Provider Copy: Assisted Living Facility Initial Survey Checklist



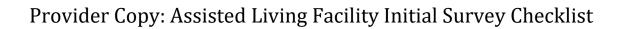
The principal focus of any survey is the resident's quality of life and care outcomes. Review of the core areas determines if:

- · Residents' rights are protected;
- Care and services are provided to residents in accordance with their needs and preferences;
- Residents are appropriately placed for ALF services;
- · Residents' nutritional needs and preferences are met;
- A safe and homelike environment is maintained;
- A Do Not Resuscitate Order (DNRO) policy and procedures and training are in place;
- Staff have the capacity and training to perform their assigned job duties;
- An effective medication system in compliance with statute and rule exists
- Provide instruction on accessing the Agency's Health Facility Reporting System (HFRS)

The primary methods of information gathering are observation, interview and record reviews to confirm or resolve specific compliance issues or concerns.

Documentation		
	I	
	1. Does the facility currently have any residents? If yes, how many?	
	Yes □ No □	
	2. Does the Owner live at the facility?	
	Yes □ No □	
	3. Physical Plant and Tour of Facility	
	Does facility provide furnishings?	
	Yes □ No □	
	If so, are they in good condition?	
	Yes □ No □	
	Is there sufficient space to accommodate the licensed beds?	
	Yes □ No □	
	4. Review facility's Admission Policies and Procedures	
	Does the facility have an admission policy and procedure related to services the facility is	
	prepared to provide or arrange in order to meet resident needs?	
	Yes □ No □	
	5. Review Social & Leisure Activities:	
	Discuss activities program with Administrator or other staff.	
	6. Review Medication Systems and Process:	
	Policies and Procedures	
	Location of Medication Storage	
	Medication Records	

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7. Does the facility have qualified staff to provide assistance with self-administration of medications to residents upon admission? Yes □ No □
8. Review of facility's Policies and Procedures
☐ Abuse Prevention
□ Elopement
□ Infection Control
□ Grievance
☐ Do Not Resuscitate Orders
☐ Third Party Services
□ Visitation
☐ Basic written information relating to Alzheimer's Disease and Related Dementias (ADRD)
9. Has the facility submitted an Emergency Environmental Control Plan?
Yes □ No □
Is the plan onsite for review?
Yes □ No □
10. Has the facility developed written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate, and maintain the alternate power source and any fuel required for the operation of the alternate power source?
Yes □ No □
11. Does the facility staff have 1-hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents?
Yes □ No □
12. Discuss the facility's staffing pattern. Does the facility have at least one staff on site at all times with the required:
Level II background screening?
Yes No No
Attestation of Compliance with background screening?
Yes □ No □
CPR?
Yes □ No □
First Aid training?
Yes □ No □
13. Nutrition and Food Services
Does the facility have a plan in place for the acquisition of menus, food, and supplies once the license has been granted and prior to resident admission?
Yes □ No □

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l	14. Facility Records
	☐ Sample Admission and Discharge Log
	☐ Sample of Admission Packet and Resident Contract
	☐ Fire and Safety Inspection Report
ļ	☐ County Health Department Inspection Report
l	Specialty Licenses
ľ	Limited Mental Health (LMH)
	Yes □ No □
	Does the facility have a cooperative agreement with a mental health care services provider?
	Yes □ No □
	Has the facility developed a process by which the facility will consult with the resident's mental health case manager in order to assist in the planning process?
ļ	Yes □ No □
	Extended Congregate Care (ECC)
	Yes □ No □
	Interview the Administrator/designee and determine how the facility plans to accomplish Service Planning.
	Has the facility developed ECC policies and procedures?
	Yes □ No □
	Has the facility designated an ECC licensed nurse?
	Yes □ No □
	Verified license?
	Yes □ No □
	The initial ECC license will be provisional and may not exceed 6 months as defined in 429.07 (2) FS.
	Limited Nursing Services (LNS)
	Yes □ No □
	Does the facility have a plan in place to employ sufficient and qualified staff to meet the needs of residents requiring LNS?
	Yes □ No □
	Has the facility designated an employed or contracted nurse to coordinate third party nursing services?
	Yes □ No □
	Expect notification of initial approval or denial of their license from the State Agency licensure unit.

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