Trillium Health Resources Review Tool Guidelines
Unlicensed AFL Review

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES
Applicable to ALL providers		
1. All Providers	**Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.** 10A NCAC 27G .0303 (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor; (d) Buildings shall be kept free from insects and rodents. 27G .0304 (b) (1) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times. (5) All indoor areas to which clients have routine access shall be well-lighted.	**During the review:** The reviewer should observe all areas of the house and grounds to ensure that there is no safety hazards identified, offensive orders or insects/rodents. Examples of items to check include but aren't limited to: • No damage to doors, walls, floors, etc. (ex: no broken windows, holes in walls, trip hazards from rugs or torn carpet) • Electrical outlets member has access to are free from electrical hazards (covers in place/intact, no exposed wiring). • Adequate lighting. Lighting is sufficient for member to engage in normal & appropriate daily activities. Burned out bulbs have been replaced. No empty light sockets accessible to member. • Furniture in good repair (no concern for safety with normal use).
2. All Providers	**All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.** 27G .0304 (b) (1) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times. (5) All indoor areas to which clients have routine access shall be well-lighted.	During the review: Examples of issues to look for include, but aren't limited to: • Areas are not obstructed by items lying in the path of use • Doors are not blocked by household items; windows aren't nailed shut • Overhead areas do not contain items that could potentially impede clearance or result in items falling. • Corridors, entry ways have adequate lighting to ensure they can be safely navigated. • Sturdy railing present on steps, porches, balconies, and ramps (if applicable). • Adequate seating is reviewed, but not scored, this should be captured in the comment section

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3. All Providers	**The home is equipped as needed to meet the member's physical accessibility needs (if applicable).** BH I/DD Tailored Plan: The Contractor shall ensure compliance with Titles VI and VII of the Civil Rights Act of 1964, Section 503 and 504 of the Vocational Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order 11246, and subsequent amendments and regulations developed pursuant thereto, to the effect that no person shall, on the grounds of sex, age, race, religious affiliation, handicap, or national origin, be subjected to discrimination in the provision of any services or in employment practices. (page 11 of 358)	**During the review:** Facility Accessibility: 1) Contracted provider facilities must be accommodating if the member residing there has physical disabilities. 2) Home should be observed for entrance ramps; wheelchair accommodating door widths; and bathrooms equipped with handicapped railing (if applicable). 3) If the member requires adaptive equipment or a protective device, that equipment must be available and maintained properly. 4) Look to see if the employees have received training on proper use and care of the equipment.
4. All Providers	**The home is equipped with a fire extinguisher and smoke alarms.** 1) Although there is no specific guideline in rule regarding placement of smoke detectors in a private home, the following could be used for recommendations: NFPA 72, National Fire Alarm and Signaling Code, has required as a minimum that smoke alarms be installed inside every sleep room (even for existing homes) in addition to requiring them outside each sleeping area and on every level of the home. (Additional smoke alarms are required for larger homes.)	**During the review:** Reviewer will ensure home has a working smoke alarm and a non-expired Fire Extinguisher. Reviewer will ensure staff have received instruction on use of fire extinguisher.
5. All Providers	**The member has a bedroom (with actual bed) and bathroom which allow for privacy.** 10A NCAC 27G .0304 (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. (d)(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client	**During the review:** Reviewer will verify member bedroom has adequate furniture including bed with sheets/blanket/pillow, etc. In addition, determine if furnishings meet member needs such as a nightstand if a lamp is needed. Look for appropriate storage space for clothing such as dresser and/or closet. Assure there is adequate storage for the member to keep personal belongings safe and accessible. Make sure that steps have been implemented to ensure that member privacy is assured especially in bedroom/bathroom portion of the home. Inquire if the

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		individual has the opportunity to speak on the phone, use technology, open and read mail, and visit with others, privately and, where appropriate, overnight.. Ensure there are no outside locks on the bedroom door. In addition, observe for evidence the member has been able to decorate and maintain their bedroom in a personal way. Provide technical assistance if this seems lacking.
6. All Providers	**Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.** 10A NCAC 27G .0208 (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.	**During the review:** Reviewer requests to see food supply to ensure there is an adequate supply, food is nutritious, and meals offered. Note: The reviewer can suggest that the home offer meals that meet cultural or religious needs, that children's meals contain all major nutritional groups and that meals reflect any special dietary needs of the member (such as a food allergy or special health related diet).
7. All Providers	**First aid supplies are available and accessible for use.** 10A NCAC 27G .0207 (d) Each facility shall have basic first aid supplies accessible for use.	**During the review:** Reviewer will request to view first aid supplies maintained in the house. There should be enough basic supplies for each member of the household. There is no requirement for the supplies to be kept in one container or in a specific location of the home. The reviewer should consider that this is a private residence, and the supplies can be in multiple rooms/locations in the home. The supplies should be accessible to those who would be using them. Examine supplies to assure items are in good condition/usable and that any wound care, wound treatment item, or medication is not past its expiration date. Check that sterile items are sealed.
8. All Providers	**There is a disaster preparedness plan including an evacuation plan specific to the member in the home.** 10A NCAC 27G.0207 (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.	**During the review:** 1) Review disaster preparedness plan to determine if it is realistic to potential threats for the area where the home is located. Is the plan specific to the needs of the member (such as plan to assure prescription medication will not run out)?

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9. All Providers	**Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the physical needs of the individual.** 10A NCAC 27G .0208 (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. 10A NCAC 27G .0201 (14) Transportation, including the accessibility of emergency information for a client	**During the review:** 1) Check to verify the AFL provider has emergency information in the vehicle when providing transportation. Ensure vehicle is equipped to meet needs of individuals served. 2) Confirm that when transporting member information, it is kept in a secure place in a secure location in the vehicle.
MEDICATION: Application to ALL Providers		
10. Medication	**Medical preparedness plan to be utilized in a medical emergency.** 10A NCAC 27G .0201 Governing Policies (12) medical preparedness plan to be utilized in a medical emergency.	**During the review:** 1) Review the home's medical preparedness plan for reasonably expected medical emergencies. 2) Does the plan reflect medical issues that may potentially arise for the person served (ex: if the member has diabetes, does the plan reflect how to address high/low blood sugar for the member and how to recognize if medical attention is needed)? 3) Review staff training on the plan. Note: There is no rule or regulation that specifies the any required content or criteria for the medical preparedness plan.
11 Medication	**Medications are stored according to 10A NCAC27G .0209 Medication Requirements (if applicable).** Medications are stored according to 10A NCAC27G .0209 Medication Requirements (if applicable). 10A NCAC27G .0209 Medication Requirements (e) Medication Storage: (1) 1) All medication shall be stored: a) in a refrigerator, if required, between 36º and 46º F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container separately for each client ***Applicable to Annual UAFL Reviews ONLY**	**During the review:** Virtual and onsite: 1) Inspect refrigerated medication storage area to ensure that medications are stored in a separate locked container from food. 2) Medicines may be stored separately in Ziplocs/boxes/bags or other containers. **Scoring:** 1) All areas need to be met in order for item to be scored as "met."

