

**STRATEGIES TO PROMOTE REGULATORY COMPLIANCE  
IN ASSISTED LIVING FACILITIES**

**TOP 10 CITATIONS  
1/1/08 – 12/31/08**

**Community-based Residential Facilities (CBRF)**

**1. DHS 83.11 (3) Responsibilities (Licensee).** The licensee shall ensure that the facility and its operation comply with all laws governing the facility and its operation.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Be knowledgeable of the requirements of DHS 83 and with all other laws governing the home and its operation. Have a copy of DHS 83 in the home.
- Conduct a thorough assessment prior to admission for each resident to ensure that all needs and abilities from the comprehensive assessment in DHS 83.32(1) have been identified and the facility has the capability to provide appropriate services to meet the needs identified.
- 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 continued regulatory compliance.
- Implement a comprehensive Quality Assurance program which implements standards of practice.
- Implement a resident, family, staff satisfaction survey that includes questions regarding licensee access and accountability.

**2. DHS 83.14(1)(d) Fire Safety, First Aid and Choking.** The administrator and all employees who work on the CBRF premises shall successfully complete training in fire safety, first aid and procedures to alleviate choking within 90 days after starting employment.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Ensure that the licensee and each employee complete training in fire safety, first aid and procedures to alleviate choking within 90 days after starting employment.
  - See the list of approved training programs:  
[www.dhfs.state.wi.us/rl\\_DSL/CBRF/AprvdTrgProgs.htm](http://www.dhfs.state.wi.us/rl_DSL/CBRF/AprvdTrgProgs.htm)
- Maintain documentation, including dates and topics of training received for each employee.
- Routinely audit personnel records to ensure compliance with this standard.
- Implement a resident, family, staff satisfaction survey that includes questions regarding adequate training.

**3. DHS 83.21(4)(o) Medications.** To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, while being free from unnecessary or excessive medication and the use of medication as punishment, for the convenience of staff, as a substitute for treatment or in quantities that interfere with treatment. The resident has the right to refuse medication unless there has been a court finding of incompetency. Medication shall not be forcibly administered unless there is an appropriate court order.

**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](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.

**4. DHS 83.41(10)(a) Building Maintenance.** The building shall be maintained in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, warped, broken, loose or cracked floor covering such as tile or linoleum, loose handrails or railings, loose or broken window panes and any similar hazard.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Develop a Building and Safety Committee whose role is to anticipate, identify, and address hazards in the building as well as building maintenance and fire safety. Include a resident on the committee, if applicable.
- Develop facility safety standards and routine maintenance schedules.
- Routinely conduct environmental safety inspections.
- 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.
- Contract with reputable service providers (when necessary) to complete repairs.
- Implement a resident, family, staff satisfaction survey that includes questions regarding building maintenance.

**5. DHS 83.32(2)(d) Review of Progress.** Each resident’s progress or regression on each element of care, treatment and services shall be reviewed and documented in the resident’s individualized service plan at 6 month intervals following each evaluation under par. (c) or more often when indicated by a change in the resident’s condition.

**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 [83.32(1)] are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Develop a schedule for reviewing and updating residents’ ISPs.
- Routinely assess residents for any change in condition and update residents’ ISPs when any change occurs.
- Provide training in recognizing and responding to changes in condition. Update residents’ ISPs when any change of condition occurs.
- 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 care planning.
- Review information regarding person-centered planning:
  - <http://www.ilr.cornell.edu/ped/tsal/pcp/index.html>
  - <http://dhs.wisconsin.gov/bdds/personpl.htm>
- 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](http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm)

**6. DHS 83.21(4)(p) Prompt and Adequate Treatment.** To receive prompt and adequate treatment appropriate to the resident's needs.

- Ensure that the licensee and each employee review the resident assessment and individual service plan (ISP).
- Ensure that all staff members are properly trained in provision of cares.
- Be knowledgeable regarding current standards of practice.
  - See the departments list (not inclusive) of resources related to standards of practice at: [http://dhfs.wisconsin.gov/rl\\_DSL/Providers/resources.htm](http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm)

- Develop and implement a written procedure for reporting and responding to unusual/emergency situations.
- Make sure resident's physician is aware of any changes in condition.
- Have resources, such as registered nurses, in your organization for treatment and behavior related questions or assessments.
- Maintain documentation of cares and treatments provided.
- Maintain documentation of practitioner orders and any delegated acts conducted.
- Maintain documentation of residents' change in condition.
- Develop a system to ensure resident cares are provided as identified in the ISP and/or as ordered.
- Routinely assess residents for any change in condition. Provide training in recognizing and responding to changes in condition.
- Maintain documentation of communication with families, physicians, social workers, etc.
- Review and update resident ISPs every 6 months or when a change in condition occurs.
- Conduct annual assessments on residents or more often when a change in condition occurs.
- Assure resident care staff have access to important information regarding the residents.
- Implement a resident, family, staff satisfaction survey that includes questions regarding service provided in a prompt and adequate manner.

**7. DHS 83.32(2)(a) ISP Scope.** Based on the assessment under sub. (1), an individualized service plan shall be developed for each resident, except a respite care resident, setting forth goals to be accomplished through services provided or arranged by the CBRF and prescribing an integrated program of individually designed activities and services necessary to achieve those goals. The plan shall specify which program services under s. DHS 83.33 will be provided to the resident to meet the resident's needs as identified by the assessment under sub. (1), and the frequency each service will be provided. The plan shall identify the service provider responsible for each element of care or service prescribed in the plan. The plan shall be formulated in writing within 30 days after the person's admission. A resident's plan shall cover all of the following areas that apply to the resident's needs.

**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 [83.32(1)] 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](http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm)

**8. DHS 83.42(3)(f) Night Time Evacuation Drill.** At least one fire evacuation drill annually shall be held which simulates the conditions during usual sleeping hours. This evacuation drill shall be announced to all residents the day of the drill. It shall be held in the evening after dark and before the residents normally go to bed. The residents shall be in their rooms at the time the alarm is activated, shall not be wearing their hearing or vision aids, but may be wearing their day-time clothes. The staff in the facility at the time of the drill shall be limited to the staff that is scheduled to work during the residents' normal sleeping hours. Only the lights that are normally on when residents are sleeping may be on during the drill.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Develop a Building and Safety Committee whose role is to anticipate, identify, and address hazards in the building as well as building maintenance and fire safety. Include a resident on the committee, if applicable.
- Conduct and document at least one fire drill annually which simulates night time sleeping conditions.
- Maintain an effective, written, detailed emergency plan, including night time evacuation procedures.
- Routinely audit facility records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.

**9. DHS 83.15 (1)(a) Adequate Staffing.** The ratio of staff to residents shall be adequate to meet the needs of the residents as defined in their assessment and individual service plans and for the type of facility.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Have all resident assessments and ISPs current and up to date.
- Conduct a thorough assessment prior to admission for each resident to ensure that all needs and abilities in the area of staffing and supervision have been identified and the facility has the capacity and capability to provide appropriate services to meet the staffing and supervision needs of each resident.
- Clearly identify in the ISP each resident's supervision needs and approaches to meet needs.
- Ensure that each employee review the resident assessment and ISP and is knowledgeable of each resident's supervision needs.
- Ensure the facility has appropriate staffing to meet the supervision needs of each resident.
- Clearly communicate staffing and supervision needs of residents to all staff.
- Routinely assess residents for any change in condition. Provide training in recognizing and responding to changes in condition.
- Develop and implement a written procedure that addresses staffing and supervision of residents. Provide staff in-service training regarding the written procedure.
- Implement a resident, family and staff satisfaction survey that includes questions regarding adequate staffing.

**10. DHS 83.43(3)(b)1 Testing by Service Company.** After the first year following installation, smoke detection systems and heat detectors shall be inspected, cleaned and tested annually by a reputable service company in accordance with the specifications in NFPA standard 72 and the manufacturer's specifications and procedures. Detectors shall not be tested using a spray device that administers an unmeasured concentration of aerosol into the detector.

**Some Recommended Practices and Strategies to Comply with this Regulation:**

- Develop a Building and Safety Committee whose role is to anticipate, identify, and address hazards in the building as well as building maintenance and fire safety. Include a resident on the committee, if applicable.
- Contract with a reputable service company that will initiate annual inspections that include, cleaning and testing the smoke and heat detectors; or
- Develop a schedule to contact a reputable service company to inspect, clean and test the smoke and heat detectors annually.
- Maintain documentation of all inspections.
- Routinely audit records to ensure compliance with this standard.