



Safety Assessment and Field Evaluation Tool (SAFE-T[®])

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New Jersey Department of Human Services
Lyons, Woodward & Bassion
2018

**2021
REFERENCE
GUIDE**

Rating Levels and Descriptions

Pre-Visit Rating Scale

All items on the SAFE-T use a 'STOP LIGHT' action-based communimetric rating scale as follows:

1	Green	No evidence of concern <i>Functioning level does not create a safety risk</i>
2	Yellow	Potential Concern <i>Functioning level may create a safety risk</i>
3	Red	Concern <i>Functioning level creates a safety risk</i>

A rating of '2' or '3' denotes an item in which the Analyst notes a specific need for the individual, or an area of concern that currently exists at the specific program site. A brief description will be noted for each rating of '2' or '3' to provide sufficient descriptors that the Analyst will use during the visit.

Visit Rating Scale

All items on the SAFE-T use a 'STOP LIGHT' action-based communimetric rating scale as follows:

1	Green	No evidence of concern <i>No action required at this time</i>
2	Yellow	Potential Concern <i>May require monitoring or prevention</i>
3	Red	Concern <i>Action is required</i>

A rating of '2' or '3' denotes an item as actionable. A rating of '2' indicates there is some action required to address an issue that does not, at face value, rise to the level of a reportable incident. The entity or entities required to take action are notified of the information through an electronic communication, or documented telephonic contact if the matter requires discussion. A rating of '3' indicates there is an immediate need for action by one or more entities. This information is communicated telephonically, through electronic communication, and via an incident report that is routed through the Department's established reporting system.

PRE-VISIT ASSESSMENT DASHBOARD

INDIVIDUAL PRE-VISIT	1	2	3
Behavior			
Communication			
Dietary/Nutrition			
Equipment/Devices			
Financial			
Medical			
Mental Health			
Motor			
Self-Care			
Sensory			
Supervision			
PROGRAM PRE-VISIT	1	2	3
Incidents			
Licensing			
Previous SAFE-T visit			

UNANNOUNCED IN-PERSON ASSESSMENT DASHBOARD

INDIVIDUAL VISIT	1	2	3
Bedroom			
Behavior			
Communication			
Dietary/Nutrition			
Emotional Appearance			
Equipment/Devices			
Financial			
Interaction with Other Individuals			
Medical			
Mental Health			
Motor			
Perception of Safety			
Physical Appearance			
Self-Care			
Sensory			
Staff Interaction with Individual			
Staff Knowledge of Individual			
Supervision			
PROGRAM VISIT	1	2	3
Bathroom			
Building			
Common Area			
Kitchen			
Staff			

Pre-Visit Assessment Dashboard

Prior to the unannounced visit, information should be taken from the iRecord, NJIRMS, Licensing database, and previous SAFE-T to complete the following ratings:

Individual Pre-Visit

Behavior							
Any information related to notable actions of an individual.							
<p>Questions to consider</p> <ul style="list-style-type: none"> Is a behavior plan in place? Is there recent history of behavioral incidents? What level of intervention is required in the residence? How is behavior tracked? Are there restrictions? 	<p>Ratings and Descriptions</p> <table border="1"> <tr> <td>1</td> <td>Individual has no known behavioral challenges, or behaviors that require intervention.</td> </tr> <tr> <td>2</td> <td>Individual engages in, or has history of, behavioral challenges that require intervention.</td> </tr> <tr> <td>3</td> <td>Individual engages in dangerous behavior to self or others, which could be life-threatening.</td> </tr> </table>	1	Individual has no known behavioral challenges, or behaviors that require intervention.	2	Individual engages in, or has history of, behavioral challenges that require intervention.	3	Individual engages in dangerous behavior to self or others, which could be life-threatening.
1	Individual has no known behavioral challenges, or behaviors that require intervention.						
2	Individual engages in, or has history of, behavioral challenges that require intervention.						
3	Individual engages in dangerous behavior to self or others, which could be life-threatening.						
Communication							
Any information related to speech or how an individual expresses themselves.							
<p>Questions to consider</p> <ul style="list-style-type: none"> Does the individual use ASL or speak another language? Do they need staff assistance to access communication device? How do they make their wants/needs known? 	<p>Ratings and Descriptions</p> <table border="1"> <tr> <td>1</td> <td>Individual has no communication challenges.</td> </tr> <tr> <td>2</td> <td>Individual has challenges with expressive or receptive language.</td> </tr> <tr> <td>3</td> <td>Individual is not able to effectively communicate in any way.</td> </tr> </table>	1	Individual has no communication challenges.	2	Individual has challenges with expressive or receptive language.	3	Individual is not able to effectively communicate in any way.
1	Individual has no communication challenges.						
2	Individual has challenges with expressive or receptive language.						
3	Individual is not able to effectively communicate in any way.						
Dietary							
Any information related to food/drinks and applicable restrictions.							
<p>Questions to consider</p> <ul style="list-style-type: none"> Is there a specific dietary plan in place? Has a swallow study been conducted? Has there been a history of significant weight gain/loss? What level of supervision is required at meal times? 	<p>Ratings and Descriptions</p> <table border="1"> <tr> <td>1</td> <td>Individual has no special dietary needs.</td> </tr> <tr> <td>2</td> <td>Individual has dietary needs that if not met have functional consequences.</td> </tr> <tr> <td>3</td> <td>Individual has dietary needs that if not met have immediate life-threatening consequences.</td> </tr> </table>	1	Individual has no special dietary needs.	2	Individual has dietary needs that if not met have functional consequences.	3	Individual has dietary needs that if not met have immediate life-threatening consequences.
1	Individual has no special dietary needs.						
2	Individual has dietary needs that if not met have functional consequences.						
3	Individual has dietary needs that if not met have immediate life-threatening consequences.						

Equipment/Devices

Any item that is prescribed or that will assist in independence.

Questions to consider

- Does the individual have any equipment or device that assists in activities of daily living? What is the degree of reliance on their equipment? Examples include, but are not limited to: glasses, dentures, communication device, hearing aid, bed wedge, utensils, strobe lights, bed shaker, audio monitor, bed rails, compression stockings, orthopedic shoes, walker, wheel chair, etc.

Ratings and Descriptions

- 1 Individual does not require Durable Medical Equipment or Assistive/Adaptive Devices.
- 2 Individual requires Durable Medical Equipment or Adaptive/Assistive Devices in order to maintain their level of functioning.
- 3 Individual requires Durable Medical Equipment or Adaptive/Assistive Devices that the use of prevents a life-threatening situation.

