

# STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN ASSISTED LIVING FACILITIES

## TOP 10 CITATIONS 1/1/10 –12/31/10

### Community-based Residential Facilities (CBRF)

**1. DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws. (61 cites) (\*)** The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF.

**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 83.35(1) have been identified and the facility has the capability to provide appropriate services to meet the needs identified.
- Ensure staff has completed required orientation and training requirements under Subchapter IV.
- 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.
- See the departments list (not inclusive) of resources related to standards of practice at:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/Providers/resources.htm](http://www.dhs.wisconsin.gov/rl_DSL/Providers/resources.htm)
- Implement a resident, family, staff satisfaction survey that includes questions regarding licensee access and accountability.

**2. DHS 83.35(3)(d) ISP Review. (60 cites) (\*)** Annually or when there is a change in a resident's needs, abilities or physical or mental condition, the ISP shall be reviewed and revised based on the assessment under sub. (1). All reviews of the ISP shall include input from the resident or legal representative, case manager, resident care staff, and other services providers as appropriate. The resident or resident's legal representative shall sign the ISP, acknowledging their involvement in, understanding of and agreement with the ISP.

- Ensure that employees who are responsible for ISP development have completed training under DHS 83.22(2). Obtain training from a qualified professional (e.g., registered nurse, social worker) on the topic of identification of the resident's needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress.
- Ensure that all identified needs and abilities from the comprehensive assessment are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Routinely assess residents for any change in needs, abilities and condition, and at least annually.
- Provide training in recognizing and responding to changes in needs, abilities and condition.
- Update residents' ISPs when any change occurs, and at least annually.
- 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.
- Utilize the department's web-based Medication Management resource:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/MedManagement/asstlvgMMI.htm](http://www.dhs.wisconsin.gov/rl_DSL/MedManagement/asstlvgMMI.htm)
- Review information regarding person-centered planning:
  - <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://www.dhs.wisconsin.gov/rl\\_DSL/Providers/resources.htm](http://www.dhs.wisconsin.gov/rl_DSL/Providers/resources.htm)

**3. DHS 83.32(3)(i) Prompt and Adequate Treatment. (56 cites) (\*)** To receive prompt and adequate treatment appropriate to the resident's needs.

**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.
- 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://www.dhs.wisconsin.gov/rl\\_DSL/Providers/resources.htm](http://www.dhs.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 physicians are aware of any changes in condition.
- Have resources, such as a registered nurse, 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.
- Routinely assess residents for any change in condition. Provide training in recognizing and responding to changes in condition.
- Develop a system to ensure resident cares are provided as identified in the ISP and/or as ordered.
- Maintain documentation of communication with families, physicians, social workers, etc.
- Review and update resident ISPs annually 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 has 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.

**4. DHS 83.35(3)(a) ISP Scope. (56 cites) (\*)** Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individualized service plan for each resident. The ISP shall include all of the following: 1. Identify the residents needs and desired outcomes. 2. approaches. 3. Establish measurable goals with specific time limits for attainment.

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

- Ensure that employees who are responsible for ISP development have completed training under DHS 83.22(2). Obtain training from a qualified professional (e.g., registered nurse, social worker) on the topic of identification of the resident's needs and desired outcomes, development of goals and

interventions, service plan evaluation and review of progress.

- Ensure that all identified needs and abilities from the comprehensive assessment are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Routinely assess residents for any change in needs, abilities and condition, and at least annually.
- Provide training in recognizing and responding to changes in needs, abilities and condition.
- Update residents' ISPs when any change occurs, and at least annually.
- 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.
- Utilize the department's web-based Medication Management resource:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/MedManagement/asstlvgMMI.htm](http://www.dhs.wisconsin.gov/rl_DSL/MedManagement/asstlvgMMI.htm)
- Review information regarding person-centered planning:
  - <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://www.dhs.wisconsin.gov/rl\\_DSL/Providers/resources.htm](http://www.dhs.wisconsin.gov/rl_DSL/Providers/resources.htm)

**5. DHS 83.35(1)(c) Areas of Assessment. (49 cites) (\*)** The assessment, at a minimum, shall include all of the following areas applicable to the resident:

