

OFFICE OF RECIPIENT RIGHTS  
SITE VISIT MONITORING FORM (CMH SERVICE SITES)

SERVICE SITE: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

ASSESSOR: \_\_\_\_\_

TYPE: Group Home:  MI  DD \_\_\_\_\_ Number of Residents | Day Program:  MI  DD | Workshop:  MI  DD  
 ACT Program |  Outpatient |  Clubhouse/Drop-in Center |  Other: \_\_\_\_\_

YES	NO	STANDARD	COMMENTS
		Were rights books provided to consumers and readily available for review?	
		Did the rights books provide the correct information for contacting the appropriate Rights Office?	List the CMHs and name(s) of Rights Staff observed on the books.
		Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	
		Did the posters provide the correct information for contacting the appropriate Rights Office?	List the CMHs and name(s) of Rights Staff observed on the posters.
		The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	
		Were complaint forms readily available?	
		Were recipients aware of how to file a complaint?	
		Were staff aware of how to file a complaint?	
		Were copies of Chapter 7 and 7A available?	
		Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors?	
		Were records and other confidential information secured and not open for public inspection?	
		Were any health or safety concerns identified during the visit?	
		Were appropriate accommodations made for persons with physical disabilities?	
		Documentation that staff received RR training within 30 days of hire was reviewed?	
		Quarterly Brochure: Verify ongoing RR Training *Staff Signature Page	
		Verify (applicable) NCCMH Guidelines are Current & Available (Plan of Service/Annual Assessment/Health Care Plan/Behavior Plan	

Observations:

Deficiencies Notes and Required Action: