<u>Central New York – Individual Support Services (ISS) – Quality Assurance Checklist</u>

ISS Provider Age						
Individual's Nan	ne:					
TABS ID:						
Care Manager N						
CM email and p						
CM supervisor r						
CM supervisor 6	e mail:					
The home has wor	king smoke	detectors in	the corridors ou	utside the sleeping areas.	YES	NO
Carbon monoxide	alarms are p	resent if any	utilities consist	of propane, natural gas, or oil.	YES	NO
NOTE: NOT requir	ed if the on	ly utility and	all appliances	are electric– initial here if electric only.		
An evacuation plan was developed and reviewed with the individual.					YES	NO
The individual has a working telephone (land line or wireless) and can readily access emergency services.					YES	NO
The home is reasonably clean and maintained.					YES	NO
The home is free from hazardous conditions.					YES	NO
The furnishings are adequate.					YES	NO
The home meets the individual's physical needs and requirements.					YES	NO
The heat, water/plumbing, electricity, and air conditioning (if applicable) are in good working order.					YES	NO
The individual's health, safety, and well-being are reasonably maintained in the home.					YES	NO
If NO is circled for	any of the a	above items,	check either (a), (b), or (c) below AND describe necessary act	ion:	
	The reviewer has discussed with the individual any problems with the above item(s), and does not consider them to be a significant threat to the individual's health, safety, or well-being.					
	The reviewer has discussed problems with the above item(s), and the individual has been encouraged to access available services to address concerns which jeopardize health, safety, or well-being.					
	The individual has not engaged in activities necessary to ensure health, safety, or well-being, and therefore an alternate living arrangement must be developed.					
Necessary Action	s:					
Individual/Advocate Signature		Date	Care Manager Signature	Date		
ISS Agency Reviewer Signature			Date	CNYISS Program Manager Signature	Date	