

SURVEY GUIDE

ASSISTED LIVING FACILITIES



Wisconsin
Department of Health Services

Division of Quality Assurance
Bureau of Assisted Living

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This survey guide (DQA publication P-63186) is located on the DHS website at:
<https://www.dhs.wisconsin.gov/publications/index.htm>

BUREAU OF ASSISTED LIVING CONTACT INFORMATION

The Division of Quality Assurance is committed to ensuring a fair, consistent, professional application of state regulations. If you have a concern that you would like to express outside of the processes outlined herein, please contact BAL staff.

DHS / DQA / Bureau of Assisted Living

Central Office

P.O. Box 2969

Madison, WI 53701-2969

Telephone: 608-266-7463

Fax: 608-267-7119

UPS or FED EX Deliveries:

1 W. Wilson Street, Room 450

Madison, WI 53703

DHS / DQA / Bureau of Assisted Living

Northeastern Regional Office

200 North Jefferson Street, Suite 501

Green Bay, WI 54301

Telephone: 920-448-5252

Fax: 920-448-5253

DHS / DQA / Bureau of Assisted Living

Southeastern Regional Office

819 North 6th Street, Room 609B

Milwaukee, WI 53203-1606

Telephone: 414-227-2005

Fax: 414-227-3903

DHS / DQA / Bureau of Assisted Living

Southern Regional Office

P.O. Box 7940

Madison, WI 53707-7940

Telephone: 608-264-9888

Fax: 608-264-9889

UPS or FED EX Deliveries:

3319 West Beltline Hwy, 4th Floor East

Madison, WI 53713-4217

DHS / DQA / Bureau of Assisted Living

Western Regional Office

610 Gibson Street, Suite 1

Eau Claire, WI 54701-3687

Telephone: 715-836-4790

Fax: 715-836-2535

The Division of Quality Assurance conducts both announced and unannounced surveys of assisted living facilities, including community based residential facilities (CBRFs), residential care apartment complexes (RCACs), adult family homes (AFHs), and adult day cares (ADCs), in Wisconsin to ensure that state licensure/certification and home and community-based services (HCBS) requirements are met.

The following information was prepared to guide facility staff through the survey process.

I. OVERVIEW OF SURVEY PROCESS

Assisted living surveyors evaluate a facility's performance and compliance with applicable laws and standards in the areas of resident rights, program services, nutrition and food service, physical environment and safety, medication, and staff training. The assisted living survey may be one of three types:

A. INITIAL

An initial survey process is conducted to evaluate structural requirements such as building construction and design related to safety, accessibility, and environmental issues. Process requirements that must be present for desirable outcomes for residents/tenants/participants (hereinafter termed "consumers") are also evaluated.

B. ABBREVIATED

This process will be used in situations for facilities with good compliance history that meet the following criteria:

- No enforcement activity within the last three years
- No substantiated complaints, resulting in deficiencies, within the last three years
- Facility has been licensed / certified for at least three years

Regional supervisory discretion may address individual cases where an exception may be made to the identified survey type.

The abbreviated survey process focuses on observations and interviews. Observations and interviews are used to evaluate how the individual needs and preferences of consumers are met. If concerns are not identified through observations and interviews, the survey may be concluded. If concerns are identified, the surveyor will continue to gather information.

C. STANDARD

This process will be used when a facility does not meet the criteria for an abbreviated or initial survey. Observation and interview techniques will be primarily used to gather data during the on-site visit. Review of consumers' records and facility records will be done as needed to further investigate concerns identified by observation and interview findings and to determine compliance with process requirements.

II. ASSISTED LIVING SURVEY PROCESS TYPES

A. INITIAL SURVEY PROCESS

An initial survey process is used for the issuance of a new license or certification with a strong emphasis on the provision of technical assistance to the new provider. A completed application is necessary to begin the process. The application is reviewed to determine if an applicant is "fit and qualified", meets financial stability criteria, and if the

facility is ready for an on-site visit. This review is done off-site. The materials required to be submitted prior to an initial on-site survey vary according to provider type.

An initial survey process emphasizes structural requirements such as building construction, design and approvals related to safety, accessibility and environmental issues. Compliance with process requirements will be reviewed and technical assistance may be provided.

B. ABBREVIATED SURVEY PROCESS

A facility meets the criteria for an abbreviated survey if it has not had any enforcement action in the last three years, has not had any substantiated complaints with deficiencies issued in the last three years, and has been licensed for at least three years.

The abbreviated survey process consists of the following steps:

1. Off-site Survey Review

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. Introductory Meeting with Staff in Charge

The purpose of this task is to make introductions, explain the survey process, and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process, and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. Tour

The surveyor tours the facility with staff, if available. During the tour, the surveyor will talk with as many staff and consumers in order to gather a general understanding of the level of services provided by the facility and the consumers' perception of the services received.

