

Assisted Living Survey Preparedness

The following guidelines are provided as a sample of survey preparedness information and audits that can be completed prior to certification and recertification surveys. This list may not be all inclusive depending on the monitor potentially requesting additional documents as well as DIA updating required information needed to complete surveys.

<input checked="" type="checkbox"/>	Task Description/Document Prepared	Additional Training/Policies Established to Achieve Compliance
Pre-Survey Lists and Documents		
	<p>List of all tenants in the program: Include in the list the following information regarding each tenant (as applicable) Lists should be typed on 8 ½ x 11 paper</p> <ul style="list-style-type: none"> • Apartment number; • Move in date; • Indicate tenants that have a GDS of 4 or above; • Indicate tenants that have no cognitive impairment; • Indicate tenants that have a managed risk agreement; • Indicate tenants that have been hospitalized in the last 90 days; • Indicate tenants that utilize outside services such as hospice, home health or therapy; • Indicate tenants that have a waiver; • Indicate tenants that utilize 2-person assist; • Indicate whether tenants self-administer or receive assistance with medications; • Indicate tenants that receive no services from the program; • Indicate tenants who are on the sex-offender registry; • Indicate tenants who receive veterans benefits; • Indicate tenants who wander or have eloped from the program; • Indicate tenants that the program manages funds for; • Indicate tenants that wish to utilize bed rails; • Indicate tenants with a history of suicidal ideation; 	
	<p>List all staff employed by the program:</p> <ul style="list-style-type: none"> • List staff names, titles, and dates of hire. 	
	Provide a copy of the program's Food Service License	
	Provide a copy of the program's Beauty Shop License	
	Provide a copy of the arrangement for transportation services. If a program Provides transportation services	
	Provide a copy of all incident reports and medication errors for the last 3 months	
	Provide a copy of all child and dependent adult abuse investigations since last survey	
	Provide a copy of the programs infection control policies and procedures	
<p>Tenant Chart Audits: Select a sample of tenant charts from your program. Include those that you anticipate will be reviewed by the monitors. This could include tenants that require a higher number of services from the program, those with a higher GDS score, receive outside services such as hospice or home health, those that self-administer medications, those that wander. For each chart audit monitor the following:</p>		
	Was a health, functional and cognitive evaluation completed prior to moving in?	
	Was the service plan developed and signed prior to moving in?	
	Was the occupancy agreement signed after the service plan was developed and prior to moving into the program?	
	Did the program complete a 30 day health, functional and cognitive evaluation within 30 days?	

	Was the service plan updated or reviewed within 30 days of moving in?	
	Did the RN complete each 90 day review? Is this documented? Were changes in health, functional and cognitive changes identified and addressed? Were physician's orders signed with each 90 day review?	
	Was the service plan updated to include identified changes in the tenant?	
	Was a significant change identified when/if it should have been? Was a significant change assessment completed? Was the service plan reviewed/updated and signed upon identification of a significant change?	
	Does the tenants chart contain advanced directives including Power of Attorney and Living Will as applicable?	
	Does the tenant have a CPR form signed indicating whether they want or do not want CPR?	
	Are applicable diagnosis reflected in the tenants chart?	
	If the program administers medications are the tenants current medications on file?	
	Does the program have documented in the service plan the tenants desire for a higher level of care?	
	Does the service plan accurately reflect the services the resident is receiving or not receiving, including who is completing services (i.e. program, self, family, outside agency)	
Employee File Audits: Select a sample of employee files to audit. For each file audit, monitor the following:		
	Was a criminal record, child/dependent adult abuse, license verification and sex offender registry check completed? If any of the above triggered further research or "Hit" was appropriate follow up completed? Was the employee hired within 30 days of the results of the above check?	
	Review the employee's education upon hire: <ul style="list-style-type: none"> • Is there proof of each delegated task competency? • Was food service training provided prior to handling food? • Was the program's Emergency Preparedness Policies and Procedures education provided to the new employee? • Was dependent adult abuse education completed within the last 3 years? • Was dementia training provided to the employee (including in-person training) as required? 	
	Is the employees medication aide or medication manager certificate on file?	
	If the employee has a license (i.e. nurse) is there a copy of the license on file?	
Medication Pass: Observe medication pass (for best results monitor several different staff administering medications and include various routes of medication administration).		
	Did the medication aide or medication manager complete medication administration per the 6 rights of medication pass (tenant, route, medication, dose, time and documentation)?	
	Did the medication aide or medication manager provide for tenant privacy during medication administration?	
	Were parameters followed if ordered by the physician (such as pulse monitor)?	
	Did the medication aide or medication manager follow the manufacturer's recommendations for medication if required (such as administering 1 hour prior to meals, or sitting up for 30 minutes following medication administration)	

