



**STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN WISCONSIN  
ASSISTED LIVING FACILITIES – COMMUNITY-BASED RESIDENTIAL FACILITY  
P-00429 (11/2012)**

**COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)  
TOP TEN CITATIONS  
01/01/11 –12/31/11**

- 1. DHS 83.35(3)(d) ISP Review. (66 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.***

**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 resources: [http://www.dhs.wisconsin.gov/rl\\_dsl/MedManagement/asstlvvgMMI.htm](http://www.dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvvgMMI.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](http://www.dhs.wisconsin.gov/rl_DSL/Providers/resources.htm)

- 2. DHS 83.32(3)(i) Prompt and Adequate Treatment. (60 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 reviews the resident assessment and individual service plan (ISP).
- Ensure that all staff members are properly trained in the provision of cares.
- Be knowledgeable regarding current standards of practice. See the department’s 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 residents’ 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.

**3. DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws. (52 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 have 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 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 continued regulatory compliance.
- Implement a comprehensive quality assurance program which implements standards of practice. See the department's 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.

**4. DHS 83.35(3)(a) ISP Scope. (52 cites) *Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individualized service plan (ISP) for each resident. The ISP shall include all of the following: 1. Identify the resident's needs and desired outcomes. 2. Identify the program services, frequency and 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://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](http://www.dhs.wisconsin.gov/rl_DSL/Providers/resources.htm)

**5. DHS 83.35(1)(c) Areas of Assessment. (46 cites) *The assessment, at a minimum, shall include all the following areas applicable to the resident.***

**Some Recommended Practices and Strategies to Comply With This Regulation:**

- Ensure that employees who conduct assessments 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/asstlvvgMMI.htm](http://www.dhs.wisconsin.gov/rl_dsl/MedManagement/asstlvvgMMI.htm)
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**6. DHS 83.47(2)(e) Other Evacuation Drills. (45 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.
- 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.

**7. DHS 83.37(1)(i) PRN Psychotropic Medications. (35 cites) *When a psychotropic medication is prescribed on an as-needed basis for a resident, the CBRF shall do all of the following:***

**Some Recommended Practices and Strategies to Comply With This Regulation:**

- Conduct a comprehensive assessment per DHS 83.35(1)(c) to identify and evaluate factors relating to the resident’s needs and preference for PRN psychotropic medications.
- Identify in the individual service plan under DHS 83.35(3)(a) the rationale for use and a detailed description of the behaviors which indicate the need for PRN psychotropic medication.
- Develop and implement a written procedure that details when a PRN medication may be administered, who may administer the medication, and documentation requirements.
- Provide staff in-service training regarding written procedures.
- Identify a person responsible for monitoring the inappropriate use of PRN psychotropic medications.
- Document in the resident’s record a description of why the PRN medication was needed, a description of the specific behaviors requiring PRN medication, if the medication was effective, and any side effects from the

medication.

- Record monitoring at least monthly for the inappropriate use of PRN medication. Identify who provided the monitoring. Evaluate if the use of PRN medication was contrary to the resident's ISP or for its intended use, was it used for discipline or staff convenience, and were there any significant adverse side effects.
  - 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)
  - Maintain the practitioner's order for all medications administered and ensure that the order includes all required information.
  - Develop and implement a Quality Assurance program to include:
    - A system to ensure that all PRN medication administered is in accordance with DHS 83.37(1)(i).
    - A system to ensure that all medications received from the pharmacy is the correct medication, in the correct dosage, and for the correct resident.
    - A system that audits changes in physician's orders to ensure the most current order for medication is being administered.
    - A system that audits resident records to ensure compliance with these standards. Use results of the audit to institute quality improvement activities.
  - Record all medications, dosage, times administered, and who administered on a medication administration record (MAR).
  - Record all changes in practitioner's orders on the MAR in a legible manner. Communicate any changes in orders with all staff.
8. **DHS 83.47(2)(d) Fire Drills.** *(35 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.
9. **DHS 83.55(6)(b) Bath and Toilet Areas – Water Supply/Temperature.** *(34 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.
- 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.

**10. DHS 83.32(3)(h) Rights of Residents – Receive Medication. (33 cites) ... each resident shall have the following rights: Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.**

**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](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 administers medications.
- Implement a resident, family, staff satisfaction survey that includes questions regarding the medication system.
- Develop a quality assurance system to ensure all medication received from the pharmacy is the correct medication, in the correct dosage, and for the correct resident.
- Record all medications, dosage, times administered, and who administered on a medication administration record (MAR).
- Routinely audit changes in physician’s orders to ensure the most current order for medication is being administered.
- Record all changes in practitioner’s orders on the MAR in a legible manner. Communicate any changes in orders with all staff.
- Ensure all staff administering medications has received training as required.
- Record medication refusals on the MAR.

**11. DHS 83.38(1)(b) Supervision. (33 cites) The CBRF shall provide supervision appropriate to the resident’s needs.**

**Some Recommended Practices and Strategies to Comply With This Regulation.**

- Conduct a thorough assessment prior to admission for each resident to ensure that all needs and abilities in the area of staffing and supervision have been identified and the facility has the capacity and capability to provide appropriate services to meet the staffing and supervision needs of each resident.
- Utilize the department’s memo Elopement Guidelines in Assisted Living Facilities at:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/Publications/10-009.htm](http://www.dhs.wisconsin.gov/rl_DSL/Publications/10-009.htm)
- Have all resident assessments and Interdisciplinary Service Plans (ISPs) current and up-to-date.
- Clearly identify in the ISP each resident’s supervision needs and approaches to meet needs.
- Ensure that each employee reviews the resident assessment and ISP and is knowledgeable of each resident’s supervision needs.
- Ensure the facility has appropriate staffing to meet the supervision needs of each resident.
- Clearly communicate staffing and supervision needs of residents to all staff.
- Routinely assess residents for any change in condition. Provide training in recognizing and responding to changes in condition.
- Develop and implement a written procedure that addresses staffing and supervision of residents. Provide staff in-service training regarding the written procedure.
- Maintain an effective, written, detailed emergency plan, including procedures to follow when a resident is missing.
- Implement a resident, family and staff satisfaction survey that includes questions regarding resident supervision.
- Routinely audit facility records to ensure compliance with this standard. Use results of the audit to institute quality improvement activities.