



STRATEGIES TO PROMOTE REGULATORY COMPLIANCE IN WISCONSIN ASSISTED LIVING FACILITIES – ADULT FAMILY HOMES (AFH)

Department of Health Services / Division of Quality Assurance
P-00509 (06/2013)

Top Ten Citations 01/01/12 – 12/31/12

- 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 AFH and its operation. Have a copy of DHS 88, Wis. Admin. Code, 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 and available to any resident 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 88.05(3)(a) Home Environment (24 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 at 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.
- 3. 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 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 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, e.g., 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 88.04(5) Training (20 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 six months after starting to provide care. This training shall include training in fire safety and first aid.

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 trainer for CBRF training. The name of the person who received the training must be included on the CBRF training registry.
 - Training provided by a recognized training entity (e.g., 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 or county human services department.
 - Training provided by an advocacy agency such as the Board on Aging and Long Term Care Ombudsman or Disability Rights Wisconsin.
 - Ensure facility staff is knowledgeable regarding the requirement 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/trqIndex.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.
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 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.
6. **DHS 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation (19 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 two minutes.

Some Recommended Practices and Strategies to Comply with this Regulation

- 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 DQA form F-62373, *Resident Evacuation Assessment*, located at <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.
 - If an audit of resident records reveals overdue or inaccurate evaluations, institute measures to insure ongoing compliance, such as completing evaluations when the annual ISP review is completed.
- 7. DHS 88.04(5)(b) Annual Training (16 cites)** Except as provided in pars. (c) and (d), the licensee and each service provider shall complete eight 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 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.
 - Training provided by a recognized training entity (e.g., 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 or county human services department.
 - Training provided by an advocacy agency such as the Board on Aging and Long Term Care Ombudsman or Disability Rights Wisconsin.
 - Ensure facility staff is knowledgeable regarding the requirement 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.
- 8. DHS 88.05(4)(a) Fire Safety-Fire Extinguishers (16 cites)** Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by an authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.

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.
 - Preschedule annual fire extinguisher testing to occur on the same date every year.
 - Providers with more than one facility, schedule fire extinguisher testing to occur annually on the same date for all facilities.
- 9. DHS 88.07(3)(d) Medication - Written Order (15 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 at 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. DHS 88.05(3)(b) Home Environment - Free of Hazards (14 cites) The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.

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.
- Maintain safe water temperatures. Review DQA Memo 98-021 at http://dhfs.wisconsin.gov/rl_DSL/Publications/pdfmemos/98021.pdf .
- 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 "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.
- Contract with reputable service providers (when necessary) for insect and rodent control.
- Implement a resident, family, staff satisfaction survey that includes questions regarding the home environment.