



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Survey Readiness

Assisted Living Facilities

Community-Based Residential Facilities
Adult Family Homes
Residential Care Apartment Complexes

State of Wisconsin Department of Health Services

Division of Quality Assurance Bureau of Assisted Living

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Purpose

The Bureau of Assisted Living (BAL) has developed this booklet to help you and your staff be **survey-ready every day of the year**. This booklet provides guidance, tools, and resources to prepare your staff for onsite surveys.

These are only recommendations intended to encourage survey readiness and may not address all scenarios. Always refer to the regulations for definitive requirements. If you have specific regulatory questions, please reach out to your regional office.

[Bureau of Assisted Living Contacts](#)



Be prepared

1. Be survey-ready every day of the year.
 - a. Provide continuous training with staff.
 - b. Develop and implement an effective quality assurance/quality improvement program.
[Quality Assurance and Quality Improvement in Assisted Living](#)
 - c. Be aware of your residents'/tenants' concerns/desires
 - d. Have an effective customer service program.
 - e. Ensure your grievance policy and procedure is known and followed.
 - f. Follow up on grievances to ensure questions/concerns are addressed and documented.
 - g. Make daily and weekly rounds a routine.
2. Maintain a complete and up-to-date Survey Binder. This is discussed further in the next section.
3. Ensure all staff know the job responsibilities documented in their job description.
4. Develop a pre-survey readiness plan that clearly defines protocols for notifying management when a surveyor enters the facility. The plan should identify who will lead the survey and provide records if the manager or administrator is not available.
5. Develop a plan to inform and involve the licensee, tailored to their expectations and oversight.
6. Train staff on what to expect during the survey. Surveyors will be making observations of cares; interviewing staff, residents, and visitors; and reviewing records.
7. Have a process to ensure surveyors receive resident and employee records within 2 hours.

The survey binder

Best practice is to maintain an organized and current Survey Binder. The Survey Binder should include the documentation routinely requested during an abbreviated or standard survey, and rosters which are requested during EVERY survey. Ensure staff know how to locate the binder, in the absence of the manager or administrator. Review the content on a regular basis to ensure the Survey Binder remains up to date.

The Survey Binder should contain:

1. Resident/Tenant rosters including their dates of admission and funding source. (Requested at EVERY survey).
2. Employee rosters including their dates of hire, position, and job responsibilities. (Requested at EVERY survey).
3. Contact information for your management team.
4. Staffing schedules.
5. Meal menus.
6. Activity calendars.
7. Safety code reports:

Community – Based Residential Facilities (CBRF)

Annual onsite medication review	83.37(1)(e)2.
Fire department inspection	83.47(3)
Sprinkler inspection	83.48(8)
Smoke/heat detector inspection	83.48(3)
Smoke detector checks	83.48(1)
Furnace inspection	83.46(1)(c)
Well water inspection (if applicable)	83.46(3)
Fire drills	83.47(2)(d)
Other emergency evacuation drills	83.47(2)(e)
Pet vaccinations (if applicable)	83.39(5)

Adult Family Homes (AFH)

Smoke detector checks	88.05(4)(b)2.
Furnace inspection	88.05(3)(e)2.
Well water inspection (if applicable)	88.05(3)(d)
Fire drills	88.05(4)(d)2.c.
Pet vaccinations (if applicable)	88.05(6)

Residential Care Apartment Complexes (RCAC)

Written emergency plan	89.23(2)(c)
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Employee records

Surveyors will review a sample of employee files during many of our survey types, such as abbreviated and standard surveys, self-report reviews, complaint investigations, and verification visits. Records must be provided within 2 hours of the request. Having systems to ensure access to employee records serves to streamline the process and can significantly decrease the time necessary to complete the survey. If employee records are kept off site, identify who will be responsible for bringing them to the facility or sending them electronically to the surveyor within the 2-hour timeframe.

