






Factor *Five* (note: this Factor requires 100% compliance)

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p>A. Individuals have supports to manage their own health care.</p> <ol style="list-style-type: none"> 1. Are individuals given the opportunity to choose health care providers as desired? 2. Are individuals provided understandable information about their current and past health conditions, medications, and treatments, including the purpose, intended outcomes, side effects, or other risks and alternatives? (OG 6.3.f.A(3)) 3. Do individuals have access to all their health care records? (OG 6.3.f.A(4)) 4. Are the individual's preferences and ability to self-administer medications and treatments assessed at least annually in compliance with the Nurse Delegation Program? (OG 6.3.f.A(5)) 5. Are supports available to assist individuals with medications and treatments if necessary? (OG 6.3.f.A(6)) 6. If the individual self-administers medications, have all the following criteria been established and documented in accordance with the Nurse Delegation Program? <p><i>Probes:</i></p> <p>Has the individual been: (OG 6.3.f.E(12))</p> <ol style="list-style-type: none"> a. provided information and effectively communicated understanding regarding the purpose, dosage, time, and possible side effects of the medications? b. instructed, and effectively communicated understanding of what to do and who to call if he/she misses a dose, takes extra medication, or experiences an adverse reaction? c. educated, and effectively communicated understanding, in maintenance of his/ her medication history and in recording information needed by the physician to determine medication and dosage effectiveness? (OG 6.3.f.A(3)) <ol style="list-style-type: none"> 6. Has the individual demonstrated a competent self-administration of medication? (OG 6.3.f.E(12c)) 7. Is self-medication discussed during the annual person-centered plan meetings? Are concerns addressed and documented? OG 6.3.f.E (14) 8. Does staff support self-administration of medication through periodic monitoring of administration and documentation of continued proficiency by the individual? OG 6.3.f.E (15) 9. Are individuals supported to become knowledgeable about how to access emergency medical care and to access it as needed? (OG 6.3.f.A(7)) 		

Best Possible Health 580-5-30-.10 (6)	Y/N	Supporting Information
<p><i>B. Individuals access quality health care.</i></p> <p>1. [If the individual began receiving services within the last year], was the individual’s initial physical examination conducted by a licensed physician or CNP within 365 days prior to admission? (OG 6.3.f.B(1))</p> <p>2. Has the individual had an annual physical and have the medical needs been reviewed within 90 days prior to or at the time of the PCP? (OG 6.3.f.B(2))</p> <p>3. Are individuals assisted in obtaining preventive and routine health services, including physical examinations, immunizations, and screenings, consistent with their age and risk factors as recommended by their personal physician? (OG 6.3.f.B(3))</p> <p>4. Are preventive health care strategies/interventions contained in the Person-Centered Plan based on the individual’s current health status and age implemented carried out according to the Centers for Disease Control recommendations regarding preventive/screening practices? Emphasis will be placed on age-specific screening tests. - OG6.3.f.B(3)</p> <p>5. Does each individual newly admitted have a TB skin test with documented results, or written evidence that the test was completed previously, or the test is medically contraindicated? (OG 6.3.f.B(4))</p> <p>6. Does each individual have annual TB skin test as medically indicated? If the skin test yields a questionable result, does the organization follow-up with the physician? (OG 6.3.f.B(4))</p> <p>7. Are individuals who require supports for mobility provided assistance and supports to prevent skin breakdown. (OG 6.3.f.B(5))</p> <p>8. Do individuals have therapeutic and adaptive equipment that fits and is in good repair. (OG 6.3.f.B(5))</p>		
Best Possible Health (OG 6.3.f.)	Y/N	Supporting Information
<p><i>C. Health needs are addressed in a timely manner.</i></p> <p>1. Does the organization have a process for ensuring an individual who develops a medical problem, either an emergency or acute health care change, is assessed [by a qualified health care practitioner] in a timely manner? (OG 6.3.f.C(1))</p> <p>2. Is the individual with an emergency or acute health problem provided treatment/care and monitoring in accordance with good standards of nursing or medical care to resolve the problem effectively? (OG 6.3.f.C(1))</p> <p>3. Does the organization have systems in place that ensure ongoing communication between individuals’ health care support staff, and outside health care staff to promote continuity of care? (OG 6.3.f.C(2))</p> <p>4. Are actions taken to address health needs documented? (OG 6.3.f.C(3))</p>		

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<p>5. When available, do individuals' medical records document hospital summaries that include the discharge diagnosis, current health status, follow-up instructions and any restrictions or limitations of recent hospitalizations? Does the organization document its efforts to obtain hospital summaries? (OG 6.3.f.C(4))</p> <p>6. Do individuals' records document acute health changes to provide a clear picture of the course of the illness or injury, treatment provided, and the individual's status from the time of identification through resolution? (OG 6.3.f.C(5))</p> <p>7. Are individuals' person-centered plans, including health care and supports, modified in a timely manner based upon acute health changes? (OG 6.3.f.C(6))</p> <p><i>Factor Five (note: this Factor requires 100% compliance)</i></p>		
<p>Best Possible Health 580-5-30-.10 (6)</p>	<p>Y/N</p>	<p>Supporting Information</p>
<p>D. Staff immediately recognize and respond to medical emergencies. <i>Probes:</i> 1. Do direct support staff (non-licensed medical personnel) receive training to recognize and</p> <p>2. Is medical equipment ordered by a physician to respond in a potential emergency for pre-existing (known) conditions available, well maintained, clean and functional? (OG 6.3.f.D(2))</p> <p>3. Is medication ordered by a physician to respond in a potential emergency available in the appropriate dose, quantity, and form? (OG 6.3.f.D(3))</p> <p>4. Are first aid kits available and appropriately stocked for the provision of initial care for an illness or injury? (OG 6.3.f.D(4))</p> <p>respond to individuals experiencing medical emergencies? (OG 6.3.f.D(1))</p>		
<p>Best Possible Health (OG 6.3.f.) <i>This indicator NA for agencies not administering meds</i></p>	<p>Y/N</p>	<p>Supporting Information</p>
<p>E. Individuals receive medications and treatments safely and effectively.</p> <p>1. Does the organization implement policies and procedures approved by their Board of Directors requiring full compliance with the Alabama Board of Nursing's Regulation 610-X- 7-.06, Alabama Department of Mental Health Residential Community Programs and the Nurse Delegation Program? (OG 6.3.f.E(1))</p> <p>2. Is the unit dose or individual prescription system used for all prescription drugs? (OG 6.3.f.E(2))</p> <p>3. Are all medications labeled and stored in accordance with criteria herein? (OG 6.3.f.E(3))</p> <p>4. Are medications, both prescription and non-prescription, administered and recorded according to valid orders and in compliance with the Alabama Board of Nursing's</p>		

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<p>Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs, and the Nurse Delegation Program. (OG 6.3.f.E(4))</p> <p>5. Are prescription medications used only by the individual for whom they are prescribed? (OG 6.3.f.E(5))</p> <p>6. Is each prescription medication identifiable up to the point of administration? Identifiable means it is clearly labeled with the name of the individual, name of the medication, and the specific dosage. Do prescription medication labels state the expiration date? Do names of medications on labels match the Medication Administration Record. (OG 6.3.f.E(6))</p> <p>7. Are medication errors and reactions recorded and reported in accordance with the organization's written policy, the Community IPMS guidelines, and the Nurse Delegation Program? (OG 6.3.f.E(7))</p> <p>8. Does the organization document corrective action taken in response to medication errors? (OG 6.3.f.E(8))</p> <p>9. Does the organization ensure a nurse, pharmacist, or physician dispose discontinued and outdated medications promptly and safely? Is the disposal of discontinued/outdated medications witnessed and documented in accordance with policy? (OG 6.3.f.E(9))</p> <p>Probes:</p> <ul style="list-style-type: none">a. Medications are stored under lock and key.b. All narcotic medications, Schedule 2, 3, 4, and 5 are stored under double lock and key.c. Medications are stored separately from non-medical items.d. Medications are stored under proper conditions of temperature, light, humidity, sanitation, and ventilation.e. Internal and external medications are clearly labeled as such and stored separately from each other.f. The organization has a system to document ongoing accountability for all prescription medication through an inventory process. <p>10. Does each individual administered medication receive supervision by the prescribing physician including regular evaluation of the individual's response to the medication? (OG 6.3.f.E(10))</p>		
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