Financial

Any information related to an individual's knowledge of money and transactions.

Questions to consider

- Does the individual *require* a representative payee? Does the individual receive any funds, other than personal needs allowance? How much money can they hold? What level of assistance is required to make purchases?

Ratings and Descriptions

- 1 Individual is independent in managing own finances.
- 2 Individual requires assistance with financial decisions but can make some transactions.
- 3 Individual cannot make any financial decisions.

Medical

Any information related to diagnoses or current medical needs.

<p>Questions to consider</p> <ul style="list-style-type: none">• Have there been any public health related concerns that have put the individual at risk? What medical conditions or diagnoses may affect the individual's ability to care for themselves? Do the conditions put the individual at risk for injury or illness? What follow-up care is needed?	Ratings and Descriptions	
	1	No evidence of chronic medical conditions. No public health related medical concerns.
	2	Individual has a stable chronic medical condition(s) that requires daily care and monitoring. Individual has a public health related medical condition.
	3	Individual has an unstable acute or chronic health condition that requires daily care and monitoring. The condition is potentially life-threatening.

Mental Health

Any information related to diagnoses or current mental health needs.

<p>Questions to consider</p> <ul style="list-style-type: none">• What mental health conditions or diagnoses may affect the individual's ability to care for themselves? Do the conditions put the individual at risk for injury or illness? What follow-up care is needed?	Ratings and Descriptions	
	1	No evidence of chronic mental health conditions.
	2	Individual has a stable chronic mental health condition(s) that requires daily care and monitoring.
	3	Individual has an unstable acute or chronic mental health condition that requires daily care and monitoring. The condition is potentially life-threatening.

Motor

Any information related to mobility or movement challenges.

<p>Questions to consider</p> <ul style="list-style-type: none">• If the individual requires assistance with mobility, what are the specific areas of support needed? Do those supports differ at home and in the community?	Ratings and Descriptions	
	1	Individual has no known motor challenges.
	2	Individual has mild/moderate motor challenges that require some accommodation.
	3	Individual has severe motor challenges that require constant accommodation.

Self-Care

Any information related to hygiene tasks.

<p>Questions to consider</p> <ul style="list-style-type: none">• What degree of assistance is needed from staff? Can the individual complete some or all self-care needs, separate from transfers or other ambulatory assistance?	Ratings and Descriptions	
	1	Individual is generally independent with self-care but may require some verbal reminders.
	2	Individual needs some physical assistance or verbal prompts to complete self-care.
	3	Individual needs total physical assistance on multiple dimensions of self-care.

Sensory

Any information related to sight, sound, smell, taste, or touch.

<p>Questions to consider</p> <ul style="list-style-type: none">• Does the individual feel pain? Do they need staff assistance to access equipment? Are they new to their environment?	Ratings and Descriptions	
	1	Individual has no known sensory limitations.
	2	Individual has some limitations on at least one sensory dimension.
	3	Individual is disabled on at least one sensory dimension.

Supervision

Information related to required levels of staff observation.

<p>Questions to consider</p> <ul style="list-style-type: none">• What is the specific type of assistance needed from staff, if any, when in the residence? In the community? Is there a difference in level of supervision while sleeping?	Ratings and Descriptions	
	1	Individual travels independently and moves about freely in their residence. Staff monitor through routine checks.
	2	Individual is semi-independent; moves about freely in their residence with 24-hour staff oversight.
	3	Individual must remain with a staff member or supervised group at all times.

Program Pre-Visit

Incidents	
Information regarding incident reports occurring in the 12 months prior to the SAFE-T visit.	
<p>Questions to consider</p> <ul style="list-style-type: none"> Have there been any incidents for the individuals or the residence within the last 12 months? What is the severity of any reported incident? 	<p>Ratings and Descriptions</p> <p>1 No incidents in the past year.</p> <hr/> <p>2 At least one incident that does not involve abuse, neglect or exploitation in the past year.</p> <hr/> <p>3 At least one incident that involves abuse, neglect or exploitation in the past year.</p>
Licensing	
Any information related to health and safety issues noted in the past year.	
<p>Questions to consider</p> <ul style="list-style-type: none"> What type of license is currently in place? Were there any health and safety concerns noted in the most recent licensing inspection report? 	<p>Ratings and Descriptions</p> <p>1 Program received a full license, with no plan of correction. Program received a full license, with a plan of correction that contained no health/safety concerns.</p> <hr/> <p>2 Program received a full license, with a plan of correction that contained health/safety concerns.</p> <hr/> <p>3 Program received a provisional license during the last licensure review.</p>
Previous SAFE-T Visit	
Information that pertains to issues discussions at the last visit.	
<p>Questions to consider</p> <ul style="list-style-type: none"> Were there any '2' or '3' scores during previous SAFE-T visit? 	<p>Ratings and Descriptions</p> <p>1 Previous unannounced visit resulted in all domains scored as a '1'.</p> <hr/> <p>2 Previous unannounced visit resulted in at least one domain scored as a '2'.</p> <hr/> <p>3 Previous unannounced visit resulted in at least one domain scored as a '3'.</p>

Unannounced In-Person Assessment Dashboard

These set of ratings are based on the site visitor’s direct observation of, and conversation with (when possible), the individual who is the subject of the visit.

Individual Visit

Bedroom	
Direct observation of the bedroom conditions (includes personal bathroom).	
<p>Questions to consider</p> <ul style="list-style-type: none"> Any public health concerns with conditions? If en suite bathroom exists, consider questions under ‘Bathroom’ Domain. Is the room just messy, or do the conditions of the room present as a safety hazard? Does it appear that the conditions of the room have been in disarray for a significant period of time? Are there any indicators of maltreatment? Are there any indicators of restrictions, which include keeping an individual in their room or out of their room, against their will? Is the individual’s clothing present and appropriate? Is there damage to furniture or window treatments? 	<p>Ratings and Descriptions</p> <p>1 Bedroom is reasonably clean and orderly. Bedroom is in compliance with all DHS public health protocols</p> <hr/> <p>2 Bedroom is observed to be somewhat unclean or in disarray. Insect activity is observed but does not pose as an immediate health risk. Bedroom furniture is in disrepair but does not present as an immediate safety risk. Bedroom is not in compliance with all DHS public health protocols</p> <hr/> <p>3 Bedroom is observed to be dirty with clear signs of health risk. Bedroom is observed to be cluttered and/or disorganized, with clear signs of injury risk. Bedroom shows evidence of abuse and/or unauthorized restriction. Insect activity is observed, which poses as an immediate health risk. Bedroom furniture is in disrepair and presents as an immediate safety risk or right’s violation. Unapproved restrictions are implemented.</p>

Behavior

Direct observation of the staff in supporting the individual’s behavioral needs.