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

- Ensure that employees who conduct assessment of residents have completed training under DHS 83.22(1). Obtain training from a qualified professional (e.g., registered nurse, social worker) on the topic of assessment methodology, assessment of changes in condition, sources of assessment information and documentation of the assessment.
- Ensure that all identified needs and abilities from the comprehensive assessment are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Routinely assess residents for any change in needs, abilities and condition, and at least annually.
- Utilize the department's memo Elopement Guidelines in Assisted Living Facilities:
  - [http://www.dhs.wisconsin.gov/rl\\_DSL/Publications/10-009.htm](http://www.dhs.wisconsin.gov/rl_DSL/Publications/10-009.htm)
- Provide training in recognizing and responding to changes in needs, abilities and condition.
- Update residents' ISPs when any change occurs, and at least annually.
- 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.
- Utilize the department's web-based Medication Management resource:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/MedManagement/asstlvgMMI.htm](http://www.dhs.wisconsin.gov/rl_DSL/MedManagement/asstlvgMMI.htm)
- Review information regarding person-centered planning:
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- Be knowledgeable regarding current standards of practice.
  - See list (not inclusive) of resources related to standards of practice at:  
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**6. DHS 83.47(2)(d) Fire Drills. (48 cites) (\*)** Fire drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF's total evacuation time. The

CBRF shall record residents having an evacuation time greater than the time allowed under s. DHS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance.

**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 a thorough assessment within 3 days of admission for each resident to evaluate evacuation abilities per DHS 83.35(5).
- Conduct and document at least one fire drill quarterly with residents and with the number of staff scheduled to work at that time.
- Maintain an effective, written, detailed emergency plan, including evacuation procedures and the type of assistance needed for residents having an evacuation time of greater than 2 minutes in an un-sprinklered facility and 4 minutes in a sprinklered facility.
- Consult with the local fire authority on the development and implementation of evacuation procedures.
- Ensure staffing patterns are sufficient to meet the needs of residents being served.
- Routinely audit facility records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.
- Identify a person responsible for monitoring continued regulatory compliance.

**7. DHS 83.47(3) Fire Inspection. (43 cites) (\*)** The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain the inspection reports for 2 years.

**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 resident safety. Include a resident on the committee, if applicable.
- Contact the local fire authority to conduct fire inspections annually.
- For small CBRFs where the local fire authority does not conduct annual inspections, contract with a reputable certified fire inspector for inspections annually.
- Develop a schedule to contact either the local fire authority or certified fire inspector to conduct the fire inspection annually.
- Promptly address any violations identified by the inspector.
- Include staff in the correction process, if appropriate.
- Maintain documentation of all inspections.
- Routinely audit records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.

**8. DHS 83.55(6)(b) Water Supply. (35 cites) (\*)** The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140 degrees F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115 degrees F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.

**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 resident safety. Include a resident on the committee, if applicable.
- Contract with a reputable service company to install valves at fixtures used by residents.

- Develop a schedule to contact a reputable service company to inspect the valves annually.
- Schedule routine checks of water temperatures at fixtures used by residents.
- Maintain documentation of all routine checks and inspections.
- Routinely audit records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.
- Identify a person responsible for monitoring continued regulatory compliance.

**9. DHS 83.35(1)(a) Assessment Scope. (34 cites) (\*)** The CBRF shall assess each resident's needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admission, the CBRF shall conduct the assessment within 5 days after admission.

- Prior to admission, conduct a face to face interview with the prospective resident and the person's legal representative, if any, and family members as appropriate.
- Ensure that employees who conduct assessment of residents have completed training under DHS 83.22(1). Obtain training from a qualified professional (e.g., registered nurse, social worker) on the topic of assessment methodology, assessment of changes in condition, sources of assessment information and documentation of the assessment.
- Ensure that all identified needs and abilities from the comprehensive assessment are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.
- Routinely assess residents for any change in needs, abilities and condition, and at least annually.
- Document any change in needs, abilities and condition in the resident record.
- Provide training in recognizing and responding to changes in needs, abilities and condition.
- Update residents' ISPs when any change occurs, and at least annually.
- Routinely audit resident records to ensure compliance with these standards. Use results of the audit to institute quality improvement activities.

**10. DHS 83.47(2)(e) Other Evacuation Drills. (34 cites) (\*)** Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.

**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 and other emergency safety. Include a resident on the committee, if applicable.
- Conduct a thorough assessment within 3 days of admission for each resident to evaluate evacuation abilities per DHS 83.35(5).
- Schedule 6 drills annually to include: 4 fire drills (including 1 night-time simulated drill) and 2 other emergency or disaster evacuation drills.
- Schedule a tornado evacuation drill in conjunction with Wisconsin's mock tornado drill. (Scheduled in April)
- Document all evacuation drills conducted.
- Maintain an effective, written, detailed emergency plan, including evacuation procedures and the type of assistance needed for residents having an evacuation time of greater than 2 minutes in an un-sprinklered facility and 4 minutes in a sprinklered facility.
- Consult with the local fire authority on the development and implementation of evacuation procedures.
- Ensure staffing patterns are sufficient to meet the needs of residents being served.
- Routinely audit facility records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.

- Identify a person responsible for monitoring continued regulatory compliance.

**\*Denotes Key Code.**