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12 Medication	**Documentation of individual's ability to self-administer medication (if applicable) is present.** 10A NCAC 27G .0209 C (2) Medications shall be self- administered by clients only when authorized in writing by the client's physician. ***Applicable to Annual UAFL Reviews ONLY**	**During the review:** 1) Provider to submit orders that allow the individual to self-administer medications. 2) If an individual self-administers medications, there is a corresponding order for the medication and a signed note by a physician to indicate that the individual may administer the medication without assistance. 3) Self-administration means that the individual initiates the medication time, obtains the medication, obtains the appropriate dosage of medication, and takes the medication without staff assistance. a. *MAR is not required if member self-administers medication. May make a recommendation to have documentation on a MAR of the date, time, medication, and dosage.* 4) *Staff is required to have medication administration, in case there is a time the staff will need to administer medication.* 5) ***Reviewed during Annual UAFL reviews ONLY. Mark as NA for Initial Reviews.**
13 Medication	**There is a written order for all prescription medications that can be administered to the member** **All orders for medication are signed or countersigned and dated by the prescribing physician/physician extender.** 10A NCAC 27G. 0209 Medication Requirements (c) Medication Administration ***Applicable to Annual UAFL Reviews ONLY**	**During the review:** 1) Provider to submit medication orders for review (virtual) or have medication orders available for review (onsite). 2) Review prescription medication orders. ***Reviewed during Annual UAFL reviews ONLY. Mark as NA for Initial Reviews.** Pharmacy print out will be accepted if orders are unattainable.
14 Medication	**The medication label matches the physician's order.** 10A NCAC 27G .0209 Medication Requirements b) Medication packaging and labeling: 1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible	**During the review:** 1) Provider to submit pictures of medications bottles (virtual review) or will have bottles available for review (onsite). 2) Review medication bottle label to match physician's orders OR Pharmacy Print-out and meets NCAC 27G.0209 Medication Requirements.

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	2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit of-use packaged drugs, a zip-lock plastic bag may be adequate 3) The packaging label of each prescription drug dispensed must include the following: a) the client's name b) the prescriber's name c) the current dispensing date d) clear directions for self-administration e) the name, strength, quantity, and expiration date of the prescribed drug and the name, address, and phone number of the pharmacy or dispensing location (e.g.MH/DD/SA center), and the name of the dispensing practitioner. ***Applicable to Annual UAFL Reviews ONLY**	***Reviewed during Annual UAFL reviews ONLY. Mark as NA for Initial Reviews.** Accept the Pharmacy print out if the physician's order is unattainable. The Pharmacy would not fill any medication without a prescription written by a licensed medical professional. If medications are listed on the MAR that are not within a Pharmacy printout this would need clarity and explanation from the agency. Is there need for an incident report?
15. Medication	**The medication listed on the MAR matches the physician's order, and the MAR is completed correctly in accordance with the physician's order.** 10A NCAC 27G .0209 Medication Requirements C (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: a) client's name b) name, strength, and quantity of the drug c) instructions for administering the drug d) date and time the drug is administered and e) name or initials of person administering the drug. ***Applicable to Annual UAFL Reviews ONLY**	**During the review:** 1) Provider to submit MAR and Physicians orders for review (virtual) or have available when onsite. 2) Review MAR and Physician's order to ensure they match 3) Make note of any missing initials and if any medications were not administered per orders. 4) Review MAR for signature and initials for staff administering medications. ***Reviewed during Annual UAFL reviews ONLY. Mark as NA for Initial Reviews.** Accept the Pharmacy print out if the physician's order is unattainable. The Pharmacy would not fill any medication without a prescription written by a licensed medical professional. If medications are listed on the MAR that are not within a Pharmacy printout this would need clarity and explanation from the agency. Is there need for an incident report?

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PERSONNEL: Applicable to ALL providers		
16. Personnel	**Criminal background check for any person(s) in the home providing services.** 10A NCAC 27G .0202 Personnel Requirements: APSM 45-2 Chapter 1: Personnel Records - Community service providers must maintain personnel records that identify the required educational, licensure, credentials, and other qualifications of staff performing the service. This includes evidence of any required criminal background checks and/or criminal record disclosures as applicable per rule, statute, and/or Medicaid waiver, and evidence that sanctions from professional boards and/or health care registry have been reviewed when applicable. G.S. 122C-80: b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the State Bureau of Investigation under G.S. 143B-1209.20 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Clinical Coverage 8-P Agency staff that work with beneficiaries: c. Criminal background check presents no health and safety risk to beneficiary	**During the review:** 1) Determine date of hire for any employee. 2) A criminal history record check required for applicants as indicated in NC G.S. § 122C-80 NC General Statutes. 3) For an applicant who has been a resident of NC for less than five (5) years, he/she must have consented to a State and National (national checks conducted by the Department of Justice with fingerprints) record check before conditional employment. 4) For an applicant who has been a resident of NC for five (5) years or more, he/she must have consented to a state record check before conditional employment. The provider, within five (5) business days of making a conditional offer for employment, must submit a request to the Dept. of Public Safety to conduct a criminal record check. A county that has adopted an appropriate local ordinance and has access to the Department of Public Safety data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. To verify compliance with this requirement, the auditor need only see the request; we do not need to see the results. For purposes of the audit, a CRC must have been completed prior to the date of service reviewed.

