

ASSISTED LIVING FACILITY SURVEY TOOL

FACILITY: _____ ADDRESS: _____ DATE/S: _____

ADMINISTRATOR: _____ FACILITY ID #: _____ TELEPHONE #: _____ TASK ORDER #: _____

SURVEYOR/S: _____ E-MAIL/WEB: _____ LICENSE #: _____

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2814 ADMINISTRATOR (1) Each assisted living facility shall employ an administrator. The administrator is responsible for operation of the assisted living facility at all times and shall ensure 24-hour supervision of the residents.</p> <p>(2) The administrator must meet the following minimum requirements:</p> <ul style="list-style-type: none"> (a) be currently licensed as a nursing home administrator in Montana or another state; or (b) has successfully completed all of the self study modules of "The Management Library for Administrators and Executive Directors", a component of the assisted living training system published by the assisted living university (ALU); or (c) enrolled in and complete the self study course referenced in (2)(b), within six months from hire. <p>(3) The administrator must show evidence of at least 16 contact hours of annual continuing education relevant to the individual's duties and responsibilities as administrator of the assisted living facility.</p> <ul style="list-style-type: none"> (a) A nursing home administrator license or the ALU certification count as 16 hours of annual continuing education but only for the calendar year in which the license or certification was initially obtained. <p>(4) In the absence of the administrator, a staff member</p>	<p><i>NOTE: This tool does not contain the complete ARM for Assisted Living Facilities-This tool is for the purpose of conducting on-site surveys. See the ARM for Definitions and the complete ARMs.</i></p> <p>(2) & (3) Ask for validation of administrator's qualifications and continuing education hours.</p> <p>(4) Check P & P, phone lists, staff memo's and interview staff to determine if staff have knowledge of how to access the administrator and/or designee at all times. Is the administrator and staff aware of this rule and how/who to contact in the event of an extended absence?</p>			

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<p>37.106.2814 ADMINISTRATOR (CONT) must be designated to oversee the operation of the facility during the administrator's absence. The administrator or designee shall be in charge, on call and physically available on a daily basis as needed, and shall ensure there are sufficient, qualified staff so that the care, well being, health and safety needs of the residents are met at all times.</p> <p>(a) If the administrator will be absent from the facility for more than 30 continuous days, the department shall be given written notice of the individual who has been appointed the designee. The appointed designee must meet all the requirements of ARM 37.106.2814(1) and (2).</p> <p>(5) The administrator or designee may not be a resident of the facility.</p> <p>(a) A designee must:</p> <p>(i) be age 18 or older; and</p> <p>(ii) have demonstrated competencies required to assure protection of the safety and physical, mental and emotional health of residents.</p> <p>(6) The administrator or their designee shall:</p> <p>(a) ensure that current facility licenses are posted at a place in the facility that is accessible to the public at all times;</p> <p>(b) oversee the day-to-day operation of the facility including but not limited to:</p> <p>(i) all personal care services to residents;</p> <p>(ii) the employment, training and supervision of staff and volunteers;</p> <p>(iii) maintenance of buildings and grounds; and</p> <p>(iv) record keeping; and c) protect the safety and physical, mental and emotional health of residents.</p>	<p>(4) Who are the designated staff member/s individual?</p> <p>(4) (a) Is there a letter or documentation indicating length of extended absences of the administrator and notification provided to the department?</p> <p>If the administrator is/was absent more than 30 days who is the qualified staff member? _____</p> <p>Ask for documentation of the qualifications for the qualified individual.</p> <p>(6) Where is the license posted?</p> <p>Is it in a prominent/conspicuous area for public access/viewing?</p>			

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<p>37.106.2814 ADMINISTRATOR (CONT)</p> <p>(7) The facility shall notify the department within five days of an administrator's departure or a new administrator's employment.</p> <p>(8) The administrator or designee shall initiate transfer of a resident through the resident and/or the resident's practitioner, appropriate agencies or the resident's legal representative when the resident's condition is not within the scope of services of the assisted living facility.</p> <p>(9) The administrator or designee shall accept and retain only those residents whose needs can be met by the facility and who meet the acceptance criteria found in 50-5-226, MCA.</p> <p>(10) The administrator or designee must ensure that a resident who is ambulatory only with mechanical assistance is:</p> <ul style="list-style-type: none"> (a) able to safely self-evacuate the facility without the aid of an elevator or similar mechanical lift; (b) have the ability to move past a building code approved occupancy barrier or smoke barrier into an adjacent wing; or building section; or (c) reach and enter an approved area of refuge. <p>(11) The administrator or designee shall ensure and document that orientation is provided to all employees at a level appropriate to the employee's job responsibilities.</p>	<p>(8) Is there a P & P for transfers? Does the P & P identify what conditions are not within the facility's scope of services? Does the facility have transfer forms that are used in these instances? Does documentation of a transfer indicate how the transfer was initiated? Who was contacted?</p> <p>(9) <i>(See MCA tool to cite specific violations)</i></p> <p>(10) Observe the residents ambulation-those who are ambulatory only with mechanical assistance must be able to meet the criteria. If applicable, note fire escape diagrams and occupancy/smoke barriers-are staff aware of the refuge areas in case of a fire or other disaster? Do the resident's with ambulatory limitations have the ability to access these areas in a timely fashion?</p> <p>(11) Review staff orientation records and Job responsibilities identified by the facility's orientation and P & P for the delivery of services. Interview staff to determine their understanding of their job responsibilities and experience during their job orientation period of employment.</p>			

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<p>(12) The administrator or designee shall review every accident or incident causing injury to a resident and document the appropriate corrective action taken to avoid a reoccurrence.</p> <p>(13) The owner of an assisted living facility may serve as administrator, or in any staff capacity, if the owner meets the qualifications specified in these rules.</p>	<p>(12) * 11/01/06 Interview the administrator, or designee, to determine how she/he documents compliance with this ARM.</p> <p>A communication journal or accident/incident report form may be used as a means to document occurrences and action taken by the Administration and staff.</p> <p>Review documentation to ensure the Administrator is reviewing these occurrences and taking corrective action.</p> <p>A facility is not required to provide its evaluation of an incident or accident by a quality assurance or quality improvement committee. A facility may voluntarily provide such information to show compliance.</p>			

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<p><u>37.106.2815 WRITTEN POLICIES AND PROCEDURES</u> (1) A policy and procedure manual for the organization and operation of the assisted living facility shall be developed, implemented, kept current and reviewed as necessary to assure the continuity of care and day to day operations of the facility. Each review of the manual shall be documented, and the manual shall be available in the facility to staff, residents, residents' legal representatives and representatives of the department at all times.</p> <p>(2) The manual must include an organizational chart delineating the lines of authority, responsibility and accountability for the administration and resident care services of the facility.</p>	<p>(1) Ask staff for the P & P manual-is it readily available? Do they know where it is so they have ready access? Has the P & P been updated to meet current MCA and ARM requirements?</p> <p>(2) Review the organizational chart-enclose a copy for the final report, if possible.</p>			
<p><u>37.106.2816 ASSISTED LIVING FACILITY STAFFING</u> (1) The administrator shall develop minimum qualifications for the hiring of direct care staff and support staff.</p> <p>(2) The administrator shall develop policies and procedures for screening, hiring and assessing staff which include practices that assist the employer in identifying employees that may pose risk or threat to the health, safety or welfare of any resident and provide written documentation of findings and the outcome in the employee's file.</p> <p>(3) New employees shall receive orientation and training in areas relevant to the employee's duties and responsibilities, including:</p> <ul style="list-style-type: none"> (a) an overview of the facility's policies and procedures manual in areas relevant to the employee's job responsibilities; (b) a review of the employee's job description; (c) services provided by the facility; 	<p>(1) How does the administrator hire staff? What resources, agencies are used? Ask the administrator for the P & P for screening, hiring, and assessing direct care staff. Ask for a copy of the job application form, if one is used.</p> <p>(2) Review employee files for documentation validating the employee screening, hiring and assessment process, which include a process for identifying those who may pose a risk or threat to the residents.</p> <p>(3) Review employee files for documentation of (a) through (e)</p>			

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<p><u>37.106.2816</u> ASSISTED LIVING FACILITY STAFFING (CONT)</p> <p>(d) the Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act found at 52-3-801, MCA; and</p> <p>(e) the Montana Long-Term Care Resident Bill of Rights Act found at 50-5-1101, MCA.</p> <p>(4) In addition to meeting the requirements of (3), direct care staff shall be trained to perform the services established in each resident service plan.</p> <p>(5) Direct care staff shall be trained in the use of the abdominal thrust maneuver and basic first aid. If the facility offers cardiopulmonary resuscitation (CPR), at least one person per shift shall hold a current CPR certificate.</p> <p>(6) The following rules must be followed in staffing the assisted living facility:</p> <p>(a) direct care staff shall have knowledge of resident's needs and any events about which the employee should notify the administrator or the administrator's designated representative;</p> <p>(b) the facility shall have a sufficient number of qualified staff on duty 24 hours a day to meet the scheduled and unscheduled needs of each resident, to respond in emergency situations, and all related services, including, but not limited to:</p> <p>(i) maintenance of order, safety and cleanliness;</p> <p>(ii) assistance with medication regimens;</p> <p>(iii) preparation and service of meals;</p> <p>(iv) housekeeping services and assistance with laundry; and</p> <p>(v) assurance that each resident receives the supervision and care required by the service or health care plan to meet the resident's basic needs;</p>	<p>(4) Review Resident Service Plans for special services requested and agreed upon-do the employee training records support staff training in these additional areas? (example: a deaf resident uses sign language to communicate. Has direct care staff received sufficient sign language training to meet the communication needs of the resident per service plan?) Is training appropriate with in the requirements of (6) (e) ?</p> <p>(5) Review staff records for documentation training in proper use of the abdominal thrust maneuver and basic first aid. If the facility offers CPR, check for staff certification and the staffing schedule to verify that one person per shift holds a current CPR certificate. If the facility does not offer CPR, is this stipulated /clarified in the RSP?</p> <p>(6) Review the Resident Service Plan- have the direct care staff signed acknowledgement of the service plan and applicable health care plans? Review staff orientation/training to verify that staff have reviewed the facility P & P. THEN interview direct care staff for validation of their working knowledge of the Resident Service Plan and P&P for emergency situations. (i) through (v).</p> <p>How does the staff communicate communicated changes in condition or</p>			

