

Attachment B

SAMPLE ~~~~ Organizational Risk Assessment Checklist ~~~~ SAMPLE

ORGANIZATIONAL RISK ASSESSMENT CHECKLIST

	✓ YES	✓ NO	N/A	
				ENVIRONMENT OF CARE
1				Compliance with all licensing regulations for Physical Environment and Fire Inspections
2				Fire extinguishers are sufficient in number and of the appropriate type.
3				Exits are clearly marked
4				Building exits are free of clutter.
5				There is no evidence of storage in stairwells.
6				Stairwell doors are unblocked and maintained in the closed position.
7				There is a working fire alarm systems
8				Fire drills are conducted [INSERT FREQUENCY]
9				Trash cans have self-closing lids
10				Water temperature at hand washing sinks no more than 110°F.
11				All chemicals, including cleaning and laundry supplies, are labeled and stored in secured area
12				A first aid kit available and the location of the first aid kit is prominently marked
13				Refrigerators that store medications are the correct temperature
14				Refrigerators that store medications contain no food or other non-medication products
15				Medications are stored in a locked area.
16				No medications are lying around
17				Syringes disposed of in sharp boxes
18				Sharp boxes no more than ¾ full
19				Supply room locked
20				There are no scatter rugs anywhere
21				There is no clutter on the floor
22				Electrical cords are coiled or taped next to the wall
23				All stairwells and outdoor stairs have two railing that run the full length of stairs
24				Steps are even and unbroken
25				There is a grab bar located at each tub and in each shower
26				There is a grab bar located by each toilet
27				There are no burned out light bulbs
29				There is a non-slip rubber mat or self-stick strips on the floor of each tub and shower

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	✓ YES	✓ NO	N/A	
				CLINICAL ASSESSMENTS AND REASSESSMENTS
30				Assessments are completed within timeframes established by the Licensing Regulations.
31				Admissions assessments include risk of harm to self or others
32				Admissions assessments and reassessments include fall risks
33				Admissions assessments and reassessments include the risk of choking
34				Admissions assessments and reassessments include risk of constipation
35				Admissions assessments and reassessments include a review of medications
36				Admissions assessments and reassessments include the need for restrictive protocols
37				Reassessments conducted at least annually
38				Reassessments include review of incidents in which the individual was involved
39				Reassessments include a review of each individual's health risks
40				Reassessments include a review of each individual's hospitalizations
41				Physical exams are completed prior to admission
42				Physical exams are completed annually
43				Physical exams are completed any time there is a change in the individual's physical or mental condition
				EMPLOYEE COMPETENCY AND ADEQUACY OF STAFFING
44				Employees meet the minimum employment qualifications to perform their duties
45				All employees complete orientation training prior to being assigned to work with consumers
46				All employees have completed initial and annual fire safety training
47				All employees have completed incident report training
48				All employees have undergone background checks
49				All employees are qualified and have experience conducting the assessments they are required to complete
50				All employees have abuse and neglect training
51				All employees have human rights training
52				All employees have CPR training
53				All employees have first aid training
54				Employees who administer medications have been trained to perform those duties
55				All employees have been trained in behavior intervention techniques
56				All employees have been trained in the prevention of infections
57				All employees have been trained in emergency preparedness

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58				Staffing schedules are consistent with the provider's staffing plan
59				Employees or contractors are trained to meet the specialized health needs of individuals
60				Employees or contractors are trained to meet the specialized behavioral needs of individuals
				ADHERENCE TO REGULATORY REQUIREMENTS
61				There are no outstanding Licensing citations or the provider is currently implementing a plan of correction approved by the DBHDS Office of Licensing
62				There are no outstanding Human Rights violations or the provider is currently implementing a plan of correction approved by the DBHDS Office of Human Rights
63				Audits are routinely conducted to ensure compliance with the regulations of the Centers for Medicare and Medicaid Services (CMS) and the Virginia Department of Medical Assistance Services (DMAS) and other regulations and requirements.
64				There are no outstanding citations by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Centers for Medicare and Medicaid Services (CMS) or other accreditation or certification bodies or the provider is operating under an approved plan of correction.
65				All staff who are performing duties that require professional licensure or certification have up-to-date licenses or certifications on file.
66				There are no violations of the Uniform Statewide Building Code
67				There are no violations of the Virginia Statewide Fire Prevention Code
				USE OF HIGH RISK PROCEDURES
68				The organization has defined high risk procedures to include, at a minimum, the use of seclusion, restraint, and electroconvulsive therapy (ECT).
69				The use of all high-risk procedures complies with the Human Rights Regulations, the Licensing Regulations and other law and regulations governing the use of such procedure.
70				All staff permitted to implement a high-risk procedure are trained, experienced and otherwise meet the qualifications for performing these tasks.
71				All high risk procedures are authorized and reviewed per policy, regulation and law
72				There is documentation in the individual's record of the use of each instance of a high- risk procedure.
73				All incidents involving the use of a high-risk procedure are reviewed per provider policy.
74				All high risk procedures that resulted in serious injury are reviewed by an individual with expertise in the use of the procedure within 24 hours of the identification of the injury
75				The use of seclusion and restraint is reported to the DBHDS per the Code of Virginia.
76				A root cause analysis is conducted whenever this is a serious injury caused by or associated with the use of a high risk procedure
				REVIEW OF SERIOUS INCIDENTS

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77				All serious incidents, as defined by the DBHDS Licensing Regulations are reported to DBHDS within 24 hours of their occurrence or discovery, whichever is sooner
78				The definition of 'serious incident' and 'serious injury' is communicated to all employees
79				There is an up-to-date policy that defines serious incident, and how a serious incident is to be reported
80				All serious incidents are reviewed per policy, but at least annually to identify trends
81				A root cause analysis is conducted whenever a serious incident or serious injury caused or had the potential to cause permanent impairment.
82				Medication errors are reviewed whether or not they resulted in an injury or harm.
83				Serious incident reviews include the DBHDS defined Triggers and Thresholds
84				All deaths are reviewed 10 days following the death or discovery
85				A root cause analysis is conducted whenever a death is determined to be unexpected or unexplained
86				Serious incidents are reviewed by type of incident
87				Serious incidents are reviewed by individual consumer
88				Serious incidents that lead to abuse and neglect investigations are tracked and reviewed
89				Serious incidents are reviewed [Enter frequency of review]
90				There is an up-to-date policy that defines who has the authority and responsibility to act whenever a serious incident or a pattern of incidents identifies an individual as being at risk
91				There is review and follow-up whenever a single serious incident or a pattern of incidents is identified.

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