To be prepared, ensure the employee records contain all of the required documentation:

CBRF

☐ Job description	83.18(1)(a)
☐ Date of hire	83.18(1)(b)
☐ Administrator qualifications	83.18(1)(c) & 83.15(1)
☐ Caregiver background check (CBC) ○ Background Information Disclosure (BID) ○ WI Dept. of Justice (DOJ) report ○ Governmental Findings Report (GFR) ○ Any additional documentation required * (See resources)	83.17(1) & s. 50.065
☐ Screening for communicable diseases, including tuberculosis (TB) ** (See resources)	83.17(2)(a)
☐ Documentation of training or exemptions	83.18(1)(e) & 83.26
☐ Orientation	83.19
☐ Department-approved CBRF training	83.20
☐ All employee training	83.21
☐ Task specific training (if applicable)	83.22
☐ Exemptions	83.24
☐ Continuing education	83.25
☐ Registered Nurse (RN) delegation	83.37(2)(e) & s. N6.03(3)

AFH

☐ Job description	88.09(2)(a)7.
☐ Date of hire	88.09(2)(a)4.
☐ Job related experience and training (if any)	88.09(2)(a)5.
☐ Educational qualifications (if any)	88.09(2)(a)6.
☐ CBC ☐ BID ☐ DOJ ☐ GFR ☐ Any additional documentation required *(See resources)	88.03(3)(b) & s.50.065
☐ Screening for communicable diseases, including TB **(See resources)	88.04(2)(g)
☐ Training (initial and continuing education)	88.04(5)
☐ Universal precautions for the control of blood-borne pathogens	88.04(2)(h) & US OSHA Standard 29 CFR 1910.1030
☐ Description of any disciplinary action	88.09(2)(a)10.
☐ Date of termination or resignation	88.09(2)(a)11.

RCAC

☐ CBC ☐ BID ☐ DOJ ☐ GFR ☐ Any additional documentation required *(See resources)	s. 50.065
☐ Training: Safety procedures including fires safety, first aid, universal precautions, facility's emergency plan, policy and procedures – tenant rights	89.23(4)(d)1.
☐ Training: Physical, functional, and psychological characteristics associated with aging, likely to be present in the tenant population, and their service needs	89.23(4)(d)2.a.
☐ Training: Purpose and philosophy of assisted living – including privacy, autonomy, and independence	89.23(4)(d)2.b.
☐ Training: Assigned duties and responsibilities, including the needs and abilities of the tenant population	89.23(4)(d)2.c.
☐ RN delegation (if administering medications)	89.23(4)(a)2.
☐ Provider qualifications	89.23(4)(a)3. & 89.23(5)



Resident/tenant records

Surveyors will review a sample of resident/tenant records during many of our survey types, such as abbreviated and standard surveys, self-report reviews, complaint investigations, and verification visits. Whether resident records are paper or electronic, access must be provided within 2 hours of the request. Having systems to ensure access to records, serves to streamline the process and can significantly decrease the time necessary to complete the survey.

Paper records: Maintain organized and up to date paper records.

Electronic records: Surveyors will request login credentials to access electronic records. It is recommended to work with your vendor to create these credentials in advance of a survey to avoid delays. Have staff available if surveyors need instruction on how to navigate electronic software to locate all required documentation for a resident/tenant record.

Wis. Stat § 50.07(1) prohibits any person from impeding the survey process, including preventing surveyors from accessing records.

The next pages will go into specific requirements for resident and tenant records. Please note this list may not be all inclusive and is placed here only to assist with ensuring records are complete.

CBRF

☐ Full name, date of birth, date of admission, last known address	83.42(1)(a)
☐ Name and contact information of legal representative and care team (if any)	83.42(1)(b)
☐ Legal documents: Guardianship, Power of Attorney, Incapacitation, Advanced Directives, code status	83.42(1)(s)
☐ Primary care provider and other health care providers	83.42(1)(d)
☐ Results of initial health screening including TB	83.28(4)
☐ Subsequent health examinations	83.38(1)(g)
☐ Admission agreement	83.29(2)
☐ Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment	83.38(1)(g) & 83.42(1)(j)
☐ Assessments: pre-admission, changes in condition, and annual	83.35(1)(a)
☐ Individual service plans (ISP): ○ Temporary ○ Comprehensive (within 30 days) ○ Annual and Changes in condition	83.35(2) 83.35(3)(a) 83.35(3)(d)
☐ Member-centered plans	HCBS Requirement
☐ Resident satisfaction evaluations *** (See Resources)	83.35(4)
☐ Resident evacuation evaluation (initial and annual) **** (See Resources)	83.35(5)
☐ Any Department approved resident specific waiver or variance	83.42(1)(n)
☐ Physician's and/or other authorized practitioner's orders	83.37(1)(a)
☐ Documentation of medication/supplement administration	83.37(2)(d)
☐ Results of quarterly psychotropic medication assessments	83.37(1)(h)1.
☐ Monthly review of PRN (as needed) psychotropic medications	83.37(1)(i)2.
☐ Medication regimen review	83.37(1)(e)1. & 2.
☐ Written authorization to hold resident funds	83.34
☐ Nursing care procedures & time spent on procedures	83.42(1)(v)
☐ Plans of care for terminally ill (hospice care plans)	83.42(1)(w)
☐ Summary of discharge information	83.31(7)
☐ Date, time, circumstances of a resident's death	83.42(1)(x)

AFH

☐ Full name, date of birth, and date of admission	88.09(1)(d)1.
☐ Name and contact information of legal representative (if any)	88.09(1)(d)2.
☐ Contact information for the resident's physician and any other person who is to be notified in the event of an emergency	88.09(1)(d)3.
☐ Name and contact information for resident's managed care team (if any)	88.09(1)(d)4.
☐ Service agreement	88.06(2)(b) & (c)
☐ Medical examination report including TB screen	88.06(2)(a)
☐ ISP – within 30 days, change in condition, and every 6 months	88.06(3)
☐ Member-centered plan (if any)	HCBS Requirement
☐ Statement indicating resident rights and grievance procedures have been explained and copies provided to all parties	88.06(2)(c)8.
☐ Medication records	88.07(3)(d) & (e)
☐ Current record of all medical visits, reports, and recommendations	88.07(2)(b)4.
☐ Documentation of changes in a resident's health	88.07(2)(b)5.

RCAC

☐ Comprehensive assessment: Prior to admission and annually	89.26
☐ Service agreement: Initial, with changes in comprehensive assessment, and/or as requested by tenant or provider	89.27
☐ Risk agreement: by date of occupancy and with changes in comprehensive assessment	89.28



What to expect when surveyors are in the facility

It is the shared expectation of the Bureau of Assisted Living (BAL) and Assisted Living Provider Community that all parties will be treated with courtesy, respect and professionalism during the survey process. The goal is to promote quality resident care and services through transparent, efficient surveys consistent with the BAL Survey Guide. [Assisted Living: Survey Guide](#)

Upon arrival, surveyors will provide identification, introduce themselves and request to speak to the facility staff responsible for assisting with the survey. If that person is unavailable, the surveyor(s) will proceed with survey tasks to avoid undue delays. Surveyors will hold an entrance conference to outline the purpose of the survey and review the following:

- [Bureau of Assisted Living Survey Entrance Handout](#)
- A list of documents needed for review during the survey
- Shared expectations for the survey process

The purpose of the survey will determine the specific tasks the surveyor will perform. Typically, surveyors will interview residents, visitors, legal representatives, and staff. They may tour the facility making observations of staff-resident interactions; resident care and treatments; medication administration and storage; environmental cleanliness and safety, food storage and safety; required postings. Providers are encouraged to inform their staff of these potential survey tasks to help ease nerves and promote a cooperative environment.

All parties are encouraged to resolve concerns or problems on-site whenever possible. If facility staff or surveyors believe the conduct or demeanor of the other is inconsistent with these shared expectations, they should attempt to communicate with each other to resolve the issue. If the concern cannot be resolved, or if direct communication is not feasible or appropriate due to the nature of conflict, either party may bypass internal resolution and immediately contact the BAL Regional Director/BAL Supervisor.

Surveyor will conduct the survey in a transparent manner, however, cannot speak to specific complaint allegations or potential deficiencies until the investigation is completed.

Regardless of the survey outcome, all providers are encouraged to complete: [DQA Post Survey Questionnaire](#).