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<p><u>37.106.2816 ASSISTED LIVING FACILITY STAFFING (CONT)</u></p> <p>(c) an individual on each work shift shall have keys to all relevant resident care areas and access to all items needed to provide appropriate resident care;</p> <p>(d) direct care staff may not perform any service for which they have not received appropriate documented training; and</p> <p>(e) facility staff may not perform any health care service that has not been appropriately delegated under the Montana Nurse Practice Act or in the case of licensed health care professionals that is beyond the scope of their license.</p> <p>(7) Employees and volunteers may perform support services, such as cooking, housekeeping, laundering, general maintenance and office work after receiving an orientation to the appropriate sections of the facility's policy and procedure manual. Any person providing direct care, however, is subject to the orientation and training requirements for direct care staff.</p> <p>(8) Volunteers may be utilized in the facility, but may not be included in the facility's staffing plan in lieu of facility employees. In addition, the use of volunteers is subject to the following:</p> <p>(a) volunteers must be supervised and be familiar with resident rights and the facility's policy and procedures which apply to their duties as a volunteer; and</p> <p>(b) volunteers shall not assist with medication administration, delegated nursing tasks, bathing, toileting or transferring.</p> <p>(9) Residents may participate voluntarily in performing household duties and other tasks suited to the individual resident's needs and abilities, but residents may not be used</p>	<p>unusual occurrences between staff and to the administrator, addressing (i) through (v)?</p> <p>(c) Interview staff-who has the keys, how are the keys accessed, what happens upon change of shift, is there documentation of who has the keys during the shift? If indicated, review facility P & P, and/or documentation of key access. (*locked, secured access to narcotic or high risk medications is a priority) Question the administrator on what the protocol is for key security. Are there conditions that may expose the facility to drug theft?</p> <p>(8) Does the facility have volunteers? Observe employee and volunteer services. Review employee records for orientation to additional services that the employees/volunteers are observed or report performing.</p> <p>IF SO~ Review the volunteers' records for documentation of (a) through (b)</p> <p>(9) Observation and interview of residents and staff regarding household duties performed. Are residents REQUIRED to do these tasks?</p>			

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<p><u>ASSISTED LIVING FACILITY STAFFING (CONT)</u> as substitutes for required staff or be required to perform household duties or other facility tasks.</p>				
<p><u>37.106.2817 EMPLOYEE FILES</u> (1) The facility is responsible for maintaining a file on each employee and substitute personnel. (2) The following documentation from employee files must be made available to the department at all reasonable times, but shall be made available to the department within 24 hours after the department requests to review the files.</p> <ul style="list-style-type: none"> (a) the employee's name; (b) a copy of current credentials, certifications or professional licenses as required to perform the job description; (c) an initialed copy of the employee's job description; and (d) initialed documentation of employee orientation and ongoing training including documentation of Heimlich maneuver training, basic first aid and CPR. <p>(3) The facility shall keep an employee file that meets the requirements set forth in (2) for the administrator of the facility, even when the administrator is the owner.</p> <p>(4) The employer must have evidence of contact to verify that each certified nursing assistant has no adverse findings entered on the nurse aid registry maintained by the department in the certification bureau.</p> <ul style="list-style-type: none"> (a) A facility may not employ or continue employment of any person who has adverse findings on the department nurse aide registry maintained by the department's certification bureau. 	<p>(1) Review staffing schedule and employee files. Does every staff member have a file, including substitute or temporary staff?</p> <p>(2) Do the files contain the items listed in (a) through (d)?</p> <p>(3) Does the administrator have a file? Does it contain the required documentation?</p> <p>(4) (a) Is there documentation that the employer contacted the Nurse Aid Registry on each employ hired for direct care? (employees or perspective employees may falsify information- therefore contacting the Nurse Aid Registry for each employee is strongly encouraged)</p>			

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<p><u>37.106.2821 RESIDENT APPLICATION AND NEEDS ASSESSMENT PROCEDURE</u> (1) All facilities must develop a written application procedure for admission to the facility which includes the prospective resident's name and address, sex, date of birth, marital status and religious affiliation (if volunteered).</p> <p>(2) The facility shall determine whether a potential resident meets the facility's admission requirements and that the resident is appropriate to the facility's license endorsement as either a category A, category B or category C facility, as specified in 50-5-226(2) through (4), MCA.</p> <p>(3) Prior to admission the facility shall conduct an initial resident needs assessment to determine the prospective resident's needs.</p> <p>(4) The initial resident's needs assessment must include documentation of the following:</p> <ul style="list-style-type: none"> (a) cognitive patterns to include short-term memory, long term memory, memory recall, decision making change in cognitive status/awareness or thinking disorders; (b) sensory patterns to include hearing, ability to understand others, ability to make self understood and ability to see in adequate light; (c) activities of daily living (ADL) functional performance to include ability to transfer, locomotion, mobility devices, dressing, eating, use of toilet, bladder continence, bowel continence, continence appliance/programs, grooming and bathing; (d) mood and behavior patterns, sadness or anxiety displayed by resident, wandering, verbally abusive, physically abusive and socially inappropriate/disruptive behavior; (e) health problems/accidents; 	<p>(1) Does the facility Policy and Procedure manual address these requirements?</p> <p>Does the application contain the proper information?</p> <p>(2) Ensure facility's admission requirement are identified and in agreement with 50-5-226 (2) through (4). If not, <i>cite under the MCA tool, in addition to this ARM.</i></p> <p>(3) Upon record review, was the initial resident needs assessment conducted prior to move-in.</p> <p>(4) Does the initial resident's needs assessment contain (a) through (i), if not, is there documentation explaining why this information is absent? Facilities may use their own assessment form-verify that each of these areas are addressed. Do not cite facilities for NOT using the sample forms provided by the Department.</p>			

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<p><u>37.106.2821 RESIDENT APPLICATION AND NEEDS ASSESSMENT PROCEDURE (CONT)</u> (f) weight/nutritional status to include current weight and nutritional complaints; (g) skin problems; (h) medication use to include taking prescription and/or over-the-counter, recent changes, currently taking an antibiotic, antipsychotic use, antianxiety/hypnotic use and antidepressant use; and (i) use of restraints, safety or assistive devices.</p> <p>(5) The department shall collect a fee of \$100 from a prospective resident, resident or facility appealing a rejection or relocation decision made pursuant to ARM 37.106.2821, to cover the cost of the independent nurse resident needs assessment.</p>	<p>(5) Bureau will review the need/use of this ARM CASE-BY-CASE</p>			
<p><u>37.106.2822 RESIDENT SERVICE PLAN: CATEGORY A</u> (1) Based on the initial resident's needs assessment, an initial service plan shall be developed for all category A residents. The initial service plan shall be reviewed or modified within 60 days of admission to assure the service plan accurately reflects the resident's needs and preferences.</p> <p>(2) The service plan shall include a written description of: (a) what the service is; (b) who will provide the service; (c) when the service is performed; (d) where and how often the service is provided; (e) changes in service and the reasons for those changes; (f) if applicable, the desired outcome; (g) an emergency contact with phone number; and (h) the prospective resident's practitioner's name, address, telephone number and whether there are any health care decision making instruments in</p>	<p>(1) Is there a Resident Service Plan for each resident? Is there documentation of review and/or modification within 60 days of admission?</p> <p>(2) Does the Service Plan address (a) through (h)?</p> <p>Does the Service Plan reflect the current needs and preferences of the resident adequately?</p> <p>Facilities may use their own service plan form-verify that each of these areas is addressed. Do not cite facilities for NOT using the sample forms provided by the Department. Review Resident files. Is there</p>			

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<p><u>37.106.2822 RESIDENT SERVICE PLAN: CATEGORY A (Cont)</u> effect if applicable.</p> <p>(3)The resident's needs assessment and service plan shall be reviewed and updated annually, or any time the resident's needs change significantly.</p> <p>(4) A copy of the resident service plan shall be given to the resident or resident's legal representative and be made part of the resident file.</p>	<p>documentation of review and updating annually and upon a change in conditions, including improvements in health/abilities/needs/preferences? If the facility does not offer CPR, is this clarified in the RSP and reviewed annually/quarterly per A/B/C requirements?</p> <p>How is a copy of the service plan being provided-how does the facility verify this has been accomplished?</p>			
<p><u>37.106.2823 RESIDENT AGREEMENT</u> (1) An assisted living facility shall enter into a written resident agreement with each prospective resident prior to admission to the assisted living facility. The agreement shall be signed and dated by a facility representative and the prospective resident or the resident's legal representative. The facility shall provide the prospective resident or the resident's legal representative and the resident's practitioner, if applicable, a copy of the agreement and shall explain the agreement to them. The agreement shall include at least the following items:</p> <ul style="list-style-type: none"> (a) the criteria for requiring transfer or discharge of the resident to another level of care; (b) a statement explaining the availability of skilled nursing or other professional services from a third party provider to a resident in the facility; (c) the extent that specific assistance will be provided by the facility as specified in the resident service plan; (d) a statement explaining the resident's responsibilities including but not limited to house rules, the facility grievance policy, facility smoking policy and policies regarding pets; (e) a listing of specific charges to be incurred for the 	<p>(1) Review resident records. Is there a Resident agreement?</p> <p>When was it signed?</p> <p>By whom?</p> <p>Prior to move-in?</p> <p>Does the Resident Agreement contain the information required in (a) through (h)?</p>			

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<p>37.106.2823 RESIDENT AGREEMENT (CONT) resident's care, frequency of payment, facility rules relating to nonpayment of services and security deposits, if any are required;</p> <p>(f) a statement of all charges, fines, penalties or late fees that shall be assessed against the resident;</p> <p>(g) a statement that the agreed upon facility rate shall not be changed unless 30 day advance written notice is given to the resident and/or the resident's legal representative; and</p> <p>(h) an explanation of the assisted living facility's policy for refunding payment in the event of the resident's absence, discharge or transfer from the facility and the facility's policy for refunding security deposits.</p> <p>(2) When there are changes in services, financial arrangements, or in requirements governing the resident's conduct and care, a new resident/provider agreement must be executed or the original agreement must be updated by addendum and signed and dated by the resident or the resident's legal representative and by the facility representative.</p>	<p>(2) In reviewing the resident records, is there any indication that there have been changes in services, financial arrangements or resident's care needs. If so, is the addendum or updated agreement signed and dated by the resident or appropriate legal representative?</p>			
<p>37.106.2824 INVOLUNTARY DISCHARGE CRITERIA (1) Residents shall be given a written 30 day notice when they are requested to move out. The administrator or designee shall initiate transfer of a resident through the resident's physician or practitioner, appropriate agencies, or the resident for resident's legal representative when:</p> <p>(a) the resident's needs exceed the level of ADL services the facility provides;</p> <p>(b) the resident exhibits behavior or actions that repeatedly and substantially interfere with the rights, health, safety or well being of other residents and the facility has tried prudent and reasonable interventions;</p>	<p>(1) – (4) Ask for closed records. Are there any involuntary discharges? If so, does the documentation indicate that the criteria was followed as detailed in (1) (2) (3) and (4)?</p> <p>How does the facility ensure that the residents and their families are aware of the involuntary discharge criteria?</p>			

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<p><u>37.106.2824 INVOLUNTARY DISCHARGE</u> <u>CRITERIA (CONT)</u> (i) documentation of the interventions attempted by the facility shall become part of the resident's record; (c) the resident, due to severe cognitive decline, is not able to respond to verbal instructions, recognize danger, make basic care decisions, express needs or summon assistance, except as permitted by ARM 37.106.2891 through 37.106.2898. (d) the resident has a medical condition that is complex, unstable or unpredictable and treatment cannot be appropriately developed in the assisted living environment; (e) the resident has had a significant change in condition that requires medical or psychiatric treatment outside the facility and at the time the resident is to be discharged from that setting to move back into the assisted living facility, appropriate facility staff have re-evaluated the resident's needs and have determined the resident's needs exceed the facility's level of service. Temporary absence for medical treatment is not considered a move-out; or (f) the resident has failed to pay charges after reasonable and appropriate notice. (2) The resident's 30 day written move out notice shall, at a minimum, include the following: (a) the reason for transfer or discharge; (b) the effective date of the transfer or discharge; (c) the location to which the resident is to be transferred or discharged; (d) a statement that the resident has the right to appeal the action to the department; and</p>	<p>(Sample forms for Involuntary Discharge documentation are available on the Department web pages- Do not cite facilities for NOT using the sample forms provided by the Department.)</p>			