4. Observations

This task builds on the general observations made during the tour. Observations focus on consumers during varying times and settings. These observations evaluate if the facility promotes and protects rights and dignity and evaluates how the consumers' needs and preferences are met. In addition, observations are made for homelike environment and physical safety.

5. Interviews: Consumer, Family Members/Representatives, and Staff

Interviews will be conducted to determine how the consumers, family members / representatives, and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

6. Record Review

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance with certain process requirements. Consumer assessments and staff training are examples of process requirements.

7. Safety Code Review

The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, and required inspections.

8. Technical Assistance and Standards of Practice

This task promotes the quality of life and care by adding value to the regulatory process through the provision of technical assistance to providers and the promotion of standards of practice.

a. Technical Assistance

Technical assistance includes, but is not limited to:

- Interpretation of licensing and certification requirements
- Guidance related to consumer quality of life and care
- Review of provider systems, processes, and policies within the context of regulatory requirements
- Provision of information regarding non-core code issues
- Provision of information regarding new or innovative programs adding quality of life and care
- Provision of information related to available resources

Technical assistance does not relieve providers of their responsibility to comply with the regulations. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

b. Standards of Practice

Standards of practice apply to all provider types and are authoritative statements or guidelines that are nationally recognized and serve as a standard of measure or value. The assisted living surveyor may promote the use of standards of practice in the following ways:

- Provide information related to available resources.
- Acknowledge the positive impact of standards of practice on consumer's quality of life and care.
- Recognize the successful use of standards of practice.

9. Exit Conference

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any.

C. STANDARD SURVEY PROCESS

The standard survey process is used in facilities that do not meet the criteria for an abbreviated or initial survey. The standard survey process consists of the following steps:

1. Off-site Survey Review

This task is conducted off-site and establishes the type of survey to be conducted. The purpose is to gain an understanding of the facility client group served, compliance and complaint history, any changes since the last survey and any areas of concern.

2. Introductory Meeting with Staff in Charge

The purpose of this task is to make introductions, explain the survey process and request needed materials. The surveyor provides the licensee or designated representative a copy of the Survey Guide, a checklist that identifies documents needed for review during the survey process and a post survey questionnaire. This is a brief task that provides an overview of the consumer population and the services the facility provides.

3. Tour

The surveyor will tour the facility with staff, if available, and meet as many consumers and staff as possible. During the tour, the surveyor's attention focuses on consumer rights, dignity and privacy, the environment and safety.

4. Sample Selection

The purpose of this task is to draw a sample of consumers receiving services.

5. Observations

This task builds on the general observations made during the tour. Observations focus on the sampled consumers during varying times and settings. These observations evaluate if the facility promotes and protects consumer rights and dignity and how the consumers' needs and preferences are met. In addition, observations are made for homelike environment, physical safety, medication system, and kitchen.

6. Interviews: Consumer, Family Members / Representatives, and Staff

Interviews will be conducted to determine how the consumers, family members/representatives, and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location.

7. Record Review

The purpose of the record review is to confirm or obtain needed information to make compliance decisions. Consumer and personnel records will be checked for compliance with certain process requirements. Consumer assessments and staff training are examples of process requirements.

8. Safety Code Review

The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, and required inspections.

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- Review of provider systems, processes and policies within the context of regulatory requirements
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- Provision of information related to available resources

Technical assistance does not relieve providers of their responsibility to comply with the regulations. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

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- Provide information related to available resources.
- Acknowledge the positive impact of standards of practice on consumer's quality of life and care.
- Recognize the successful use of standards of practice.

10. Exit Conference

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the process, the surveyor will conduct an exit conference with the licensee or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern.

III. DECISION MAKING

Following the survey, the assisted living surveyor, along with his or her supervisor, will determine if a citation should be issued, and whether to submit a citation for enforcement review.

Survey results could be documented as one or a combination of the following:

A. NO DEFICIENCIES

B. NOTICE OF FINDING

Used for isolated incidents of noncompliance that:

- Result in no more than minimal harm or
- Have potential for no more than minimal harm or
- Do not indicate a breakdown in facility systems.

C. STATEMENT OF DEFICIENCY

Used to identify incidents of noncompliance that:

- Result in more than minimal, but not serious harm or
- Have potential for more than minimal harm, but not serious harm or
- Indicate a breakdown in facility systems.

All statements of deficiency will include a sanction for an order to submit a plan of correction or attestation of compliance within 10 days.

D. STATEMENT OF DEFICIENCY WITH ENFORCEMENT

Used to identify incidents of noncompliance that:

- Result in serious harm or
- Have potential for serious harm or
- Indicate a breakdown in facility systems that could lead to serious harm or
- Meet the criteria identified in the Assisted Living Enforcement Procedures and Guidelines.

Surveys that result in no deficiencies, statement(s) of deficiency, or statement(s) of deficiency with enforcement are mailed to the licensee following the exit conference or the completion of the investigation and findings.