<p>Questions to consider</p> <ul style="list-style-type: none"> • Have there been any behavioral changes due to public health related concerns? Are staff implementing any behavioral support plan or strategies appropriately? 	Ratings and Descriptions	
	1	Program appears to meet individual’s behavioral needs.
	2	Some concerns about program’s ability to meet Individual’s behavior needs, which does not require immediate action. Discrepancy between information on-site and service plan.
	3	Program’s inability to meet the individual’s behavioral needs creates a safety risk and requires immediate action. Program implements unapproved strategies.

Communication

Direct observation of the staff in supporting the individual in expressing their wants and needs.

<p>Questions to consider</p> <ul style="list-style-type: none"> • Does individual’s ability to communicate match service plan? Are staff able to communicate with individual in their own style (e.g., ASL, foreign language, etc.) 	Ratings and Descriptions	
	1	Program appears to meet individual’s communication needs.
	2	Some concerns about program’s ability to meet communication needs, which does not require immediate action. Discrepancy between information on-site and service plan.
	3	Program’s inability to meet communication needs creates a safety risk and requires immediate action. Program’s management of individual’s communication needs creates a rights violation.

Dietary/Nutrition

Review and direct observation for appropriate implementation of individual's dietary needs.

Questions to consider

- Do meals meet dietary need? Do staff prepare food in accordance with prescribed diet? Is portion size appropriate? Are alternative choices offered?

Ratings and Descriptions

- | | |
|---|--|
| 1 | Program appears to meet individual's dietary needs. |
| 2 | Some concerns about program's ability to meet Individual's dietary needs, which requires follow up, but does not present as an immediate safety risk.

Discrepancy between information on-site and service plan. |
| 3 | Program's failure to meet dietary needs represents as an immediate life-threatening situation.

Program implements unapproved dietary restrictions. |

Emotional Appearance

Direct observation of the individual. Looking for indicators of emotional distress.

Questions to consider

- Have there been any emotional changes due to public health related concerns? Does individual report they are sad, afraid, emotionally upset, etc.? If so, do they indicate why? Is anyone aware of how they feel and, if so, have they done anything about it? Regardless of verbal report, does the individual's appearance indicate they may be sad, afraid, etc.? Does the individual appear to be specifically concerned about, or reactive to, a particular peer or staff member?

Ratings and Descriptions

- | | |
|---|--|
| 1 | Individual exhibits normal emotional appearance, which may require some intervention.

Individual has generally positive emotional appearance. |
| 2 | Individual appears to have, or reports having, some negative emotions, which do not require immediate intervention. |
| 3 | Individual appears, or reports being, uncharacteristically angry, suspicious, afraid, agitated, anxious, directed at staff, and/or is depressed and requires immediate intervention.

Individual appears, or reports being, uncharacteristically angry, suspicious, afraid, agitated, anxious, directed at peers, and/or is depressed and requires immediate intervention.

Individual appears, or reports being, uncharacteristically angry, suspicious, afraid, agitated, anxious, directed at someone other than staff or peers, and/or is depressed and requires immediate intervention. |

Equipment/Devices

Direct observation of adaptive equipment/devices needed to support individual.

Questions to consider

- Are equipment or devices present and in good working order? Are there any unexpected equipment or devices and, if so, is there a prescription or doctor's order? Are equipment or devices available to individual?

Ratings and Descriptions

- | | |
|---|---|
| 1 | Individual does not require Durable Medical Equipment or Assistive/Adaptive Devices. Individual's equipment/device needs are being met. |
| 2 | Individual's Durable Medical Equipment or Adaptive/Assistive Devices are in disrepair, inoperable or inaccessible, which does not present as a life-threatening situation but limits daily functioning.

Discrepancy between information on-site and service plan. |
| 3 | Individual's Durable Medical Equipment or Adaptive/Assistive Devices are in disrepair, inoperable or inaccessible, which presents as a life-threatening situation.

Equipment needed to aid sensory deficiency is not available to individual without viable rationale. |

Financial

Review for appropriate management of individual's funds and property.

Questions to consider

- Do purchases match inventory? Are purchases appropriate for age, gender and needs of the individual? Are financial records up to date and accurate? Is the individual receiving correct amount of funds?

Ratings and Descriptions

- | | |
|---|---|
| 1 | Individual's financial needs appear to be met. |
| 2 | Individual's finances are being misused by a private representative payee.

Some concerns about program's ability to meet the individual's financial needs, which does not require immediate action.

Discrepancy between information on-site and service plan. |
| 3 | Individual is being financially exploited.

Individual's money is reported missing, without staff involvement. |

Interaction with Other Individuals

How the individual appears to get along with peers.

Questions to consider

- Does the individual appear to engage in behavior toward a peer or vice versa? Does an individual report that a peer steals from them? Does there appear to be discourse between the individual and peers?

Ratings and Descriptions

- | | |
|---|---|
| 1 | Individual's interaction with their peers is appropriate.
Individual has no opportunity for peer interaction at the residence. |
| 2 | Individual's interaction with peers is not appropriate but does not present as an immediate risk to their safety. |
| 3 | Individual's interaction with peers presents as an immediate risk to their safety. |

Medical

Review of medical support to include doctor's visits, medication administration and treatment for injury/illness.

Questions to consider

- Have there been any public health related concerns that have put the individual at risk, not already known prior to visit? Do there appear to be any unmet medical needs? When applicable, are individual's medications being administered correctly? Are medical needs being addressed in a timely manner?

Ratings and Descriptions

- | | |
|---|--|
| 1 | Program appears to meet individual's medical needs.
There are no changes with the individual's medical status. |
| 2 | Some concern that the individual's medical needs are not consistently met, but are not immediately life-threatening.
Discrepancy between information on-site and service plan.
There are changes with the individual's medical status. |
| 3 | Individual's medical situation is currently unsafe and requires immediate action. |

Mental Health

Review of mental health support to include doctor's visits, counseling, medication administration, and support for mental wellness.

Questions to consider

- Do there appear to be any unmet mental health needs? Are staff supporting the

Ratings and Descriptions

- | | |
|---|--|
| 1 | Program appears to meet individual's mental health needs. |
| 2 | Some concern that the individual's mental health needs are not consistently met, but are not immediately life-threatening. |

<p>mental health of the individual? Are mental health needs being addressed in a timely manner?</p>	3	<p>Discrepancy between information on-site and service plan.</p> <hr/> <p>Individual’s mental health situation is currently unsafe and requires immediate action.</p>
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<p>Motor Direct observation of the staff in supporting the individual’s motor needs.</p>

<p>Questions to consider</p> <ul style="list-style-type: none"> • Is individual able to navigate their environment with or without adaptive devices without support? Is staff support sufficient to assist with all motor needs? 		<p>Ratings and Descriptions</p> <hr/> <p>1 Program appears to meet individual’s motor needs.</p> <hr/> <p>2 Some concern about individual’s motor safety, which does not require immediate action.</p> <p style="padding-left: 20px;">Discrepancy between information on-site and service plan.</p> <hr/> <p>3 Individual’s unmet motor needs make current situation unsafe and requires immediate action.</p> <p style="padding-left: 20px;">Staff utilize unapproved methods for their convenience due to individual’s motor deficiency.</p>
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<p>Perception of Safety Looking for an indication that the individual has concerns about their personal well-being.</p>
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<p>Questions to consider</p> <ul style="list-style-type: none"> • Does the individual report feeling unsafe in their environment? Do they express being afraid of a peer or staff? Does the individual express feeling unsafe, even if they can’t express a specific reason? If unable to verbally report, does the individual show signs of distress when a specific peer or staff approaches them? 		<p>Ratings and Descriptions</p> <hr/> <p>1 Individual does not express the perception of any threats to personal safety.</p> <p style="padding-left: 20px;">Individual is not able to express the perception of any threats to personal safety.</p> <hr/> <p>2 Individual expresses some concerns about personal safety but is unable to identify the perceived risk to their safety.</p> <hr/> <p>3 Individual perceives themselves as unsafe and is able to identify perceived risks to their safety.</p>
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Physical Appearance

Direct observation of the individual. Looking for physical signs of abuse and/or neglect.

Questions to consider

- Are there any visible signs of injury, illness or unmet hygiene need? Does the individual or staff report any injury or illness? Are there any other indications of injury or illness (e.g., daily logs, odors)? Is there cause to ask to see physical evidence that may be obscured by clothing? If there are injuries, in what stage of healing do they appear? Is there evidence of medical treatment? Is their clothing seasonally appropriate, clean and in good condition?

Ratings and Descriptions

- | | |
|---|---|
| 1 | Individual does not appear to have any signs of injury, illness or unmet hygiene needs and their attire is appropriate. |
| 2 | Individual is observed with injuries that have been previously reported and treated.

Individual presents with unmet hygiene needs with no evidence of neglect.

Individual appears to show signs of illness and/or pain that does not require immediate medical attention.

Individual's attire appears inappropriate with no evidence of neglect. |
| 3 | Individual is observed with unexplained injuries (e.g., bruising, cuts, scratches, etc.).

Individual presents with unmet hygiene needs with evidence of neglect.

Individual appears to show signs of illness and/or pain that requires immediate medical attention.

Individual's attire appears inappropriate with evidence of neglect. |

Self-Care

Direct observation of the staff in supporting the individual's self-care needs.

Questions to consider

- Are the individual's hygiene needs being met? Do staff provide the correct amount of support? Does the individual have privacy while staff are supporting them?

Ratings and Descriptions

- | | |
|---|---|
| 1 | Program appears to meet individual's self-care needs. |
| 2 | Some concerns about program's ability to meet the individual's self-care needs, which does not require immediate action.

Discrepancy between information on-site and service plan. |
| 3 | Program's inability to meet the individual's self-care needs creates a safety risk and requires immediate action.

Self-care support is provided without privacy. |

Sensory

Direct observation of the staff in supporting the individual to utilize their five senses.

<p>Questions to consider</p> <ul style="list-style-type: none">• Are individual's auditory, visual, etc. needs met, with or without assistive devices? Are staff assisting individual, as needed?	Ratings and Descriptions	
	1	Program appears to meet individual's sensory needs.
	2	Some concern about individual's sensory needs, which does not require immediate action. Discrepancy between information on-site and service plan.
	3	Individual's unmet sensory needs make current situation unsafe and requires immediate action. Equipment needed to aid sensory deficiency is not available to individual without viable rationale.

Staff Interaction with Individual

Direct observation of staff interaction with individuals.

<p>Questions to consider</p> <ul style="list-style-type: none">• Do staff speak to each other and individuals in a respectful manner? Is their tone appropriate? Do they use age appropriate language? Do they engage individuals in communication that they would understand? Do staff demand individuals comply with them or do they encourage appropriately?	Ratings and Descriptions	
	1	Staff are generally appropriate and respectful in observed interactions with residents.
	2	Staff are observed to be somewhat inappropriate, disrespectful or unkind in some interactions with individuals.
	3	Staff are observed to treat individuals in a dismissive, hostile or disrespectful manner. Staff require individuals to perform tasks that benefit the staff.

Staff Knowledge of Individual

Direct observation of staff knowledge of individual's support needs.

<p>Questions to consider</p> <ul style="list-style-type: none">Are staff familiar with individual's support needs? Is at least one staff familiar with individuals to assist other staff? Is the staff knowledge in line with individual's support needs?	Ratings and Descriptions	
	1	Staff are able to demonstrate knowledge of the individual's support needs.
	2	Staff demonstrate a lack of knowledge of the individual's support needs, which does not pose as an immediate risk to the individual's safety.
	3	Staff demonstrate a lack of knowledge of the individual's support needs, which poses as an immediate risk to the individual's safety.

Supervision

Direct observation of staffing supports.

<p>Questions to consider</p> <ul style="list-style-type: none">Is there the correct number of staff on duty, per staff schedule? Does the staffing ratio appear adequate? Are staff providing correct amount of supervision?	Ratings and Descriptions	
	1	Staff are observed to provide appropriate supervision.
	2	Staff are observed not providing appropriate supervision, which does not pose as an immediate safety risk. Discrepancy between information on-site and service plan.
	3	Staff are observed not providing appropriate supervision, which poses as an immediate safety risk.

Program Visit

Bathroom							
Direct observation of the common bathroom conditions.							
<p>Questions to consider</p> <ul style="list-style-type: none"> Any public health related concerns with conditions? Are the conditions of the room free of tripping hazards? Do individuals have access to the bathroom without restrictions? Are there concerns with the conditions of the bathroom? Is there any indication that water temperatures are abnormal? Are there sufficient paper products, soap, towels, etc.? Are any restrictions in place and, if so, is there documentation available to support the restriction? 	<p>Ratings and Descriptions</p> <table border="0"> <tr> <td style="vertical-align: top; padding-right: 10px;">1</td> <td>No observable safety risks to the common area bathroom. Bathroom is in compliance with all DHS public health protocols</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">2</td> <td>Some safety risks observable with the common area bathroom, which do not pose an immediate safety risk. Discrepancy between information on-site and service plan. Bathroom is not in compliance with all DHS public health protocols</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">3</td> <td>Common area bathroom is observed to have structural damage, which poses as an immediate safety risk. Common area bathroom is observed to have obstructions, which prevent a safe means of egress. Unapproved restrictions are implemented. Individual is not afforded privacy.</td> </tr> </table>	1	No observable safety risks to the common area bathroom. Bathroom is in compliance with all DHS public health protocols	2	Some safety risks observable with the common area bathroom, which do not pose an immediate safety risk. Discrepancy between information on-site and service plan. Bathroom is not in compliance with all DHS public health protocols	3	Common area bathroom is observed to have structural damage, which poses as an immediate safety risk. Common area bathroom is observed to have obstructions, which prevent a safe means of egress. Unapproved restrictions are implemented. Individual is not afforded privacy.
1	No observable safety risks to the common area bathroom. Bathroom is in compliance with all DHS public health protocols						
2	Some safety risks observable with the common area bathroom, which do not pose an immediate safety risk. Discrepancy between information on-site and service plan. Bathroom is not in compliance with all DHS public health protocols						
3	Common area bathroom is observed to have structural damage, which poses as an immediate safety risk. Common area bathroom is observed to have obstructions, which prevent a safe means of egress. Unapproved restrictions are implemented. Individual is not afforded privacy.						

Building							
Direct observation of the physical plant conditions.							
<p>Questions to consider</p> <ul style="list-style-type: none"> Are there concerns noted with the conditions of the structure of the home? Are there concerns with the conditions of the exterior of the home? How long have concerns been present? Is there documentation of attempts to repair? 	<p>Ratings and Descriptions</p> <table border="0"> <tr> <td style="vertical-align: top; padding-right: 10px;">1</td> <td>No observable safety risks to the building.</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">2</td> <td>Some safety risks observable with the building, which do not pose an immediate safety risk.</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">3</td> <td>Building is observed to have structural damage, which poses as an immediate safety risk. Building is observed to have obstructions, which prevent a safe means of egress.</td> </tr> </table>	1	No observable safety risks to the building.	2	Some safety risks observable with the building, which do not pose an immediate safety risk.	3	Building is observed to have structural damage, which poses as an immediate safety risk. Building is observed to have obstructions, which prevent a safe means of egress.
1	No observable safety risks to the building.						
2	Some safety risks observable with the building, which do not pose an immediate safety risk.						
3	Building is observed to have structural damage, which poses as an immediate safety risk. Building is observed to have obstructions, which prevent a safe means of egress.						

Common Area

Direct observation of the common area conditions.

Questions to consider

- Any public health related concerns with conditions? Are the conditions in the common area free from tripping hazards? Is the common area environment safe to all individuals in the residence? Do individuals appear comfortable? Do individuals have access to and choice of TV programming? Are there adequate furnishings available to accommodate all of the residents? Is there video monitoring with or without a policy?

Ratings and Descriptions

- | | |
|---|---|
| 1 | No observable or reported safety concerns with the common area.
Area is kept reasonable clean and orderly.
Common area is in compliance with all DHS public health protocols |
| 2 | Common area is observed to be unkempt, but does not pose as an immediate safety risk.
Furniture appears to be in disrepair, but does not pose as a significant injury risk.
Insect activity is observed, which does not pose as an immediate health risk.
Common area is not in compliance with all DHS public health protocols |
| 3 | Common area is observed to be unsafe because of the physical state of the area and requires immediate amelioration.
Common area lacks appropriate supervision for safe management of the common milieu.
Insect activity is observed, which poses as an immediate health risk.
Furniture is in disrepair and presents as an immediate safety risk or right's violation. |

Kitchen

Direct observation of the kitchen conditions.

Questions to consider

- Any public health related concerns with conditions? Is there sufficient fresh food for a minimum of three days? Is the food stored properly? Is the food appropriate for any

Ratings and Descriptions

- | | |
|---|---|
| 1 | Kitchen is clean, well-stocked with appropriate foods and is free from bacterium and insect activity.
Kitchen is in compliance with all DHS public health protocols. |
| 2 | Kitchen is somewhat disorganized and food is lacking in quantity or freshness.
Standard appliances are in disrepair but do not pose a safety risk. |

<p>dietary restrictions? Are there current menus available with appropriate diets listed? Are there any conditions present that could cause illness? Does the environment present any hazards that put any of the individuals at risk? Are any restrictions in place and, if so, is there documentation available to support the restriction? Are there enough fluids available to individuals to drink as they wish? Is equipment needed to prepare specialized diets present and in good working order? Is there adequate seating available to accommodate all residents at meal times?</p>	<p>Insect activity is observed, which does not pose as an immediate health risk.</p> <p>Kitchen contains some bacterium, which does not pose as an immediate health risk.</p> <p>Discrepancy between information on-site and service plan.</p> <p>Kitchen is not in compliance with all DHS public health protocols</p> <hr/> <p>3 Kitchen is observed to be unclean, with clear signs of health risk.</p> <p>Kitchen is absent of appropriate and/or sufficient food.</p> <p>Kitchen contains unauthorized barriers to access food and/or drink.</p> <p>Standard appliances are in disrepair and pose as an immediate safety risk.</p> <p>Insect activity is observed, which poses as an immediate health risk.</p> <p>Kitchen contains bacterium, which poses as an immediate health risk.</p> <p>Unapproved restrictions are implemented.</p>
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Staff Direct observation of how staff greet Analyst.	
Questions to consider	Ratings and Descriptions
<ul style="list-style-type: none"> Are staff adhering to public health related policy requirements? Do staff verify credentials? Do staff appear guarded or nervous? Do staff not allow entry or delay entry? 	<p>1 Staff are welcoming and open to the visit.</p> <p>Staff are following all DHS public health protocols.</p> <hr/> <p>2 Staff are somewhat guarded and defensive about the visit.</p> <p>Staff are not following all DHS public health protocols.</p> <hr/> <p>3 Staff acts in an obstructionist manner, which increases the difficulty of the visit.</p>

DROPDOWN SELECTIONS

Individual Pre-Visit

Behavior	Communication	Dietary/Nutrition
None	No barriers	No Restrictions
Aggressive - Physical - Peers	Communication Device	Allergy Restrictions
Aggressive - Physical - Property	Echolalia	Allergy Sensitivity
Aggressive - Physical - Staff	Gestures	Chopped Texture
Aggressive - Verbal	Non-English Language	Clear Liquid
Behavior Plan - Level 1	Sign Language	Diabetic Diet
Behavior Plan - Level 2	Stutter	Enteral Feeding
Behavior Plan - Level 3	Verbal - Limited	Fluid Restriction
Binge Eating	Verbal - None	Full Liquid
Clothes Tearing	Other	Gluten Free Diet
Criminal History		Ground Texture
Elopement		Heart Healthy
False Reporting History		High Calorie Diet
Fecal Smearing		High Fat Diet
Fire Setting		High Fiber Diet
Food/Drink Grabbing		Honey Thick Liquids
High Risk - Sexual		Lactose Intolerant
High Risk - Social		Lactose Sensitivity
Hoarding		Limited Caffeine
Homicidal Ideation		Low Acid Diet
Inappropriate Disrobing		Low Calorie Diet
Inappropriate Masturbation		Low Carbohydrate Diet
Inappropriate Urination		Low Cholesterol Diet
Internet - High Risk		Low Fat Diet
Non-compliance		Low Residue
Pica – High		Low Fiber/Roughage
Pica – Low		Low Sodium Diet
Pica – Moderate		Low Sugar Diet
Pica History		Moistened
Rectal Digging		Nectar Thick Liquids
Regurgitation		No/Low Concentrated Sweets
Rumination		Nutritional Supplement
Self-Injurious		Portion Control
Stereotypy		PKU Diet
Suicidal Ideation		Positioning Specifications

Taking Other's Property Without Permission		
Tantrums		Pudding Thick Liquids
Vaginal Digging		Pureed Texture
Vocal Ticks		Regular Texture
Wandering		Religious Specifications
Other		Other

Equipment/Devices	Financial	Medical
None	Independent	None
Abdominal Binder	Limited	ICD10 Axis I
Adaptive Eating Utensil	Dependent	Other
Adult Incontinence Product	Other	
Air Mattress		
Anti-Roll Mattress		
Arm Guards/Splints		
Bed Alarm		
Bed Rails		
Bed Shaker		
Bedpan		
Brace - Ankle		
Brace - Back		
Brace - Neck		
Brace - Other		
Bumper Guards		
Cane		
Chimes		
Chux Pads		
Colostomy Supplies		
Communication Device		
Compression Equipment		
C-Pap/Bi-Pap/A-Pap		
Dentures		
Dyastat		
Epi-Pen		
Feeding Tube		
Gait Belt		
Gel Mattress		
Glasses		
Glucometer		
Grab Bars		

Hand Bed Rail		
Hearing Aids		
Helmet		
Hospital bed		
Hoyer Lift		
Inhaler		
I-Pad with Pro Lo Quo		
Knee Pads		
Leg Braces		
Medical ID Bracelet		
Medical ID Card		
Monitor - Audio		
Monitor - Video		
Nebulizer		
Noise Cancelling Device		
Orthopedic Inserts		
Orthopedic Shoes		
Oxygen Concentrator		
Oxygen Tank		
Padded Toilet Seat		
Platform Bed		
Portable Commode		
Pulse Ox		
Raised Toilet		
Ramp		
Safety Harness		
Shower Chair		
Shower Hand Rails		
Strobe Light		
Toe Spacer		
Transfer Board		
VNS Magnet		
Walker		
Wedge		
Weighted Blanket		
Weighted Vest		
Wheelchair - Alarm		
Wheelchair - Lap Tray		
Wheelchair - Manual		
Wheelchair - Power		
Wheelchair - Seat Belt		

Wheelchair - Transport		
Other		

Mental Health	Motor	Self-Care
None	No Issues	Independent
ICD10 Axis II	Ambulation - Guidance	Limited - Verbal Prompts
Other	Ambulation - Stairs	Limited - Verbal Reminders
	Contractures	Physical - Hand Over Hand
	Feeding - Limited Assistance	Physical - Total
	Feeding - Total Assistance	Other
	Muscle Weakness	
	Paresis - Lower	
	Paresis - Total	
	Paresis - Upper	
	Propels Independently	
	Propels with Assistance	
	Rigid	
	Ticks - Complex	
	Ticks - Simple	
	Transfers - Limited Assistance	
	Transfers - Total Assistance	
	Tremors	
	Unsteady Gait	
	Other	

Sensory	Supervision	
No Issues	Independent	Charting – Recommended
Auditory - Limited	Semi-Independent	Charting – Prescribed
Auditory - Total Deafness	Charting - Blood Pressure	Restriction – Clothing Storage
Balance Disorder	Charting - Bowel	Restriction – Hygiene
Light Sensitivity	Charting - Calorie	Restriction – Direct Intervention While Eating
Sounds Sensitivity	Charting - Fluids	Restriction – Locked Cleaning Supplies
Smell - Reduced Ability	Charting - Glucose	Restriction – Locked Food
Taste - Reduced Ability	Charting - Weight	Restriction – Locked Sharps
Touch - High Pain Tolerance	Dependent - 1:1	Restriction – Paper Products
Touch - Hypersensitive	Dependent - Auditory Range	Restriction – Window Obscured
Touch - Low Sensitivity	Dependent - Interval Checks	Other
Touch - No Sensitivity	Dependent - Line of Sight	
Vision - Legally Blind	Dependent - Visual Range	

