

SURVEY GUIDE

ASSISTED LIVING FACILITIES

**WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Bureau of Quality Assurance**

September 2007

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This survey guide is located on the Internet at:
http://dhfs.wisconsin.gov/rl_DSL/Providers/pde3186.pdf

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CONTACTS

Assisted Living Section
Bureau of Quality Assurance
Central Office
2917 International Lane, Suite 210
Madison, WI 53704
Fax Number: (608)243-2389

*See page 12 for regional numbers and other Bureau contacts

Surveyor _____

Surveyor's Telephone Number(s) _____

Surveyor's Address _____

Surveyor's Supervisor _____

Supervisor's Telephone Number _____

SURVEY INFORMATION

Facility Name _____

License/Certification Number _____

Location _____

Entrance Date _____ Exit Date _____

The Bureau of Quality Assurance conducts both announced and unannounced surveys of assisted living facilities, including community based residential facilities (CBRFs), residential care apartment complexes (RCACs), adult family homes (AFHs), and adult day cares (ADCs) in Wisconsin to ensure that state licensure/certification requirements are met.

The following information was prepared to guide facility staff through the survey process.

I. OVERVIEW OF SURVEY PROCESS

Assisted living surveyors evaluate a facility's performance and compliance with applicable laws and standards in the areas of resident rights, program services, nutrition and food service, physical environment and safety, medication, and staff training. The assisted living survey may be one of three types:

- **Initial:** An initial survey process is conducted to evaluate structural requirements such as building construction and design related to safety, accessibility and environmental issues. Process requirements that must be present for desirable outcomes for residents/tenants/participants (*hereinafter "consumers"*) are also evaluated.
- **Abbreviated:** This process will be used in situations for facilities with good compliance history that meet the following criteria:
 - No enforcement activity within the last three years;
 - No substantiated complaints, resulting in deficiencies, within the last three years; and
 - Facility has been licensed/certified for at least three years.

Regional supervisory discretion may address individual cases where an exception may be made to the identified survey type.

The abbreviated survey process focuses on observations and interviews. Observations and interviews are used to evaluate how the individual needs and preferences of consumers are met. If concerns are not identified through observations and interviews, the survey may be concluded. If concerns are identified, the surveyor will continue to gather information.

- **Standard:** This process will be used when a facility does not meet the criteria for an abbreviated or initial survey. Observation and interview techniques will be primarily used to gather data during the on-site visit. Review of consumers' records and facility records will be done as needed to further investigate concerns identified by observation and interview findings and to determine compliance with process requirements.

II. ASSISTED LIVING SURVEY PROCESS TYPES

A. INITIAL SURVEY PROCESS

An initial survey process is used for the issuance of a new license or certification with a strong emphasis on the provision of technical assistance to the new provider. A completed application is necessary to begin the process. The application is reviewed to

determine if an applicant is “fit and qualified”, meets financial stability criteria, and if the facility is ready for an on-site visit. This review is done off-site. The materials required to be submitted prior to an initial on-site survey vary according to provider type.

An initial survey process emphasizes structural requirements such as building construction, design and approvals related to safety, accessibility and environmental issues. Compliance with process requirements will be reviewed and technical assistance may be provided.

B. ABBREVIATED SURVEY PROCESS

A facility meets the criteria for an abbreviated survey if it has not had any enforcement action in the last three years, has not had any substantiated complaints with deficiencies issued in the last three years, and has been licensed for at least three years.

The abbreviated survey process consists of the following steps:

1. OFF-SITE SURVEY REVIEW

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. INTRODUCTORY MEETING WITH STAFF IN CHARGE

The purpose of this task is to make introductions, explain the survey process and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. TOUR

The surveyor tours the facility with staff, if available. During the tour, the surveyor will talk with as many staff and consumers in order to gather a general understanding of the level of services provided by the facility and the consumers’ perception of the services received.

4. OBSERVATIONS

This task builds on the general observations made during the tour. Observations focus on consumers during varying times and settings. These observations evaluate if the facility promotes and protects rights and dignity and evaluates how the consumers’ needs and preferences are met. In addition, observations are made for homelike environment and physical safety.

5. INTERVIEWS: CONSUMER, FAMILY MEMBERS/REPRESENTATIVES AND STAFF

Interviews will be conducted to determine how the consumers, family members/representatives and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

6. RECORD REVIEW

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance with certain process requirements. Consumer assessments and staff training are examples of process requirements.

7. SAFETY CODE REVIEW

The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, and required inspections.