In an effort to enhance collaboration with other stakeholders in assisted living, a courtesy copy of the statement of deficiency and any enforcement action will be mailed to the county, the Division of Medicaid Services (DMS), program bureaus, and the ombudsman.

IV. PLANS OF CORRECTION

A. REQUIREMENTS FOR SUBMITTING A PLAN OF CORRECTION

Facilities must submit a plan of correction (POC) or attestation of compliance for each violation identified in the statement of deficiency. Plans of correction must be completed and mailed to the appropriate DQA regional office within 10 calendar days following receipt of the statement of deficiencies.

B. CONTENT OF THE PLAN OF CORRECTION

Each Plan of Correction must address all of the following:

- What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
- Who is responsible for monitoring for continued regulatory compliance?
- Department Orders, if applicable. Submit documentation, if requested.
- Date of completion for each corrective action (violation, order).

If you have questions while drafting plans of correction, you may contact the assisted living surveyor or the Assisted Living Regional Director (ALRD). Failure to submit a plan of correction is a violation of statutory order and could result in further sanctions.

V. VERIFICATION OF CORRECTION

The Bureau may verify correction of all citations after the established completion dates have passed or the next time an assisted living surveyor is at the facility.

There is a \$200 inspection fee for enforcement verification visits for CBRFs, certified RCACs, licensed AFHs, and certified ADCs.

VI. FAILURE TO CORRECT VIOLATIONS

Failure to correct a citation by the date specified may result in sanctions according to applicable statutes and administrative code provisions, and may include the following:

- A forfeiture or an increased forfeiture
- Suspension of admissions
- Imposed plan of correction by the department
- Suspension or revocation of the facility's license

VII. FORFEITURE PAYMENT

Unless you file an appeal, you must pay the forfeiture amount within 10 days of receipt of a NOTICE AND ORDER. Remittance is payable to “**DHS 639.**”

VIII. APPEALS

A facility may contest the imposition of a statutory sanction, revocation, or denial of licensure as allowed by statute and administrative code:

- **Adult Family Homes**

AFHs do not have appeal rights for Department action for any sanction under Wis. Admin. Code § DHS 88.03(6)(g). AFHs may appeal license denials, revocations, or suspensions under Wis. Stat. § 50.033(4) and Wis. Admin. Code §§ DHS 88.03(3), DHS 88.03(6)(d), and DHS 88.03(6)(e).

- **Community Based Residential Facilities**

CBRFs have appeal rights for Department action for all sanctions under Wis. Stat. § 50.03(5g).

- **Residential Care Apartment Complexes**

Certified RCACs have appeal rights for Department action for all sanctions under Wis. Stat. § 50.034 and Wis. Admin. Code §§ DHS 89.53(2)(c), DHS 89.53(2)(d), DHS 89.53(4)(b), DHS 89.56, and DHS 89.57.

- **Home and Community-Based Services (HCBS)**

HCBS providers do not have appeal rights for non-compliance with HCBS requirements.

Appeal rights, if applicable, along with instructions on where to submit an appeal, are provided in the Notice and Order that accompany a Statement of Deficiency (SOD).

IX. WAIVERS, APPROVALS, VARIANCES, AND EXCEPTIONS (WAVE)

A. DEFINITIONS

Waiver: The granting of an exemption from a requirement of Wisconsin Administrative Code.

Approval: Review and approval by the department of a practice before the facility implements such.

Variance: Allowing an alternative means of meeting a requirement of Wisconsin Administrative Code.

Exception: Granting the omission of a requirement of Wisconsin Administrative Code.

B. SUBMITTING A WAVE REQUEST

1. WAVE requests may be submitted at any time. The request should be sent to the Assisted Living Regional Director at the address listed at the beginning of this publication. The request must be in writing and include:
 - The rule from which the WAVE is requested.
 - The time period for which the WAVE is requested.
 - The reason for the request.
 - The alternative actions proposed if a variance is requested, or the specific consumers or rooms affected if a WAVE is requested.
 - Documentation of assurance that consumer health, safety or welfare will not be adversely affected.
2. The department will grant or deny a request, in writing, as allowed by the applicable regulation for each provider type.

The department may in its sole discretion grant a WAVE of a requirement when it is demonstrated to the satisfaction of the department that granting the WAVE will not jeopardize the health, safety, welfare, or rights to any consumer.
3. The department may modify the terms of the WAVE, impose conditions on the WAVE, or limit the duration of any WAVE.

C. REVOKING A WAVE

The Department may revoke a previously approved waiver, approval, variance, or exception if:

1. It determines that continuance of the WAVE adversely affects the health, safety, or welfare of the consumers;
2. The facility fails to comply with the conditions imposed on the WAVE;
3. It is required by a change in state or federal law, or by administrative rule; or
4. The licensee notifies the department in writing that it wishes to relinquish the WAVE.