



STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN WISCONSIN ASSISTED LIVING FACILITIES – ADULT FAMILY HOME

P-00428 (11/2012)

ADULT FAMILY HOME (AFH) TOP TEN CITATIONS 01/01/11 – 12/31/11

1. ***DHS 88.04(2) Responsibilities (Licensee). (40 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 the 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 the 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 88.05(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 on the committee, 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 a "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/AdultFamilyHomes/AFH98021.htm
- 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.

3. ***DHS 88.10(3)(L) Safe Physical Environment. (23 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 who cannot fully guard themselves from environmental hazards 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 it is to anticipate, identify and address hazards in the home. Include a resident on the Safety Committee, if appropriate.
 - Develop and implement facility safety standards and routine cleaning and maintenance schedules.
 - Routinely conduct environmental inspections for safety and cleanliness.
 - Maintain safe water temperatures. Review DQA Memo #98-021:
http://www.dhs.wisconsin.gov/rl_DSL/AdultFamilyHomes/AFH98021.htm
 - Maintain a file with documentation of routine checks.
 - Routinely audit records to determine compliance with this standard. Use results of this audit to institute quality improvement activities.
 - Promptly repair or replace any flooring or fixtures which are hazardous or not in good working order.
 - Use a “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. Include a family member or guardian on a safety committee or partner with another facility to tour each other’s facilities.
 - Maintain equipment in good working order.
 - Promote a comfortable, homelike setting that is free of unnecessary restrictions.
 - Contract with reputable service providers (when necessary) to complete repairs.
 - The Occupational Safety and Health Administration (OSHA) has a helpful website at:
<http://www.osha.gov/dcsp/smallbusiness/consult.html>
 - Be careful to properly identify the risk of entrapment when using side rails and to assess/identify the risk vs. benefit of their use. Refer to Memo DSL-BQA-99-053:
http://www.dhs.wisconsin.gov/rl_DSL/Publications/99-053.htm
 - Implement a resident, family, staff satisfaction survey that includes questions regarding the home’s environment.
4. ***DHS 88.06(3)(f) ISP – Review. (21 cites) The individual service plan shall be reviewed at least once every six months by the licensee, the resident or the resident’s guardian, the service coordinator, if any, the designated representative, if any, and, if applicable, the placing agency with the resident participating in a manner appropriate for the resident’s level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident’s needs or preferences change substantially or when requested by the resident or the resident’s guardian.***

Some Recommended Practices and Strategies to Comply With This Regulation:

- Obtain in-service training from a qualified professional (e.g., registered nurse, social worker) on the topic of developing, implementing, and revising individualized service plans (ISPs). Include instruction for developing ISPs to address physical health, including chronic, short term and recurring illnesses, physical disabilities, mental health, behavior patterns, and for establishing measurable goals.
- Routinely audit records to ensure compliance with these standards. Use results of the audit to institute quality improvement activities.
- Ensure that all identified needs and abilities from the comprehensive assessment [DHS 88.06(3)(a)] are addressed in the ISP, including goals, services to be provided, the frequency of the service, and the service provider.

- Implement a resident, family, staff satisfaction survey that includes questions regarding care planning.
- Review information regarding person-centered planning:
<http://ilr-edi-r1.ilr.cornell.edu/PCP/>
- 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
- Implement a resident, family, staff satisfaction survey that includes questions regarding care planning.

5. ***DHS 88.05(4)(b)2. Smoke Detectors – Testing and Maintenance. (20 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 it is to anticipate, identify, and address hazards in the home. Include a resident on the Safety Committee, 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 daylight 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.

6. ***DHS 88.04(5)(b) Annual Training. (18 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 a list of resources for acceptable training programs. Examples of acceptable training include:
 - Training in standard precautions, fire safety, first aid and choking, or medication administration provided by a Department approved training for CBRF training. The name of the person who received the training must be included on the CBRF training registry.
 - All CBRF approved training programs that were approved prior to April 1, 2009. The Department will not accept training in standard precautions, fire safety, first aid and choking, or medication administration taken on or after April 1, 2010, from instructors who were approved prior to April 1, 2009. Previously approved CBRF training programs may be found at:
http://www.dhs.wisconsin.gov/rl_dsl/CBRF/prevAprvdTrgProgs.htm
 - Training provided by a recognized training entity (i.e., technical college, university, Red Cross, American Heart Association, fire department, hospital or other health care provider, public health department).
 - Training provided by a managed care organization (MCO) or county human services department.
 - Training provided by an advocacy agency such as the Board on Aging and Long Term Care (BOALTC) Ombudsman or Disability Rights Wisconsin.
- Ensure facility staff is knowledgeable regarding the requirements of this standard.
- Incorporate training requirements into employee job descriptions and evaluations.
- Document all training received in each employee file. Include the dates of training, the length of training, the name and qualifications of the instructor, and an outline of course content. For accepted CBRF training programs, maintain a copy of the certificate of completion in the employee's file.

- Take advantage of some of the free training on the DHS website, such as caregiver abuse prevention/investigation training, located at:
<http://www.dhs.wisconsin.gov/caregiver/training/trgIndex.HTM>
- 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.

7. DHS 88.04(5)(a) Training. (17 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 residents, 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 a list of resources for acceptable training programs. Examples of acceptable training include:
 - Training in standard precautions, fire safety, first aid and choking, or medication administration provided by a Department approved trainer for CBRF training. The name of the person who received the training must be included on the CBRF training registry.
 - All CBRF approved training programs that were approved prior to April 1, 2009. The Department will not accept training in standard precautions, fire safety, first aid and choking, or medication administration taken on or after April 1, 2010, from instructors who were approved prior to April 1, 2009. Previously approved CBRF training programs may be found at:
http://www.dhs.wisconsin.gov/rl_dsl/CBRF/prevAprvdTrgProgs.htm
 - Training provided by a recognized training entity (i.e., technical college, university, Red Cross, American Heart Association, fire department hospital or other health care provider, public health department).
 - Training provided by a managed care organization (MCO) or county human services department.
 - Training provided by an advocacy agency such as the Board on Aging and Long Term Care (BOALTC) Ombudsman or Disability Rights Wisconsin.
- Ensure facility staff is knowledgeable regarding the requirements of this standard.
- Incorporate training requirements into employee job descriptions and evaluations.
- 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 the course content. For accepted 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.

8. DHS 88.05(2)(a)1-3 Accessibility-Difficulty Walking. (17 cites) *If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:*

- 1. *The exits from the home 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 at all shall have a clear opening of at least 32 inches.***
- 3. *Toilet and bathing facilities used by a resident 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's program statement identifies whether you serve persons who walk with difficulty or not at all.
- If the facility admits or retains anyone who walks with difficulty 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 it is to anticipate, identify, and address accessibility issues in the home. Include a resident on the Safety Committee, 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.

9. DHS 88.06(3)(c) Assessment – Identify Needs & Abilities. (17 cites) *The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.*

Some Recommended Practices and Strategies to Comply With This Regulation:

- 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.
- Provide training in recognizing and responding to changes in needs, abilities and condition.
- Routinely audit resident records to ensure compliance with these standards. Use results of the audit to institute quality improvement activities.
- Utilize the department's web-based Medication Management resource:
http://www.dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvgMMI.htm
- Review information regarding person-centered planning:
<http://ilr-edi-r1.ilr.cornell.edu/PCP/>
- 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

10. DHS 88.07(3)(d) Medication – Written Order. (17 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 the 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 the 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.