Inspection of Care

Individual Report

Name: **DOB:**

Age **Gender** **Custody Type** **MedicaidNumber**

Provider ID **Provider Name**

City **State** **Zip** **Reviewer**

Admit Date **D/C Date** **Physician**

A. Assessment

Activity	Completed	Signed	Date	Update	Quality
1. Psychiatric Evaluation Complete w/in 60 Hrs?.....					
2. Medical Evaluation completed within 48 hours?.....					
3. Social Evaluation Acute - 72 hours completed?.....					
4. Social Evaluation RTC - 7days completed?.....					
5. Documented diagnosis and presenting symptoms indicate the need for admission?..					
6. Diagnosis supported by information in medical					

Quality Score **/ 18**

Positive Responses **/**

B. Consents

7. Documentation that patient/family/guardian received a copy of the following:

- **a. Behavior management of**
- **b. Guidelines and**
- **c. Grievance**
- **d. Address Phone Number of DHS advocacy office.....**
- **e. Patient bill of**
- **f. Seclusion/Restraint**
- **g. Consent for case management/ auto-step down.....**

8. Informed consent signed by patient's guardian for the use of psychotropic medications.....

- **a. Informed consent for medication signed/dated by parent/quardian for continuation of psychotropic medication at**
- **b. Informed consent for medications signed/dated by parent/guardian for additional Psychotropic needs**
- **c. Informed consent Contain information specific to the identified psychotropic medication, treatement options (including no medication, other similare dedications, etc.).....**

Quality Score **0 / 0**

Positive Responses **/**

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C. Individual Plan of Care

admission.....

9. Master is developed within 4 days of any admission

10. Master is based on a diagnostic evaluation which includes medical exame, pshychological, social, behaviroal, and developmental aspects of a

11. Individual Plan of Cares lists all five Axis to include supporting documenation indicating need for addmission

.....

12. Medical problems are identified on Axis III and child is receiving appropriate care.....

13. Individual Plan of Care includes:

- **a. Presenting**
- **b. Goals of treatment and specific**
- **c. Orders for all**
- **d. Orders for**
- **e. Orders for special**
- **f. Specific discharge and aftercare plans that are appropriate for the**

14. Is the IPC Signed and dated by interdisciplinary team members:

- **a. Signed and dated By interdisciplinary team**
- **b. Signed and dated By interdisciplinary team**
- **c. Signed and dated By interdisciplinary team Registered Nurse.....**
- **d. Reviewed and signed by**
- **e. Documentation shows collaboration with**

15. Documenation indicates milieu staff is implementing

16. Is the progress noted on IPC, applicable to settings other than inpatient?.....

17. Do IPC updates reflect Patient's response to Treatment as noted in chart?.....

Quality Score /

Positive Responses /

D. Specialized Care

18. Documentation that patients with development disabilities rendered appropriate care.....

19. Documentation treatment is being provided for Pt's specialized needs?.....

20. If 1:1 is approved, is it being provided as

21. Documentation supports need for 1:1

Quality Score /

Positive Responses /

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patient..... E. Seclusion / Restraint

22 Use of Seclusion and restraints Monitored

a. Order for seclusion/restraint (name of LIP, date and time of order)?.....

b. Physician's order indicates RN/LIP can complete post assessment?.....

c. Face to face within 1 hr of by

d. Documentation of events leading to intervention and staff

e. Debriefing of

f. Notification of parent

g. Was medication used in conjunction with

h. Were "NOW" medications used in lieu of seclusion/restraint?

i. If medications were used, are they part of the Pt's routine medications?.....

j. Were tx interventions re-evaluated as a result of seclusion/resetraint?.....

23. Medical record does NOT contain PRN orders for the use of chemical restraint.....

Quality Score 0 /0

Positive Responses /

F. Discharge Planning

24. Discharge Planning: (effective day of discharge and arranged by facility) includes documentation of:

a. Behaviors that can be expected upon

b. Supports that need to be in place for the family in the

c. Type of educational

d. Type of recreational

e. Day to day activities:

i.Ones that are good for the

ii. Ones that should be avoided for the

f. Involvement with biological family while inpatient or upon

g. Involvement with siblings while inpatient or upon

h. Whether the child is able to go to daycare vs. to home after school.....

i. Specific Recommendations:

i.Number of children in the

ii. Family setting vs. group

iii.If child is better with groups or

iv If child is better with males or

v.Intimacy

vi. Interactions with younger children in the

vii Interactions with older children in the

viii.Specific outpatient treatment

ix. Specific behavioral modification techniques/ calming techniques identified for child while

25. Is discharge planning/ care coordination documented in the chart besides on the IPC and IPC updates?.....

Quality Score 0 / 0

Positive Responses /

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__G. Other ___

26. Admission/continued stay authorized by
27. Patient seen at time of
28. If the patient was not seen at the time of visit, why
29. Has facility resolved issues noted in prior Audits (CAP/quality/Recoupment?.....
30. General Comments

Quality Score /
Positive Responses /

Axis Information

Axis I.

Axis Ia
Axis Ib

Axis Ic
Axis II.

Axis III.
Axis IIIa.

Axis IIbI.
Axis IIIc.

Axis IV.

Axis V.

Scoring Information

A. Assessment	Points	Total	
Quality		18	
Positive			
B. Consents	**Points**	**Total**	
Quality		0	0
Positive			
C. Indiv.Care	**Points**	**Total**	
Quality			
Positive			
D. Spec. Care	**Points**	**Total**	
Quality			
Positive			
E. Secl/Restraint	**Points**	**Total**	
Quality		0	0
Positive			
F. DischargePlan	**Points**	**Total**	
Quality		0	0
Positive			
G. Other	**Points**	**Total**	
Quality			
Positive			
H. Active	**Points**	**Total**	
Quality			
Positive		0	0

H. Active Treatment

1. Doctor Sessions?.....
2. Individual Therapy.....
3. Family Therapy?.....
4. Process Group Therapy?.....
5. Expressive Group Therapy?.....
6. Rehabilitative Treatment?.....

Quality Score /

OverAll Summary

Quality / = %

Positive / = %

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The Quality Scoring Range is as follows:

0- NA
1- Not documented in record
2- Documented in record, but not meeting requirements
3- Meets documentation requirements, minimal clinical information
4- Meets documentation requirements, with some descriptive clinical information
5- Meets documentation requirements, with detailed descriptive clinical
6- Meets documentation requirements, provides thorough clinical view