Vision - Limited	Pica Protocol	
Vision - Total Blindness		
Other		

Program Pre-Visit

Critical Incidents	Licensing Reports	Previous SAFE-T
AB110 Physical Abuse - No Injury	10:44A 2.1 General Requirements	All '1'
AB112 Physical Abuse - Minor	10:44A 2.2 Procedure Manual	Any '2'
AB114 Physical Abuse – Moderate	10:44A 2.3 Implementation of Procedure Manual	Any '3'
AB116 Physical Abuse - Major	10:44A 2.5 Minimum Staff Qualifications	
AB310 Verbal Psychological Abuse	10:44A 2.6 Orientation	
AB415 Sexual Abuse	10:44A 2.7 Staff Training	
AS114 Physical Assault - Moderate Injury	10:44A 2.8 Staff Coverage	
AS116 Physical Assault - Major Injury	10:44A 2.9 Records; Individuals	
CN320 Contraband	10:44A 2.10 Individual Financial Records	
CR101 Criminal - SR Victim	10:44A 3.1 General Requirements	
CR110 Criminal - SR Perpetrator	10:44A 3.2 Rules Governing Residence	
DL011 911 NOT Called	10:44A 3.3 Self Advocacy	
DT Death	10:44A 4.1 Pre-Admission and Admission	
EL101 Elopement	10:44A 4.2 Changes in Supports/Services	
EX101 Financial Exploitation Under \$100	10:44A 4.3 Service Plan	
EX102 Financial Exploitation Over \$100	10:44A 5.1 General Health Care	
EX110 Personal Exploitation	10:44A 5.2 Prescription Medication	
FR101 Failure to Report	10:44A 5.3 Over-the-Counter Medication	
IN114 Injury - Moderate	10:44A 5.4 Emergency Telephone Numbers	
IN116 Injury - Major	10:44A 5.5 Food	
IN216 Injury - Major	10:44A 5.6 Clothing	
MD101 Medical	10:44A 5.7 Vehicle Safety	
NE211 Neglect - No Injury	10:44A 5.8 Workplace Safety	
NE212 Neglect - Minor	10:44A 6.1 Fire Safety	
NE214 Neglect - Moderate	10:44A 6.2 Fire Evacuation Plans	
NE216 Neglect - Major	10:44A 6.3 Egress Protocols	
OD101 Overdose	10:44A 6.4 Use Group Classification Requirements	
OP510 Operational	10:44A 6.5 Fire Extinguishers	
PR101 Professional Misconduct	10:44A 6.6 General Home Requirements	
RE101 Unapproved Restraint Without Injury	10:44A 6.7 Certification of Occupancy	

RE102 Unapproved Restraint With Injury	10:44A 6.8 Exits	
RG210 Rights Violation	10:44A 6.9 Heat Sources	
SA200 Sexual Assault	10:44A 6.10 Water	
SU111 Suicide Attempt	10:44A 6.11 Railings, Stairs and Hallways	
WK101 Walkaway	10:44A 6.12 Windows	
None	10:44A 6.13 Bedrooms	
	10:44A 6.14 Bathrooms	
	10:44A 6.15 Kitchens	
	10:44A 6.16 Basement Use	
	10:44A 6.17 Maintenance Requirements	
	10:44 B 2.1 Licensee Requirements	
	10:44 B 2.2 Placements and Departures	
	10:44 B 2.3 Alternates	
	10:44 B 2.4 Reporting Requirements	
	10:44 B 2A.1 Licensee Records	
	10:44 B 2A.2 Individual Records	
	10:44 B 3.1 Individual Rights	
	10:44 B 3.2 Personal Funds	
	10:44 B 3.3 Personal Health, Hygiene and Grooming	
	10:44 B 3.4 Food	
	10:44 B 3.5 Clothing	
	10:44 B 4.1 Service Plan	
	10:44 B 4.2 Days Activities	
	10:44 B 5.1 General Medical and Health Care	
	10:44 B 5.2 Medication	
	10:44 B 6.1 General Home Requirements	
	10:44 B 6.2 General Exterior Residence Requirements	
	10:44 B 6.3 Fire Safety	
	10:44 B 6.4 Individual Bedrooms	
	10:44 B 6.5 Transportation and Vehicle Safety	
	None	

Pre-Visit Source Documents

Service Plan
Case Note
Dental
HSRS/ABS
Medical

Monthly Contact
NJCAT
PCPT
SOS Request Form
Other

Individual Visit

Bedroom	Behavior	Communication
No Concerns	No Behavior Observed	No Documentation
Covid-19 Related Sanitization	Inconsistent Documentation	Ability Doesn't Match Documentation
Bedding - Inadequate	Managed Appropriately	Communicated with Analyst via Device
Bedding - Missing	Managed Inappropriately	Communication Device Missing
Bedding - Soiled	Strategy Inconsistent with Plan	Communication Device Not Accessible
Cigarettes - Evidence of Usage	Other	Communicated with Analyst via Gesture
Cleaning Supplies		Communication Device Present
Cleanliness - Food Debris		Communication Needs Met
Cleanliness - Malodorous		Communication Needs Unmet
Closet Damage		Did Not Communicate with Analyst
Clothing - Locked		Inconsistent Documentation
Clothing - Not Seasonal		New Prescription Available
Clothing - Quantity		New Prescription Unavailable
Clothing - Unavailable		Non-responsive
Clothing - Unclean		Other
Clutter - Major		
Clutter - Moderate		
Décor - Impersonal		
Furniture - Disrepair		
Furniture - Unusable		
Heating - Damaged Source		
Heating - Portable Device		
Hygiene Supplies		
Insect Activity		
Lighting - Insufficient		
Lighting - Poor		
Locked		
Paper Products		
Path Obstruction		
Phone - No Availability		
Temperature - Too High		
Temperature - Too Low		

Window Covering - Damage/Major		
Window Covering - Damage/Moderate		
Window Covering - Missing		
Countertops Damaged		
Countertops Unclean		
Flooring Damaged		
Flooring Unclean		
Black/Brown Substance		
Cleanliness - Shower/Tub		
Cleanliness - Sink		
Cleanliness - Tile		
Cleanliness - Toilet		
Cleaning Supplies		
Faucet Damage		
Mirror Damage		
Paper Products		
Soap Accessibility		
Toilet Tissue Accessibility		
Towel Accessibility		
Other		

Dietary/Nutrition	Emotional Appearance	Equipment/Devices
Menus Reflect Prescribed Diet	Agitated	No Equipment/Devices Prescribed
Ample Amount of Food	Amused	All Equipment/Devices Observed
Choice of Food - Appropriate	Anger	Missing Equipment/Devices
Choice of Food - Not Appropriate	Anxiety	Inconsistent Documentation
Food Does Not Meet Dietary Needs	Anxious	New Prescription Available
Food Meets Dietary Needs	Apathetic	New Prescription Unavailable
Fresh Food - Insufficient	Appreciative	Equipment/Devices in Disrepair
Fresh Food - Sufficient	Content	Other
Inconsistent Documentation	Crying	
Menu Concern	Curious	
New Prescription Available	Depression	
New Prescription Unavailable	Disgust	
Seconds Not Offered	Distrust	
Seconds Offered	Enthusiastic	
Other	Envious	
	Fear	
	Happy	
	Hopeful	

	Love	
	Neutral	
	Pride	
	Restless	
	Sad	
	Shame	
	Surprised	
	Trust	
	Withdrawn	
	Other	

