

Utilization Management – Site Visit Report (Group Home/ RTC)

VENDOR: _____

DATE: _____.

Living Room:	+	-	Comments
Cleanliness			
Furniture			
Entertainment			
Sitting area			
Floors			

Kitchen	+	-	Comments
Refrigerator			
Freezer			
Dishwasher			
Stove/Oven			
Microwave			
Eating area			
Sink			
Utensils/ Plates/glasses/cups			
Menu			
Meats			
Vegetables			
Fruits			
Snacks			
Beverages (Milk, juice)			
Pantry			

Bedrooms	+	-	Comments
Mattresses			
Sheets/Blankets/Pillows			
Dressers			
Closets			
Light Fixtures			
Desk			
Window/Screen.			
Air conditioning/ Heat			
Floors			

Bathrooms	+	-	Comments
Floor/Walls			
Light fixtures			
Shower/Tub			
Towels/ Wash Cloth			
Soap			
Toilet			

Storage	+	-	Comments
Medications (Locked)			
Records (Locked)			
Towels/ Supplies			
Miscellaneous			

Program Issues:

Record Review	+	-	Comments
Assessments that document child's issues.			
Service Plan with measurable Goals & Objectives.			
Case Management Notes indicating services being provided.			
Psycho-educational activities.			
Community Activities			
Weekly Individual therapy.			
Family Therapy			
Medication logs complete.			
Independent Living Skills Curriculum and skills training.			
Discharge Planning – Does goal match DSS Service Plan?			
Quarterly Treatment Plan Reviews			
Evidence of Communication with SW, family, etc.			
Educational Information			
Serious Incident Reports			

Staff	+	-	Comments
Staff appeared professional			
Staff Appeared knowledgeable about the program.			
Other Observations			