



Assisted Living Residence (ALR) Safety Review

Residence: _____ Date of Review: _____

Surveyor name: _____

Surveyor Instructions: The inspection should focus on making observations and reviewing the appropriate documentation to determine compliance.

Fire, Emergency and Disaster Preparedness	Indicate Compliance	
	YES (√)	NO (√)
Evacuation Plan Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1/F2 licensure requirements, Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1) requirements. Section 2.4.30(I)		
Disaster Preparedness – Contingency Plans Each residence shall develop back-up or contingency plans to address possible internal systems and/or equipment failures. Section 2.4.30(L)(1)		

Fire Drills	Indicate Compliance	
	YES (√)	NO (√)
Frequency Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan, shall be conducted at least six times per year on a bimonthly basis with a minimum of two drills conducted during the night when residents are sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least 50% of these drills shall be obstructed drills, as defined in Fire Safety Code-General Provisions (R.I. Gen. Laws Chapter 23-28.1). Section 2.4.30(I)(2)		
Documentation Documentation of fire drills shall be maintained and shall include no less than the following information: <ol style="list-style-type: none"> 1. Name of the person conducting the drill; 2. Date and time of the drill; 3. Amount of time taken to evacuate the building or unit; 4. Type of drill (i.e., obstructed or unobstructed); 5. Record of problems encountered and steps taken to rectify them; 6. Employee observation of each resident’s ability to carry out the evacuation. Section 2.4.30 (I)(3)(a) 		

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Safe Resident Handling <i>(Only required in residences that have an Alzheimer's Dementia Special Care Unit or Program and/or a Limited Health Services License)</i>	Indicate Compliance	
	YES (√)	NO (√)
Each licensed assisted living residence with an Alzheimer's Dementia Special Care Unit or Program" license and/or offers to provide or provides coordination of hospice services for residents who are bed-bound or in need of assistance from more than one staff person for ambulation shall comply with the provisions of §§ 2.4.5(B) through (E) of this Part as a condition of licensure. Section 2.4.5		
Shall maintain a safe resident handling committee, which shall be chaired by a professional nurse or other appropriate licensed healthcare professional. An assisted living may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct resident care. Section 2.4.5 (B)		
Shall have a written safe resident handling program, with input from the safe handling committee, to prevent musculoskeletal disorders among healthcare workers and injuries to residents. As part of this program, each licensed assisted living shall: Section 2.4.5 (C)		
1. Implement a safe resident handling policy for all shifts and units of the residence that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a resident's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;		
2. Conduct a resident handling hazard assessment. This assessment should consider such variables as handling tasks, types of units, resident populations, and the physical environment of resident care areas;		
3. Develop a process to identify the appropriate use of the safe resident handling policy based on the resident's physical and mental condition, the resident's choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular residents;		
4. Designate and train a registered nurse or other appropriate licensed healthcare professional to serve as an expert resource, and train all direct-care staff on safe resident handling policies, equipment, and devices before implementation, and at intervals not to exceed 12 months, or as changes are made to the safe handling policies, equipment and/or devices being used; and		
5. Conduct a performance evaluation of the safe resident handling policy at intervals not to exceed 12 months, with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal-disorder claims and days of lost work attributable to musculoskeletal disorder caused by resident handling, and include recommendations to increase the program's effectiveness.		

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Date/Time/ Source	Notes

Secure Environment and Elopement <i>(Only review for residences that have an Alzheimer's Dementia Special Care Unit)</i>	Indicate Compliance	
	YES (√)	NO (√)
<p>The Alzheimer Dementia Special Care Unit/Program shall provide a secure distinct living environment appropriate for the resident population. This requirement may include, but not be limited to, a locked unit, secured perimeter, or other mechanism to ensure resident safety and quality of life. The residence shall have elopement policies in place, specific to the Unit/Program. Section 2.5.2(L)</p> <p>The surveyor should tour the unit to determine compliance with the residence's security plan and procedures (e.g. alarms, sensors, locked unit).</p>		

INFECTION CONTROL	Indicate Compliance	
	YES (√)	NO (√)
<p>Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following:</p> <ul style="list-style-type: none"> • Establish and maintain a residence-specific infection prevention program; • Establish policies governing the admission and isolation of residents with known or suspected infectious diseases; • Develop, evaluate, and revise on a continuing basis, infection control policies, procedures, and techniques for all appropriate areas of the residence; • Develop and implementing protocols for: <ul style="list-style-type: none"> --Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and --Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile; Section 2.4.20(C))(5) 		

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