Financial	Interaction with other Individuals
Documentation Not Available	No Concern
Evidence of Inappropriate Use of Funds	No Interaction Observed
Financial Needs Met	No Peers
Financial Needs Unmet	From Peer - Aggression
Inconsistent Documentation	From Peer - Apathy
Independent	From Peer - Bullying
Individual Acknowledges Receipt of Funds	From Peer - Cursing
Individual Denies Receipt of Funds	Toward Peer - Aggression
Receives Appropriate Amount of Funds	Toward Peer - Apathy
Other	Toward Peer - Bullying
	Toward Peer - Cursing
	Other

Medical	Mental Health
None	None
History of Positive Covid-19 Test	Change in Mental Health Status
History of Negative Covid-19 Test	Lack of Follow Up
Pending Covid-19 Test	MARs Concern
Current Positive Covid-19 Status	Medication Not Secured
Not Covid-19 Tested	Medication Administration Concern
Positive Covid-19 Antibody test	New Diagnosis
Negative Covid-19 Antibody test	Other
Pending Covid-19 Antibody test	
Change in Medical Status	
Lack of Follow Up	
MARs Concern	
Medication Not Secured	
Medication Administration Concern	

New Diagnosis	
Other	

Motor	Perception of Safety
Motor Needs Met	No Concern Expressed
Motor Needs Unmet	Non-Verbal - Concern of Environment
Motor Needs Changed	Non-Verbal - Concern of Other Individual
New Prescription Available	Non-Verbal - Concern of Peer
New Prescription Unavailable	Non-Verbal - Concern of Staff
Inconsistent Documentation	Verbal - Concern of Environment
Other	Verbal - Concern of Other Individual
	Verbal - Concern of Peer
	Verbal - Concern of Staff
	Other

Physical Appearance	Self-Care	Sensory
Attire - Appropriate	Independent	Sensory Needs Met
Attire - Inappropriate	Managed Appropriately	Sensory Needs Unmet
Hygiene - Fair	Inconsistent with Plan	Glasses Available
Hygiene - Good	Managed Inappropriately	Glasses Unavailable
Hygiene - Poor	Inconsistent Documentation	Hearing Aid Available
Illness - Congestion	Other	Hearing Aid Unavailable
Illness - Cough		Inconsistent Documentation
Illness - Diarrhea		New Prescription Available
Illness - Dizzy		New Prescription Unavailable
Illness - Eye		Other
Illness - Fever		
Illness - Headache		
Illness - Infection		
Illness - Lethargy		
Illness - Nausea		
Illness - Skin Disorder		
Illness - Stomach		
Illness - Throat		
Injury - Abrasion		
Injury - Bruised		
Injury - Fracture		
Injury - Limp		
Injury - Swelling		
Other		

Staff Interaction with Individual	Staff Knowledge of Individual	Supervision
Staff engaged individuals in meaningful activity	Good	Adequate
Staff were not engaging individuals in meaningful activity	Fair	Concerning
Staff communicated appropriately with individuals	Poor	Inadequate
Staff did not communicate with individual	Other	Other
Staff did not communicate with individual appropriately		
Staff were dismissive of individual's needs		
Staff followed proper procedures		
Staff did not follow proper procedures		
Staff and individual had good rapport		
Staff and individual had poor rapport		
Other		

Program Visit

Building	Bathroom
No Concerns	No Concerns
Address Wrong	Covid-19 Related Sanitization
Basement Water	Black/Brown Substance
Debris on Property	Cleaning Supplies
Door Damage	Cleanliness - Malodorous
Doorbell Not Functioning	Cleanliness - Shower/Tub
Driveway - Damaged	Cleanliness - Sink
House Number Issue	Cleanliness - Tile
Insect Activity	Cleanliness - Toilet
Lighting - Insufficient	Faucet Damaged
Lighting - Poor	Heating - Damaged Source
Lock(s) Damage	Hygiene Supplies
Roof/soffit/fascia Damage	Insect Activity
Stairs - Railing Damaged/Missing	Lighting - Insufficient
Stairs - Steps Damaged	Lighting - Poor
Uneven Surfaces	Locked
Walkway Damaged	Mirror Damaged
Walls - Damaged	Path Obstruction
Walls - Repaired	Paper Products
Water Damage	Soap - Accessibility
Window(s) Damage	Temperature - Too High
Other	Temperature - Too Low
	Toilet Tissue - Accessibility
	Towels - Accessibility

	Window Covering - Damage/Major
	Window Covering - Damage/Moderate
	Window Covering - Missing
	Other

Kitchen	Common Area
No Concerns	No Concerns
Covid-19 Related Sanitization	Covid-19 Related Sanitization
Appliances - Missing	Designated Disposal Available
Appliances - Poor Condition	Designated Disposal Not Available
Cabinets - Damaged	Cleanliness - Food Debris
Cabinets - Locked	Cleanliness - Malodorous
Cabinets - Unclean	Clutter - Major
Chairs - Damaged	Clutter - Moderate
Chairs - Missing	Décor - Impersonal
Cleanliness - Food Debris	Décor - None
Cleanliness - Malodorous	Flooring - Damaged
Countertops - Damaged	Flooring - Unclean
Countertops - Unclean	Furniture - Disrepair
Flooring - Damaged	Furniture - Unusable
Flooring - Unclean	Heating - Damaged Source
Food - Expired	Heating - Portable Device
Food - Insufficient	Insect Activity
Food - Spoiled	Lighting - Insufficient
Food - Storage Concern	Lighting - Poor
Heating - Damaged Source	Path Obstruction
Insect Activity	Phone - No Availability
Lighting - Insufficient	Television - Missing
Lighting - Poor	Television - No Control
Pantry Locked	Temperature - Too High
Path Obstruction	Temperature - Too Low
Refrigerator - Damaged	Window Covering - Damage/Major
Refrigerator - Locked	Window Covering - Damage/Moderate
Refrigerator - Unclean	Window Covering - Missing
Sharps - Locked	Other
Sharps - Unlocked	
Table - Damaged	
Temperature - Too High	
Temperature - Too Low	
Window Covering - Damage/Major	
Window Covering - Damage/Moderate	

Window Covering - Missing	
Other	

Staff	Rationale
Staff Wearing PPE	Agency
Staff Not Wearing PPE	Staff
Staff Put PPE on During Visit	Individual
Staff Refuse to Wear PPE	Support Coordination
Staff Cooperative	DDD
Delayed	Guardian
Staff Receptive to Analyst	Payee
Staff Unreceptive to Analyst	Other
Staff Unavailable	
Staff Available via Phone Only	
Staff Uncooperative	
Staff Deny Analyst Entry	
Other	