

**Shiawassee County Community Mental Health Authority, Office of Recipient Rights**  
**SITE VISIT MONITORING**  
MHC 330.1755 (5)(e)

Date: \_\_\_\_\_ Assessor: \_\_\_\_\_

Site: \_\_\_\_\_ Provider: \_\_\_\_\_ Location: \_\_\_\_\_

Persons Present: \_\_\_\_\_

Program Type:  Group Home  MI  DD \_\_\_\_\_ #Residents  Day Program:  MI  DD

Workshop:  MI  DD  ACT Program  Outpatient  Drop In Center  Other: \_\_\_\_\_

|   |                                    |  |
|---|------------------------------------|--|
| <b>Yes</b> <input type="checkbox"/>                                 | <b>No</b> <input type="checkbox"/> | <b>1. Know Your Rights Booklets were available?</b>  |
| List Counties available and name of Rights Staff (if noted on book) |                                    |  |
| a. _____  |                                    | b. _____   |
| c. _____  |                                    | d. _____   |
| e. _____  |                                    | f. _____   |
| Comments: _____   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| <b>Yes</b> <input type="checkbox"/>                                 | <b>No</b> <input type="checkbox"/> | <b>2. Current Rights Posters were conspicuously posted and visible to Staff and Recipients (unless SIP)?</b> |
| List Counties available and name of Rights Staff (if noted on book) |                                    |  |
| a. _____  |                                    | b. _____   |
| c. _____  |                                    | d. _____   |
| e. _____  |                                    | f. _____   |
| Comments: _____   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| <b>Yes</b> <input type="checkbox"/>                                 | <b>No</b> <input type="checkbox"/> | <b>3. Abuse and Neglect Posters are posted?</b>  |
| Comments: _____   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| <b>Yes</b> <input type="checkbox"/>                                 | <b>No</b> <input type="checkbox"/> | <b>4.a. House Rules Posted (identify any exclusions [weapons], phone use, visitation, etc.)?</b>             |
| Comments: _____   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| <b>Yes</b> <input type="checkbox"/>                                 | <b>No</b> <input type="checkbox"/> | <b>4.b. Are the House Rules reasonable and lawful? (limitations justified by the plan)</b>                   |
| Comments: _____   |                                    |  |
|   |                                    |  |
|   |                                    |  |

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|                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>5. Complaint forms readily available?</b>   |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>6. Incident Report forms readily available?</b>   |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>7. Are Recipients aware of how to file a complaint?</b>   |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>8. Are staff aware of how to file a complaint?</b>  |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>9. Records or other confidential information are not open for public inspection?</b>  |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>10. Are there any safety or sanitary concerns during this visit?<br/>(May depend on setting - examples could include: cleaning supplies locked up, med cabinet locked, temperature of the home is appropriate for the season, etc.)</b> |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>11. Do training records indicate that staff received RR training within 30 days of hire?<br/>Who conducted the training?</b>  |
| Comments: _____<br>_____<br>_____   |                                    |  |
| <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>12. Is a follow-up site visit necessary?</b>  |
| Comments: _____<br>_____<br>_____   |                                    |  |

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Shiawassee County requirements

|                                   |                             |  |
|-----------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>13. All case records contain a summary of Confidentiality (Section 748) in the front of the record.</b>   |
| Comments: _____<br>_____<br>_____ |                             |  |
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>14. All case records contain a written informed consent to treatment signed by the recipient , and if applicable the recipient's legal representative</b> |
| Comments: _____<br>_____<br>_____ |                             |  |
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>15 All records contain evidence of a current Person/Family Centered Plan</b>  |
| Comments: _____<br>_____<br>_____ |                             |  |
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>16. Behavior treatment plans in all records show evidence that the plans are reviewed and approved as required</b>  |
| Comments: _____<br>_____<br>_____ |                             |  |
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>17. Are current Rights policies and procedures on site and available to all staff and recipients?</b>   |
| Comments: _____<br>_____<br>_____ |                             |  |
| Yes <input type="checkbox"/>      | No <input type="checkbox"/> | <b>18. Are current Annual Staff Performance Evaluations present in on-site Human Resource files?</b>   |
| Comments: _____<br>_____<br>_____ |                             |  |

**Observations/Deficiencies Noted/Required Action:**

**Signature of Person Conducting Visit:** \_\_\_\_\_