



NEW BEGINNINGS ENTERPRISES, INC. CDDO  
QUALITY ASSURANCE CHECKLIST

Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Receives Services? Yes \_\_\_ No \_\_\_ If yes, Funding source: \_\_\_\_\_ Self Directed: Yes \_\_\_ No \_\_\_

Location: \_\_\_\_\_ County: \_\_\_\_\_

Instructions: During monthly on-site visits, Case Managers and/or members of the Quality Assurance Committee or other staff persons, as appropriate complete the Quality Assurance Checklist.

1. Services which were paid for have been delivered in a manner that is responsive to the Person Centered Support Plan?  
Is PCSP current? Yes \_\_\_ No \_\_\_ N/a \_\_\_\_\_ Need corrective action? Yes \_\_\_ No \_\_\_
2. Services are delivered in a manner which respects the individual's legally protected rights?  
Yes \_\_\_ No \_\_\_ N/a \_\_\_\_\_ Need corrective action? Yes \_\_\_ No \_\_\_
3. Services are provided in a manner that offers opportunities of choice to the person being served and promotes progress toward the person's preferred lifestyle and increased independence? Yes \_\_\_ No \_\_\_ N/a \_\_\_\_\_  
Need corrective action? Yes \_\_\_ No \_\_\_
4. The provider is reporting any suspicions of abuse, neglect, or exploitation to the appropriate state agency and has corrected or is actively in the process of correction in the case of any confirmed violation?  
Yes \_\_\_ No \_\_\_ (Suspicions of ANE have not been reported to the appropriate state agency)  
Not applicable \_\_\_ (no evidence of ANE occurring to report)
5. The person lives and works in healthy and safe environments. Yes \_\_\_ No \_\_\_  
Need corrective action? Yes \_\_\_ No \_\_\_

Things to consider when completing QA check:

- Does the staff know what is in the Person Centered Support Plan and the objective he/she is working on?
- Do the goal tracking logs reflect work and/or progress on goals?
- Is there any restriction of rights observed?
- Is the person treated respectfully?
- Do staff and the person communicate and interact well?
- Is there documentation of Rights and Responsibilities training?
- Are opportunities of choice observed and documented?
- Are medications properly labeled, stored, and logged correctly?
- Is the home/work sight clean and the yard free of litter and maintained?
- Is food stored properly?
- Does the person know what to do in case of fire or tornado?

Comments: \_\_\_\_\_

\_\_\_\_\_

Completed by/Title: \_\_\_\_\_

\_\_\_\_\_

TCM Agency: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Person Served Signature: \_\_\_\_\_