

Facility:  
Date:  
Surveyor:

Sample Clients  
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill in the information below, and proceed to record information in response to direct observations.

Client Name:	Client DOB:	Client Identifier:
Survey Event ID:	Diagnoses:	

Observations

What is the appearance of the individual? Is the individual dressed neatly? Does the person appear clean with combed hair?

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Does the individual exhibit any apparent physical or medical needs? Is the individual over- or underweight, edentulous, continent? Does the individual have contractures, vision, or hearing impairments?

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What adaptive devices and/or assistive devices are used? Does the individual use a hearing aid, glasses, plate guard, etc.? Does the individual appear to use the device(s) correctly?

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How does the individual move about in the environment? Does the individual use a walker, ambulate, move his or her own wheelchair, etc.?

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How does the person communicate? Does the person talk, use sign or a communication board, make facial expressions or behavioral responses? Do others appear to understand the person's communications?

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What is the person's level of social skill or behavior toward others? What types of interactions occur and with whom? Does the individual exhibit any maladaptive behaviors?

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What are the individual's skills relative to the activity or task observed? For example, if observed during dining, does the individual eat without assistance? What utensils are used? Are applicable skills are developed or encouraged during the activity, such as passing food, pace of eating, social conversations? Is the individual receiving a special diet?

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What level of assistance does staff provide? What types of assistance are used—verbal prompts, gestures, hand-over-hand?

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Are there individual needs that staff is not addressing? Is staff aware of the observed needs? Is there a reason needs are not being addressed?

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Other observations?

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Interviews

Directions: Complete the following interviews. Unless designated to a certain person, questions are relevant to whomever is being interviewed (individual, family member, advocate, or staff person). Modify the wording of the questions based on the person being interviewed (individual, family member, or staff person) and on the communication skills of that person.

Name of person interviewed: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Time of interview: \_\_\_\_\_

Questions Related to Choice and Community Participation

What sorts of things do you like to do for fun?

\_\_\_\_\_

Do you go out to activities or events in the community (like shopping, movies, or church)?

\_\_\_\_\_

How often do you do this?

\_\_\_\_\_

Who chooses where you go?

\_\_\_\_\_

Do you go to visit family members or take vacations?

\_\_\_\_\_

Is there something you would like to do more often?

\_\_\_\_\_

Questions Related to Personal Finances and Possessions

Do you earn money on your job (at your day program)?

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What do you like to buy with your money?

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Do you have enough money to buy the things you want or need?

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Does someone help you with spending or saving your money?

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When you go to the store, do you pay for items or does a staff person pay for them?

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Do you have enough clothes and shoes?

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Do you always have enough deodorant and toothpaste, etc.?

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What do you do if you need to buy something?

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Questions Related to Personal Relationships and Privacy

Do you have family or friends who visit you?

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Does your family write to you or telephone you?

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Does someone help you read their letters and/or call them on the phone?

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If you feel like being alone or spending private time with a friend or family, where do you go?

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Does staff knock on your door before they come into the room?

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For Family Member Advocate

How do you learn about things like the services your family member receives, an illness, or a change in medication?

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Are there any restrictions on when you visit your family member or where you can go within the home?

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Questions Related to Individual's and Family's Participation in the  
Individual Program Plan (IPP) Process

Do you go to (team) meetings with the staff where they talk about the services you get?

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Does your family and/or advocate come to these meetings?

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Did the staff ask if the date and time of the meeting were OK with you?

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What would you like to learn to do for yourself?

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Does the staff ask what you want?

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Who chooses what you do?

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Does the staff listen to you and make changes based on what you want?

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For the staff

How do you communicate with this individual?

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What does he or she like and dislike? How do you know that?

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Questions Related to Service Delivery

What help do you need from staff to dress, eat, bathe, etc.?

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Do you get any special therapy (e.g., speech or physical therapy)?

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What new things are you learning to do?

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What chores do you help with around the house?

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Who helps you when you do not know how to do something?

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What special equipment do you use?

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Questions Related to Individual's Rights and Protections

Who do you tell if you do not like something, or something is wrong?

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Are there rules that everyone who lives here must follow?

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What sorts of things are you allowed to do or not allowed to do?

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How does the staff treat you?

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Is staff loud?

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Is staff ever violent?

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Do you ever do things you are not supposed to do? What happens then?

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Did staff ever ask you to give consent for any treatments or services?

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Were you told the benefits, risks, and alternatives?

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Questions Related to Health Status

How often do you see a doctor? A dentist?

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Do you have any health problems?

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Do you take any medicines? Do you know what they are for?

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Wrap-up Questions

Is there anything you especially like about living here? Anything you especially dislike?

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Other:

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### Sample Clients

#### Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Review each of the records in response to the interviews with each of the areas below.

#### The Individual Program Plan (IPP)

Identify the developmental, behavioral, and health objectives the facility has committed itself to accomplish during the current Individual Program Plan (IPP) period. Identify what, if any, behavioral strategies (e.g., behavior modification programs, use of psychotropic medications) staff used with the individuals in your sample.

Determine what, if any, health or other problems might interfere with participation in program service Program Monitoring and Change.

Skim the most recent interdisciplinary team review notes to identify revisions to the IPP.

Determine whether the facility based revisions on objective measure of the individual's progress, regression, or lack of progress toward his/her objectives.

#### Health and Safety Supports:

Verify, either through the interdisciplinary team review notes or through the most recent nursing notes, that the individual has received follow-up services for any health or dental needs identified in the IPP and check the person's current drug regimen.

For individuals with whom restrictive or intrusive techniques are used, verify that the facility has obtained the necessary consents and approvals.

If this information is consistent with your observation and interviews, conclude the record review. If you find discrepancies, conduct further observations or interviews as needed to verify your findings.

Other: \_\_\_\_\_  
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