

## Quality Assurance Surveillance Plan Inspection March 2012

Facility: \_\_\_\_\_  
 Contract # \_\_\_\_\_  
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COR \_\_\_\_\_  
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#	Inspector	Indicator	Standard	Met	Partially Met	Not Met	Not Applicable	Comments - Recommendations
<b>CONTRACT OFFICER</b>								
1	CO	Patient safety incidents must be reported to the authorizing VA medical center and COR.	All incidents reported immediately (within 24 hours)					
2	CO	Patient Safety must be investigated, confirmed and resolved.	All incidents are investigated, confirmed, and resolved.					
3	CO	Patient Safety incident investigations, conclusions and findings must be reported to the authorizing VA medical center and the COR.	Updates and findings of patient safety incident investigation are provided continuously (at least once a week)					

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**Legend:** RN-register nurse, SW-Social Worker, RD-register dietician, S-safety manager, CO-contract officer

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4	CO	Record will contain Battle Creek VAMC authorization form from the COR that covers services provided.	File will contain appropriate assessment tool.					
5	CO	Patient complaints about the quality of care are reported to the VISN Patient Advocate, the COR, Contractor, and the patient for resolution.	All patient complaints are reported immediately (within 24 hours)					
6	CO	Paid dates for services will match up with a treatment note that corresponds with the modality.	File will contain appropriate assessment tool.					

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<b>SOCIAL WORKER</b>								
7	SW	Providers and staff are familiarized with process outlined in contractor's grievance procedures as well as patient rights.	Standard					Staff are able to verbally provide an understanding of patient rights and grievance procedures.
8	SW	All Patients receive information regarding their patient rights and grievance process.	Standard					Program provides a copy of the patients rights and grievance procedures process that is given to the patient.

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9	SW	On an annual or as needed basis. adverse event data in a record-keeping system are analyzed for the program population, including patient to patient, patient to staff, and staff to patient assault, missing patients, suicidal events, suicides, overdoses and mortality as	Corrective Action Plans and related documentation.					
10	SW	Appropriate private space is available for residents to meet with visitors.	Standard is maintained.					
11	SW	Program residents are provided sexual harassment prevention training as part of their orientation.	Documentation of orientation.					

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12	SW	Program employees participate in suicide prevention training/activities. The program displays current suicide prevention posters and phone number stickers.	Documentations of training.					
13	SW	Neighborhood has accepting attitude for patients served.	Standard is maintained.					
14	SW	An individual client record will be maintained on each veteran admitted under this contract.	All clients will have an individual record maintained					
15	SW	All essential identifying data relevant to the resident and his/her family, including socio-cultural vocational assessment. (Demographic face sheet)	File will contain Demographic face sheet.					

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16	SW	Treatment plan updates completed in agency's policy time frames. structure changes which are to be attained during the Veteran's treatment will be entered in the programs policy time frames.	File will contain Updated Treatment Plan.					
17	SW	Treatment Plan has been completed in agency's policy time frames.  Includes SNAP (Strength, needs, abilities, preference).  Plan is developed around goals defined by the patients..	File will contain Treatment Plan					
18	SW	Veteran has access to telephone	Standard is maintained.					

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19	SW	All patients will receive suicide risk assessment upon admission, discharge, yearly or clinically indicated.	Standard is maintained.					
20	SW	A safety plan will be developed for all patients who are determined to be high risk on the suicide risk assessment.	Standard is maintained.					
21	SW	The therapist will contact the Contract Officer or Suicide Case Manager at the Battle Creek VAMC immediately to report high risk concerns with Veteran patients.	Standard is maintained.					
22	SW	Admission/Reception note will be completed on each Veteran upon admission to the program.	Standard is maintained.					

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23	SW	Discharge note completed on all Veterans. It will contain the Veteran's living arrangements, follow up care, discharge plan, and scheduled follow up appointments.	Standard is maintained.					
24	SW	Suicide risk assessments will be completed at each visit for Veterans that are assessed high risk.	Standard is maintained.					
25	SW	Documentation of a follow up phone call will be made within 24 hours on all Veterans who miss appointments.	Standard is maintained.					
26	SW	Patient records will contain an advance directive or documentation that indicates that an advance directive was offered to the patient.	File will contain advance directive or documentation indicating patient refused offer.					

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27	SW	Assessment tool determining appropriate level of care will be contained in record.	File will contain appropriate assessment tool.					
28	SW	Program residents are provided initial and on-going suicide assessments and prevention counseling including education on the suicide prevention hotline number.	Documented in policy.					
29	SW	Does facility provide a stable environment with predictable aspects:						
30	SW	Continuity of staff.						

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31	SW	Schedule time for meals and medicines?						
32	SW	Posted and circulated weekly activity schedule?						
33	SW	Scheduled Activities of Daily Living?						
34	SW	A place on unit to lock possessions?						

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35	SW	Treated with dignity and individuality, including privacy in treatment and care for personal needs?						
36	SW	Assured confidential treatment of personal and medical records, and may approve or refuse their release to unauthorized individuals outside the facility?						
37	SW,RN	File will contain a consent to treatment form that will outline the Veteran's expectations.	File will contain consent to treat form.					
38	SW,RN	File will contain a release of information that allows the Battle Creek VAMC to communicate with the program regarding the Veteran's treatment and progress.	File will contain a release of information.					

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<b>SAFETY MANAGER</b>								
39	S	Acquired, renovated, or newly constructed the site as outlined in the grant application.	100% compliance					
40	S	Parking lots and walkways have adequate lighting and are free of obstructions and hazards.	Standard is maintained.					
41	S	The program has no unmet repair, renovation, or maintenance needs relating to patient safety, security or privacy.	Review maintenance logs and past inspections.					
42	S	Entrances to the building are clearly visible from the street or public thoroughfare.	Standard is maintained.					

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43	S	Purchased and installed equipment as outlined in the original grant application, (E.G. stoves, refrigerators, washing machines,	Standard is maintained.					
44	S	Program meets the NFPA Codes and Standards for Occupancy Day Care, Nursing Home or Business	Standard is maintained.					
45	S	Is structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect them from the elements.	Standard is maintained.					
46	S	Has entries and exit locations that are capable of being utilized without unauthorized use of other private properties and provide alternative means of egress in case of fire.	Standard is maintained.					

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47	S	Is compliant with the American with Disabilities Act, referred to architectural barriers act compliant	Standard is maintained.					
48	S	Provides each resident appropriate space and security for themselves and their belongings.	100% compliance					
49	S	Provides each resident an acceptable place to sleep that is in compliance with appropriate codes and regulations.	Standard is maintained.					
50	S	Provides every room or space with natural or mechanical ventilation.	Standard is maintained.					
51	S	Is free of pollutants in the air at levels that threaten the health of residents.	Standard is maintained.					

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52	S	Provides a water supply that is free from contamination.	Standard is maintained.					
53	S	Provides sufficient sanitary facilities to residents that are in proper operational condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.	100% compliance					
54	S	Provides adequate heating and or cooling plants that are in proper operating condition.	Standard is maintained.					

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55	S	Provides adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents.	Standard is maintained.					
56	S	Provides sufficient electrical sources to permit use of essential electrical appliance while assuring safety from fire.	Standard is maintained.					
57	S	Provides that housing and equipment are maintained in a sanitary manner.	Standard is maintained.					
58		Does the facility maintain a current license and/or occupancy permit?						
59		Is the facility adequately staffed 24 hours/day?						

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60	S,RN	Program has written emergency plan that is updated annually.	Copy of dated emergency plan.					
61	S,RN	Staff and veterans are oriented to emergency plan and drills are conducted according to VA and Accrediting body standards.	Documentation of emergency plans and drills.					
62	S,RN	Program has written emergency plan that is updated annually.	Copy of dated emergency plan.					
63	S,RN	Staff and veterans are oriented to emergency plan and drills are conducted according to VA and Accrediting body standards.	Documentation of emergency plans and drills.					

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64	S,RN	Program employees have initial and on-going training in workplace violence prevention and management, including: emergency response plan, how to handle difficult persons, prevention or and how to defuse potentially violent situations, personal safety and self-defense.	Documentation of training.					
65	S,RN	Written handbook and program policies/procedures are in effect to prevent and address violence in the workplace, including procedures for dealing with aggressive/ violent individuals.	Review policy.	x				

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<b>REGISTERED NURSE</b>								
66	RN	Medications will be secured in a locked location. Double lock systems for narcotics. (Residential)	Medication secured in location that can not be accessed by patients without staff knowledge.					
67	RN	There is a policy regarding the secure storage of medications. (Residential)	Program has policy that meets standard.					
68	RN	Medication are clearly labeled with clients name and instructions. (Residential)	Program has policy that meets standard.					
69	RN	Medications are given by licensed personnel. (RN, LPN) (Residential)	Program has policy that meets standard.					
70	RN	Secure Sharp container available.	Program has policy that meets standard.					

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71	RN	Drug Reference Book (Residential)	Program has policy that meets standard.					
72	RN	Copies of any medical prescriptions issued by physicians, including orders if any, for medications to be taken.	File will contain prescription information.					
73	RN	Program has a written staffing plan which include the need for 24/7 on-site supervision. (Residential)	Documentation of policy or plan					
74	RN	Program has written program policy/procedures for Safe Medication Management. Including self medication plan. (Residential)	Review policy.					
75	S,RN	Written handbook and program policies/procedures are in effect to prevent and address violence in the workplace, including procedures for dealing with aggressive/ violent individuals.	Review policy.					

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76	S,RN	Program employees have initial and on-going training in workplace violence prevention and management, including: emergency response plan, how to handle difficult persons, prevention or and how to defuse potentially	Documentation of training.					
77	SW,RN	Final summaries on each resident who leaves the program, to include description of beneficial changes realized during the treatment	File will contain discharge summary.					
78	SW,RN	File will contain a consent to treatment form that will outline the Veteran's expectations.	File will contain consent to treat form.					
79	SW,RN	File will contain a release of information that allows the Battle Creek VAMC to communicate with the program regarding the Veteran's treatment and progress.	File will contain a release of information.					

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<b>REGISTERED DIETICIAN</b>								
<b>Meal Preparation</b>								
80	RD	Has the responsible person received educational training regarding nutrition and food safety?	Standard is maintained.					
81	RD	Is the responsible person able to provide three balanced meals, nutritious snacks and adequate liquids in a timely manner each day?	Standard is maintained.					
82	RD	Are at least 2 weeks of sample menus using the USDA "My Pyramid" standards available for review?	Standard is maintained.					

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83	RD	Are the menus able to be adjusted according to modified diets (e.g. soft, puree, cardiac, diabetic)? Or, are the cycle menus reviewed and approved by a registered dietitian?	Standard is maintained.					
84	RD	Are the majority of meals prepared from scratch and not simply convenience?	Standard is maintained.					
85	RD	Is the responsible person capable of adjusting meals to meet veteran's special dietary and cultural/ethnic needs?	Standard is maintained.					
86	RD	Is the veteran allowed input in meal planning?	Standard is maintained.					
87	RD	Is the responsible person willing to collaborate with the dietitian regarding veteran's dietary needs and honor the veteran's ethnic and cultural food preferences when planning meals?	Standard is maintained.					
88	RD	Do clients provide positive comments on meals served?	Standard is maintained.					
		Food Preparation/Safety and Storage						

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89	RD	Food preparation, storage and handling follows procedures as recommended by the Hazard Analysis Critical Control Point (HACCP) .	Standard is maintained.					
90	RD	Are the cooking and food storage facilities adequate?	Standard is maintained.					
91	RD	Is the dining area adequate? (Adequate space, furniture, lighting, etc.)	Standard is maintained.					
92	RD	Is the overall kitchen area safe and clean? (Stove, Oven, Cooking area, cupboards/cabinets/sink/dishwasher)?	Standard is maintained.					
93	RD	Is the Refrigerator Clean and kept at an acceptable temperature? (37-40 degrees C)*	Standard is maintained.					
94	RD	Is the freezer clean and kept at the acceptable temperature? (0 degrees)*	Standard is maintained.					
95	RD	Is there a 1 week supply of non-perishable foods and bottled water available?	Standard is maintained.					

