

Non-Residential GGRC – Home and Community Based Services Review

Program Name:	Vendor Number:
	Service Code:
Primary Contact:	Provider Phone:
On-Site Evaluator (Organization Name and Name of Reviewer):	
Review Date:	Total current number of people in program:
FOR GGRC ONLY:	
Provider Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, which requirements were found to be out of compliance:	

Instructions:

For each requirement, there are specific questions. Please write in the answers and add any comments.

In the first section, there are questions for direct care staff. In the second section, there are questions for people who attend the program. The third section is to write down your observations.

Requirement One: Access to the Community

1. How do you know what community activities each person wants to participate in?

Staff doesn't know

- How does each person decide on their schedule each day?

Comments:

2. Does your program or home offer opportunities for people to participate in activities at places where there are people of all abilities and disabilities?

Yes

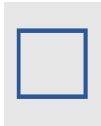
No

Unsure

- How are you supporting everyone to be a part of their community? (provide examples)

Comments:

3. What types of transportation options does the program offer? (i.e., public transportation, provider transportation, ride shares, family or friends?)

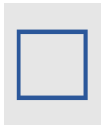


Staff doesn't know

Comments:

Requirement Two: Choice of Setting

1. What do you do if someone asks about other programs or is unhappy with any of their services?



Staff doesn't know

Comments:

Requirement Three: Right to be Treated Well

1. How do you support people in a way that honors their individual choice and preferences?
(What someone wears, what someone eats, what activities they want, etc.)

Staff doesn't know

Comments:

Requirement Four: Independence

1. Are everyone's preferences for daily activities taken into consideration and are they able to contribute to the planning of their days with staff support?

Yes

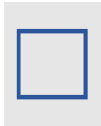
No

Unsure

- What are some examples of how preferences are taken into consideration? (provide examples)

Comments:

2. How do you support each person to participate in the religious or cultural activities they want? (provide examples)



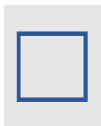
Staff doesn't know

Comments:

Requirement Five: Choice of Services and Supports

1. What do you do when someone expresses concerns or praise about a staff member?

- How do you know how a person feels about the staff they work with? (provide examples)



Staff doesn't know

Comments:

3. What do you do if an individual expresses they want to work with a different staff member?

Staff doesn't know

Comments:

Requirement Ten: Accessibility

1. Do residents have the freedom to move about anywhere inside and outside the program?

Yes

No

Unsure

Are there rooms, areas, or bathrooms that are off-limits?

Yes

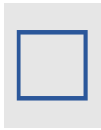
No

Unsure

If yes, why?

Comments:

2. If someone has a change in need related to accessibility, what do you do?



Staff doesn't know

Comments:

Interview with participants of the program

Instructions: Speak with at least three people who participate in the program. Ask each of these individuals at least 3 questions from the list provided as a resource and provide notes about their answers.

Question 1

(Please write question selected below)

Notes:

Question 2

(Please write question selected below)

Notes:

Question 3

(Please write question selected below)

Notes:

Observations During On-site Visit

Instructions: Please use the section below to describe any important observations while at the program.

Example: What activities are going on? Is everyone doing the same thing or in the same room? Is private information being shared in a public area? Are people able to get around safely?

Comments: