

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Board and Care Visitation Checklist

Board and Care Name: _____

Address: _____ Phone: _____

Name of Operator: _____

Visit Date: _____ Reviewer(s): _____

Licensed: Yes: _____ No: _____ # of Beds: _____ # of Current Residents: _____

Monthly Rent: _____ # of Male Residents: _____ # of Female Residents: _____

Resident Networks: CODAC: _____ COPE: _____ La Frontera _____ Other: _____

I. Visual Observation - Describe facility:

II. Information Obtained from Operator:

a. How do residents find out about your facility?

b. How are meals provided?

c. Describe contact with residents' case managers and/or providers.

Questions:	Yes	No
1. Do you store resident's medication?		
2. Do you remind residents to take medications?		
3. Do you read the medication label to the resident to ensure that resident patient is taking it correctly and/or to reassure resident that they are taking correct dosage?		

4. Do you open the medication for the resident?		
5. Do you distribute/pour out medications for residents?		
6. Do you observe resident to make sure medications are taken?		
7. Do you have a key to the locked medication?		
8. Is unit furnished or unfurnished?		
9. Is there any pest control program?		
10. What time are meals served? Breakfast: Lunch: Dinner:		
Questions:		
11. Are clients allowed seconds?		
12. Are there any snacks available to clients?		
13. Any means for clients to store snacks in their rooms, or access to snacks between meals?		
14. Are evacuation routes clearly posted?		
15. Are there fire and smoke alarms?		
16. Are fire and smoke alarms working?		
17. How did the client end up at the board and care? Did their service provider recommend this location?		
18. Which service provider?		
19. Does the board and care maintain any kind of file or emergency information on the clients?		
20. Number of staff on duty during each shift?		
21. Is training provided for staff? If yes, describe:		
22. Are emergency phone numbers posted?		
23. Are clients rights posted?		
24. Is there a curfew?		
25. Are there clean and functional laundry facilities on the premises?		
26. Are there any disciplinary procedures in place?		
27. Are activities provided for the clients? Describe:		

III. Information Obtained from Residents

Person expressed satisfaction concerning:	Person 1		Person 2		Person 3	
	Yes	No	Yes	No	Yes	No
28. Meals?						
29. Feeling safe?						
30. Rules of facility?						
31. Money management?						
32. Treatment by staff?						
33. Treatment by other residents?						
34. Living conditions (adequate bedding, hot water, temperature?)						
35. Daily activities?						
36. Access to money?						
37. Transportation?						
38. Privacy?						
40. Enjoyment of life in general?						
41. Living somewhere else?						

42. Person using adaptive devices? (walkers, wheelchair, glasses, etc.)						
43. Contact with case manager?						
44. Do you have a current ISP or treatment plan?						
45. Did reviewer find evidence that conflicted with person's statement?						
Questions:	Yes	No	Yes	No	Yes	No
46. Do you store your own medications?						
47. Are you reminded to take medications?						
48. Are medication labels read to you?						
49. Do you pour your own medications?						
50. Does the staff watch you take your medication?						
51. Are medications kept in locked places (rooms/boxes)?						
52. Does staff have a key to your unit?						
53. Do you have a key to your unit?						
54.						

IV, Concerns of Reviewer(s) (If yes, describe below)

Are there any identifications of abuse? Yes _____ No _____
 (residents hurting each other; harmed by staff; inappropriate grouping of people?)

Are there any staffing issues? Yes _____ No _____
 (respectful to/by staff; residents treated as individuals)

Are there any boarding home safety and/or living issues? Yes _____ No _____

Are there any evidence of substantial medication problems? Yes _____ No _____

Are there any issues with furniture? Yes _____ No _____

Are there any issues with the units NOT cleaned or maintained? Yes _____ No _____

Are there any food storage/spoilage problems?

Yes _____

No _____

**Are there violation of individual's rights?
(no use of phone, no visitors, censorship of mail, lack of
freedom of movement)**

Yes _____

No _____

Revised 3/18