# 2023

**July 1, 2023–June 30, 2024**

# Continuing Care Retirement Community

# Survey Preparation Workbook

carf INTERNATIONAL

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CARF International is a group of private, nonprofit companies (including CARF, CARF Canada, and CARF
Europe) that accredit health and human services. For more information, please visit www.carf.org.

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# INTRODUCTION

The *2023 Continuing Care Retirement Community Survey Preparation Workbook* is intended for conducting a self-evaluation of your organization in relation to the CARF standards. This document should be used in conjunction with the *2023 Continuing Care Retirement Community Standards Manual*. The following guidelines are offered to give you basic perspectives that are essential to the effective use of this document.

- The workbook asks questions in relation to the standards in the standards manual to assist you in assessing your organization's level of conformance. During the survey, conformance to every standard applicable to the programs/services for which you are seeking accreditation is assessed. The standards manual provides detailed information about the applicable standards for each program, service, and specialty program; use this information to determine which questions should be completed based on the programs and services you plan to have surveyed.

- In some cases, the questions may address more than what is required by a literal interpretation of the standards. These questions are provided to suggest actions that would promote full and ongoing conformance to the intent of the standards.

- You are encouraged to use this workbook in the manner that is most valuable to your preparation for a CARF survey. If you choose to comprehensively complete the applicable sections of the workbook, you may find that a response provided earlier in the document addresses the specific questions at hand. Rather than repeating the information, you can reference the earlier response by standard number, topic, page number, or question number to reduce duplication of effort.

- Various types of documentation are needed to demonstrate conformance to the standards. During your self-assessment, you may discover that one document addresses several CARF standards. It is not necessary or desirable to provide copies of the same document for each standard covered by that document. The surveyors will review a document and note all standards that it addresses.

- At the end of each section is a list of examples of the types of documents and other evidence that are typically used to demonstrate conformance to the standards in that section. Based on your organization's practices, other documents or evidence may also be appropriate.

- The Conformance Action Plan template provides a format to identify standards with which the program is not in full conformance, activities to bring the program into full conformance, responsible parties, timelines, etc.

- The utility of this workbook can be enhanced if notations are made beside each item identifying the personnel who can speak to the organization's conformance in that area. This information should then be readily available for reference in directing the survey team to appropriate personnel.

- The completed workbook can also serve as a valuable resource during the survey. The workbook may be referred to or provided to the team for use during the survey. It is your choice whether you share the completed workbook or not. This is your document. It should be used to conduct an honest assessment of your organization's operations in relation to the CARF standards and to plan and implement any corrective actions needed prior to the survey.

# Additional Resources

The *CARF Accreditation Sourcebook* guides an organization through the accreditation process and includes information about the application process, survey scheduling, sample survey preparation timetables, and answers to frequently asked questions. It is helpful to organizations seeking accreditation for the first time or to personnel who are unfamiliar with the CARF accreditation process. You can order the *CARF Accreditation Sourcebook* from the CARF online store at **www.carf.org/catalog**.

We hope you find this survey preparation workbook useful, and we welcome your comments and suggestions for future editions and trainings. Please see the last page of this publication for information on how to submit your feedback.

# CONFORMANCE ACTION PLAN

## Conformance Action Plan

| Standard No. | Opportunity for Improvement | Actions to be Taken | Responsible Party | Time Frame for Completion | Progress Made | Date Progress Noted |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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# Section 1

# ASPIRE to Excellence®

# Assess the Environment

## A. Leadership

**1.** Describe the structure of your organization's leadership.

_____

_____

_____

_____

Where are the responsibilities of each level of leadership defined?

_____

_____

_____

_____

**2.** How would surveyors see a demonstration of a person-centered philosophy by:
- Leadership?

_____

_____

_____

- Personnel?

_____

_____

_____

How is your service delivery guided by a person-centered philosophy?

_____

_____

_____

How do you ensure that your person-centered philosophy is communicated to stakeholders in an understandable manner?

_____

_____

_____

3. Describe how surveyors would see demonstration of leadership guiding:

■ The mission and direction of the organization.

_____

_____

■ Promotion of value in the programs and services offered.

_____

_____

■ Achievement of outcomes in the programs and services offered.

_____

_____

■ Balancing the expectations of the persons served and other stakeholders.

_____

_____

■ Financial solvency.

_____

_____

■ Risk management.

_____

_____

■ Ongoing performance improvement.

_____

_____

■ Development of corporate responsibilities.

_____

_____

■ Implementation of corporate responsibilities.

_____

_____

■ Compliance with legal and regulatory requirements.

_____

_____

■ Ongoing review of the organization's policies in accordance with organizational needs.

_____

_____

■ Health and safety.

_____

_____

■ Succession planning.

_____

_____

■ Strategic planning.

_____

_____

■ Technology planning.

_____

_____

4. Describe how leadership makes itself accessible to:
   ■ Persons served.

   _____

   _____

   ■ Personnel.

   _____

   _____

   ■ Other stakeholders.

   _____

   _____

5. Describe your organization's written plan on cultural competency, diversity, and inclusion.

   _____

   _____

   _____

   How was the plan developed?

   _____

   _____

   _____

Describe how your organization considers the diversity of persons served, personnel, and other stakeholders in the following areas:

■ Culture.

_____

_____

_____

■ Age.

