

SURVEY GUIDE

ASSISTED LIVING FACILITIES



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

**Division of Quality Assurance
Bureau of Assisted Living**

P-63186 (Rev. 03/12)

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This survey guide (DQA publication P-63186) is located on the DHS website at:

<http://www.dhs.wisconsin.gov/publications/p6/p63186.pdf>

BUREAU OF ASSISTED LIVING CONTACT INFORMATION

The Division of Quality Assurance is committed to ensuring a fair, consistent, professional application of state regulations. If you have a concern that you would like to express outside of the processes outlined herein, please contact BAL staff.

DHS / DQA / Bureau of Assisted Living

Central Office

P.O. Box 2969

Madison, WI 53701-2969

Telephone: (608) 266-7463

FAX: (608) 267-7119

UPS or FED EX Deliveries:

1 W. Wilson Street, Room 950

Madison, WI 53703

DHS / DQA / Bureau of Assisted Living

Northeastern Regional Office

P.O. Box 5965

De Pere, WI 54115-5965

Telephone: (920) 983-3200

FAX: (920) 983-3201

UPS or FED EX Deliveries:

1325 South Broadway

De Pere, WI 54115

DHS / DQA / Bureau of Assisted Living

Southeastern Regional Office

819 North 6th Street, Room 609B

Milwaukee, WI 53203-1606

Telephone: (414) 227-2005

FAX: (414) 227-3903

DHS / DQA / Bureau of Assisted Living

Southern Regional Office

P.O. Box 2969

Madison, WI 53701-2969

Telephone: (608) 264-9888

FAX: (608) 264-9889

UPS or FED EX Deliveries:

1 West Wilson Street, Rm. 950

Madison, WI 53703-3445

DHS / DQA / Bureau of Assisted Living

Western Regional Office

610 Gibson Street, Suite 1

Eau Claire, WI 54701-3687

Telephone: (715) 836-4752

FAX: (715) 836-2535

The Division of Quality Assurance conducts both announced and unannounced surveys of assisted living facilities, including community based residential facilities (CBRFs), residential care apartment complexes (RCACs), adult family homes (AFHs), and adult day cares (ADCs), in Wisconsin to ensure that state licensure/certification requirements are met.

The following information was prepared to guide facility staff through the survey process.

I. OVERVIEW OF SURVEY PROCESS

Assisted living surveyors evaluate a facility's performance and compliance with applicable laws and standards in the areas of resident rights, program services, nutrition and food service, physical environment and safety, medication, and staff training. The assisted living survey may be one of three types:

A. INITIAL

An initial survey process is conducted to evaluate structural requirements such as building construction and design related to safety, accessibility, and environmental issues. Process requirements that must be present for desirable outcomes for residents / tenants / participants (*hereinafter termed "consumers"*) are also evaluated.

B. ABBREVIATED

This process will be used in situations for facilities with good compliance history that meet the following criteria:

- No enforcement activity within the last three years;
- No substantiated complaints, resulting in deficiencies, within the last three years; and
- Facility has been licensed / certified for at least three years.

Regional supervisory discretion may address individual cases where an exception may be made to the identified survey type.

The abbreviated survey process focuses on observations and interviews. Observations and interviews are used to evaluate how the individual needs and preferences of consumers are met. If concerns are not identified through observations and interviews, the survey may be concluded. If concerns are identified, the surveyor will continue to gather information.

C. STANDARD

This process will be used when a facility does not meet the criteria for an abbreviated or initial survey. Observation and interview techniques will be primarily used to gather data during the on-site visit. Review of consumers' records and facility records will be done as needed to further investigate concerns identified by observation and interview findings and to determine compliance with process requirements.

II. ASSISTED LIVING SURVEY PROCESS TYPES

A. INITIAL SURVEY PROCESS

An initial survey process is used for the issuance of a new license or certification with a strong emphasis on the provision of technical assistance to the new provider. A completed application is necessary to begin the process. The application is reviewed to determine if an applicant is "fit and qualified", meets financial stability criteria, and if the facility is ready for an on-site visit. This review is done off-site. The materials required to be submitted prior to an initial on-site survey vary according to provider type.

An initial survey process emphasizes structural requirements such as building construction, design and approvals related to safety, accessibility and environmental issues. Compliance with process requirements will be reviewed and technical assistance may be provided.

B. ABBREVIATED SURVEY PROCESS

A facility meets the criteria for an abbreviated survey if it has not had any enforcement action in the last three years, has not had any substantiated complaints with deficiencies issued in the last three years, and has been licensed for at least three years.

The abbreviated survey process consists of the following steps:

1. Off-site Survey Review

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. Introductory Meeting with Staff in Charge

The purpose of this task is to make introductions, explain the survey process, and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process, and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. Tour

The surveyor tours the facility with staff, if available. During the tour, the surveyor will talk with as many staff and consumers in order to gather a general understanding of the level of services provided by the facility and the consumers' perception of the services received.

4. Observations

This task builds on the general observations made during the tour. Observations focus on consumers during varying times and settings. These observations evaluate if the facility promotes and protects rights and dignity and evaluates how the consumers' needs and preferences are met. In addition, observations are made for homelike environment and physical safety.

5. Interviews: Consumer, Family Members/Representatives, and Staff

Interviews will be conducted to determine how the consumers, family members / representatives, and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

6. Record Review

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance with certain process requirements. Consumer assessments and staff training are examples of process requirements.

7. Safety Code Review

The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, and required inspections.

8. Technical Assistance and Standards of Practice

This task promotes the quality of life and care by adding value to the regulatory process through the provision of technical assistance to providers and the promotion of standards of practice.

a. Technical Assistance

Technical assistance includes, but is not limited to:

- interpretation of licensing and certification requirements;
- guidance related to consumer quality of life and care;
- review of provider systems, processes, and policies within the context of regulatory requirements;
- provision of information regarding non-core code issues;
- provision of information regarding new or innovative programs adding quality of life and care; and
- provision of information related to available resources.

Technical assistance does not relieve providers of their responsibility to comply with the regulations. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

b. Standards of Practice

Standards of practice apply to all provider types and are authoritative statements or guidelines that are nationally recognized and serve as a standard of measure or value. The assisted living surveyor may promote the use of standards of practice in the following ways:

- provide information related to available resources;
- acknowledge the positive impact of standards of practice on consumer's quality of life and care;
- recognize the successful use of standards of practice.

9. Exit Conference

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any.

C. STANDARD SURVEY PROCESS

The standard survey process is used in facilities that do not meet the criteria for an abbreviated or initial survey. The standard survey process consists of the following steps:

1. Off-site Survey Review

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. Introductory Meeting with Staff in Charge

The purpose of this task is to make introductions, explain the survey process and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. Tour

The surveyor will tour the facility with staff, if available, and meet as many consumers and staff as possible. During the tour, the surveyor's attention focuses on consumer rights, dignity and privacy, the environment and safety.

4. Sample Selection

The purpose of this task is to draw a sample of consumers receiving services.

5. Observations

This task builds on the general observations made during the tour. Observations focus on the sampled consumers during varying times and settings. These observations evaluate if the facility promotes and protects consumer rights and dignity and how the consumers' needs and preferences are met. In addition, observations are made for homelike environment, physical safety, medication system, and kitchen.

6. Interviews: Consumer, Family Members / Representatives, and Staff

Interviews will be conducted to determine how the consumers, family members/representatives and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

7. Record Review

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance

with certain process requirements. Consumer assessments and staff training are examples of process requirements.

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Technical assistance does not relieve providers of their responsibility to comply with the regulations. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

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10. Exit Conference

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the process, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern.

III. DECISION MAKING

Following the survey, the assisted living surveyor, along with his or her supervisor, will determine if a citation should be issued, and whether to submit a citation for enforcement review.

Survey results could be documented as one or a combination of the following:

A. NO DEFICIENCIES

B. NOTICE OF FINDING

Used for isolated incidents of noncompliance that:

- result in no more than minimal harm, or
- have potential for no more than minimal harm; or
- do not indicate a breakdown in facility systems.

C. STATEMENT OF DEFICIENCY

Used to identify incidents of noncompliance that:

- result in more than minimal, but not serious harm, or
- have potential for more than minimal harm, but not serious harm, or
- indicate a breakdown in facility systems.

All statements of deficiency will include a sanction for an order to submit a plan of correction within 30 days.

D. STATEMENT OF DEFICIENCY WITH ENFORCEMENT

Used to identify incidents of noncompliance that:

- result in serious harm, or
- have potential for serious harm, or
- indicate a breakdown in facility systems that could lead to serious harm, or
- meet the criteria identified in the Assisted Living Enforcement Procedures and Guidelines.

Surveys that result in no deficiencies, statement(s) of deficiency, or statement(s) of deficiency with enforcement are mailed to the licensee within 30 calendar days of the exit conference or the completion of the investigation and findings.

In an effort to enhance collaboration with other stakeholders in assisted living, a courtesy copy of the statement of deficiency and any enforcement action will be mailed to the county, family care organization, Office of Strategic Finance, program bureaus, and the ombudsman.

IV. PLANS OF CORRECTION

A. REQUIREMENTS FOR SUBMITTING A PLAN OF CORRECTION

Facilities must submit a plan of correction (POC) for each violation identified in the statement of deficiency. Plans of correction must be completed and mailed to the appropriate DQA regional office within 30 calendar days following receipt of the statement of deficiencies.

B. CONTENT OF THE PLAN OF CORRECTION

Each Plan of Correction must address all of the following:

- What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
- Who is responsible for monitoring for continued regulatory compliance?
- Department Orders, if applicable. Submit documentation, if requested.
- Date of completion for each corrective action (Violation, Order).

If you have questions while drafting plans of correction, you may contact the assisted living surveyor or the Assisted Living Regional Director (ALRD). Failure to submit a plan of correction is a violation of statutory order and could result in further sanctions.

V. VERIFICATION OF CORRECTION

The Bureau may verify correction of all citations after the established completion dates have passed or the next time an assisted living surveyor is at the facility.

There is a \$200 inspection fee for enforcement verification visits for CBRFs, certified RCACs, licensed AFHs, and certified ADCs.

VI. FAILURE TO CORRECT VIOLATIONS

Failure to correct a citation by the date specified may result in sanctions according to applicable statutes and administrative code provisions, and may include the following:

- A forfeiture or an increased forfeiture.
- Suspension of admissions.
- Imposed plan of correction by the department.
- Suspension or revocation of the facility's license.

VII. FORFEITURE PAYMENT

Unless you file an appeal, you must pay the forfeiture amount within 10 days of receipt of a NOTICE AND ORDER. Remittance is payable to "DHS 639."

VIII. APPEALS

A facility may contest the imposition of a statutory sanction, revocation, or denial of licensure as allowed by statute and administrative code:

- **Adult Family Homes**

AFHs do not have appeal rights for Department action for any sanction under DHS 88.03(6)(g). AFHs may appeal license denials, revocations, or suspensions under s. 50.033(4), Wis. Stats., DHS 88.03(3), DHS 88.03(6)(d), and DHS 88.03(6)(e).

- **Community Based Residential Facilities**

CBRFs have appeal rights for Department action for all sanctions under s. 50.03(5g), Wis. Stats.

- **Residential Care Apartment Complexes**

Certified RCACs have appeal rights for Department action for all sanctions under s. 50.034, Wis. Stats., DHS 89.53(2)(c), DHS 89.53(2)(d), DHS 89.53(4)(b), DHS 89.56, and DHS 89.57.

Appeal rights, if applicable, along with instructions on where to submit an appeal are provided in the Notice and Order that accompany a Statement of Deficiency (SOD).

IX. WAIVERS, APPROVALS, VARIANCES, AND EXCEPTIONS (WAVE)

A. DEFINITIONS

Waiver: The granting of an exemption from a requirement of Wisconsin Administrative Code.

Approval: Review and approval by the department of a practice before the facility implements such.

Variance: Allowing an alternative means of meeting a requirement of Wisconsin Administrative Code.

Exception: Granting the omission of a requirement of Wisconsin Administrative Code.

B. SUBMITTING A WAVE REQUEST

1. WAVE requests may be submitted at any time. The request should be sent to the ALRD at the address listed at the end of this booklet. The request must be in writing and include:

- The rule from which the WAVE is requested.
 - The time period for which the WAVE is requested.
 - The reason for the request.
 - The alternative actions proposed if a variance is requested, or the specific consumers or rooms affected if a WAVE is requested.
 - Documentation of assurance that consumer health, safety or welfare will not be adversely affected.
2. The department will grant or deny a request, in writing, as allowed by the applicable regulation for each provider type.

The department may in its sole discretion grant a WAVE of a requirement when it is demonstrated to the satisfaction of the department that granting the WAVE will not jeopardize the health, safety, welfare, or rights to any consumer.

3. The department may modify the terms of the WAVE, impose conditions on the WAVE, or limit the duration of any WAVE.

C. REVOKING A WAVE

The Department may revoke a previously approved waiver, approval, variance, or exception if:

1. It determines that continuance of the WAVE adversely affects the health, safety, or welfare of the consumers;
2. The facility fails to comply with the conditions imposed on the WAVE;
3. It is required by a change in state or federal law, or by administrative rule; or
4. The licensee notifies the department in writing that it wishes to relinquish the WAVE.

ASSISTED LIVING ADMINISTRATOR TRAINING COURSE CURRICULUM CRITERIA

- It has been determined that, in order to obtain department approval, an assisted living administrator's training course must consist of a minimum of 60 classroom hours of training in the following six core competency areas.
- The training curriculum must include the topics specified in each of the six core areas.
- All required hours of training must be conducted in the physical presence of the approved trainer.

1. Leadership / Management Skills (minimum of 12 hours of training)

- Philosophy and Concept of Assisted Living
- Licensure, Regulations, Survey Process
- Administrative Responsibility and Accountability
- Effective Delegation and Supervision
- Organizational Skills
- Decision Making Skills
- Public Relations
- Problem Solving
- Resolving Grievances
- Communication Skills
- Ethics
- Customer Service
- Quality Assurance / Quality Improvement

2. Resident Care and Services (minimum of 18 hours of training)

A. Physical Needs

- *Body Systems (metabolic, circulatory, respiratory, neuromuscular, central nervous system, GI system, immune system, skin integrity, urinary system, etc.)*
- *Activities of Daily Living / Personal Care*
- *Health Conditions (diabetes, heart disease, arthritis, seizure disorders, asthma, COPD, renal failure, etc.)*
- *Individual Needs (dental, vision, hearing, terminal illness, hospice, etc.)*
- *Changes in Condition and Interventions*
- *Gerontology – Aging Process*
- *Standards of Care*
- *Nurse Delegation*

B. Psychosocial Needs

- *Social Services*
- *Alternatives to Restraints*
- *Individualized Activities*
- *Quality of Life*
- *Mental Health Issues (depression, anxiety, etc.)*
- *Behavioral Issues*
- *Death and Dying, End of Life Issues*

- C. Food Service and Nutrition
 - *Special Diets*
 - *Dietary Guidelines for Americans*
 - *Cultural Preferences*
 - *Personal and Client Related Needs*
- D. Infection Control
 - *CDC Standards*
 - *Policies and Procedures*
 - *Communicable Disease Reporting*
- E. Community and Support Services for Residents
 - *Family Involvement and Participation*
 - *Community Involvement*
- F. Nurse Delegation
 - *Chapter N6*
- G. Medications and Medication Administration
 - *Basics of Medication Administration*
 - *Self-Administration of Medications*
 - *Storage of Medications*
 - *Disposal of Medications*
 - *Communication with Pharmacist and Physician*
 - *Drug Interactions*
 - *Common Medications / Uses*
- H. Admissions / Residency / Discharge
 - *Pre-admission Assessment*
 - *Limitations on Admissions*
 - *Admission Agreement*
 - *Family Care Referral for Pre-admission Consultation*
 - *Temporary Service Plan*
 - *Criteria for Discharge*
- I. Assessment
 - *Identification of Resident's Needs*
 - *Areas of Assessment*
 - *On-going Assessment*
 - *Change of Condition*
- J. Development of an Individualized Service Plan
 - *Services Provided Based on Assessed Needs*
 - *Measurable Goals*
- K. Program Services
 - *Services Adequate to Meet Resident's Needs*
 - *Teaching Residents Skills to Maintain Functioning*
 - *Services for Special Populations*
 - *Customer Service and Satisfaction*
- L. Communication with External Health and Social Service Providers
 - *Physicians, Dentists*
 - *Hospitals, Clinics, Rehabilitation Centers*
 - *Pharmacists*
 - *Case Managers / MCOs*
 - *Day Service Providers*

3. Resident Rights, Advocacy, and Legal Issues (minimum of 8 hours of training)

- Resident Rights
 - *DHS 83, Chapter 50, and DHS 94 Resident Rights*
 - *Grievances*
- Advocacy
 - *Adult Protective Services*
 - *Ombudsman*
 - *Disability Rights Wisconsin*
- Surrogate Decision Making
 - *Guardianship*
 - *Power of Attorney for Health Care*
 - *Advance Directives*
- Abuse / Neglect / Misappropriation
 - *Prevention*
 - *Wisconsin Caregiver Law*
 - *Adult Protective Services*
 - *Role of Law Enforcement*

4. Physical Environment / Life Safety (minimum of 8 hours of training)

- Creating a Home-like Environment
- Safe, Clean Environment
 - *Housekeeping*
 - *Laundry*
 - *Oxygen Storage*
 - *Equipment Maintenance*
- Fire Safety
- Emergency and Evacuation Procedures
 - *Resident Evacuation Assessments*
 - *Disaster Preparedness*
- Infection Control
- Food Sanitation and Safety
- Maintenance of Building and Grounds
- Building Systems (fire alarm system, sprinkler system, heating, cooling, ventilation, etc.)
- Other Regulation and Standards
 - *Department of Commerce*
 - *Local Fire, Zoning, and Building Authority*
 - *Department of Natural Resources*
 - *Americans with Disabilities Act*

5. Human Resources Management (minimum of 8 hours of training)

- Recruiting and Retention of Staff
- Hiring
 - *Background Check Requirements*
 - *Communicable Disease Screening*
- Employee Orientation
- Personnel Policies
- Staff Training – Initial and Ongoing

- Supervision of Staff
- Disciplinary Action
- Payroll
- Job Descriptions
- Evaluation of Staff Performance
- Termination
- Personnel Records
- Reporting of Caregiver Misconduct
 - *Chapter DHS 13, Wis. Admin. Code*
- Labor Laws / Occupational Health and Safety Administration (OSHA)
- Workers' Compensation / Insurance / Liability Issues

6. Financial Management (minimum of 6 hours of training)

- Marketing / Sales
- Setting and Negotiating Rates
- Maintaining Census
- Funding Sources
- General Accounting / Bookkeeping Principles
- Budgeting and Fiscal Documentation
- Management of Resident Funds
- Fraud and Ethical Practices