Think survey preparedness

- Review previous surveys and ensure current compliance
- Review [State of Assisted Living Report](#) – Top citations for trends
- Make daily rounds
 - Observe cleanliness and odors. Are garbage bins covered, laundry picked up, and beds made?
 - Observe for privacy/resident rights
 - Observe residents: grooming, positioning, fingernails, facial hair
 - Observe activities
 - Interview residents, visitors, staff
 - Are their expectations being met?
 - Do they feel respected?
 - Do they have concerns?
- Review grievances and incident reports
 - Follow-up with person who made the grievance
 - Ensure documentation is complete
 - Ensure notifications were made
- Audit dining services
 - Test trays for palatability and temperatures
 - Observe food storage, food prep, serving
 - Ensure therapeutic diets are followed
- Audit resident cares, treatments, medications
 - Hand hygiene
 - Transfers
 - Alarms, mats, cushions
 - Medication pass and storage
- Safe environment
 - Ensure no combustibles are located near a heat source
 - Ensure hot water temperatures do not exceed 115 ° Fahrenheit
 - Oxygen cylinders secured
 - Ensure evacuation routes are free from obstruction
- Audit
 - Resident records: audit notes, medication records, health monitoring to ensure all necessary follow up was completed
 - Employee records: audit training records and hours of training
 - Resident funds: ensure accuracy and ledgers are complete



Questions surveyors may ask staff

- If you saw someone hurt a resident, what would you do?
- What type of training did you receive when you started?
- What type of training do you receive ongoing?
- How do you know how to care for each resident?
- Where is the resident's ISP located?
- What happens when a resident falls?
- Who do you notify if a weight or blood sugar is out of normal range?
- Who notifies the resident's legal representative and physician?
- Do any of the residents require a special diet?
- How often do you provide incontinence cares?
- Do any of the residents require increased supervision? Why?
- Do any of the residents require 2 staff to transfer? If so, are 2 staff always available?
- Do you have enough staff to meet the needs of the residents?
- Do you bring concerns to management? If so, do you feel like your concerns get addressed?
- Do any of the residents have wounds? If so, who completes dressing changes?
- If a resident refuses care or medications, what do you do?
- If you do not have medication available to administer, what do you do?
- What is your procedure for destruction of medications?
- How often do you count narcotics (schedule II medications)?
- Has the count for schedule II medications ever been off? Who do you notify?
- Who is in charge when the administrator is not in the building? Nights? Weekends?
- If you notice a change in a resident, who do you notify? Where do you document?
- Have any of the residents eloped?
- Have you had to call law enforcement to assist at the facility? If so, what was the reason?
- Do you have concerns about co-workers not doing their jobs, sleeping on the job?
- Where is the resident's code status located?

Resources

Quality Assurance and Quality Improvement in Assisted Living

<https://www.dhs.wisconsin.gov/regulations/assisted-living/qa-qi.htm>

Assisted Living: Survey Guide

<https://www.dhs.wisconsin.gov/regulations/assisted-living/survey.htm>

DQA/Provider Relationships During the Assisted Living Survey Process

<https://www.dhs.wisconsin.gov/publications/p03816.pdf>

Surveyor Access to Records Memo

<https://www.dhs.wisconsin.gov/dqa/memos/26-001.pdf>

DQA Post Survey Questionnaire

<https://survey.alchemer.com/s3/7754814/DQA-Post-Survey-Questionnaire>

State of Assisted Living Report <https://www.dhs.wisconsin.gov/publications/p01726.pdf>

* Caregiver Background Check Documentation Requirements

<https://www.dhs.wisconsin.gov/publications/p03513.pdf>

** Tuberculosis Screening and Testing: Health Care Personnel and Caregivers

<https://www.dhs.wisconsin.gov/publications/p02382.pdf>

*** Community Based Residential Facility Resident Satisfaction Evaluation

<https://www.dhs.wisconsin.gov/forms1/f6/f62372.docx>

**** Resident Evacuation Assessment

<https://www.dhs.wisconsin.gov/forms1/f6/f62373.docx>

***** Bureau of Assisted Living Survey Entrance Handout

<https://www.dhs.wisconsin.gov/publications/p0/p00456.pdf>