

STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN ASSISTED LIVING FACILITIES

TOP 10 CITATIONS 1/1/10 – 6/30/10

Adult Family Homes

1. DHS 88.04(2) Responsibilities (Licensee). (33 cites) (*) 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 88.04(5) Training. (27 cites) (*) 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://www.dhs.wisconsin.gov/rl_dsl/CBRF/cbrfTrngProgms.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.

3. 88.05(2)(a)1-3 Accessibility- difficulty walking. (27 cites) (*) 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.

4. DHS 88.05(3)(a) Home environment. (27 cites) (*) 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://www.dhs.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.

5 88.05(4)(d)2.b Fire evacuation annual evaluation. (27 cites) Each resident shall be evaluated annually for evacuation time, using the department's form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.

Some Recommended Practices and Strategies for Avoiding This Citation:

- Evaluate residents on admission, annually, and when functional changes occur.
- Conduct fire drills. Document individual evacuation times.
- Address residents' evacuation needs on the ISP. Require staff to review ISPs regularly.
- Use the required Department form: [Http://dhfs.wisconsin.gov/forms1/F6/F62373.pdf](http://dhfs.wisconsin.gov/forms1/F6/F62373.pdf)
- Maintain an effective, written, detailed emergency plan. Ensure that employees are trained to implement the emergency plan.
- Routinely audit resident records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.

6. 88.10(3)(L) Safe Environment. (24 cites) (*) A resident shall have all of the following rights: To a safe environment in which to live. The adult family home shall safeguard residents to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or handicap.

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 inspections to determine that fire extinguishers are in readily usable condition, are placed in the proper locations, and contain a tag showing an annual inspection date.
- Maintain a file with documentation of fire extinguisher maintenance.
- Routinely audit records to determine compliance with this standard. Use results of this audit to institute quality improvement activities.

7. 88.05(4)(b)2 Smoke detectors – Testing and Maintenance. (23 cites) (*) 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.
- Replace smoke detector batteries at the start of day light savings time.
- If a detector is inoperable, replace it immediately with a working detector.
- 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.

8. 88.04(2)(g)1. Health Screening for Staff. (22 cites) The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentations is to be completed within 90 days before the start of providing services. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.

Some Recommended Practices and Strategies for Avoiding This Citation:

- Be knowledgeable of the hiring requirements within DHS 88 and with all other laws governing the home and its operation. Have a copy of DHS 88 in the home.
- Develop hiring procedures and utilize a “New Hire” checklist that includes DHS 88 requirements under 88.03(3)(b), 88.04(1), and 88.04(5). (Not an inclusive listing).
- Document all health screening received in each employee file. Include the dates of screening and who conducted the screening.
- Routinely audit employee records to determine compliance with this standard. Use results of this audit to institute quality improvement activities.

9. DHS 88.07(3)(d) Medication – Written order. (22 cites) (*) 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://www.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.

10. 88.04(5)(b) Annual Training. (20 cites) (*) Except as provided in [pars. \(c\) and \(d\)](#), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.

Some Recommended Practices and Strategies for Avoiding This Citation:

- Maintain list of resources of acceptable training programs. Examples of acceptable training:
All CBRF approved training programs
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
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 facility staff is knowledgeable regarding the requirement of this standard.
- 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

(*) Denotes Key Code