8. TECHNICAL ASSISTANCE AND STANDARDS OF PRACTICE

This task promotes the quality of life and care by adding value to the regulatory process through the provision of technical assistance to providers and the promotion of standards of practice.

a. Technical Assistance

Technical assistance includes, but is not limited to:

- interpretation of licensing and certification requirements;
- guidance related to consumer quality of life and care;
- review of provider systems, processes and policies within the context of regulatory requirements;
- provision of information regarding non-core code issues;
- provision of information regarding new or innovative programs adding quality of life and care; and
- provision of information related to available resources.

Technical assistance does not relieve providers of their responsibility to comply with the regulations. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

b. Standards of Practice

Standards of practice apply to all provider types and are authoritative statements or guidelines that are nationally recognized and serve as a standard of measure or

value. The assisted living surveyor may promote the use of standards of practice in the following ways:

- provide information related to available resources;
- acknowledge the positive impact of standards of practice on consumer's quality of life and care;
- recognize the successful use of standards of practice.

9. EXIT CONFERENCE

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any.

C. STANDARD SURVEY PROCESS

The standard survey process is used in facilities that do not meet the criteria for an abbreviated or initial survey. The standard survey process consists of the following steps:

1. OFF-SITE SURVEY REVIEW

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. INTRODUCTORY MEETING WITH STAFF IN CHARGE

The purpose of this task is to make introductions, explain the survey process and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. TOUR

The surveyor will tour the facility with staff, if available, and meet as many consumers and staff as possible. During the tour, the surveyor's attention focuses on consumer rights, dignity and privacy, the environment and safety.

4. SAMPLE SELECTION

The purpose of this task is to draw a sample of consumers receiving services.

5. OBSERVATIONS

This task builds on the general observations made during the tour. Observations focus on the sampled consumers during varying times and settings. These observations evaluate if the facility promotes and protects consumer rights and dignity and how the consumers' needs and preferences are met. In addition, observations are made for homelike environment, physical safety, medication system and kitchen.

6. INTERVIEWS: CONSUMER, FAMILY MEMBERS/REPRESENTATIVES AND STAFF

Interviews will be conducted to determine how the consumers, family members/representatives and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

7. RECORD REVIEW

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance with certain process requirements. Consumer assessments and staff training are examples of process requirements.

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The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, and required inspections.

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- provide information related to available resources;
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10. EXIT CONFERENCE

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the process, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern.

III. DECISION MAKING

Following the survey, the assisted living surveyor, along with his or her supervisor, will determine if a citation should be issued, and whether to submit a citation for enforcement review.

Survey results could be documented as one or a combination of the following:

A. No deficiencies

B. Notice Of Finding- Used for isolated incidents of noncompliance that:

- result in no more than minimal harm, or
- have potential for no more than minimal harm; or
- do not indicate a breakdown in facility systems.

C. Statement of deficiency - Used to identify incidents of noncompliance that:

- result in more than minimal, but not serious harm, or
- have potential for more than minimal harm, but not serious harm, or
- indicate a breakdown in facility systems.

All statements of deficiency will include a sanction for an order to submit a plan of correction within 30 days.

D. Statement of deficiency with enforcement - Used to identify incidents of noncompliance that:

- result in serious harm, or
- have potential for serious harm, or
- indicate a breakdown in facility systems that could lead to serious harm, or
- meet the criteria identified in the Assisted Living Enforcement Procedures and Guidelines.

Surveys that result in no deficiencies, statement(s) of deficiency, or statement(s) of deficiency with enforcement are mailed to the licensee within 30 calendar days of the exit conference or the completion of the investigation and findings.

In an effort to enhance collaboration with other stakeholders in assisted living, a courtesy copy of the statement of deficiency and any enforcement action will be mailed to the county, family care organization, Office of Strategic Finance, program bureaus and the ombudsman.

IV. PLANS OF CORRECTION

A. REQUIREMENTS FOR SUBMITTING A PLAN OF CORRECTION

Facilities must submit a plan of correction (POC) for each violation identified in the statement of deficiency. Plans of correction must be completed and mailed to the appropriate BQA regional office within 30 calendar days following receipt of the statement of deficiencies.

B. CONTENT OF THE PLAN OF CORRECTION

Each Plan of Correction must address all of the following:

- What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
- Who is responsible for monitoring for continued regulatory compliance?
- Department Orders, if applicable. Submit documentation, if requested.
- Date of completion for each corrective action (Violation, Order).

If you have questions while drafting plans of correction, you may contact the assisted living surveyor or the Regional Field Operations Supervisor (RFOS). Failure to submit a plan of correction is a violation of statutory order and could result in further sanctions.

V. VERIFICATION OF CORRECTION

The Bureau may verify correction of all citations after the established completion dates have passed or may review corrections the next time an assisted living surveyor is at the facility.

