

STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN ASSISTED LIVING FACILITIES

TOP 10 CITATIONS 1/1/08 – 12/31/08

Adult Family Homes

1. DHS 88.04(2) Responsibilities (Licensee). The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Be knowledgeable of the requirements of DHS 88 and with all other laws governing the home and its operation. Have a copy of DHS 88 in the home.
- Conduct a thorough assessment to obtain information from a prospective resident necessary to determine whether the person's needs can be met with the services identified in the home's program statement.
- Ensure that a service provider is present and awake at all times if any resident is in need of continuous care.
- Monitor the home for the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm.
- Ensure staffing patterns are sufficient to meet the needs of residents being served.
- Promptly correct any deficiencies identified through survey process.
- Develop a corrective action plan and system changes to ensure violations are corrected and regulatory compliance is maintained.
- Identify a person responsible for monitoring for continued regulatory compliance.
- Implement a resident, family, staff satisfaction survey that includes questions regarding licensee access and accountability.

2. DHS 88.05(3)(a) Home environment. An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop a Safety Committee whose role is to anticipate, identify, and address hazards in the home. Include a resident, if appropriate.
- Develop and implement facility safety standards and routine cleaning and maintenance schedules.
- Routinely conduct environmental inspections for safety and cleanliness.
- Promptly repair or replace any flooring or fixtures which are hazardous or not in good working order.
- Use "Fresh Eyes" Approach: have someone who is not familiar with the building/environment make observations to help identify hazards that may be overlooked by a person who is familiar with the environment/building.
- Maintain equipment in good working order.
- Maintain safe water temperatures. Review DQA Memo 98-021:
 - http://dhfs.wisconsin.gov/rl_DSL/Publications/pdfmemos/98021.pdf
- Promote a comfortable, homelike setting that is free of unnecessary restrictions.
- Contract with reputable service providers (when necessary) to complete repairs.
- Implement a resident, family, staff satisfaction survey that includes questions regarding the home environment.

3. DHS 88.07(3)(d) Medication – Written order. Before a licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop and implement a written procedure that addresses medication management.
- Ensure each resident's file includes a written physician's order for medications and that the order includes all required information.
- Utilize department's web-based Medication Management resource:
- http://dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvgMMI.htm
- Conduct routine audits of each resident's medication record to verify the written orders for medications are current, accurate, and complete. Use results of the audit to institute quality improvement activities.
- Provide medication administration training to all staff that administer or assist residents with medications.
- Implement a resident, family, staff satisfaction survey that includes questions regarding the medication system.

4. 88.05(4)(b)2 Smoke detectors – Testing and Maintenance. The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop a Safety Committee whose role is to anticipate, identify, and address hazards in the home. Include a resident, if appropriate.
- Routinely conduct smoke detector inspections to determine appropriate location and that they are maintained in working condition and are tested monthly.
- Maintain a file with documentation of smoke detector testing and maintenance.
- Routinely audit records to determine compliance with this standard. Use results of this audit to institute quality improvement activities.

5. DHS 88.07(3)(a) Prescription Medications. Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop and implement a written procedure that addresses medication management. Provide staff in-service training regarding the written procedure.
- Utilize department's web-based Medication Management resource:
http://dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvgMMI.htm
- Maintain the practitioner's order for all medications administered and ensure that the order includes all required information.
- Develop a quality assurance system to ensure all medication received from the pharmacy is the correct medication, in the correct dosage, and for the correct resident.
- Record all medications, dosage, times administered, and who administered on a medication administration record (MAR).

- Routinely audit changes in physician’s orders to ensure the most current order for medication is being administered.
- Record all changes in practitioner’s orders on the MAR in a legible manner. Communicate any changes in orders with all staff.
- Ensure all staff administering medications has received training as required.
- Record medication refusals on the MAR.
- Notify the resident’s practitioner if medications have been refused for 2 consecutive days or otherwise as directed by the prescriber.
- Document in the resident’s ISP the rationale for use of PRN medication and the behaviors/reasons which indicate the need for the PRN medication.
- Document the presence of side effects resulting from medication.
- Routinely audit resident records to ensure compliance with these standards. Use results of the audit to institute quality improvement activities.
- Implement a resident, family, staff satisfaction survey that includes questions regarding medications.

6. DHS 88.05(3)(b) Home Environment – free of hazards. The home shall be free of hazards and kept uncluttered and free of dangerous substances, insects and rodents.

7.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop a Safety Committee whose role is to anticipate, identify, and address hazards in the home. Include a resident, if appropriate.
- Develop and implement facility safety standards and routine cleaning and maintenance schedules.
- Routinely conduct environmental inspections for safety and cleanliness.
- Promptly repair or replace any flooring or fixtures which are hazardous or not in good working order.
- Use “Fresh Eyes” Approach: have someone who is not familiar with the building/environment make observations to help identify hazards that may be overlooked by a person who is familiar with the environment/building.
- Maintain equipment in good working order.
- Maintain safe water temperatures. Review DQA Memo 99-021:
 - http://dhfs.wisconsin.gov/rl_DSL/Publications/pdfmemos/98021.pdf
- Promote a comfortable, homelike setting that is free of unnecessary restrictions.
- Contract with reputable service providers (when necessary) to complete repairs.
- Implement a resident, family, staff satisfaction survey that includes questions regarding the home environment.

7. DHS 88.05(4)(a) Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by an authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Develop a Safety Committee whose role is to anticipate, identify, and address hazards in the home. Include a resident, if appropriate.

- Contract with an authorized dealer or local fire department that will initiate annual inspections; or
- Routinely conduct fire extinguisher inspections to determine/verify proper placement, appropriate tags, and usable working condition.

8. 88.05(2)(a)1-3 Accessibility- difficulty walking. If a resident is not able to walk at all or able to walk only with difficulty, or is unable to easily negotiate stairs without assistance:

1. The exits from the house shall be ramped to grade with a hard surfaced pathway with handrails.
2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk shall have a clear opening of at least 32 inches.
3. Toilet and bathing facilities used by residents not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Make sure the facility program statement identifies whether you serve persons who walk with difficult or not at all.
- If the facility admits or retains anyone who walks with difficult or not at all required entrances and exits, all bedrooms and all common areas including bathrooms must be fully accessible.
- Not only does state law require accessibility but so does federal law with the American's with Disabilities Act (ADA) and Fair Housing. The federal interpretation could expand accessibility beyond residents to others, i.e. an elderly family member who is in a wheelchair who wants to visit a resident of the home who is fully ambulatory.
- Develop a Safety Committee whose role is to anticipate, identify, and address accessibility issues in the home. Include a resident, if appropriate.
- Promote a comfortable, homelike setting that is free of unnecessary restrictions.
- Routinely conduct environmental inspections for accessibility issues.
- Contract with reputable service providers (when necessary) to modify the home for accessibility.

9. DHS 88.04(5) Training. The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of resident's resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Maintain list of resources of acceptable training programs. Examples of acceptable training:
 - All CBRF approved training programs
http://dhs.wisconsin.gov/rl_DSL/CBRF/AprvdTrgProgs.htm
 - Training provided by a recognized training entity (i.e., technical college, university, Red Cross, fire department etc.)
 - Training provided by counties
 - Training provided by ombudsmen, other advocates
 - Training provided by home health agencies, hospitals, public health agencies, etc.
 - Training provided by a health or human service professional or consultant.
- Incorporate training requirements into employee job descriptions and evaluations.
- Ensure that staff training includes fire safety, first aid, resident rights and other topics relevant to your client group and individual resident's needs.
- Document all training received in each employee file. Include the dates of training, the length of training topic, the name and qualifications of the instructor, and an outline of course content. For approved CBRF training programs, maintain a copy of the certificate of completion in the employee's

file.

- Routinely audit employee records to determine compliance with this standard. Use results of this audit to institute quality improvement activities.
- Implement a resident, family, staff satisfaction survey that includes questions regarding staff training.

10 . DHS 88.06(3)(a)-(d) ISP – Plan and Assessment. (a) The licensee shall ensure that a written assessment and individual service plan are completed and developed for each resident within 30 days of placement. (b) The ISP and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident, the resident’s guardian, if any and the designated representative, if any, with the residents participating in a manner appropriate for the resident’s understanding and method of communication. (c) The assessment shall identify the person’s needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. (d) The ISP shall contain at least the following: 1-5.

Some Recommended Practices and Strategies to Comply with this Regulation:

- Obtain in-service training from a qualified professional (e.g., registered nurse, social worker) on the topic of developing, implementing, and revising individualized service plans. Include instruction for developing ISPs to address physical health, including chronic, short term and recurring illnesses, physical disabilities, mental health, behavior patterns, and for establishing measurable goals.
- Ensure that all identified needs and abilities from the comprehensive assessment [88.06(3)(a)] are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Implement a resident, family, staff satisfaction survey that includes questions regarding care planning.
- Review information regarding person-centered planning:
 - <http://dhs.wisconsin.gov/bdds/personpl.htm>
 - <http://www.ilr.cornell.edu/ped/tsal/pcp/index.html>
- Be knowledgeable regarding current standards of practice.
 - See list (not inclusive) of resources related to standards of practice at:
http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm
- Implement a resident, family, staff satisfaction survey that includes questions regarding care planning.