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<p><u>37.106.2824 INVOLUNTARY DISCHARGE</u> <u>CRITERIA (CONT)</u> (e) the name, address and telephone number of the state long term care ombudsman.</p> <p>(3) A resident may be involuntarily discharged in less than 30 days for the following reasons: (a) if a resident has a medical emergency; (b) the resident exhibits behavior that poses an immediate danger to self or others; or (c) if the resident has not resided in the facility for 30 days.</p> <p>(4) A resident has a right to a fair hearing to contest an involuntary transfer or discharge.</p>	<p>(RULE (4) sections (a) through (f) DELETED FROM SURVEY TOOL: Does not apply to survey-information for resident’s rights and the fair hearing process-Administrators are responsible for knowing this information-refer to ARM for complete Rule.)</p>			
<p><u>37.106.2828 RESIDENT RIGHTS</u> (1) The facility shall comply with the Montana Long-Term Care Residents' Bill of Rights, found at 50-5-1101, et seq., MCA. This includes the posting of the facility's statement of resident rights in a conspicuous place. Prior to or upon admission of a resident, the assisted living facility shall explain and provide the resident with a copy of the Montana Long-Term Care Residents' Bill of Rights.</p> <p>(2) Residents have the right to execute living wills and other advance health care directives, and to have those advance directives honored by the facility in accordance with law.</p> <p>(3) Prior to admission of a resident, the assisted living facility must inform a potential resident in writing of:</p>	<p>(1) Are there resident rights posted in a conspicuous place?</p> <p>How does the facility ensure the resident has received explanation and was provided a copy of the Montana LTC Resident’s Bill of Rights prior to or upon move-in?</p> <p>(2) How does the facility honor the resident’s living wills and other advance directives? How does the staff obtain this information in a timely and effective manner, such as the Service Plan?</p> <p>(3) Ask for documentation of (a) through (b) information and the P & P.</p>			

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<p>37.106.2828 RESIDENT RIGHTS (CONT) (a) their right (at the individual's option) to make decisions regarding medical care, including the right to accept or refuse medical treatment, and the right to formulate an advance directive; and (b) explain and provide a copy of the facility's policies regarding advance directives, including a policy that the facility cannot implement an advance directive, either because of a conscientious objection (under 50-9-203, MCA), or, for some other reason as stated in facility policy (under 50-9-203, MCA).</p> <p>(4) If the facility policy is not to implement an advanced directive the facility shall: (a) take all reasonable steps to transfer the resident to a facility which has no prohibition against implementation of advance directives; or (b) shall inform the resident in writing of any limitations placed upon implementation of the resident's advance directive by the facility.</p> <p>(5) An assisted living facility may not require an execution of an advance directive as a condition for admission</p>	<p>Who, when and how is the written information provided? Interview the administrator and staff for their understanding of this ARM.</p> <p>(4) How does the facility inform the perspective and current resident and families of this policy?</p> <p>Review current and closed resident records for documentation of (4)(a), (4)(b) and (5).</p>			
<p>37.106.2829 RESIDENT FILE (1) At the time of admission, a separate file must be established for each category A, category B or category C resident. This file must be maintained on site in a safe and secure manner and must preserve the resident's confidentiality.</p> <p>(2) The file shall include at least the following: (a) the resident application form; (b) a completed resident agreement, in accordance with ARM 37.106.2823; (c) updates of resident/provider agreements, if any; (d) the service plan for all category A residents; (e) resident's weight on admission and at least</p>	<p>Obtain a resident roster or interview staff, tour facility. Is there a file for each resident? How does the staff know who is Category A, B or C? Does the staff know the location and the proper access of the resident record? How is confidential information protected?</p> <p>Review file for contents to include (a) through (h)</p>			

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RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2829 RESIDENT FILE (CONT) annually thereafter for category A residents or more often as the resident, or the resident's licensed health care professional, determine a weight check is necessary; (f) reports of significant events including: (i) the provider's response to the event; (ii) steps taken to safeguard the resident; and (iii) facility contacts with family members or another responsible party; (g) a record of communication between the facility and the resident or their representative if there has been a change in the resident's status or a need to discharge; and (h) the date and circumstances of the resident's final transfer, discharge, or death, including notice to responsible parties and disposition of personal possessions.</p> <p>(3) The resident file must be kept current. The file must be retained for a minimum of three years following the resident's discharge, transfer or death</p>	<p>Are the files current? Ask for discharge, transfer and death records-ensure storage up to three years.</p> <p>*11/1/06: Review the resident record for (f)</p> <p>Does the information correspond to documentation reviewed under ARM 37.106.2814?</p>			
<p>37.106.2830 THIRD PARTY SERVICES (1) A resident may purchase third party services provided by an individual or entity, licensed if applicable, to provide health care services under arrangements made directly with the resident or resident's legal representative under the provisions of 50-5-225(2)(a) and (b), MCA.</p> <p>(2) The resident or resident's legal representative assumes all responsibility for arranging for the resident's care through appropriate third parties.</p> <p>(3) Third party services shall not compromise the assisted living facility operation or create a danger to others in the facility.</p>	<p>(1) How are residents/families/legal representatives informed about the availability of Third Party services through the resident agreement?</p> <p>Do those receiving or planning Third Party Services aware of the responsibilities and limitation as indicated in (2) and (3)? How?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2831 RESIDENT ACTIVITIES</u> (1) A planned, diversified program of resident activities shall be offered daily for residents, including individual or group activities, on or off site, to meet the individual needs and well being of residents. Resident activities should promote and encourage self care and continuity of normal activities.</p> <p>(2) The activities program shall be developed based on the activity needs and interest of residents as identified through the service plan.</p> <p>(3) The facility shall provide directly, or by arrangement, local transportation for each resident to and from health care services provided outside the facility and to activities of social, religious or community events in which the resident chooses to participate according to facility policy.</p> <p>(4) The activities program shall develop and post a monthly group activities calendar, which lists social, recreational, and other events available to residents. The facility shall maintain a record of past monthly activities, kept on file on the premises for at least three months.</p>	<p>Review resident service plans, and posted calendar. Observe activities scheduled during on-site visit. Is the activity occurring? Do the residents participate? Interview residents. Are they bored? What do they feel there is too much, not enough, appropriate activities? Is there a resident council or social club (such as 4-H, Ladies Club, Book Club, Bible study, etc.)</p> <p>Review the past three months of activities. Do the activities reflect the service plans and interests of the residents?</p>			
<p><u>37.106.2835 RESIDENT UNITS</u></p> <p>(1) A resident of an assisted living facility who uses a wheelchair or walker for mobility, or who is a category B or category C resident, must not be required to use a bedroom on a floor other than the first floor of the facility that is entirely above the level of the ground, unless the facility is designed and equipped in such a manner that the resident can move between floors or to an adjacent international conference of building code officials approved occupancy/fire barrier without assistance and the below grade resident occupancy is or has been approved by the local fire marshal.</p>	<p>(1) Observe. Are there any residents that use walkers or wheelchairs that are not on the ground level?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2835 RESIDENT UNITS (CONT)</u></p> <p>(2) Each resident bedroom must satisfy the following (3) requirements: (a) in a previously licensed facility, no more than four residents may reside in a single bedroom; (b) in new construction and facilities serving residents with severe cognitive impairment, occupancy must be limited to no more than two residents per room; (c) exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, each single bedroom must contain at least 100 square feet, and each multi-bedroom must contain at least 80 square feet per resident; (f) each resident must have a wardrobe, locker, or closet with minimum clear dimensions of one foot 10 inches in depth by one foot eight inches in width, with a clothes rod and shelf placed to permit a vertically clear hanging space of five feet for full length garments; * (e) a sufficient number of electrical outlets must be provided in each resident bedroom and bathroom to meet staff and resident needs without the use of extension cords; (f) each resident bedroom must have operable exterior windows which meet the approval of the local fire or building code authority having jurisdiction; *(g) the resident's room door may be fitted with a lock if approved in the resident service plan, as long as facility staff have access to a key at all times in case of an emergency. Deadbolt locks are prohibited on all resident rooms. * Resident room door locks must be operable, on the resident side of the door, with a single motion and may not require special knowledge for the resident to open; (h) kitchens or kitchenettes in resident rooms are permitted if the resident's service plan permits</p>	<p>(2) Tour the facility. Do the rooms meet the requirements of (a) through (h)?</p> <p>* (e) Are staff using extension cords indicating insufficient number of electrical outlets?</p> <p>* (g) Are the resident doors locks single motion actions? May be expensive to replace all door locks-take out & replace as available-what security issues will result, such as security of medications.</p> <p>(h) If there is a kitchen/kitchenette, are there criteria in the service plan for limitation, restrictions and/or removal</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2835 RESIDENT UNITS (CONT)</u> unrestricted use and the cooking appliance can be removed or disconnected if the service plan indicates the resident is not capable of unrestricted use.</p> <p>(3) A hallway, stairway, unfinished attic, garage, storage area or shed or other similar area of an assisted living facility must not be used as a resident bedroom. Any other room must not be used as a resident bedroom if it:</p> <ul style="list-style-type: none"> (a) can only be reached by passing through a bedroom occupied by another resident; (b) does not have an operable window to the outside; or (c) is used for any other purpose. <p>(4) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to the adoption of this rule or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to residents and staff is not diminished.</p>	<p>needed?</p> <p>Conduct a tour of the facility, note any room that may be used inappropriately. Interview staff, residents and employees if indicated.</p>			
<p><u>37.106.2836 FURNISHINGS</u> (1) Each resident in an assisted living facility must be provided the following at a minimum by the facility:</p> <ul style="list-style-type: none"> (a) individual towel rack; (b) handicap accessible mirror mounted or secured to allow for convenient use by both wheelchair bound residents and ambulatory persons; (c) clean, flame-resistant or non-combustible window treatments or equivalent, for every bedroom window; (i) an electric call system comprised of a fixed manual, pendant cordless or two way interactive, UL or FM listed system which must connect resident rooms to the care staff center or staff 	<p>(1) Observation: Does each resident have the items required in (a) through (e)</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2836 FURNISHINGS (CONT)</u> pagers; and (e) for each multiple-bed room, either flame-resistant privacy curtains for each bed or movable flame-resistant screens to provide privacy upon request of a resident.</p> <p>(2) Following the discharge of a resident, all of the equipment and bedding used by that resident and owned by the facility must be cleaned and sanitized</p>	<p>(2) Interview staff, what is the P & P followed upon a resident's discharge. Is there any supportive documentation?</p>			
<p><u>37.106.2837 COMMON USE AREAS</u> (1) The facility must provide:</p> <p>(a) a dining room of sufficient size to accommodate all the residents comfortably with dining room furnishings that are well constructed and tables designed to accommodate the use of wheelchairs;</p> <p>(b) at least one centrally located common area in which residents may socialize and participate in recreational activities. A common area may include, without limitation, a living room, dining room, enclosed porch or solarium. The common area must be large enough to accommodate those to be served without overcrowding; and</p> <p>(c) enough total living or recreational and dining room area to allow at least 30 square feet per resident.</p> <p>(2) All common areas must be furnished and equipped with comfortable furniture and reading lights in quantities sufficient to accommodate those to be served.</p> <p>(3) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to the adoption of this rule or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to residents and staff is not diminished</p>	<p>Observation: Does the facility meet the requirements of (a) through (c) and (2)?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2838 RESIDENT TOILETS AND BATHING</u> (1) The facility shall provide:</p> <ul style="list-style-type: none"> (a) at least one toilet for every four residents; (b) one bathing facility for every 12 residents; and (c) a toilet and sink in each toilet room. <p>(2) All resident rooms with toilets or shower/bathing facilities must have an operable window to the outside or must be exhausted to the outside by a mechanical ventilation system.</p> <p>(3) Each resident room bathroom shall:</p> <ul style="list-style-type: none"> (a) be in a separate room with a toilet. A sink need not be in the bathroom but shall be in close proximity to the toilet. A shower or tub is not required if the facility utilizes a central bathing unit or units; and (b) have at least one towel bar per resident, one toilet paper holder, one accessible mirror and storage for toiletry items. <p>(4) All doors to resident bathrooms shall open outward or slide into the wall and shall be unlockable from the outside.</p> <ul style="list-style-type: none"> (a) Dutch doors, bi-folding doors, sliding pocket doors and other bi-swing doors may be used if they do not impede the bathroom access width and are approved by the department. A shared bathroom with two means of access is also acceptable. <p>(5) In rooms used by category C or other special needs residents, the bathroom does not have to be in a separate room and does not require a door.</p> <p>(6) Each resident must have access to a toilet room without entering another resident's room or the kitchen, dining or living areas.</p>	<p>How many residents? _____ How many toilets? _____ How many bathing facilities? _____ Is there a toilet and sink in each toilet room?</p> <p>Is the requirements of (2) (3) and (4) met?</p> <p>Review these options with providers that are not in compliance. May make a referral to Licensure Bureau Construction Consultant for additional resources and consultation if indicated and/or Internet referral.</p> <p>Do the residents each have access to a toilet room that meets this criteria?</p> <p>(6) Locate the emergency bathroom/bathing room call system and activate it to assess the manner in which it is responded to and how it is silenced.</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2838 RESIDENT TOILETS AND BATHING (CONT)</u></p> <p>(7) Each resident bathroom or bathing room shall have an emergency call system reporting to the staff location with an audible signal. The device must be silenced at the location only and shall be accessible to an individual collapsed on the floor.</p> <p>(8) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to December 27, 2002, or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to residents and staff is not diminished</p>	<p>(7) Can the call system be activated from the floor?</p>			
<p><u>37.106.2839 ENVIRONMENTAL CONTROL</u> (1) The assisted living facility shall provide a clean, comfortable and well maintained home that is safe for residents and employees at all times.</p> <p>(2) A minimum of 10 foot candles of light must be available in all rooms, with the following exceptions:</p> <ul style="list-style-type: none"> (a) all reading lamps must have a capacity to provide a minimum of 30 foot candles of light; (b) all toilet and bathing areas must be provided with a minimum of 30 foot candles of light; (c) general lighting in food preparation areas must be a minimum of 30 foot candles of light; and (d) hallways must be illuminated at all times by at least a minimum of five foot candles of light at the floor. <p>(3) Temperature in resident rooms, bathrooms, and common areas must be maintained at a minimum of 68°F.</p> <p>(4) A resident's ability to smoke safely shall be evaluated and addressed in the resident's service or health care plan. If the facility permits resident smoking:</p>	<p>(1) Tour the facility. Is it clean, well maintained and safe? Look for situations that may cause falls, trips, or safety risks.</p> <p>Is there enough light to see in hallways, reading areas, rooms, food preparation areas to prevent accidents and the risk of elderly falling, tripping or harming themselves?</p> <p>Does the room feel cold? What is the actual room temperature?</p> <p>NEW 2005 MCA PROHIBITS SMOKING IN PUBLIC FACILITIES</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2839 ENVIRONMENTAL CONTROL (CONT)</u></p> <p>(a) the rights of non-smoking residents shall be given priority in settling smoking disputes between residents; and</p> <p>(b) if there is a designated smoking area within the facility, it shall be designed to keep all contiguous, adjacent or common areas smoke free.</p> <p>(5) An assisted living facility may designate itself as non-smoking provided that adequate notice is given to all residents or all applicants in the facility residency agreement.</p>	<p>What residents smoke? Where is the designated smoking area? How does the facility communicate (4) (a) to residents, families and staff?</p> <p>(5) How does the facility communicate 2005 STATE MCA REGARDING smoking law? (signs, agreement, service plan, etc)</p>			
<p><u>37.106.2843 PERSONAL CARE SERVICES</u> (1) Personal care assistance must be provided to each resident in accordance with their established agreement and needs. Assistance must include, but is not limited to assisting with:</p> <p>(a) personal grooming such as bathing, hand washing, shaving, shampoo and hair care, nail filing or trimming and dressing;</p> <p>(b) oral hygiene or denture care;</p> <p>(c) toileting and toilet hygiene;</p> <p>(d) eating;</p> <p>(e) the use of crutches, braces, walkers, wheelchairs or prosthetic devices, including vision and hearing aids; and</p> <p>(f) self-medication.</p> <p>(2) Evidence that the facility is meeting each resident's needs for personal care services include the following outcomes for residents:</p> <p>(a) physical well being of the resident means the resident:</p> <p>(i) has clean and groomed hair, skin, teeth and nails;</p> <p>(ii) is nourished and hydrated;is free of pressure sores, skin breaks or</p>	<p>Review resident service agreements and plans.</p> <p>Observe & interview residents-are their needs being met? Are these needs reflected in the resident agreement and service plans?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p>3 7.106.2843 PERSONAL CARE SERVICES (CONT) tears, chaps and chaffing; (iv) is appropriately dressed for the season in clean clothes; (v) risk of accident, injury and infection has been minimized; and (vi) receives prompt emergency care for illnesses, injuries and life threatening situations; (b) behavioral and emotional well being of the resident includes: (i) an opportunity to participate in age appropriate activities that are meaningful to the resident if desired; (ii) a sense of security and safety; (iii) a reasonable degree of contentment; and (iv) a feeling of stable and predictable environment; (c) unless medically required by a physician or other practitioner's written order, the resident is: (i) free to go to bed at the time desired; (ii) free to get up in the morning at the time desired; (iii) free to have visitors; (iv) granted privacy; (v) assisted to maintain a level of self care and independence; (vi) assisted as needed to have good oral hygiene; (vii) made as comfortable as possible by the facility; (viii) free to make choices and assumes the risk of those choices; (ix) fully informed of the services that are provided by the facility; (x) free of abuse, neglect and exploitation; (xi) treated with dignity; and (xii) given the opportunity to participate in activities, if desired.</p>				

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2843 PERSONAL CARE SERVICES (CONT) (3) In the event of accident or injury to a resident requiring emergency medical, dental or nursing care or, in the event of death, the assisted living facility shall:</p> <p>(a) immediately make arrangements for emergency care or transfer to an appropriate place for treatment;</p> <p>(b) immediately notify the resident's practitioner and the resident's legal representative.</p> <p>(4) A resident shall receive skin care that meets the following standards:</p> <p>(a) the facility shall practice preventive measures to identify those at risk and maintain a resident's skin integrity. Risk factors include:</p> <p>(i) skin redness lasting more than 30 minutes after pressure is relieved from a bony prominence, such as hips, heels, elbows or coccyx; and</p> <p>(ii) malnutrition/dehydration, whether secondary to poor appetite or another disease process; and (b) an area of broken or damaged skin must be reported within 24 hours to the resident's practitioner. Treatment must be provided as ordered by the resident's practitioner.</p> <p>(5) A person with a stage 3 or 4 pressure ulcer may not be admitted or permitted to remain in a category A facility.</p> <p>(6) The facility shall ensure records of observations, treatments and progress notes are entered in the resident's record and that services are in accordance with the resident health care plan.</p> <p>(7) Direct care staff shall receive training related to maintenance of skin integrity and the prevention of pressure sores by:</p>	<p>(3) Review P & P for emergency events, including resident accidents/injuries. Review recent accident and/or incident reports.</p> <p>(3) (a) Was the response to these occurrences immediate?</p> <p>(3)(b) Were the resident's practitioner and legal representatives notified promptly?</p> <p>Interview staff and/or residents as indicated.</p> <p>(4) Are there any skin care problems? What does the facility do to ensure preventive measures are used? What kind of training does the facility direct care staff receive on skin care for the elderly or disabled?</p> <p>Are skin breakdowns or damage reported within the 24 hours stipulated?</p> <p>Does the resident service plan and/or health care plan address the skin care of those residents who are at risk or have skin problems?</p> <p>Do any of the residents have stage 3 or 4 pressure ulcers? Review the resident needs assessments, health record, and other documentation. Observe residents that appear to be sitting in one position for long periods of time. Observe the mobility and activities of the residents.</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2843 PERSONAL CARE SERVICES (CONT)</u></p> <ul style="list-style-type: none"> (a) keeping residents clean and dry; (b) providing residents with clean and dry bed linens; (c) keeping residents well hydrated; (d) maintaining or restoring healthy nutrition; and (e) keeping the resident physically active and avoiding the overuse of wheelchairs, sitting no longer than one hour or remaining in one position for longer than two hours at one time, and other sources of skin breakdown in ADL's. 	<p>Note any at-risk resident that does not have a skin care plan in their health care or resident service plan.</p> <p>Review the staff training and orientation records. Does the facility provide training that addresses (a) through (e)?</p>			
<p><u>37.106.2846 MEDICATIONS: STORAGE AND DISPOSAL</u> (1) With the exception of resident medication organizers as discussed in ARM 37.106.2848, all medication must be stored in the container dispensed by the pharmacy or in the container in which it was purchased in the case of over-the-counter medication, with the label intact and clearly legible.</p> <p>(2) Medications that require refrigeration must be segregated from food items and stored within the temperature range specified by the manufacturer.</p> <p>(3) All medications administered by the facility shall be stored in locked containers in a secured environment such as a medication room or medication cart. Residents who are responsible for their own medication administration must be provided with a secure storage place within their room for their medications. If the resident is in a private room, locking the door when the resident leaves will suffice.</p> <p>(4) Over-the-counter medications or home remedies requested by the resident shall be reviewed by the resident's</p>	<p>Are all medications labeled and stored appropriately?</p> <p>(2) Are the refrigerated medications segregated from food items? How is this accomplished, such as with air tight/water tight containers? What are the recommend temperatures for the medications and what is the temperature at which the medication is being stored?</p> <p>Where and how are the medications stored? What is the facility P & P?</p> <p>How do residents store medication in their rooms? Are the rooms adequately locked to prevent theft or accidental ingestion?</p> <p>Review the resident's service plan to</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2846 MEDICATIONS: STORAGE AND DISPOSAL (CONT)</u> practitioner or pharmacist as part of the development of a resident's service plan. Residents may keep over-the-counter medications in their room with a written order by the residents' practitioner.</p> <p>(5) The facility shall develop and implement a policy for lawful disposal of unused, outdated, discontinued or recalled resident medications. The facility shall return a resident's medication to the resident or resident's legal representative upon discharge</p>	<p>verify that the resident's practitioner has reviewed the use of OTC medications. Is there a written order for OTC medications to be kept in the resident's room?</p> <p>Review the P & P for medication disposal. Interview administrator and/or staff on procedure. Review resident records for proper documentation .</p>			
<p><u>37.106.2847 MEDICATIONS: PRACTITIONER ORDERS</u> (1) Medication and treatment orders shall be carried out as prescribed. The resident has the right to consent to or refuse medications and treatments. The practitioner shall be notified if a resident refuses consent to an order. Subsequent refusals to consent to an order shall be reported as required by the practitioner.</p> <p>(2) A prescription medication for which the dose or schedule has been changed by the practitioner must be noted in the resident's medication administration record and the resident's service or health care plan by an appropriate licensed health care professional</p>	<p>Are the medications being carried out as ordered? How is this documented? Where? Is the practitioner notified of refusals? Who on the staff is responsible for providing notification?</p> <p>Who is providing this service?</p> <p>Is it timely to avoid errors? Is the documentation legible to prevent errors?</p>			
<p><u>37.106.2848 MEDICATIONS: ADMINISTRATION AND PREPARATION</u> (1) All category A facility residents must self-administer their medication. Those category B facility residents that are capable of, and who wish to self-administer medications, shall be encouraged by facility staff to do so.</p> <p>(2) Any direct care staff member who is capable of reading medication labels may be made responsible for providing necessary assistance to any resident in taking their medication, as defined in ARM 37.106.2805.</p>	<p>Does the staff understand what self-administration means? How much assistance with medication is provided?</p> <p>Observe medication administration.</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2848 MEDICATIONS: ADMINISTRATION AND PREPARATION (CONT.)</u></p> <p>(3) Resident medication organizers may be prepared up to four weeks in advance and injectable medications as specified in (4)(c) by the following individuals:</p> <ul style="list-style-type: none"> (a) a resident or a resident's legal representative; (b) a resident's family care giver, who is a person related to the resident by blood or marriage or who has full guardianship; or (c) as otherwise provided by law. <p>(4) The individual referred to in (3) must adhere to the following protocol:</p> <ul style="list-style-type: none"> (a) verify that all medications to be set up carry a practitioner's current order; (b) set up medications only from prescriptions in labeled containers dispensed by a registered pharmacist or from over-the-counter drug containers with intact, clearly readable labels; and (c) set up injectable insulin up to seven days in advance by drawing insulin into syringes identified for content, date and resident. Other injectable medications must be set up according to the recommendations provided by the pharmacy. <p>(5) The facility may require residents to use a facility approved medication dispensing system or to establish medication set up criteria, but shall not require residents to purchase prescriptions from a specific pharmacy.</p> <p>(6) No resident or staff member may be permitted to use another resident's medication</p>	<p>Who prepares medication organizers, if used?</p> <p>Are (a) through (c) being done? By whom? Is this in the resident service plan? Who reviews the medication orders to ensure the orders are current?</p> <p>Does the facility require use of an approved dispensing system? How does the facility ensure the resident's right of choice?</p> <p>Interview staff, residents. What happens when someone's medications runs out prior to being refilled? What is the P & P?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2849 MEDICATIONS: RECORDS AND DOCUMENTATION</u>(1) An accurate medication record for each resident shall be kept of all medications, including over-the-counter medications, for those residents whose self-administration of medication requires monitoring and/or assistance by the facility staff.</p> <p>(2) The record shall include:</p> <ul style="list-style-type: none"> (a) name of medication, reason for use, dosage, route and date and time given; (b) name of the prescribing practitioner and their telephone number; (c) any adverse reaction, unexpected effects of medication or medication error, which must also be reported to the resident's practitioner; (d) allergies and sensitivities, if any; (e) resident specific parameters and instructions for PRN medications; (f) documentation of treatments with resident specific parameters; (g) documentation of doses missed or refused by resident and why; (h) initials of the person monitoring and/or assisting with self-administration of medication; and (i) review date and name of reviewer. <p>(3) The facility shall maintain legible signatures of staff who monitor and/or assist with the self-administration of medication, either on the medication administration record or on a separate signature page.</p> <p>(4) A medication record need not be kept for those residents for whom written authorization has been given by their practitioner to keep their medication in their rooms and to be fully responsible for taking the medication in the correct dosage and at the proper time. The authorization must be renewed on an annual basis.</p>	<p>Identify residents who's service plan includes medication monitoring. Review the medication records to ensure all medications are recorded to include (2) (a) through (i).</p> <p>(3) Review the staff signature record. Can the individual who provided assistance be identified on the medication administration record?</p> <p>(4) Is there documentation of annual renewal of authorization from the practitioner?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2849 MEDICATIONS: RECORDS AND DOCUMENTATION(CONT)</u> (5) The facility shall maintain a record of all destroyed or returned medications in the resident's record or closed resident file in the case of resident transfer or discharge.</p>	<p>Review medication records and closed resident records for adequate documentation. Is there any indication of misuse or possible drug theft? How does the facility ensure that addictive (narcotics, antidepressants, etc.) medications are not being stole?</p>			
<p><u>37.106.2853 OXYGEN USE</u> (1) A resident who requires the use of oxygen: (a) shall be permitted to self-administer the oxygen if the resident is capable of: (i) determining their need for oxygen; and (ii) administering the oxygen to themselves or with assistance.</p> <p>(2) The direct care staff employed by the facility shall monitor the ability of the resident to operate the equipment in accordance with the orders of the practitioner.</p> <p>(3) The facility shall ensure that all direct care staff who may be required to assist resident's with administration of oxygen have demonstrated the ability to properly operate the equipment.</p> <p>(4) The following rules must be followed when oxygen is in use: (a) oxygen tanks must be secured and properly stored at all times; (b) no smoking or open flames may be allowed in rooms in which oxygen is used or stored, and such rooms must be posted with a conspicuous "No Smoking, Oxygen in Use" sign; (c) a backup portable unit for the administration of oxygen shall be present in the facility at all times when a resident who requires oxygen is present in the facility, this includes when oxygen concentrators are used;</p>	<p>(1) Identify residents who are using Oxygen. Is the Oxygen self-administered? Verify the practitioner's order for O₂ usage and compliance.</p> <p>(2) & (3) What training does the direct care staff receive on operating oxygen equipment and understanding how much oxygen is to be used? Check staff training. Observe and interview staff and residents.</p> <p>(4) How are extra oxygen tanks stored? Are extra oxygen tanks stored in an appropriate rack or secure manner? Is there sufficient number for emergencies? Are there signs posted appropriately where and when oxygen is in use?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2853 OXYGEN USE (CONT)</u> (d) the equipment used to administer oxygen must be in good working condition; and (e) the equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p>	<p>(e)Is there equipment stored that is no longer in use?</p>			
<p><u>37.106.2854 USE OF RESTRAINTS, SAFETY DEVICES, ASSISTIVE DEVICES, AND POSTURAL SUPPORTS</u> (1) The facility shall comply with the rules governing the use of restraints, safety devices, assistive devices and postural supports in long term care facilities. The provisions of ARM 37.106.2901, 37.106.2902, 37.106.2904, 37.106.2905 and 37.106.2908 shall apply.</p>	<p>Use tool for these rules.</p>			
<p><u>37.106.2855 INFECTION CONTROL</u> (1) The assisted living facility must establish and maintain infection control policies and procedures sufficient to provide a safe environment and to prevent the transmission of disease. Such policies and procedures must include, at a minimum, the following requirements: (a) any employee contracting a communicable disease that is transmissible to residents through food handling or direct care must not appear at work until the infectious diseases can no longer be transmitted. The decision to return to work must be made by the administrator or designee, in accordance with the policies and procedures instituted by the facility; (b) if, after admission to the facility, a resident is suspected of having a communicable disease that would endanger the health and welfare of other residents, the administrator or designee, must contact the resident's practitioner and assure that appropriate safety measures are taken on behalf of that resident and the other residents; and (c) all staff shall use proper hand washing technique after providing direct care to a resident.</p>	<p>What is the facility P & P for infection control? Are the policies being implemented, documented? Review staff and resident records.</p> <p>Are there hand washing signs for employees to remind them to wash their hands? <u>(37.106.313 Min for All & 37.100.200 Food Service)</u></p> <p>Are staff trained appropriate in hand washing? Is this documented? (refer to information provided on Internet)</p> <p>How is hazardous waste handled?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2855 INFECTION CONTROL(CONT)</u> (2) The facility, where applicable, shall comply with applicable statutes and rules regarding the handling and disposal of hazardous waste.</p>				
<p><u>37.106.2859 PETS</u> (1) Unless the facility disallows it, residents in an assisted living facility may keep household pets, as permitted by local ordinance, subject to the following provisions:</p> <ul style="list-style-type: none"> (a) pets must be clean and disease-free; (b) the immediate environment of pets must be kept clean; (c) birds must be kept in appropriate enclosures, unless the bird is a companion breed maintained and supervised by the owner; and(d) pets that are kept at the facility shall have documentation of current vaccinations, including rabies, as appropriate. <p>(2) The administrator or designee shall determine which pets may be brought into the facility. Upon approval, family members may bring pets to visit, if the pets are clean, disease-free and vaccinated as appropriate.</p> <p>(3) Facilities that allow birds shall have procedures that protect residents, staff and visitors from psittacosis, ensure minimum handling of droppings and require droppings to be placed in a plastic bag for disposal.</p> <p>(4) Prior to admission of companion birds, documentation of the import, out-of-state veterinarian health certificate and import permit number provided by the pet store or breeder will be provided and maintained in the owners records. If the health certificate and import permit number is not available, or if the bird was bred in-state, a certificate from a veterinarian stating that the bird is disease free is required prior to residency. If the veterinarian certificate cannot be obtained by the move-in date the resident may keep the bird enclosed in a private single occupancy room,</p>	<p>Review facility P & P on pets.</p> <p>Is there a record for each pet verifying their proper health needs and certificates/physicals?</p> <p>Are the pets taken care of? Kept clean?</p> <p> </p> <p>*2005 Avian flu: Pet birds are not considered a health risk @ time of this review due to health care certifications & controlled environments of pet birds- KEEP POSTED by Center for Disease Control updates on the Web at: http://www.cdc.gov/</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2859 PETS (CONT) using good hand washing after handling the bird and bird droppings until the veterinarian examination is obtained.</p> <p>(5) Pets may not be permitted in food preparation, storage or dining areas during meal preparation time or during meal service or in any area where their presence would create a significant health or safety risk to others</p>	<p>Is the pet’s presence a significant health or safety risk?</p>			
<p>37.106.2860 FOOD SERVICE (1) The facility must establish and maintain standards relative to food sources, refrigeration, refuse handling, pest control, storage, preparation, procuring, serving and handling food and dish washing procedures that are sufficient to prevent food spoilage and the transmission of infectious disease. These standards must include the following:</p> <p>(a) food must be obtained from sources that comply with all laws relating to food and food labeling;</p> <p>(b) the use of home-canned foods is prohibited;</p> <p>(c) food subject to spoilage removed from its original container, must be kept sealed, labeled, and dated.</p> <p>(2) Foods must be served in amounts and a variety sufficient to meet the nutritional needs of each resident. The facility must provide therapeutic diets when prescribed by the resident's practitioner. At least three meals must be offered daily and at regular times, with not more than a 14-hour span between an evening meal and breakfast unless a nutritious snack is available in the evening, then up to 16 hours may lapse between a substantial evening meal and breakfast.</p> <p>(3) Records of menus as served must be filed on the premises for three months after the date of service for review by the department.</p> <p>(4) The facility shall take into consideration the preferences of the residents and the need for variety when planning the menu. Either the current day or the current</p>	<p>Observe food storage and preparation.</p> <p>Is there enough food on hand?</p> <p>How and who obtains it?</p> <p>Are special dietary needs addressed in service plans and are these being met? Interview residents and staff for compliance.</p> <p>What are the meal times: AM Lunch/Dinner Supper</p> <p>SNACKS:</p> <p>Review menus for past three months. Is there variation, reflection of resident likes/dislikes, special needs, cultures, seasons?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2860FOOD SERVICE (CONT) week's menu shall be posted for resident viewing.</p> <p>(5) The facility shall employ food service personnel suitable to meet the needs of the residents.</p> <p>(a) Foods must be cut, chopped and ground to meet individual needs or as ordered by the resident's physician or practitioner;</p> <p>(b) if the cook or other kitchen staff must assist a resident with direct care outside the food service area, they must properly wash their hands before returning to food service; and</p> <p>(c) food service shall comply with the Montana administrative rule requirements for compliance with ARM Title 37, chapter 110, subchapter 2, food service establishments administered by the food and consumer safety section of the department of public health and human services.</p> <p>(6) If the facility admits residents requiring therapeutic or special diets, the facility shall have an approved dietary manual for reference when preparing a meal. Dietitian consultation shall be provided as necessary and documented for residents requiring therapeutic diets.</p> <p>(7) A minimum of a one-week supply of non-perishable foods and a two-day supply of perishable foods must be available on the premises.</p> <p>(8) Potentially hazardous food, such as meat and milk products, must be stored at 41°F or below. Hot food must be kept a 140°F or above during preparation and serving.</p> <p>(9)Freezers must be kept at a temperature of 0°F or below and refrigerators must be kept at a temperature of 41°F or below. Thermometers must be placed in the warmest area of the refrigerator and freezer to assure proper temperature.</p>	<p>Tour kitchen. Observe meal preparation and services.</p> <p>Are therapeutic or special diets provided per service plan? Who is the dietitian? Where is the manual? How is it used?</p> <p>(7)Observe the amount of non-perishable and perishable foods-is there enough to meet the needs of the resident and the menu plan?</p> <p>(8)Request a sample plate/tray. What is the temperature of the cold and hot foods?</p> <p>(9) Review the Freezer and refrigerator logs for at least monthly recordings.</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2860 FOOD SERVICE (CONT)</u></p> <p>Temperatures shall be monitored and recorded at least once a month in a log maintained at the facility for one year.</p> <p>(10) Employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practice during all working periods in food service.</p> <p>(11) A food service employee, while infected with a disease in a communicable form that can be transmitted by foods may not work in the food service area.</p> <p>(12) Tobacco products may not be used in the food preparation and kitchen areas</p>	<p>(10) Are the food service personal clean? Using good hand washing techniques?</p> <p>(11) Is anyone obviously ill working in the food service? Interview staff and review facility P & P for infection control.</p> <p>(12) Note any signs that tobacco products are being used in the food preparation/kitchen areas.</p>			
<p><u>37.106.2861 LAUNDRY</u> (1) Laundry service must be provided by the facility, either on the premises or off the facility site.</p> <p>(2) If an assisted living facility processes its laundry on the premises it must:</p> <p>(a) equip the laundry room with a mechanical washer and a dryer vented to the outside, hand washing facilities, a fresh air supply and a hot water supply system which supplies the washer with water of at least 110°F during each use;</p> <p>* (b) have ventilation in the sorting, holding and processing area that shall be adequate to prevent heat and odor build-up;</p> <p>(c) dry all bed linen, towels and washcloths in a dryer; and</p>	<p>Who/provides laundry service ?</p> <p>Does the on-site laundry provide (a) through (d)?</p> <p>* Check closely for ventilation</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2861 LAUNDRY (CONT) (d) ensure that facility staff handling laundry wash their hands both after working with soiled laundry and before they handle clean laundry.</p> <p>(3) Resident's personal clothing must be laundered by the facility unless the resident or the resident's family accepts this responsibility. If the facility launders the resident's personal clothing, the facility is responsible for returning the clothing. Residents capable of laundering their own personal clothing and wishing to do so shall be provided the facilities and necessary assistance by the facility.</p> <p>(4) The facility shall provide a supply of clean linen in good condition at all times that is sufficient to change beds often enough to keep them clean, dry and free from odors. Facility provided linens must be changed at least once a week and more often if the linens become dirty. In addition, the facility must ensure that each resident is supplied with clean towels and washcloths that are changed at least twice a week, a moisture-proof mattress cover and mattress pad, and enough blankets to maintain warmth and comfort while sleeping.</p> <p>(5) Residents may use their own linen in the facility if they choose</p>	<p>(4) Interview residents to determine if their bed linens are being changed per rules.</p> <p>Are the residents warm enough at night?</p>			
<p>37.106.2862 HOUSEKEEPING (1) The following housekeeping rules must be followed:</p> <p>(a) Supplies and equipment must be properly stored and must be on hand in a quantity sufficient to permit frequent cleaning of floors, walls, woodwork, windows and screens;</p> <p>(b) Housekeeping personnel must be trained in proper procedures for preparing cleaning solutions, cleaning rooms and equipment and handling clean and soiled linen, trash and trays;</p> <p>(c) Cleaners used in cleaning bathtubs, showers,</p>	<p>Do employee job descriptions include this training?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2862 HOUSEKEEPING (CONT)</u> lavatories, urinals, toilet bowls, toilet seats and floors must contain fungicides or germicides with current EPA registration for that purpose; and (d) Garbage and trash must be stored for final disposal in areas separate from those used for preparation and storage of food and must be removed from the facility daily. Garbage containers must be kept clean. (i) Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by vermin. These containers shall be emptied daily and kept clean.</p>	<p>Where is garbage stored?</p> <p>Are kitchen and laundry garbage containers covered or enclosed in cupboards? If enclosed, is there any access for vermin?</p>			
<p><u>37.106.2865 PHYSICAL PLANT</u> (1) An assisted living facility must be constructed and maintained so as to prevent as much as possible the entrance and harborage of rats, mice, insects, flies and other vermin. (2) The facility and facility grounds shall be kept orderly and free of litter and refuse and secure from hazards. (3) When required by the building code authority having jurisdiction, at least one primary grade level entrance to the facility shall be arranged to be fully accessible to disabled persons. *(4) All exterior pathways or accesses to the facility's common use areas and entrance and exit ways shall be of hard, smooth material, accessible and be maintained in good repair. (5) All interior or exterior stairways used by residents shall have sturdy handrails on one side installed in accordance with the uniform building code with strength and anchorage sufficient to sustain a concentrated 250-pound load to provide residents safety with ambulation.</p>	<p>* If exterior pathways are not level to recommend removal and replaced with a level pathway to decrease tripping/falls and improved mobility with walkers/wheelchairs.</p> <p>Do handrails remain stable under sustained weight?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2865 PHYSICAL PLANT (CONT)</u></p> <p>(6) All interior and exterior materials and surfaces (e.g., floors, walls, roofs, ceilings, windows and furniture) and all equipment necessary for the health, safety and comfort of the resident shall be kept clean and in good repair.</p> <p>(7) Carpeting and other floor materials shall be constructed and installed to minimize resistance for passage of wheelchairs and other ambulation aids. Thresholds and floor junctures shall also be designed and installed for passage of wheelchairs and to prevent a tripping hazard.</p> <p>(8) The facility shall install grab bars at each toilet, shower, sitz bath and tub with a minimum of one and one half inches clearance between the bar and the wall and strength and anchorage sufficient to sustain a concentrated 250-pound load. If a toilet grab bar assist is used over a toilet, it must be safely stabilized and secured in order to prevent mishap.</p> <p>(9) Any structure such as a screen, half wall or planter which a resident could use for support while ambulating shall be securely anchored.</p> <p>(10) The bottoms of tubs and showers must have surfaces that inhibit falling and slipping.</p> <p>(11) Hand cleansing soap or detergent and single use individual towels must be available at each sink in the commonly shared areas of the facility. A waste receptacle must be located near each sink. Cloth towels and bar soap for common use are not permitted.</p> <p>(12) Hot water temperature supplied to hand washing, bathing and showering areas may not exceed 120°F.</p> <p>(13) The facility shall provide locked storage for all</p>	<p>Is there anything impeding those using ambulation/mobility aids? Are wall-to-wall carpets stretched sufficiently to be wrinkle free?</p> <p>Do the grab bars remain stable under sustained weight?</p> <p>Are the soaps/towels provided appropriate to their location?</p> <p>What is the temperature of the hot water?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2865 PHYSICAL PLANT (CONT)</u> poisons, chemicals, rodenticides, herbicides, insecticides and other toxic material. Hazardous material safety sheets and labeling shall be kept available for staff for all such products used and stored in the facility.</p> <p>(14) Flammable and combustible liquids shall be safely and properly stored in original or approved, properly labeled containers in areas inaccessible to residents in accordance with the uniform fire code in amounts acceptable to the fire code authority having jurisdiction.</p> <p>(15) Containers used to store garbage in resident bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. Resident containers shall be emptied as needed, but at least weekly.</p> <p>(16) If the facility utilizes a non-municipal water source, the water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria and corrective action is taken to assure the water is safe to drink. Documentation of testing is retained on the premises for 24 months from the date of the test.</p> <p>(17) If a non-municipal sewage system is used, the sewage system must be in working order and maintained according to all applicable state laws and rules</p>	<p>Ask to see locked storage of these chemicals. Are Hazard Material sheets available to staff?</p> <p>What is the facility’s water source? If it is a well, ask to see testing documentation.</p>			
<p><u>37.106.2866 CONSTRUCTION, BUILDING AND FIRE CODES</u> (1) Any construction of or alteration, addition, modification or renovation to an assisted living facility must meet the requirements of the building code and fire marshal agencies having jurisdiction and be approved by the officer having jurisdiction to determine if the building and fire codes are met by the facility.</p>	<p>(1) Ask (or note if you are familiar with the facility) if there have been any structural changes since the last survey. If so, was a building permit and/or fire inspection required?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2866 CONSTRUCTION, BUILDING AND FIRE CODES (CONT)</u></p> <p>(2) When a change in use and building code occupancy classification occurs, licensure approval shall be contingent on meeting the building code and fire marshal agencies' standards in effect at the time of such a change. Changes in use include adding a category B or C license endorsement to a previously licensed category A facility.</p> <p>(3) Changes in the facility location, use or number of facility beds cannot be made without written notice to, and written approval received from, the department.</p> <p>(4) Exit doors shall not include locks which prevent evacuation, except as approved by the fire marshal and building codes agencies having jurisdiction.</p> <p>(5) Stairways, halls, doorways, passageways and exits from rooms and from the building shall be kept unobstructed at all times.</p> <p>(6) All operable windows and outer doors that may be left open shall be fitted with insect screens.</p> <p>(7) An assisted living care facility must have an annual fire inspection conducted by the appropriate local fire authority or the state fire marshal's office and maintain a record of such inspection for at least three years following the date of the inspection.</p> <p>(8) An employee and resident fire drill is conducted at least two times annually, no closer than four months apart and includes residents, employees and support staff on duty and other individuals in the facility. A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm.</p>	<p>(2) Has the license changed from A to B/C since last survey? (check the current posted license and the Work/Task Order request)</p> <p>Has there been any changes reported or noted?</p> <p>CHECK ALL EXIT DOORS: is there a safety device for facilities that provide wondering protection? How do staff operate? A LOCK the prohibits exit by key only is not PERMITABLE.</p> <p>OBSERVE-are there any obstructions?</p> <p>OBSERVE-especially in West Nile infected counties</p> <p>(7) REVIEW records-ask for a photocopy of the most recent annual inspection for verification, if possible. Are there three years of documentation if licensed for that length of time? DATE of most recent Annual Fire inspection: _____</p> <p>(8) DATES of annual fire drills: _____ _____</p> <p>Does the fire drill report include the general announcement and/or fire alarm activation?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2866 CONSTRUCTION, BUILDING AND FIRE CODES (CONT)</u></p> <p>(9) Records of employee and resident fire drills are maintained on the premises for 24 months from the date of the drill and include the date and time of the drill, names of the employees participating in the drill and identification of residents needing assistance for evacuation.</p> <p>(10) A 2A10BC portable fire extinguisher shall be available on each floor of a greater than 20 resident facility and shall be as required by the fire authority having jurisdiction for facilities of less than 20 residents.</p> <p>(11) Portable fire extinguishers must be inspected, recharged and tagged at least once a year by a person certified by the state to perform such services.</p> <p>(12) Smoke detectors installed and maintained per the manufacturer's directions shall be installed in all resident rooms, bedroom hallways, living room, dining room and other open common spaces or as required by the fire authority having jurisdiction. An annual maintenance log of battery changes and other maintenance services performed shall be kept in the facility and made available to the department upon request.</p> <p>(13) If there is an inside designated smoking area, it shall be separate from other common areas, and provided with adequate mechanical exhaust vented to the outside.</p>	<p>Is the alarm system operational?</p> <p>(9) Does the fire drill contain the date, time, names of the employees and identification of residents needing assistance for evacuation?</p> <p>(10) How many residents? How many floors? Are there any fire extinguishers? How many? Where are they located? Does this meet the annual fire inspection qualifications, if conducted?</p> <p>(11) Are the fire extinguishers tagged and up-to-date?</p> <p>(12) OBSERVE: Where are the smoke detectors located? Does this meet the annual fire inspection qualifications, if conducted? Ask for and review the maintenance log for verification of battery and other maintenance schedules/services.</p> <p>Is there an inside smoking area? If so, is it separate and vented to the outside? <i>(2005 MCA Clean Air is under local jurisdiction/enforcement).</i></p>			
<p><u>37.106.2872 REQUIREMENTS FOR CATEGORY B FACILITIES ONLY</u> (1) An assisted living category B endorsement to the license shall be made by the licensing bureau of the department only after:</p> <p>(a) initial department approval of the facility's category B policy and procedures;</p>				

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2872 REQUIREMENTS FOR CATEGORY B FACILITIES ONLY (CONT)</u></p> <p>(b) evidence of the administrator's and facility staff qualifications; and</p> <p>(c) written approval from the building and fire code authorities having jurisdiction.</p> <p>(2) An assisted living category B facility shall employ or contract with a registered nurse to provide or supervise nursing service to include:</p> <p>(a) general health monitoring on each category B resident;</p> <p>(b) performing a nursing assessment on category B residents when and as required;</p> <p>(c) assistance with the development of the resident health care plan and, as appropriate, the development of the resident service plan; and(d) routine nursing tasks, including those that may be delegated to licensed practical nurses (LPN) and unlicensed assistive personnel in accordance with the Montana Nurse Practice Act.</p>	<p>(2) Verify the employment or contract with a registered nurse- Who is the RN or RN Agency?</p> <p>Does the name match the information on the Health Care Facility list? IF no name is listed, cite.</p> <p>Is the RN performing/aware of these duties?</p>			
<p><u>37.106.2873 ADMINISTRATOR QUALIFICATIONS: CATEGORY B</u> (1) An assisted living category B facility must be administered by a person who, in addition to the requirements found in ARM 37.106.2814, has one or more years experience working in the field of geriatrics or caring for disabled residents in a licensed facility.</p>	<p>Has the facility changed administrator from the initial Category B licensure?</p> <p>If so does the current administrator meet these qualifications?</p>			
<p><u>37.106.2874 DIRECT CARE STAFF QUALIFICATIONS: CATEGORY B</u> (1) In addition to the requirements found in ARM 37.106.2816, each non professional staff providing direct care in an assisted living category B facility shall show documentation of in-house training related to the care and services they are to provide</p>	<p>Is there documentation by the RN/Agency of the non-professional staff training to meet the service/care needs of the Category B residents?</p> <p>Review the Health Care Plan for special diets or modified diets-if required, is there documentation of the required training by the appropriate professionals?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2874 DIRECT CARE STAFF</u> <u>QUALIFICATIONS: CATEGORY B (CONT)</u> _under direct supervision of a registered nurse or supervising nursing service providing category B care, including those tasks that may be delegated to licensed practical nurses (LPN) and unlicensed assistive personnel in accordance with the Montana Nurse Practice Act.</p> <p>(2) Staff members whose job responsibilities will include supervising or preparing special or modified diets, as ordered by the resident's practitioner, shall receive training prior to performing this responsibility.</p> <p>(3) Prior to providing direct care, direct care staff must:</p> <ul style="list-style-type: none"> (a) work under direct supervision for any direct care task not yet trained or properly oriented; and (b) not take the place of the required certified person. 	<p>Interview staff, residents and facility RN/Agency.</p> <p>Review staff training or other documentation that validates that the direct care staff are receiving appropriate supervision and working within the limitations of the training.</p>			
<p><u>37.106.2875 RESIDENT HEALTH CARE PLAN: CATEGORY B</u> (1) Within 21 days of admission to a category B status, the administrator or designee shall assure that a written resident health care assessment is performed on each category B resident.</p> <p>(2) Each initial health care assessment by the licensed health care professional shall include, at a minimum, evaluation of the following:</p> <ul style="list-style-type: none"> (a) cognitive status; (b) communication/hearing patterns; (c) vision patterns; (d) physical functioning and structural problems; (e) continence; (f) psychosocial well being; (g) mood and behavior patterns; (h) activity pursuit patterns; (i) disease diagnosis; (j) health conditions; (k) oral nutritional status; 	<p>Review records-date of admission and date of first resident health care assessment.</p> <p>Was the initial health care assessment completed within 21 days of admission?</p> <p>Does the initial health care assessment include the information required by (a) through (o)?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2875 RESIDENT HEALTH CARE PLAN:</u> <u>CATEGORY B (CONT)</u> (l) oral dental status; (m) skin condition; (n) medication use; and (o) special treatment and procedures.</p> <p>(3) A written resident health care plan shall be developed. The resident health care plan shall include, but not be limited to the following: (a) a statement which informs the resident and the resident's practitioner, if applicable, of the requirements of 50-5-226(3) and (4), MCA. (b) orders for treatment or services, medications and diet, if needed; (c) the resident's needs and preferences for themselves; (d) the specific goals of treatment or services, if appropriate; (e) the time intervals at which the resident's response to treatment will be reviewed; and (f) the measures to be used to assess the effects of treatment; (g) if the resident requires care or supervision by a licensed health care professional, the health care plan shall include the tasks for which the professional is responsible.</p> <p>(4) The category B resident's health care plan shall be reviewed, and if necessary revised upon change of condition.</p> <p>(5) The health care plan shall be readily available to and followed by those staff and licensed health care professionals providing the services and health care.</p>	<p>Does the resident health care plan include the information required by (a)- (g) ?</p> <p>(4) MCA requires quarterly evaluations-cite under MCA & (4) if this is not being conducted by the health care professional.</p> <p>Interview residents and staff. Have any B residents had any changes in needs? Has the health care plan been changed to</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
	reflect the changes? Is the health care plan readily available?			
<p><u>37.106.2879 INCONTINENCE CARE: CATEGORY B</u> (1) In order to maintain normal bladder and bowel functions, the facility shall provide individualized attention to each resident that meets the following minimum standards:</p> <p>(a) the facility shall provide a resident who is incontinent of bowel or bladder adequate personal care services to maintain the person's skin integrity, hygiene and dignity and to prevent urinary tract infections.</p> <p>(2) Evidence that the facility is meeting each resident's needs for maintaining normal bowel and bladder functions include the following outcomes for residents at risk for incontinence:</p> <p>(a) the resident is checked during those periods when they are known to be incontinent, including the night;</p> <p>(b) the resident is kept clean and dry;</p> <p>(c) clean and dry bed linens are provided as needed; and</p> <p>* (d) if the resident can benefit from scheduled toileting, they are assisted or reminded to go to the bathroom at regular intervals.</p> <p>(3) Indwelling catheters are permissible, if the catheter care is taught and supervised by a licensed health care professional under a practitioner's order. Observations and care must be documented.</p> <p>(4) Facility staff shall not:</p> <p>(a) withhold fluids from a resident to control incontinence; or</p> <p>(b) have a resident catheterized to control incontinence for the convenience of staff.</p>	<p>(1) Are there any residents who currently have incontinency needs? Who?</p> <p>Does the service plan/health care plan reflect these needs?</p> <p>(2) Are (a) through (d) addressed in the health care plan and reflected in the care and status of the resident?</p> <p>* Have staff identified which residents benefit from a toileting program? Check Health Care Plan/Service Plan for program. Check staff training for appropriate training by a licensed health care professional to meet the needs toileting needs of the residents.</p> <p>If a resident has an indwelling catheter, are there practitioner's orders? Are they being followed? Review the documentation of observations and care by the licensed health care professional.</p> <p>Is there any indication of (a) or (b)?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p>37.106.2880 PREVENTION AND CARE OF PRESSURE SORES: CATEGORY B (1) A resident shall receive skin care that meets the following standards:</p> <ul style="list-style-type: none"> (a) the facility shall practice preventive measures to identify those at risk and maintain a resident's skin integrity; and (b) an area of broken or damaged skin must be reported within 24 hours to the resident's practitioner. Treatment must be as ordered by the resident's practitioner. <p>(2) A person with an open wound or having a pressure or stasis ulcer requiring treatment by a health care professional may not be admitted or permitted to remain in the facility unless:</p> <ul style="list-style-type: none"> (a) the wound is in the process of healing, as determined by a licensed health care professional, and is either: <ul style="list-style-type: none"> (i) under the care of a licensed health care professional; or (ii) can be cared for by the resident without assistance. <p>(3) The facility shall ensure records of observations, treatments and progress notes are entered in the resident record and that services are in accordance with the resident health care plan.</p> <p>(4) No over the counter products such as creams, lotions, ointments, soaps, iodine or alcohol shall be put on an open pressure or stasis wound unless ordered by the resident's practitioner after an appropriate evaluation of the wound.</p> <p>(5) Evidence the facility is meeting those resident's identified as a greater risk for skin care needs include the following outcomes for residents:</p> <ul style="list-style-type: none"> (a) the facility has identified those residents who are 	<p>Interview staff to ascertain what measures are taken to maintain a resident's skin condition.</p> <p>Do any residents have compromised skin? If so, was it reported appropriately?</p> <p>If a resident does have compromised skin, request to see the record documenting the appropriate actions.</p> <p>Interview staff. Is the skin integrity of the residents being protected? Are they familiar with these conditions that increase the risk of skin breakdown?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2880 PREVENTION AND CARE OF PRESSURE SORES: CATEGORY B (CONT)</u></p> <p>at greater risk of developing a pressure or stasis ulcer. Primary risk factors include but are not limited to:</p> <ul style="list-style-type: none"> (i) continuous urinary incontinence or chronic voiding dysfunction; (ii) severe peripheral vascular disease (poor circulation to the legs); (iii) diabetes; (iv) chronic bowel incontinence; (v) sepsis; (vi) terminal cancer; (vii) decreased mobility or confined to bed or chair; (viii) edema or swelling of the legs; (ix) chronic or end stage renal, liver or heart disease; (x) CVA (stroke); (xi) recent surgery or hospitalization; (xii) any resident with skin redness lasting more than 30 minutes after pressure is relieved from a bony prominence, such as hips, heels, elbows or coccyx, is at extremely high risk in that area; and (xiii) malnutrition/dehydration whether secondary to poor appetite or another disease process. <p>(b) direct care staff have received training related to maintenance of skin integrity and the prevention and care of pressure sores from a licensed health care professional who is trained to care for that condition;</p> <p>(c) the resident's practitioner has diagnosed the condition and ordered treatment;</p> <p>(d) the resident is kept clean and dry;</p> <p>(e) the resident is provided clean and dry bed linens;</p> <p>(f) the resident is kept hydrated;</p> <p>(g) the resident is turned and repositioned;</p>	<p>Have the staff received training? How is it documented?</p> <p>If a resident has a pressure ulcer, is the practitioner aware? Are there orders for care? Are the orders reflected in the service plan/health care plan and accessible to staff? Do direct care staff</p>			

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RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2880 PREVENTION AND CARE OF PRESSURE SORES: CATEGORY B (CONT)</u></p> <ul style="list-style-type: none"> (h) the wound is getting smaller; (i) there is no evidence of infection; (j) wound bed is moist, not dried out or scabbed over; (k) the resident has less restriction of movement; and (l) the resident's pain level has diminished 	<p>reflect an understanding and applicable knowledge of the plan?</p>			
<p><u>37.106.2885 ADMINISTRATION OF MEDICATIONS: CATEGORY B</u> (1) Written, signed practitioner orders shall be documented in all category B resident facility records by a legally authorized person for all medications and treatments which the facility is responsible to administer. Medication or treatment changes shall not be made without a practitioner's order. Order changes obtained by phone must be confirmed by written, signed orders within 21 days.</p> <p>(2) All medications administered to a B resident shall be administered by a licensed health care professional or by an individual delegated the task under the Nurse Practice Act and ARM Title 8, chapter 32, subchapter 17. Those category B residents, that are capable of self administration shall be given the opportunity and encouraged to do so.</p> <p>(3) Residents with a standing PRN medication order, that cannot determine their own need for the medication by making a request to self-administer the medication or in the case of the cognitively impaired cannot respond to caretaker's suggestions for over-the-counter PRN pain medications shall:</p> <ul style="list-style-type: none"> (a) have the medication administered by a licensed health care professional after an assessment and the determination of need has been made; and (b) be classified as a B resident because a nursing decision to determine the resident's need for the medication was required. 	<p>Review category B resident's medications. Are there practitioner's orders for these medication? Have telephone orders been confirmed in writing within 21 days?</p> <p>Review medication administration records. Who is administering Category B medications? Are they qualified/delegated appropriately?</p> <p>Review PRN records for compliance. Are there Category A residents unable to request PRN medication or respond to caregiver suggestions for PRN medication?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2885 ADMINISTRATION OF MEDICATIONS: CATEGORY B (CONT)</u></p> <p>(4) Medication and treatment orders shall be carried out as prescribed. The resident or the person legally authorized to make health care decisions for the resident has the right to consent to, or refuse medications and treatments. The practitioner shall be notified if a resident refuses consent to an order. Subsequent refusals to consent to an order shall be reported as required by the practitioner.</p> <p>(5) Only the following individuals may administer medications to residents:</p> <ul style="list-style-type: none"> (a) a licensed physician, physician's assistant, certified nurse practitioner, advanced practice registered nurse or a registered nurse; (b) licensed practical nurse working under supervision; (c) an unlicensed individual who is either employed by the facility or is working under third party contract with a resident or resident's legal representative and has been delegated the task under ARM Title 8, chapter 32, subchapter 17; and (d) a person related to the resident by blood or marriage or who has full guardianship 	<p>Review MAR. Does the MAR accurately record who is administering medications? Are those administering medications authorized to do so?</p>			
<p><u>37.106.2886 MEDICATIONS: RECORDS AND DOCUMENTATION: CATEGORY B</u></p> <p>(1) An accurate medication record for each resident shall be kept of all medications, including over-the-counter medications, administered by the facility to that resident.</p> <p>(2) The record shall include:</p> <ul style="list-style-type: none"> (a) name of medication, reason for use, dosage, route and date and time given; (c) name of the prescribing practitioner and their telephone number; (c) any adverse reaction, unexpected effects of medication or medication error, which must also be reported to the resident's 	<p>Does the MAR include the information required in a-h?</p>			

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2886 MEDICATIONS: RECORDS AND DOCUMENTATION: CATEGORY B (CONT)</u> practitioner; (d) allergies and sensitivities, if any; (e) resident specific parameters and instructions for PRN medications; (f) documentation of treatments with resident specific parameters; (g) documentation of doses missed or refused by resident and why; and (h) initials of the person administering the medication and treatment at the time of administration.</p> <p>(3) The facility shall maintain legible signatures of staff who administer medication or treatment, either on the medication administration record or on a separate signature page.</p> <p>(4) A medication record need not be kept for those residents for whom written authorization has been given by their physician or practitioner to keep their medication in their rooms and to be fully responsible for taking the medication in the correct dosage and at the proper time. The authorization must be renewed on an annual basis.</p> <p>(5) The facility shall maintain a record of all destroyed or returned medications in the resident's record or closed resident file in the case of resident transfer or discharge.</p>	<p>Is there a signature page that allows identification of initials?</p> <p>If the category B resident is self-administering their medication, is a current authorization on file?</p> <p>REVIEW CURRENT AND CLOSED FILES Is this record included in a resident's closed file?</p>			
<p><u>37.106.2891 ADMINISTRATOR QUALIFICATIONS: CATEGORY C</u> (1) An assisted living category C facility must be administered by a person who meets the conditions of ARM 37.106.2814 and has: (a) three or more years experience in working in the field of geriatrics or caring for disabled residents in a licensed facility; or (b) a documented combination of education and training that is equivalent to the experience required <u>37.106.2891</u></p>	<p>Review administrators qualifications to ensure they meet initial and ongoing standards.</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>ADMINISTRATOR QUALIFICATIONS:</u> <u>CATEGORY C (CONT)</u> in (1), as determined by the department.</p> <p>(2) At least eight of the 16 hours of annual continuing education the administrator must complete under ARM 37.106.2814(3) shall pertain to caring for persons with severe cognitive impairments.</p>				
<p><u>37.106.2892 DIRECT CARE STAFF: CATEGORY C</u> (1) In addition to meeting all other requirements for direct care staff stated in this subchapter, assisted living category C facility direct care staff must receive additional documented training in:</p> <ul style="list-style-type: none"> (a) the facility or unit's philosophy and approaches to providing care and supervision for persons with severe cognitive impairment; (b) the skills necessary to care for, intervene and direct residents who are unable to perform activities of daily living; (c) techniques for minimizing challenging behavior including: <ul style="list-style-type: none"> (i) wandering; (ii) hallucinations, illusions and delusions; and (iii) impairment of senses; (d) therapeutic programming to support the highest possible level of resident function including: <ul style="list-style-type: none"> (i) large motor activity; (ii) small motor activity; (iii) appropriate level cognitive tasks; and (iv) social/emotional stimulation; (e) promoting residents' dignity, independence, individuality, privacy and choice; (f) identifying and alleviating safety risks to residents; (g) identifying common side effects and untoward reactions to medications; and (h) techniques for dealing with bowel and bladder aberrant behaviors. 	<p>Is there documentation to show that direct care staff have been trained in the aspects of care identified in a-h?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2892 DIRECT CARE STAFF: CATEGORY C (CONT)</u> (2) Staff must remain awake, fully dressed and be available in the facility or on the unit at all times to provide supervision and care to the resident as well as to assist the residents in evacuation of the facility if a disaster occurs.</p>				
<p><u>37.106.2895 HEALTH CARE PLAN: CATEGORY C</u> (1) Within 21 days of admission of a resident to an assisted living category C facility, a resident certification must be conducted, and a written health care plan shall be developed which meets the requirements of ARM 37.106.2875, and which also includes detailed assessment, therapeutic management and intervention techniques for the following behaviors and resident needs: (a) memory; (b) judgement; (c) ability to care for oneself; (d) ability to solve problems; (e) mood and character changes; (f) behavioral patterns; (g) wandering; and dietary needs</p>	<p>Is there a health care plan on file which meets the needs identified in a-g? Was it completed within 21 days of admission?</p>			
<p><u>37.106.2896 DISCLOSURES TO RESIDENTS: CATEGORY C</u> (1) Each assisted living category C facility or unit must, prior to admission, inform the resident's legal representative in writing of the following: (a) the overall philosophy and mission of the facility regarding meeting the needs of residents afflicted with severe cognitive impairment and the form of care or treatment offered; (b) the process and criteria for move-in, transfer and discharge; (c) the process used for resident assessment; (d) the process used to establish and implement a health care plan, including how the health care plan will be updated in response to changes in the resident's condition;</p>	<p>Is there documentation that the information included in (a)-(i) was presented to the resident's legal guardian prior to admission?</p>			

ASSISTED LIVING FACILITY SURVEY TOOL

RULE	GUIDELINES	YES	NO	COMMENTS
<p><u>37.106.2896 DISCLOSURES TO RESIDENTS:</u> <u>CATEGORY C (CONT)</u> (e) staff training and continuing education practices; (f) the physical environment and design features appropriate to support the functioning of cognitively impaired residents; (g) the frequency and type of resident activities; (h) the level of involvement expected of families and the availability of support programs; and (i) any additional costs of care or fees.</p> <p>(2) The facility must obtain from the resident's legal representative a written acknowledgment that the information specified in (1) was provided. A copy of this written acknowledgment must be kept as part of the permanent resident file.</p>	<p>(2) Is a signed copy of the resident's legal guardians receipt of the above information in the resident's file?</p>			
<p><u>37.106.2898 CATEGORY C REQUIREMENTS</u> (1) In addition to meeting all other requirements for assisted living facilities stated in this subchapter, if a secured distinct part or locked unit within a category C assisted living facility is designated for the exclusive use of residents with severe cognitive impairment, the facility must:</p> <p>(a) staff the unit with direct care staff at all times there are residents in the unit; (b) provide a separate dining area, at a ratio of 30 square feet per resident on the unit; and (c) provide a common day or activities area, at a ratio of 30 square feet per resident on the unit. The dining area listed in (1)(b) or day rooms, sun porches and common areas accessible to all residents, may serve this purpose.</p>	<p>Review staffing records. Has the facility adequately staffed?</p>			