VI. FAILURE TO CORRECT VIOLATIONS

Failure to correct a citation by the date specified may result in sanctions according to applicable statutes and administrative code provisions, and may include the following:

- A forfeiture or an increased forfeiture.
- Suspension of admissions.
- Imposed plan of correction by the department.
- Suspension or revocation of the facility's license.

VII. FORFEITURE PAYMENT

Unless you file an appeal, you must pay the forfeiture amount within 10 days of receipt of a NOTICE AND ORDER. Remittance is payable to “**DHFS-639**” and sent to:

ACCOUNT DHFS-639
DHFS / DDES / BQA / AL
2917 International Lane, Suite 210
MADISON, WI 53704-3135

VIII. APPEALS

A facility may contest the imposition of a statutory sanction, revocation, or denial of licensure as allowed by statute and administrative code:

Adult Family Homes

AFHs do not have appeal rights for Department action for any sanction under HFS 88.03(6)(g). AFHs may appeal license denials, revocations or suspensions under s50.033(4), HFS 88.03(3), HFS 88.03(6)(d), and HFS 88.03(6)(e).

Community Based Residential Facilities

CBRFs have appeal rights for Department action for all sanctions under s50.03(5g) and HFS 83.07(11).

Residential Care Apartment Complexes

Certified RCACs have appeal rights for Department action for all sanctions under s50.034, HFS 89.53(2)(c), HFS 89.53(2)(d), HFS 89.53(4)(b), HFS 89.56, and HFS 89.57.

The facility must appeal in writing within 10 calendar days after receipt of notice of action. The written request for a hearing, including a copy of the notice of action that is being contested, must be sent to:

DIVISION OF HEARINGS AND APPEALS
PO BOX 7875
MADISON, WI 53707-7875

VIV. WAIVERS, APPROVALS, VARIANCES AND EXCEPTIONS (WAVE)

A “waiver” means the granting of an exemption from a requirement of Wisconsin Administrative Code.

An “approval” means review and approval by the department of a practice before the facility implements such.

A “variance” means allowing an alternative means of meeting a requirement of Wisconsin Administrative Code.

An “exception” means granting the omission of a requirement of Wisconsin Administrative Code.

1. Submitting a WAVE Request

- a. WAVE requests may be submitted at any time. The request should be sent to the RFOS at the address listed at the end of this booklet. The request must be in writing and include:
 - The rule from which the WAVE is requested.
 - The time period for which the WAVE is requested.
 - The reason for the request.
 - The alternative actions proposed if a variance is requested, or the specific consumers or rooms affected if a WAVE is requested.
 - Documentation of assurance that consumer health, safety or welfare will not be adversely affected.
- b. The department will grant or deny a request, in writing, as allowed by the applicable regulation for each provider type.

The department may in its sole discretion grant a WAVE of a requirement when it is demonstrated to the satisfaction of the department that granting the WAVE will not jeopardize the health, safety, welfare or rights to any consumer.

- c. The department may modify the terms of the WAVE, impose conditions on the WAVE, or limit the duration of any WAVE.

2. Revoking a WAVE

The Department may revoke a WAVE if:

- a. It determines that continuance of the WAVE adversely affects the health, safety or welfare of the consumers;
- b. The facility fails to comply with the conditions imposed on the WAVE;
- c. It is required by a change in state or federal law, or by administrative rule; or
- d. The licensee notifies the department in writing that it wishes to relinquish the WAVE.

CONCLUSION

The Bureau of Quality Assurance is committed to ensuring a fair, consistent, professional application of state regulations. If you have a concern that you would like to express outside of the processes outlined herein, please contact:

REGIONAL OFFICES

Eau Claire / Western Regional Office
Assisted Living Regional Director
610 Gibson Street, Suite 1
Eau Claire, WI 54701-3687
(715) 836-4029
Fax: (715) 836-2535

Green Bay / Northeastern Regional Office
Assisted Living Regional Director
200 North Jefferson, Suite 211
Green Bay, WI 54301
(920) 448-5338
Fax: (920) 448-5254

Madison / Southern Regional Office
Assisted Living Regional Director
2917 International Lane, Suite 210
Madison, WI 53704
(608) 243-3868
Fax: (608) 243-2389

Milwaukee / Southeastern Regional Office
Assisted Living Regional Director
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606
(414) 227-4565
Fax: (414) 227-3903

Rhineland / Northern Regional Office
Assisted Living Regional Director
2187 Steven Street, Suite C
Rhineland, WI 54501-8036
(715) 365-2816
Fax: (715) 365-2815

OTHER CONTACTS

Assisted Living Section Chief
200 North Jefferson, Suite 211
Green Bay, WI 54301
(920) 448-5255

Director
Bureau of Quality Assurance
PO Box 2969
Madison, WI 53701-2969
(608) 267-7185