	Did the medication aide or medication manager have documented competency evaluation on medication pass in their employee file?	
	If administering a PRN medication was the program's policies and procedures followed related to PRN medication administration, documentation and follow-up?	
	Were there appropriate orders for the medications that were administered during observation?	
	Observe tenant MARS/TARS for gaps or holes in the documentation.	
	Were appropriate infection control principles adhered to including washing hands Prior to passing medications, wearing gloves if appropriate, utilization of hand Sanitizer, utilization of barriers if setting items down that go into a centralized Storage area, if gloves are worn are they worn properly such as changing and Completing such as if a medication aide or medication manager touched a pill Bottle with their hand and then failed to change gloves following task.)	
	Is the staff signature sheet completed for each resident observed?	
	Is the process being completed as delegated by the RN (the medication aide or med manager is completing all tasks that are delegated or they are not completing tasks that should not be completed?	
	Did any tenants exceed level of care requirements that the program did not discharge appropriately or request a waiver from the department?	
Tenant Interview: Complete several tenant interviews for tenants whose GDS score isn't 4 or able or refuses to be interviewed		
	See additional page at end of this document for a sample tenant interview.	
Staff Interview: Complete several staff interviews		
	See additional page at the end of this document for a sample staff interview.	
Dietary Observation		
	Menu review: <ul style="list-style-type: none"> • Are options provided to tenants for choices or alternates to meal served? • Is the correct portion of meal requirements being served/offered in relation to the number of meals the program provides? (100% for 3 meals per day; 66 2/3% for 2 meals per day; 33 1/3% for 1 meal per day) 	
	Was the meal delivered and served timely?	
	Were temperatures pre-serving and post-serving below 41°F for cold food and above 135° for hot food?	
	Did staff follow appropriate infection control measures to prevent contamination and food borne illness? (Examples include not handling ready to eat food with bare hands, if utilizing gloves for service did they not touch multiple items with their gloves on, was hand washing completed appropriately)	
	Does the program have a commercial dishwasher and are the chemicals accurate?	
	Are items dated and labeled in the refrigerator/storage areas and are they discarded appropriately?	
	If therapeutic diets are served is there an order from the physician for the diet and are tenants receiving the appropriate therapeutic diet that is ordered?	
Environmental Observation: Tour the campus, including outdoor areas for adequate repairs and cleanliness		
	Are the outdoor areas well maintained and attractive (assuring side walks are in adequate repair).	
	Are indoor areas well maintained including walls, flooring, fixtures, etc.	
	Are areas cleaned thoroughly without noticeable dust, debris, clutter, etc.	
	Are there notable odors?	
	Are exit doors alarmed if the program is dementia specific and the alarms functioning appropriately? Test the alarms to determine if staff are adequately trained to respond to the alarms and the procedures for responding to the alarms.	

	Are potential hazards locked appropriately, including tenant medications as appropriate?	
Activities		
	Are activities scheduled and a calendar provided to the tenants?	
	Do activities vary in interest in an attempt to keep tenants at their level of Activity involvement prior to entering the ALP	

Additional Resources:

LeadingAge Iowa's Assisted Living [Document Review Checklist](#)

Iowa Administrative Code – [Chapter 67](#)

Iowa Administrative Code – [Chapter 69](#)

Sample Tenant Interview

Tenant: _____

Date: _____

1. Are you aware of your rights as a tenant of this Assisted Living Program?

2. Do you have an emergency call pendant or device?

How long does it take staff to respond to your emergency pendant or device?

3. Do you feel safe here?

4. Have any of the staff ever discussed their personal finances or problems occurring in their personal life?

5. Does the staff respect your desires to:

a. Have services you request or not have services you don't request?

b. Your privacy and dignity?

c. Choices for what you eat and what activities you participate in?

d. Do any other tenants come into your apartment that you do not invite in?

e. Does the staff respect your requests to report things to your family when you desire or not report things to your family that you don't want shared?

6. Do you know who to express grievances (or complaints/concerns) to?

Have you expressed grievances to someone before and have they been addressed?

7. Do feel like the Assisted Living has a clean/quiet/comfortable homelike environment?

8. If you express needs for maintenance in your apartment is this followed through with in a timely manner?

9. How is the food that is offered?

- a. Are you offered choices for food options?**
- b. Is the hot food served hot and cold food served cold?**

10. Are activities provided to you that you have interest in including the frequency of activities provided?

11. Do you feel like the staff that are taking care of you are competent with tasks they are assigned (such as cares, treatments, medication administration)

12. Would you recommend this Assisted Living to others?

Based on tenant interview, the following areas were identified as potential areas of concern:

Root Cause Analysis conducted for the areas of concern:

Interventions to mitigate areas of concern:

Sample Employee Interview

Employee: _____

Date: _____

1. When you were hired or a tenant requires a new delegated task who provides training to you and assures you are competent in the task delegated?
2. Which tenant do you feel is the heaviest care at the Assisted Living?
3. Are there tenants that you frequently have to check on? Any tenants that exit-seek?
4. Are there tenants that require 2 person assistance for cares or transfers?
5. If there is a situation in the evenings, weekends, holidays that you feel like needs a nurse or a physician who do you contact? Do they respond timely to your calls?
6. Are there tenants that have behaviors?
7. Are there tenants that have sexual relationships with other tenants? Staff? How do you approach this?

Based on staff interview the following areas are identified as potential areas for concern:

Root Cause Analysis:

Interventions placed to mitigate potential areas for concern identified: