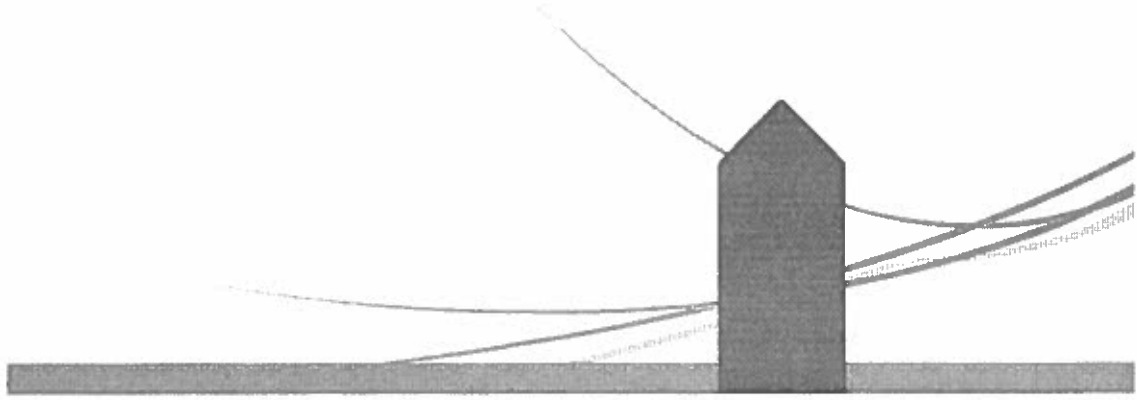


# ARE YOU READY FOR YOUR ASSISTED LIVING SURVEY?

March 6<sup>th</sup>, 2019





## Purpose of Survey

- ▶ Mandated by statute (210 ILCS 9/1)
- ▶ Mandated by regulations (77 IL ADM CODE 295)
- ▶ On-site Annual and Complaint surveys are unannounced visits.
- ▶ Ensure establishments' compliance with the regulations and provide quality services to the consumer.
- ▶ Focus on each residents' individual needs regarding health, safety, and welfare



## The review shall address the following issues:

- ▶ Assessment, service plan and services provided to ensure that resident needs are met.
- ▶ Staff sufficient in numbers and with appropriate skill, education and training to provide services required by the resident population.
- ▶ Compliance with the Health Care Worker Background Check Act.
- ▶ Compliance with service delivery contracts and lease agreements.



## Continued

- ▶ Grievance procedures.
- ▶ Protection of Resident Rights.
- ▶ Quality improvement policies and procedures.
- ▶ Annual resident satisfaction survey has been conducted.
- ▶ Compliance with physical plant, health and sanitation and food preparations.
- ▶ Review of incident and accident reports (both reportable and nonreportable) that are required to be submitted to the Department.

ASSISTED LIVING/SHARED HOUSING ESTABLISHMENT DATA SHEET

□ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Survey Activity: \_\_\_\_\_ Census \_\_\_\_\_

Establishment Name	_____
Address, City, Zip	_____
Telephone Number	_____

Manager Name	_____
Health Care Professional*	_____
License #	_____
Consultant Dietician*	_____
License #	_____
Food Service Supervisor	_____
IDPH Staff Entrance Time	_____
IDPH Staff Exit Time	_____

PLEASE HAVE THE FOLLOWING ITEMS READY FOR THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH SURVEYORS

<p>□ Current Staff Roster - AL &amp; Memory Care</p> <p>□ ESTABLISHMENT POLICIES &amp; PROCEDURES</p> <p>□ Ongoing training documentation log since last annual survey</p> <p>□ Written emergency and disaster plans documentation of fire and tornado drills since last annual survey</p> <p>□ Quality Improvement plan/satisfaction survey documentation since last annual survey</p> <p>□ Medication policies and procedures</p> <p>□ Resident Grievance/Complain Procedure</p> <p>□ Resident Council Minutes</p> <p><b>Other IDPH Requests:</b></p> <p>List of residents with the following:                  Wounds/Pressure Ulcers                  Catheters/Ostomies                  Diabetics/Insulin                  Oxygen                  G-Tubes                  Mechanical lifts                  Specialized diets                  High risk residents for falls                  Residents that self medicate                  Dialysis</p>	<p>□ Current Resident Roster - AL &amp; Memory Care</p> <p>□ PERSONNEL RELATED INFORMATION</p> <p>Current staff roster with job titles and hire dates</p> <p>For Sampled Staff:</p> <ul style="list-style-type: none"> <li>• Initial Health Exam</li> <li>• 2 Step TB Test</li> <li>• CPR Certification Card</li> <li>• Health Care Worker Background and Registry Check</li> <li>• Orientation</li> </ul> <p>Copies of professional licenses for all nurses employed by establishment</p> <p>Copy of Food Service Sanitation Certificate for Food Service Supervisor</p> <p>Yearly LHD Kitchen Inspections</p> <p>Dietician contract</p> <p>Staffing schedules for all units-previous two months of operation</p> <p style="text-align: center;"><b>MEMORY CARE UNITS</b></p> <p>Alzheimer Disclosure</p> <p>Residents on Psychotropic's</p> <p>Manager File</p>	<p>□ Last Survey results with (R) Key and (E) Key</p> <p><b>RESIDENT RELATED INFORMATION</b></p> <p>Current resident roster with room numbers and move-in dates (AL &amp; Memory Care).</p> <p>List of residents receiving hospice care</p> <p>List of residents with Negotiated Risk Agreements</p> <p>List of residents w/ private caregivers</p> <p>List of residents on roster but currently hospitalized</p> <p>List of residents receiving home health services</p> <p>For Sampled residents:</p> <ul style="list-style-type: none"> <li>• Orientation</li> <li>• Contract</li> <li>• Service Plan</li> <li>• Physician Assessment</li> <li>• 2 Step TB Test (annual signs &amp; symptoms screening)</li> </ul> <p><b>All Incident and Accident Report (Reportable and Non-reportable)</b></p> <p>Abuse, Neglect, Financial Exploitation Investigations</p>
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## Resident Related Information

We will look at the last annual survey information.

- ▶ Please see attached data sheet in your handout.
- ▶ This is divided into three parts: Resident Related Information, Personnel Related Information, and Establishment Policies and Procedures.
- ▶ Upon entering the establishment the surveyor will ask for a current resident roster with room numbers and move in dates in AL and Memory Care Unit if applicable.
- ▶ We will ask if any residents are currently on hospice, receiving home health services, anyone who is in the hospital, any resident with a private caregiver and any resident who might have a negotiated risk agreement. Also refer to column three of Data Sheet under other IDPH requests.



## Continued Resident Related Information

- ▶ The surveyor will review files for those sampled residents to include orientation, diagnoses, establishment contract, service plan, physician assessments, and TB testing.
- ▶ If the resident is receiving hospice, home health, etc. we want to see documentation/coordination of care with facility.
- ▶ The surveyor will also review reportable incident and accident reports sent to the Department since the last annual survey.
- ▶ We will review any investigations done on abuse, neglect, or financial exploitation of any resident since the last annual survey.



## Personnel Related Information

- ▶ We will get a current staff roster with job titles and hire dates.
- ▶ We will look at those employee files we have chosen to include orientation, initial health exam, TB test, Health Care Worker Background and Registry Check, and current CPR status, if applicable.
- ▶ We will review staffing schedules on all shifts for two months.
- ▶ We will also review LHD kitchen inspections, Food Service Supervisor Sanitation license and get copies of nurses licenses that are employed by the establishment.





## Memory Care Units

- ▶ The Department will pick a sample of residents in a memory care unit and review those resident files.
- ▶ We will review the Alzheimer Disclosure that was submitted to the Department for approval. Each resident/POA is to get a copy of both the ALZ Disclosure and the resident contract.
- ▶ The surveyor will review the Memory Care manager's file to ensure they meet requirements to oversee this unit.
- ▶ Surveyor will review a sample of residents on psychotropic medications.



## Establishment policies and procedures

- ▶ The surveyor will review all ongoing training documentation for those employees and managers chosen since the last annual survey. Make sure their orientation and annual required hours matches 295.3020 and 295.4060 requirements for both AL and MC.
- ▶ The surveyor will review all annual required fire drills and tornado drills plus documentation of all drills.
- ▶ The surveyor will look at comprised data from annual resident /or family satisfaction survey.



## Continued

- ▶ The surveyor will look at all medication policies and procedures that the establishment is providing for residents.
- ▶ We will review the resident/family grievance and complaint procedure.
- ▶ Review of Resident Council Minutes, if applicable, as it is not a requirement of AL to have a resident council.

These are the minimal requirements of the AL survey process and ask the surveyor questions of any part of AL Code.