conditioning/heating units) are free from excessive build-up of dirt, dust, lint, and/or debris.	65G-2.011(8)(b)13 65G-2.012(7)(b) 13 65G-2.013(7)(b) 13 65G-2.014(9)(c) 1				
<b>6.0</b>	<b>Physical Plant</b>					
6.1	Furniture is adequate and in good repair.	65G-2.011(9)(a) 65G-2.012(8) 65G-2.013(8)(a) 65G-2.014(10)(a)				
6.2	Home has a congenial and homelike atmosphere.	65G-2.011(6)(a) 65G-2.012(5)(g)1 65G-2.013(5)(g)1				
6.3	Bedding and linens are suitable and clean.	65G-2.011(9) (c) 8 65G-2.012(8) (c) 8 65G-2.013(8) (c) 8 65G-2.014(10)(c)				
6.4	Home is clean and safe.	65G-2.011(9)(k) 65G-2.012(8)(l) 65G-2.013(8)(l) 65G-2.014(10)(f)				
6.5	All areas are odor free.	65G-2.011(9)(k)1 65G-2.012(8) (i)2 65G-2.013(8) (i)2				

	<b>Standard</b>	<b>Citation(s)</b>	<b>Met</b>	<b>Not Met*</b>	<b>N/A</b>	<b>Comments</b>
6.6	Temperature/lighting is appropriate and comfortable.	65G-2.011(9) (i) & (j) 65G-2.012(8) (j) & (k) 65G-2.013(8) (j) & (k) 65G-2.014(10) (f)				
6.7	Interior is in good repair.	65G-2.011(9) (k)1 65G-2.012(8) (l)1 65G-2.013(8) (l)1 65G-2.014(10)(f)				
6.8	Exterior and grounds are well maintained.	65G-2.011(9)(k) 65G-2.012(8)(l) 65G-2.013(8)(l) 65G-2.014(10)(f)				
<b>7.0</b>	<b>Food Services</b>					
7.1	There is an adequate quantity and variety of food and beverages sufficient to meet residents' needs.	65G-2.011(10) 65G-2.012(9) 65G-2.013(9) 65G-2.014(10) (g)				
7.2	The type of food served and feeding techniques employed meet the dietary and physical needs of the residents.	65G-2.011(4) 65G-2.012(4) 65G-2.013(4) 65G-2.014(5)				
<b>8.0</b>	<b>Medication</b>					
8.1	Medications are locked and expired medications are discarded in accordance with requirements.	65G-7.007 65G-2.011(15) (c) 65G-2.012(15) (e) 65G-2.013(14) 65G-2.014(12)				
8.2	Residents are given medications (prescription or over-the-counter drugs) only in accordance with written prescriptions and such medications must appear on the MAR.	393.13(4)(c)1 & 2 65G-2.011(15) (a) 65G-2.012(14)(a) & (d) 65G-2.013(14)(b) & (e) 65G-2.014(12)(b) & (f) 65G-7.008 & 65G-7.005				
8.3	Adverse side effects (of new or PRN) medications are reported.	65G-7.005(2)(k) 65G-2.011(3)(a)4 & (23)(c) 65G-2.012(3)(a)4 & (23)(c) 65G-2.013(3)(a)4 & (23)(c) 65G-2.014(3)(a)6				

	<b>Standard</b>	<b>Citation(s)</b>	<b>Met</b>	<b>Not Met*</b>	<b>N/A</b>	<b>Comments</b>
8.4	Staff must initial and sign the Medication Administration Record (MAR) and report missed doses in accordance with requirements.	65G-7.006(2)				
8.5	Staff who administer medications (or assist residents with self-administration) must have been properly trained to do so (and validated within the last year).	393.506(2), F.S. 65G-7.004				
8.6	Controlled medication counts are consistent with MARs and discrepancies reported to APD.	65G-7.006(5)				
<b>9.0</b>	<b>Background Screening</b>					
9.1	For foster and group homes, have any staff been hired within the last 30 days? (If yes, list names in the comments box).					
9.2	Newly-hired direct care staff awaiting screening results are not permitted to work on an unsupervised basis.	393.0655(1), F.S.				
<b>10.0</b>	<b>Behavioral, Medical Issues, or Other Issues for Area Office Follow-up Review</b>					
10.1	The residential monitor should always observe residents and review their records from the perspective of ensuring that all individuals living in the home are free from abuse, neglect, and financial exploitation. (Note: If a residential monitor suspects that any resident is the victim of abuse, neglect, or exploitation, they should immediately call the Abuse Hotline at 1-800-962-2873). Record any suspicions or “red flags” in the adjacent space (no matter how minor or insignificant they may seem) for follow-up review and appropriate action by an area APD supervisor.					
10.2	Indicate if any residents exhibited behavior problems (such as self injurious or aggressive behavior, elopement, sexually acting out, screaming, crying, cursing, etc.) during the visit. If so, please provide more detail.					
10.3	Indicate if there are any residents <u>not</u> receiving behavioral services that regularly engage in any problem behaviors (such as self injurious or aggressive behavior, elopement, sexually acting out,					

	screaming, crying, cursing, etc.). If so, please provide more detail.	
10.4	Indicate if any of the residents appear to be ill. If so, please provide more detail (including the name of the resident and any medical treatment that has been sought and/or provided).	
10.5	Indicate if any of the residents appear to be injured. If so, please provide more detail (including whether or not staff were aware of the injury and/or can explain its origin).	
10.6	Indicate if the provider has experienced any other problems or issues since the last monitoring visit which may impact their ability to render appropriate services and supports to the residents of the home.	

\*All standards marked as “not met” will be included on a Notice of Noncompliance or Administrative Complaint. The Agency reserves the right to take further administrative action, including the imposition of fines and/or revocation of licensure, if corrective action is not completed within the required timeframe or the same violation occurs on multiple occasions.

Additional Comments (or other violations of licensing standards not previously addressed): \_\_\_\_\_

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\_\_\_\_\_  
Printed Name of APD Staff who Conducted Site Visit

\_\_\_\_\_  
Signature of APD Staff who Conducted Site Visit

\_\_\_\_\_  
Printed Name of Facility Operator or Staff Present at the time of Site Visit

\_\_\_\_\_  
Signature of Facility Operator or Staff Present at the time of Site Visit

*Note: The above signature by facility operator/staff is only intended to verify that a site visit occurred at the time/date listed on Page 1 of this document; it does not constitute agreement or acceptance of any deficiencies identified within this document.*

\_\_\_\_\_  
Signature of APD Reviewing Supervisor (attesting to their review and concurrence with this document).

