

# South Carolina Department of Behavioral Health and Developmental Disabilities

## Office of Intellectual and Developmental Disabilities

### Residential Services On-site Review Tool- July 2026 through June 2027

*Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirements were "Met" or "Not Met." Each section below should be reviewed with people who receive services and their staff. Reviewers should be as specific as possible but adjust their language as necessary to ensure the service recipients and staff understand the questions.*

**Scoring:** Questions are scored at 2 points each. Bold type questions are scored at 5 points each. Maximum score= 100  
 When multiple residents are interviewed in one home, their responses will be averaged.

**Name of Location:** \_\_\_\_\_ **Date and Time of Review:** \_\_\_\_\_  
**Time Spent On-site for Review:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_  
**Names of Staff Present:** \_\_\_\_\_  
**How many Staff are Scheduled to Work this Shift?** \_\_\_\_\_  
**How many Staff are Actually Working with People Living in this Home at the Time of the On-site Review?** \_\_\_\_\_  
**Names of People Supported in the Home and Present during the On-site Review:** \_\_\_\_\_  
  
**Names of People Interviewed during the On-Site Review:** \_\_\_\_\_

#### People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests/personal goals.

1. <b>Staff can communicate effectively with each person</b> (verbally or non-verbally, through gestures, visual indicators, signing, or through an alternative communication device).	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
2. <b>The person's current Residential Support Plan is available for review within the home through paper or electronic representation.</b>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
3. People choose their goals.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
4. People indicate what they are learning.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
5. Staff can describe how they offer choice in services/supports.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
6. Staff can describe how they provide training to each person to support their personal goals.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
7. Staff can describe how they were trained to implement the Behavior Support Plan, if applicable.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>

#### People are provided the degree and type of SUPERVISION to keep them safe but not unnecessarily restricted.

8. Each person has a plan of supervision. Supervision plans are individualized.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
9. Staff can describe each person's supervision plan and their ability to manage their own behavior.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
10. The Supervision Plan is implemented appropriately. <i>For example, if staff tells you that the person must be visually checked on the hour, observe to see whether that occurs and that it is documented as the plan specifies.</i>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>

#### People are treated with DIGNITY AND RESPECT.

11. Staff speak to each person in a respectful, age-appropriate manner.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
12. People are clean and well-groomed, and they dress and style their hair in the way they prefer.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
13. Supports emphasize a person's abilities, rather than disabilities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>

#### People exercise AUTONOMY and INDEPENDENCE.

14. Each person has reasonable flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work).	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
15. Each person has the flexibility to remain at home during the day rather than be required to attend a day program or employment.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
16. Each person makes decisions about what they do, when and where they go, and who they see.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
17. Each person chooses what time they go to their rooms or to bed each evening. <i>(No bedtimes.)</i>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
18. Each person helps with meal planning plan, grocery shopping, and participates in meal preparation (breakfast, lunch, dinner) according to their individual abilities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
19. Each person gets to choose where, when, and with whom they eat.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
20. Each person participates in laundry, cleaning, and household chores, according to their individual abilities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
21. Staff provide supports only to the extent needed by each participant.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>

#### People participate in the greater Community.

22. Each person helps plan activities and decide what to do outside of their home.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
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23. Participants receive training on ways to be involved in the community and developing community connections.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
24. Each person participates in individual errands, grocery shopping, and shopping for clothing, according to their abilities?	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
25. Participants spend time with people important to them outside of the home.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>People have privacy.</b>		
26. People have opportunities for privacy <i>Can they spend time alone if they so desire?</i>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
27. People receive personal care/assistance in private (including medication administration).	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
28. There is private space available for people to visit with family and friends.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
29. Staff can describe the agency's confidentiality policies and how they protect consumer information.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>Health status and personal care needs are known, and people are provided the CARE necessary to address needs.</b>		
30. Each person can describe how they were supported to choose their healthcare providers.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>31. Staff can describe medical conditions/health risks as outlined in the support plan (self-injurious behavior, seizure activity, etc.)</b>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
32. Staff can describe the agency's system to address acute conditions/illness promptly and ensure appropriate follow up.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>People are supported in Physically Accessible and Safe Environments.</b>		
33. Assistive devices (e.g. sight and hearing impairment devices) are available for people who require them to move or access the setting.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
34. Staff can describe their responsibilities in responding to emergency situations.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
35. Emergency numbers are readily available for staff and residents.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>People are supported to learn about their RIGHTS and exercise the rights that are important to them.</b>		
36. Staff can describe how they are trained to respect people's individual rights.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
37. Each person has access to all common areas of the house.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
38. Residents can describe their rights.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
39. Residents determine if there are to be house rules, and if so, what those rules are.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
40. People know how to make a complaint, if needed.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
41. People have keys to their room and house if they so desire.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>Staff know the procedures for reporting allegations of ABUSE and people know what abuse is and how and to whom to report it.</b>		
<b>42. Staff can describe the procedures for reporting allegations of abuse, neglect, and exploitation.</b>	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
43. People indicate they feel safe in the home.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
44. People can describe what abuse is and how to report.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
<b>Referral to SCBHDD-OIDD For Follow-up</b>		
<b>Follow-up related to Abuse/Neglect/Exploitation Referral to SLED</b> Report initiated to SLED for allegation of ANE. Date and Time of Report to SLED: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Follow-up Needed due to Medical Concerns</b> Report initiated SCBHDD-OIDD: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Follow-up Needed due to environmental Safety Concerns</b> Report initiated SCBHDD-OIDD: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Reviewer must Notify SCBHDD-OIDD Quality Management within 24 hours if the aggregate results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE is 1-866-200-6066.</b>		