Department of Health Lefapha la Maphelo Departement van Gesondheid Umnyango wezeMpllo

MENTAL HEALTH NPO FACILITY



AUDIT REPORT

DATE OF AUDIT:					
NAME OF FACILITY:					
PHYSICAL ADDRESS					
POSTAL ADDRESS					
Table 1					
TEL NO:	 				
FAX NO: FACILITY MANAGER			<u></u>		
TYPE OF REGISTRATION	NPO	SECT 21	TRUST	(THER
TYPE OF FACILITY	DAY CARE		TO CARRY TO		
And the second s	RESIDENT	IAL	HOSTEL HABOARDING	<u> </u>	
	The second second		######################################		
			INDEPENDEN	ī	
			LIVING		
			OTHER.		
NUMBER OF USERS FACILITY IS	DAY CARE		# Intellectual		
LICENSED FOR			Psychiatric		
	RESIDENT	LAL	Intellectual		
	SIVEIDE	- 1	- Psychiatric Intellectual		
NUMBER OF USERS FACILITY IS: FUNDED FOR	DAY CARE		100		
FUNDED FOR			5 Psychiatric		
	RESIDENT	IAL	Intellectual	en Talenta (1986)	
			Psychiatric		
NUMBER OF USERS ON FACILITY INTELLECTUALLY DISABLED	0-2 yrs	MALES	FEMALES		TOTAL .
INTEGRICADARY DISABLED	3-17 yrs				
	184 yrs				
PSYCHIATRICALLY DISABLED	>18 yrs				
NUMBER OF VACANCIES AT FACI INTELLECTUALLY DISABLED	UHY 0-2 yrs	MARKS	FEMALES		TOTAL
IN ELLECTOALLY DISABLED.	3-17 yrs				
	184 yrs				
PSYCHIATR GARLYOD (SABRED)	>18 yrs				
MANAGEMENT COMMUTTEE	YES	a No		COMMEN	<u>. S</u>
Names and histories available Schedule of meetings available		<u> </u>			
Minutes & attendance register					
Existing licence seen					
PERSONNEL	FILLED	VACANT		COMMENT	'S
Nursing: Prof. nurse			<u> </u>		
Nursing: Other categories Care workers					
Housekeepers					
MDT: Medical officer/Psychiatrist					

Psychosocial team					
STAFF DEVELOPMENT Training on 69 day course	YES	NO		COMMENT	S
Facility in-service training					
Other training ADMINISTRATION OF CARE	YES	NO NO		COMMENT	\$
Manuals/procedures available					
Mental Health Care Act displayed Users rights available/displayed					
Contact details of Review Boards		1.2			
displayed Medication-according to Legislation				, , , , , , , , , , , , , , , , , , , 	
Emergency equipment/procedures					
Record-keeping (in general, across disciplines)					
Periodic reviews- MHCAct Resource lists for referral of users*				······································	
Job descriptions for all staff 🖟 🖖 🥕					
CARE OF USERS Playsical (Incl. clasminess) soutrition, 5	-GOOD	POOR	F 12 19 19 19 19 19 19 19 19 19 19 19 19 19	COMMEN	TS.
linen, etc)					
Rehabilitation programmes (incl. OT		•			
Psycho-education					
Health education Psychosocial aspect of care			1		
Recreation programmes					
PHYSICAL ENVIRONMENT** Dormitories	-G00D	POOR		COMMEN	is
Dining area					
Stimulation area Recreation area					
ABLUTION FACILITIES: Toilets Bathing/showering					
Wash hand basins					
WATER SUPPLY: Hot Cold					
COOKING/DINING FACILITIES					
Cleanliness Equipment				White the control of	aran manaka wiman kana ara
Cold storage facilities.					
Protective clothing WASTE DISPOSAL: Sewerage					
Refuse SAFETY FEATURES: Security					
Safeguards against hazards.					
Fire protection VENTILATION					
STAFF/ADMIN, AREAS					
MAINTENANCE (internal/external) *Resource lists for referral of us	ers- designat	 ed and72 hr f	 	area, psych, clini	ics in the area
**Space,cleanliness and equipm	ent				and the second s

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In view of the attac	ched reports, t	he following	g recomme	ndation is made	e:That the license be:	
UNCONDITIONALL		/************************************				
CONDITIONALLY G	RANTED					
UNCONDITIONALL	Y RENEWED					
CONDITIONALLY R	ENEWED					
REJECTED	MANAGEMENT OF THE PARTY OF THE					
If UNCONDITIONA		W THE DESCRIPTION OF THE PARTY	CALIFORNIA DE L'ARCONTRA DE			
NUMBER AND CATI		DAY CARE		Intellectual		
USERS THAT THE FACILITY BE				Psychiatric		
LICENSED FOR		RESIDENT	IAL	Intellectual		**********
	7"4"	: 1 : :16		Psychiatric .		***
			j. subject t	o move to new	premises), together wi	ith
applicable return o	iate (e.g. June	<i>):</i>				
CONDITION					RETURN DATE	
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If rejected, state re	eason/s in del	tail:				
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REPORTS COMPILI	ED BY:					
	NAME		RANK		DATE	
NURSING						
SOCIAL WORKER						•
E.H.O.						
or				<u> </u>		
OTHER	CEDVICES DI	CTON. A		/civale annual	foto fottos	
DISTRICT HEALTH	SERVICES, RE	:GION: A	ВС	(circle appropr	late letter)	
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	Calif	ena Mant	si Wasith	Directorate		
REGOMMENDATIO		rain man	(ett) (de (ettett	ENTREES CALCULAR	NOT ACCEPTED	
KECOMPIENDATIO	14			ACOMPIGN	NULACCEPIED	
Comments						
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				Andrewson Andrew		
If not accepted, sta	ite reasons in	full:				
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	:					
NAME			POSITION	SIGNATURE	DATE	
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