

CBC Home & Community-Based Services
Resident Review Guidelines

Facility Name: _____ Provider #: _____

Resident Name: _____ Resident #: _____ Date/Time: _____

Person Interviewed: _____ Surveyor: _____

C1518: Individual Door Locks: Key Access (OAR 411-004-0020(2)(e))

- (2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
(e) Units must have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit.

Observe the resident's room and interview the resident, staff or family/rep as needed:

- Is the resident's entrance door to their room lockable?
- Would a lock on the resident's door result in a significant health or safety risk to the resident?
- If yes, is this identified in the resident's record? (e.g. service plan, evaluation, etc.)

Needs Technical Assistance: YES ____ NO ____

Rationale for findings:

C1519: Individual Shared Units: Roommate Choice (OAR 411-004-0020(2)(f))

- (2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
(f) Individuals sharing units must have a choice of roommates.

Interview the resident, staff and family/rep as needed. Review records as needed:

- Did resident have an opportunity to meet current roommate before move in?
- Do you generally get along with current roommate?
- Does the resident know they can request a room change?
- Has the resident requested to change rooms?
- If yes, how has management responded to the request?

Needs Technical Assistance: YES ____ NO ____

Rationale for findings:

C1521: Individual Visitors: Any Time (OAR 411-004-0020(2)(h))

- (2) Provider owned, controlled, or operated residential settings must have all of the following qualities:
(h) Each individual may have visitors of his or her choosing at any time.

Interview the resident, staff and family/rep as needed. Review records as needed:

- Is the resident allowed visitors at any time?
- Do staff allow visitors after doors are locked at night?
- Are visiting hours posted? What is the facility's visiting policy?

Needs Technical Assistance: YES ____ NO ____

Rationale for findings:

C1522: Individual Freedom & Support Activities (OAR 411-004-0020(2)(i))

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:

- (i) Each individual has the freedom and support to control his or her own schedule and activities.

Observe/Interview the resident. Interview staff, family/rep and review the record as needed:

- Are the resident's individual preferences honored?
- Is the resident able get up in the morning or go to bed at their time of choice?
- If the resident chooses to sleep in later does the facility provide them with breakfast?
- Is the resident able to choose their bath schedule?
- Does the resident have access to things such as television, radio, computer and leisure activities that interest him/her and can s/he schedule activities at his/her convenience?

Needs Technical Assistance: YES ____ NO ____

Rationale for findings:

C1523: Individual Freedom: Access to Food Any Time (OAR 411-004-0020(2)(j))

(2) Provider owned, controlled, or operated residential settings must have all of the following qualities:

- (j) Each individual has the freedom and support to have access to food at any time.

Observe/Interview the resident. Interview staff, family/rep and review the record as needed:

- Does the resident have access to food at all times? Can s/he access food independently?
- Does the residents have a place to store food?
- Is the resident limited to specific meals times?
- Does the resident have choices related to when and where they would like to eat?
- Are snacks provided?

Needs Technical Assistance: YES ____ NO ____

Rationale for findings:
