

Assisted Living Residence (ALR) Entrance Conference w/ Resident Sample

To the Administrator:

In order to conduct a timely and efficient licensing survey, certain documents and information need to be reviewed by the survey agency staff. This list includes the documents and information that the surveyor(s) will need to begin the survey process. Please provide this information to the survey team as soon as possible. *Please be advised that as the survey process progresses, the survey agency staff may request other documents and information that are not on this list.*

Surveyor Instructions:

A copy of this checklist must be provided to the Administrator upon entrance to the residence. The surveyor is responsible for reviewing the list with the Administrator to ensure that all requested documents and information are provided and any questions the administrator may have can be answered.

Resident Roster

1. Current Roster of residents including apartment/room #'s.

(In cases where a building has a mixed population of independent and assisted living residents, the location of the units on the assisted living license shall be documented in a roster available at all times and certified by the administrator, or his/her designee, and kept current on a daily basis.)

- 2. Complete List of residents that have the following criteria (Stress to the Administrator that the attached form(s) should be completed within the first hour of the conclusion of the entrance conference):
 - Currently receiving outside healthcare services (therapies, hospice, nursing, etc.) and reason
 - Currently under a variance from the Department (all those receiving services over the 45-day limit)
 - Residents receiving "limited health services" only applicable for ALR's that are licensed to provide limited health services
 - Residents that have been issued a 30-day notice and the reason for notice
 - Residents currently in the hospital and reason for admission
 - Residents that have had a fall in the last 2 months

Also provide list of:

• Residents that smoke

Staffing Requirements

- 1. Staffing Schedule for the last two weeks (indicate all staff on schedule that have current CPR training, please include the expiration date for CPR Certification.)
- 2. List of all employees including:
 - Hire dates
 - Type of position

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• Applicable license/certification #'s

List should include employees who have been hired within the last 12 months and employees who have worked at the facility for over 12 months.

Fire/Emergency, Disaster Preparedness, Advance Directives & Documentation:

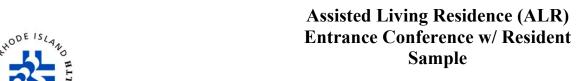
- 1. Written plan and procedure for the evacuation of the premise in case of fire or other emergency, based on F1/F2 licensure status. (Regulation Section 2.4.3(I))
- 2. Written contingency plan for internal and external system/equipment failures (Regulation Section 2.4.30 (K))
- 3. Fire Drill documentation for the last 12 months. (Regulation Section 2.4.30 (I)(3)(a))

Advance Directives and MOLST:

- 1. Policy and procedure that addresses advanced directives that shall include, but not be limited to, sufficient instructions for employees to follow in the event of emergencies and the resuscitation of residents. (Regulation Section 2.4.13(K)(1))
- 2. Written policies/procedures to accept, update if appropriate, and offer each qualified patient the opportunity to complete a MOLST in accordance with the Rules and Regulations Pertaining to Medical Orders for Life Sustaining Treatment (Regulation Section 2.4.13(L)(1))

Illness and Infection:

- 1. Policies for infection control that meet the requirements of Regulation Section 2.4.20 for Infection Control.
- 2. Resident Immunization Policies/Practices that meet the requirements of Regulation Section 2.4.20



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Name of Residence:	Date:
Name and Title of Staff Completing Form:	

List all residents that have any of the criteria listed below.

Resident Name	Room#	Admission Date	Limited Health Service (if licensed) Provide type of service	Receiving Outside Services. Provide type of service and reason for service (i.e. Home Health Service for wound care).	Has variance from the Department. Provide date that variance expires.	30-Day Notice Provide reason and date that 30-Day expires	Currently in Hospital Provide reason and date of admission into hospital	Fall in the Last 2 Months

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