



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

	<p>1. Does the facility currently have any residents? If yes, how many? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Does the Owner live at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>3. Physical Plant and Tour of Facility</p> <p>Does facility provide furnishings? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, are they in good condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there sufficient space to accommodate the licensed beds? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>4. Review facility's Admission Policies and Procedures</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>5. Review Social & Leisure Activities: Discuss activities program with Administrator or other staff.</p>
	<p>6. Review Medication Systems and Process:</p> <ul style="list-style-type: none">• Policies and Procedures• Location of Medication Storage• Medication Records



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	<p>7. Does the facility have qualified staff to provide assistance with self-administration of medications to residents upon admission?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>8. Review of facility's Policies and Procedures</p> <p><input type="checkbox"/> Abuse Prevention</p> <p><input type="checkbox"/> Elopement</p> <p><input type="checkbox"/> Infection Control</p> <p><input type="checkbox"/> Grievance</p> <p><input type="checkbox"/> Do Not Resuscitate Orders</p> <p><input type="checkbox"/> Third Party Services</p> <p><input type="checkbox"/> Visitation</p> <p><input type="checkbox"/> Basic written information relating to Alzheimer's Disease and Related Dementias (ADRD)</p>
	<p>9. Has the facility submitted an Emergency Environmental Control Plan?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the plan onsite for review?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>12. Discuss the facility's staffing pattern. Does the facility have at least one staff on site at all times with the required:</p> <p>Level II background screening?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attestation of Compliance with background screening?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>CPR?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First Aid training?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>13. Nutrition and Food Services</p> <p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



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