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96	RD	Are cleaning and non-food supplies stored separately from food items?	Standard is maintained.					
97	RD	Is the facility connected with a pest control company?	Standard is maintained.					
98	RD	Is there evidence of pest control? (such as a bill or statement)	Standard is maintained.					
<b>ALL</b>								
99	ALL	Program is appropriately furnished to offer a clean, well-maintained home-like environment.	Standard is maintained.					

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100	ALL	Programs provides adequate privacy in bedrooms, bathrooms and treatment areas.(visual and auditory)	Standard is maintained.					
101	ALL	All unmet or partially met items identified on previous year QASP have been corrected and are rated as met on this year's QASP	QASP reviewed					
102	ALL	Bedrooms have adequate storage for personal possession	Standard is maintained.					
103	ALL	Mattress and pillow are adequate	Standard is maintained.					
104	ALL	Program provides sufficient bed linens and towels.	Standard is maintained.					
105	ALL	Laundry Services are available	Standard is maintained.					

\*\*For instances where scores are Partially Met or Not Met, Comments and/or Recommendations are required

**Legend:** RN-register nurse, SW-Social Worker, RD-register dietician, S-safety manager, CO-contract officer

## Quality Assurance Surveillance Plan Inspection March 2012

Facility: \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Address \_\_\_\_\_

COR \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Inspection Number: \_\_\_\_\_

#	Inspector	Indicator	Standard	Met	Partially Met	Not Met	Not Applicable	Comments - Recommendations
106	ALL	Records will be maintained and organized in accordance with the contracting policies.	File will contain appropriate assessment tool.					

\*\*For instances where scores are Partially Met or Not Met, Comments and/or Recommendations are required

**Legend:** RN-register nurse, SW-Social Worker, RD-register dietician, S-safety manager, CO-contract officer

## Quality Assurance Surveillance Plan Inspection March 2012

Facility: \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Address \_\_\_\_\_

COR \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Inspection Number: \_\_\_\_\_

#	Inspector	Indicator	Standard	Met	Partially Met	Not Met	Not Applicable	Comments - Recommendations
<b>ANNUAL NARRATIVE</b>								

**Instructions:** for each item below, develop a one to two paragraph overview

- A Outline significant changes or developments in the Program's mission, goals, objective, philosophy or operational beds.
  
- B Outline any sentinel events which occurred in the program, the findings and any policy or procedure changes as a result.
  
- C Describe how the program meets the identified treatment needs of veterans it serves, including clinical, safety, security and privacy.

\*\*For instances where scores are Partially Met or Not Met, Comments and/or Recommendations are required

**Legend:** RN-register nurse, SW-Social Worker, RD-register dietician, S-safety manager, CO-contract officer

## Quality Assurance Surveillance Plan Inspection March 2012

Facility: \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Address \_\_\_\_\_

COR \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Inspection Number: \_\_\_\_\_

#	Inspector	Indicator	Standard	Met	Partially Met	Not Met	Not Applicable	Comments - Recommendations

### SIGN OFF SHEET

A Please print out and complete sign off sheet, including signatures for appropriate staff (include all individuals that participated in inspection)

1	
2	
3	
4	
5	

\*\*For instances where scores are Partially Met or Not Met, Comments and/or Recommendations are required

**Legend:** RN-register nurse, SW-Social Worker, RD-register dietitian, S-safety manager, CO-contract officer

## Mental Health Residential Rehabilitation and Treatment Program (MH RRTP) Annual Safety and Security Assessment

Facility: Battle Creek Medical Center  
 Unit: Domiciliary, PTSD, SAR RTP, CWT-TR  
 # Beds: Total 94

Name: Chris Michalek, LCSW  
 Phone #: 269-223-6287  
 Date: 1/12/2009

**TEAM MEMBERS: Name, Title and Signature - by signing, each team member indicates their participation in the inspection and/or agreement with the ratings.**

		Name	Title	Signature
1	MH RRTP Chief/Manager			
2	Veteran Resident			
3	MH RRTP Tech			
4	VAMC Safety Officer			
5	Patient Safety Officer			
6	VA Police Officer			
7	Infection Control Nurse			
8	Women Veterans Program Manager			
9	Suicide Prevention Coordinator			
10	QM Representative			
11	Nursing Representative			
12	Pharmacy Representative			