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17 Personnel	**Healthcare Registry Check for any person(s) in the home providing services.** G.S. § 131e-256 (d2) Health Care Personnel Registry: Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. 10A NCAC 27G .0202 Personnel Requirements (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. Clinical Coverage 8-PAgency staff that work with beneficiaries: d. Not listed in the North Carolina Health Care Abuse Registry.	**During the Review:** 1) Ensure the HCPR being reviewed belongs to the individual who provided the service, e.g., by SS#, name, etc. 2) Ensure the HCPR check is completed prior to the date of service reviewed. Note: Health Care Personnel Registry Checks are not required for licensed professionals. **Scoring:** 1) There may be no substantiated finding of abuse or neglect listed on the NC Health Care Personnel Registry for unlicensed providers.
18 Personnel	**All employees providing service are up to date on required training/certifications:**	**During the review:** 1) Leave this blank and answer each individual personnel question below. 2) If an item is not met below, indicate which employee(s) are not in compliance in the comments section of the tool and any specifics regarding the reason (ex. training has expired, unable to locate evidence of it occurring)
18.a Personnel	**Training to meet the needs of the member as specified in the ISP.** 10A NCAC 27G .0202 Personnel Requirements (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (3) training to meet the MH/DD/SA needs of the client as specified in the treatment/habilitation plan. Clinical Coverage 8-P Agency staff that work with beneficiaries: g. Staff that work with beneficiaries must be qualified in the customized needs of the beneficiary as described in the ISP.	**During the review:** 1) Does the training appear to be specific to the person served? 2) Is the training date recent enough to reflect the employee would be up to date on the member's current habilitative needs? *If the agency has placed member identification in an employee personnel record, please provide technical assistance and ask that no member information be in a personnel record.

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18.b Personnel	**Current certification in CPR.** 10A NCAC 27G .0202 Personnel Requirements (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. Clinical Coverage 8-P Agency staff that work with beneficiaries: e. Qualified in CPR and First Aid	**During the review:** 1) Verify date of certification. 2) If the individual receiving services is under the age of 12, make certain the employees are trained in child CPR as well as adult CPR. 3) Virtual training is not acceptable for all Residential Services. All residential services require an in-person CPR training
18.c Personnel	**Training in Infectious Disease and Bloodborne Pathogens.** 10A NCAC 27G .0202 Personnel Requirements (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (4) training in infectious diseases and bloodborne pathogens.	**During the review:** 1) Verify training dates.
18.d Personnel	**Current certification in First Aid**. 10A NCAC 27G .0202 Personnel Requirements (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. Clinical Coverage 8-P Agency staff that work with beneficiaries: e. Qualified in CPR and First Aid	**During the review:** 1) Verify training dates. 2) Virtual training is acceptable for all Services.

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18.e Personnel	**All employees administering medication have current Medication Administration Certification**. 10A NCAC 27G .0209 Medication Requirements (c) Medication administration: (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	**During the review:** 1) Verify the trainer for the certification meets the criteria of someone who legally qualifies to provide this instruction for unlicensed persons. 2) Verify date of certification. **Note:** 1) Medication Administration training does not have to be completed annually, but if the agency policy states it is to be completed annually, or the certificate indicates it expires, assure the certification is current.
18.f Personnel	**Current certification in Alternatives to Restrictive Interventions.** 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions: a) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. b) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. c) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. d) Formal refresher training must be completed by each service provider periodically (minimum annually). e) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. f) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities;	**During the review:** 1) Confirm training certification is current. 2) Verify the level of intervention an employee is certified to provide matches the potential level of intervention the member may require.

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	(4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). g) Service providers shall maintain documentation of initial and refresher training for at least three years.	
18.g Personnel	**Training in Client Rights.** 10A NCAC 27G .0202 Personnel Requirements (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;	**During the review:** 1) Verify training dates.
18.h Personnel	**Training in Confidentiality.** 10A NCAC 26B .0108 Assurance of Confidentiality (a) The area or state facility director shall make known to all employees, students, volunteers and all other individuals with access to confidential information the provisions of the rules in this Subchapter and G.S. 122C -52 through 122C-56. The facility shall develop written policies and procedures in accordance with the rules of this Subchapter and applicable statutes and provide training to all individuals with access to confidential information. 45 C.F.R. § 164.530 HIPAA Administrative requirements (b)(1) Standard: Training. A covered entity must train all members of its	**During the review:** 1) Review training on confidentiality of individual/member protected health information for staff who have access to the clinical records. 2) Observe for actual training having occurred to assist in employee understanding, not just an employee signed statement indicating they will maintain confidentiality. **Scoring:** 1) Provider must provide evidence of training to score as "Met."

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	workforce on the policies and procedures with respect to protected health information required by this subpart, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity. (2) Implementation specifications: Training. (i) A covered entity must provide training that meets the requirements of paragraph (b)(1) of this section, as follows: (A) To each member of the covered entity's workforce by no later than the compliance date for the covered entity. (B) Thereafter, to each new member of the workforce within a reasonable period of time after the person joins the covered entity's workforce; and (C) To each member of the covered entity's workforce whose functions are affected by a material change in the policies or procedures required by this subpart, within a reasonable period of time after the material change becomes effective in accordance with paragraph (i) of this section. (ii) A covered entity must document that the training as described in paragraph(b)(2)(i) of this section has been provided, as required by paragraph (j) of this section.	
19. Personnel	**Back-up staffing plan for caregiver illness/emergency.**	**During the review:** 1) Required for individuals receiving NC Innovation Services. 2) The provider has a back-up staffing plan in place for emergency situations, caregiver illness, etc. **Note:** If the back-up staff is a direct relative (such as the spouse), as technical assistance, you might suggest a back-up employee of no relation in case an emergency arises that would impact both the provider and back-up. Non-applicable for non-Innovation services.

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FUNDS MANAGEMENT: Applicable to UAFL		
20. Funds Management	**On a quarterly basis, the individual and/or legally responsible person is provided with a financial record which contains an accurate accounting record of deposits, withdrawals, fund status, interest earned, specific expenditures, type and amount of disbursements, and date of disbursements.** Applicable only to 24-hour facilities that see a member for more than 30 days, including unlicensed AFLs. 10A NCAC 27F .0105 (d)(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. (d) Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client: (1) to the facility; (2) an employee of the facility; (3) to a visitor of the facility; or (4) to another client of the facility.	**During the review:** 1) Request the most recent quarterly accounting statement for all records included in the sample. 2) Review to ensure the accounting statement reflects all transactions (deposits, withdrawals, expenditures, balance) related to the person's account. 3) Ensure that each person's money is managed separately from the agency's funds and accounts. **Note:** These records may not be contained in the clinical/service record as they are financial information. **Scoring:** 1) There must be an accounting statement present for each person/record, which includes at a minimum a summary of financial transactions including deposits and expenditures in order for this item to be scored as met.
Implantation Date		
Revisions Date		**8/1/2024; 9/27/24; 10/1/2024; 2/26/2025; 4/3/2025; 7/30/25; 10/1/2025; 5/12/26: 11/1/26**