



Individual Quality Review

Section 4a. Additional Day

Class Member	On-Site Date	Region	Surveyor	Case Judge
Day Staff Interview Date/Time:	Day Agency:	Day Staff Name:	Day Staff e-mail:	Day Staff Phone Number:

[Day Staff Interview Medication Table](#)

[Personal Observations Environmental Observations](#)

Guide for Employment/Day Staff Interviews

The purpose of the interview is to gain information and insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the Surveyor with the opportunity to observe first hand someone's communication skills, appearance, manner and working style.

Remember: these interviews are VERY stressful for individuals answering your questions.

- Begin your interview with an introduction... thank them for their time, tell the person who you are and give a brief overview of what you are there to do, the overall aim of the review (understanding of the supports and services needed and being provided). Be clear that we know the direct support professional knows the person well and that their support is critical to the person's success, growth and safety. Be clear that we respect their opinion... that is why we interview them specifically.
- Explain that the information provided by staff is very helpful to YOUR understanding of what is important to the individual. Tell the staff that if you ask questions that don't make sense, to please ask you to state the question again or to reword the question. Do not lead the staff to an answer and do not use words or acronyms that may not be familiar to them. Tell the person being interviewed that you will be typing their responses to ensure accuracy of the record. The person being interviewed should always be allowed to add information, even if it doesn't exactly go with the exact question being asked, but please note the additional information with the correct question later as a reference.
- Type the interviewee's responses verbatim. Try not to paraphrase. **Do not prompt** the interviewee for desired answers. The Surveyor should make any needed notes at a level of detail and reference that permits the Surveyor to put the information in the context necessary to be useful in supporting the Surveyor's judgments and descriptions.

New Staff If the direct support professional is very new (30 days or less), his or her supervisor may sit in, but the staff should answer questions first. Make clear that you want the direct support professional to answer first and if the supervisor has anything to add at the end of the interview they are welcome to do so. You must record the responses from the direct support professional separate from the responses of the supervisor. It is fine to use initials, but we must know who said what.

DO NOT Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval. Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

Change in who is being interviewed: If the direct support professional who knows the person you are reviewing best is not available/allowed to participate in this interview find out why and note the reason and who is giving you this information. Make these notations in your protocol under the appropriate interview. Notify the agency that you will record the answers provided but they may not be counted and the entire interview may be scored a "0". Consult with your Case Judge and Community Monitor prior to completing your protocol.

Names During the interview, whenever the protocol uses the term "(Name)" the Surveyor should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

Emergencies Remember that the direct support professional may have to respond to an emergency or crisis situation during the interview. If this happens, the Surveyor should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation.

At the End At the end of the interview, thank the person for his/her time, information and cooperation.

Based on your review of the records, what should be present in this environment? (e.g., adaptive equipment/assistive technology, specific responses to behavior, specific supports during eating, etc.) If the information you require is found to your satisfaction, check the box next to the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information, use it to verify that recommendations have been followed, use it to ask about or observe needed equipment/devices, etc.

Item to Verify or Request	Completed? (Y/N)

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1.	Tell me about (Name): <i>Note: The interviewee may ask, well what do you want to know? The surveyor can respond by saying: "I've never met (Name) or don't know him/her well —so please tell me about her/him".</i>
1A.	
2.	What are (Name's): a. Strengths? b. Preferences?
2A.	
3.	How long have you worked with (Name)? (Try to get year the person started)
3A.	
4.	Walk me through (Name's) day; what is a "typical" day for (Name) times... what he/she is doing? . <i>Note: If the interviewee states them, record the time the person begins his/her day, what he/she does and for approximately how long, then what the person does next.... Note the total number of hours per day the person is engaged in identified activities.</i>
4A.	
5.	Did you participate in the development of (Name's) ISP? If Yes , then ask: How did you participate? What did you do? If No , then ask: Did information about (Name) get from you to the Team and information from the meeting get back to you? If so, how?
5A.	
6.	Have you received training on implementing (Name's) ISP? If Yes , when... and what did you learn?
6A.	
7.	Does (Name) have Written Direct Support Instructions (WDSI's) that apply to his/her ISP Outcomes and Action Steps? If so, Have you received training on implementing WDSI's? If Yes , what did you learn; what are you to do?
7A.	
8.	Does the IDT meet when major events occur in (Name's) life? If Yes , what happened and when did this occur?
8A.	
9.	How does the team integrate (Name's) culture, traditions, and values into the ISP and (Name's) everyday life? <i>Note: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—and tradition— and— values. You can explain that when thinking about culture we mean things like ethnic and or lifestyle preferences; values can include religion or family and tradition can mean things like customs passed down from generation to generation.</i>
9A.	
10.	What Action Steps is (Name) working on right now? a. What are your responsibilities in implementing (Name's) Action Steps? b. How much time does (Name) spend working on activities related to his/her Action Steps/Outcomes? How often?
10A.	

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11.	What is (Name's) current status in terms of meeting and completing Outcomes and Actions Steps? Has s/he made progress or experienced regression in the following areas in the last year? If there is progress, describe it. If there has been no progress, explain why not for each area. If there is regression in any area, describe what actions have been taken by the IDT in each regressed area.			
11A.	Life Area	If there has been progress , identify it.	If there has been no progress , explain why not	If there has been regression , describe what actions have been taken by the IDT to address the regression.
	Live			
	Work/Learn			
	Fun/Relationships			
	Health			
	Other			
12.	Have there been situations in which the team failed to reach a consensus on (Name's) day program or other service and support needs? If Yes , what was the disagreement(s) and how were they resolved?			
12A.				
13.	How responsive is (Name's) case manager? Can you give me an example? What do you see as her/his role or job?			
13A.				
14.	Do you know (Name's) guardian? To what extent (how often) is the guardian involved in this person's life? Is (Name's) guardian involved with decision making regarding his/her day services?			
14A.				
15.	Has (Name) or the guardian ever objected to or requested services other than what you provide? If Yes , When? What was objected to or requested? What happened?			
15A.				
16.	Does (Name) have any advanced medical directives, or any end-of-life directions? If so, what are the instructions?			
16A.				
17.	Have you received any training specific to reporting abuse, neglect, and exploitation?			
17A.				
18.	To whom do you report if you suspect abuse, neglect or exploitation?			
18A.				
19.	What other types of training would be beneficial to you or do you think you would like to have?			
19A.				
20.	What barriers [obstacles] do you encounter in working with or planning for (Name)? Has the team addressed these barriers? <i>Note: Often the interviewee will ask for clarification. The surveyor can respond with: 'Has the (Name) wanted to do something but others said NO or it got put off for whatever reason?' If the person you are interviewing gives an example, ask if the issue got resolved.</i>			
20A.				

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21.	What, if any, change in behavior has occurred during the past year? How is (Name) doing in terms of behavior? <i>Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.</i>
21A.	
22.	What, if any, change in overall activity levels has occurred during the past year? [Is (Name) more/less active than usual or more/less independent than usual? <i>Note: If there has been a change, find out what the change is and when or why (if they know) it occurred.</i>
22A.	
23.	If regression is reported, then ask: Was (Name) evaluated to assess for underlying reasons (health, environmental, relationships, etc.) for the change(s)? If Yes , Who conducted the evaluation? What was the outcome?
23A.	
24.	What kinds of medical issues does (Name) have, including diagnoses? <i>Note: If you are given a list of diagnoses, ask what each means for (Name) and how they impact on their day situation.</i>
24A.	
25.	Has the IDT discussed (Name's) health-related issues? What did they do and how did they address these health issues? <i>Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask about any discrepancies.</i>
25A.	
26.	Does (Name) have any Health Care Plans (HCPs)? If Yes , What do these plans specifically address? If No , Does s/he need one? Please explain.
26A.	
27.	Does (Name) have medical emergency response plan(s) (MERPs)? If yes , What do these plans specifically address? If No , Does s/he need one? Please explain. Have you had to implement the medical emergency response plan? If yes , please describe.
27A.	
28.	Has (Name) been taken to the emergency room or urgent care during the past year? If yes, when and why? What were the discharge instructions?
28A.	
29.	Was (Name) admitted into the hospital in the past year? If yes, when and why? What were the discharge instructions? Was there a team meeting to discuss the admission and/or aftercare?
29A.	
30.	Do you know if any medication that (Name) takes has side effects that you should be aware of? <i>Note: Staff can either describe or get a list of the side effects and show you. Some may do both.</i>
30A.	
31.	If (Name) experiences pain, how does he/she communicate that? What is done and to whom do you communicate?
31A.	
32.	Does (Name) have a Positive Behavioral Support Plan (PBSP) in place? If yes, what are the behavioral issues in the PBSP? What are some of the strategies or interventions that are recommended in the PBSP? Have you had to implement any interventions? Do they meet his/her needs?
32A.	
33.	Does (Name) have a Behavioral Crisis Intervention Plan (BCIP) in place? If yes, what are the behavioral issues in the BCIP? What are some of the strategies or

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	interventions that are recommended in the BCIP? Do they meet his/her needs?
33A.	
34.	<p>For persons using wheelchairs or with limitations to movement and mobility, verify with the interviewee that the person has mobility issues. If so, ask the staff person:</p> <ol style="list-style-type: none"> a. What equipment does (name) need? b. Is the equipment here and available? c. Describe what procedures you use for specific care related to mobility. d. Did you receive training on (names) mobility issues? From whom? (name/title)
34A.	
35.	<p>For persons who have seizure disorders, verify with the interviewee that the person has a seizure diagnosis or a history of seizures. If so, ask the staff person:</p> <ol style="list-style-type: none"> a. Describe what procedures you use for specific care related to seizure management. b. Did you receive training on what to do if (Name) has a seizure? If Yes, tell me what you do. <i>Note: this may be answered within the questions above.</i>
35A.	
36.	<p>For persons who have difficulty swallowing, managing liquids, etc., verify with the interviewee that the person has difficulty swallowing food and/or meds. If so, ask the staff person: Describe what procedures you use for specific care related to eating, hydrating, and medication delivery.</p> <ol style="list-style-type: none"> a. Did you receive training on (Name's) CARMP... specifically on how to assist (Name) with eating, hydrating, and medication delivery? b. What equipment does (Name) need? c. Is this equipment available and used here? If Yes, ask to see it, be sure it's working. If No, list what is not, and ask: Why isn't it here? Why isn't it used here? d. Have you been trained in and do you know how to use this equipment?
36A.	
37.	<p>Does (Name) require any additional devices or equipment you haven't already mentioned?</p> <ol style="list-style-type: none"> a. If Yes, tell me what they need: <i>(Note: List everything the Direct Support Staff identifies)</i> b. Is all the needed equipment available and used? If No, list what is not used and ask: Why isn't it here? Why isn't it used here? c. Have you been trained to use this equipment? If No, list what the staff has not been trained on and ask: Why haven't you been trained?
37A.	
38.	<p>During the past year <i>(since you have been working with (Name) if the interviewee has been with the person less than a year)</i> were there other services that (Name) needed but did not receive?</p> <ol style="list-style-type: none"> a. If Yes, what are they? b. Do you know why the service(s) was not received by (Name)? c. Are there other services needed by (Name) now? d. Do you know what actions, if any, are being taken and by whom to secure the needed services? If Yes, explain
38A.	
39.	<p>Are resources (i.e., medical, personal money, transportation) available to meet (Name's) needs? If No, what is not available and what is being done to secure the needed resources/services, if you know?</p>

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39A.	
40.	Does your agency have any practices or policies that might restrict (Name's) ability to pursue adult relationships? If Yes , what do they say?
40A.	
41.	What opportunities does (Name) have for integration with non-disabled persons?
41A.	
42.	Does (Name) volunteer in the community? How often? Is this an integrated opportunity?
42A.	
43.	Is (Name) a member of a group or organization? With what groups? (List all identified) How often does s/he engage with each of these groups? Are they integrated?
43A.	
44.	Does (Name) have non-disabled, non-paid friends in his/her life? If so, who are they and how often does he/she get to be with and do things with these people (List by person).
44A.	
45.	What generic services does (Name) use? Generic meaning services available in the community that everyone uses (e.g., grocery store, library, stores). When he goes to these places, is he with other people with I/DD? If not, how often does he go when he is NOT in a group of people with I/DD?
45A.	
46.	Over the next year, what would you like to see (Name) doing?
46A.	
47.	What are your expectations for growth in terms of skill building for (Name)?
47A.	
48.	Has (Name) identified what type of work or volunteer activities he/she would like to do?
48A.	
49.	Has (Name) been offered the opportunity to participate in work or job exploration activities including volunteer work and/or trial work opportunities? If yes , a. What are the opportunities, and what has been done? b. Are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? If no , Is (Name) trying new discovery experiences in the community to determine interests, abilities, skills and needs? If No , Why not?
49A.	
50.	If there are barriers to employment, has the Team addressed how to overcome those barriers to employment and integrating clinical information, assistive technology and therapy supports as necessary for the (Name) to be successful in employment?
50A.	
51.	Is (Name) Working? a. If Yes , Where does (Name) work? Is this an integrated setting (<i>i.e., not a provider agency, not with a group of other people with I/DD</i>) b. If Yes , How many hours per week does (Name) work? c. If Yes , How does (Name) get to work?

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51A.	
	Add your additional questions here... add as many questions/rows as are needed.
	Add your additional questions here... add as many questions/rows as are needed.

Review the Medication Administration Record (MAR) and complete the following chart. Medication information is to come directly off the container label when possible, and be compared to MAR to be sure they match. Also check the medication administration record to be sure medications have been given as instructed. Be sure to ask if the provider has an electronic and paper MAR. If both are maintained, compare to assure consistency. Also note how medication is stored (e.g., locked, dry and safe environment). Note if there are pain management strategies in place and being implemented correctly for this person, if applicable.

Note: IF you find issues with the MAR while you are in the home and/or the day program, take a picture of the respective MARs and add it to the "additional documents" file.

MEDICATION TABLE

Matches the MAR? (Y/N)	Matches the Dr.'s Orders? (Y/N)	Name and Strength of Medication	Dosage and Frequency	Target Symptoms	Discrepancies & Justifications

PERSONAL OBSERVATIONS, NOTES AND JUSTIFICATIONS

<i>If you are unable to visit or observe the Employment/Day site, indicate why</i>	
Location of Observation:	
Question	Notes/Justifications
Note whether or not the person shows any signs of abnormal involuntary movement such as hand tremors, unusual tics or twitches, tongue thrusts or twitching.	
Note any behavior targeted by the PBSP and how staff reacts to it. Is the response in accordance with the plan?	
Note interaction between the staff members present and the person being reviewed. Does the staff member utilize (Name)'s preferred means of communication? Does the staff member make requests or give directives?	
Observe whether or not (Name) is given the opportunity to make a choice, such as between available snacks, TV programs, activities.	
Note whether or not the person has access to all needed equipment, and is using equipment as appropriate. Check for eyeglasses, hearing aids, dentures, and any all adaptive or augmentative devices/equipment.	
Ask to see equipment noted in the equipment table. Is the equipment accessible and being used according to the plan? Ask the staff to show you how it is used. Observe the person and the staff using it.	

ENVIRONMENTAL OBSERVATIONS, NOTES AND JUSTIFICATIONS

Question	Answer	Notes/Justifications <i>Note: "NO" response require detailed notes</i>
Location of Observation:		
As you arrive, take note of the surroundings. Is the landscaping well kept, does the center site appear to be integrated, safe, and accessible to community resources?	Choose	
Describe the overall level of cleanliness and note any specific environmental issues. Are hazardous materials stored appropriately, if applicable?	Choose	
Are medications appropriately secured? Note if they are locked or stored so others do not have easy access to them. <i>(Note: Only review how medications are stored if this person is taking medications on-site.)</i>	Choose	

ENVIRONMENTAL OBSERVATIONS, NOTES AND JUSTIFICATIONS

<i>If this is the day habilitation location</i> , ask the staff to see his/her copy of the ISP and the CARMP. Are they available and accurate (correct version)?	Choose	<input type="checkbox"/>
<i>If this is a day habilitation location</i> , ask to see any incident reports that are stored on the premises in order to compare with information gathered earlier. Were IRs available and/or provided?	Choose	<input type="checkbox"/>
Note how much prompting an individual needs versus things that individuals are doing for themselves. Is the staff member encouraging independence?	Choose	<input type="checkbox"/>
You must observe mealtime or a snack? Was the CARMP followed accurately?	Choose	<input type="checkbox"/>
Is there appropriate food and drink available based on the person's needs? <i>Note: Answer this question based on your observations of what the person is eating or drinking.</i>	Choose	<input type="checkbox"/>
Is there room for small groups and individual activities?	Choose	<input type="checkbox"/>
Were there signs of restrictions or restraints? <i>Note: If Yes, provide detailed notes.</i>	Choose	<input type="checkbox"/>
Is the Direct Support Staff treating (Name) in a respectful manner during your observation?	Choose	<input type="checkbox"/>
Were the person's rights respected?	Choose	<input type="checkbox"/>