

MICHIGAN STATE
UNIVERSITY

Date

Name

Title

Facility

Address

City, State, Zip

Dear <<representative>>:

This letter is to confirm the Heightened Scrutiny site visit for the following setting:

Setting name

Address

City/state/zip

We have scheduled the site visit for <<date>> at <<time>>.

The following documentation is requested ahead of the site visit. If these documents are not available within five days of the site visit, we may need to reschedule the on-site element. <<LIST DETERMINED BY ISSUES>>



**College of
Human Medicine**

Institute for Health
Policy

Michigan State University
East Fee Hall
965 Fee Road, A133
East Lansing MI 48824

517-432-4325
Fax: 517-432-9977
www.ihp.msu.edu

- Articles of incorporation, license information for all settings on campus
- Staffing rosters for different settings on campus
- Resident Agreement
- Resident Handbook
- Roster of all agencies supporting clients
- Calendar of events over past 3 months
- Staff Policy & Procedures and Training Materials/Logs for:
 - Supporting Person Centered Care
 - Providing Culturally Competent Care
 - Implementing/Modifying Client Care Plan
 - Prohibition of Restraint or Seclusion
 - Restrictive Interventions

During this visit, we will want to speak with employees and the following ~~clients~~ residents, their caregivers and/or natural support:

- Client 1 WSA
- Client 2 WSA

Enclosed you will find copies of the visit agenda and review tool.

If you have any questions, you may contact me at <<phone>> or via email at <<email>>.

4/11/2022, E_MIChoice_Visit Confirmation Letter

Regards,

QI Coordinator
MSU