_____

_____

_____

■ Gender.

_____

_____

_____

■ Sexual orientation.

_____

_____

_____

■ Spiritual beliefs.

_____

_____

_____

■ Socioeconomic status.

_____

_____

_____

- Language.

  _____

  _____

  _____

- Race.

  _____

  _____

  _____

- Other factors, as relevant.

  _____

  _____

  _____

Does the plan include actions to be taken?

_____

_____

How frequently is the plan reviewed?

_____

_____

When was the last time the plan was updated?

_____

_____

6. Describe corporate responsibility efforts at your organization, including:
   - Written ethical codes of conduct in the following areas:
     – Business.

       _____

       _____

&ndash; Marketing.

_____

_____


&ndash; Contractual relationships.

_____

_____


&ndash; Conflicts of interest.

_____

_____


&ndash; Use of social media.

_____

_____


&ndash; Service delivery, including:
  - Exchange of gifts, money, and gratuities.

    _____

    _____


  - Personal fundraising.

    _____

    _____


  - Personal property.

    _____

    _____


  - Setting boundaries.

    _____

    _____

- Witnessing of legal documents.

  _____

  _____

- Professional responsibilities.

  _____

  _____

- Human resources.

  _____

  _____

- Organizational fundraising, if applicable.

  _____

  _____

- Prohibition of waste, fraud, abuse, and other wrongdoing.

  _____

  _____

■ Written procedures to deal with allegations of violations of ethical codes, including:
  - A no-reprisal approach for personnel who report these issues.

    _____

    _____

  - Timeframes that are adequate for prompt consideration.

    _____

    _____

  - Timeframes that result in timely decisions.

    _____

    _____

- Education on ethical codes of conduct for:
  - Personnel.

  _____

  _____

  - Other stakeholders.

  _____

  _____

- Advocacy efforts for the persons served.

  _____

  _____

- How your organization demonstrates corporate citizenship.

  _____

  _____

7. If your organization is in the United States and receives federal funds, how can the following be demonstrated:
   - A policy on corporate compliance that has been implemented.

   _____

   _____

   - Implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs.

   _____

   _____

   - Documented designation of a staff member to serve as the compliance officer who monitors and reports on matters pertaining to corporate compliance and conducts corporate compliance risk assessments.

   _____

   _____

Describe the training provided to personnel on corporate compliance.

_____

_____

_____

_____

Describe your corporate compliance auditing activities.

_____

_____

_____

_____

8. What resources and education are made available to support personnel in learning about and implementing current program strategies and interventions?

_____

_____

_____

_____

What mechanisms are in place to share the information learned?

_____

_____

_____

## Applicable Standards

Standard 1.A.9. applies to organizations that directly solicit charitable financial support in connection with any program seeking accreditation. It does not apply to organizations whose fundraising is conducted by a foundation, third party, or other separate legal entity, or in connection with programs not seeking accreditation.

9. Does the organization directly solicit charitable financial support, including the engagement of board members, volunteers, personnel, or outside consultants hired to conduct fundraising, in connection with the program(s) seeking accreditation?

❑ Yes　　　　❑ No

If *Yes,* are there written procedures implemented that address:

■ Oversight?　　　　❑ Yes　　　　❑ No

■ Donor:

　– Solicitation?　　　　❑ Yes　　　　❑ No

　– Communication?　　　　❑ Yes　　　　❑ No

| | | | |
|---|---|---|---|
| – Recognition? | ❑ Yes | | ❑ No |
| – Confidentiality? | ❑ Yes | | ❑ No |
| ■ Valuing of donations? | ❑ Yes | | ❑ No |
| ■ Use of donations in accordance with donor intent? | ❑ Yes | | ❑ No |
| ■ Documentation and recordkeeping? | ❑ Yes | | ❑ No |
| ■ Use of volunteers in fundraising efforts, if applicable? | ❑ Yes | | ❑ No |

Where are these procedures documented?

_____

_____

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

Explain how initial training on fundraising procedures is provided to appropriate personnel.

_____

_____

_____

Explain how ongoing training on fundraising procedures is provided to appropriate personnel.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Organizational chart
- Policy on corporate compliance, if applicable
- Documented designation of staff member to serve as the organization's corporate compliance officer
- Written ethical codes of conduct
- Mission and values statements
- A budget
- A strategic plan
- Program outcomes
- Current information on file pertaining to applicable legal and regulatory requirements
- Information related to advocacy activities
- Information related to obtaining input from the persons served
- Surveys, assessments, or reports of input gathered from the persons served, personnel, and other stakeholders
- Written procedures to deal with allegations of violations of ethical codes
- Written procedures related to organizational fundraising, if applicable
- Written procedures that address exclusion of individuals and entities from federally funded healthcare programs
- Succession planning information
- Evidence of review of organization's policies
- Cultural competency and diversity plan
- Management/leadership meeting minutes
- Minutes from governance meetings, if applicable
- Governing documents (bylaws, articles of incorporation, etc.), if applicable

# B. Governance

**Applicable Standards**

These standards apply only to the board vested with legal authority to direct the business and affairs of the organization's corporate entity. These standards may not be applied to bodies lacking governance authority granted by state or provincial corporation laws, such as advisory and community relations boards and management committees.

These standards must be applied to all organizations seeking accreditation for a Continuing Care Retirement Community.

1. Describe how your board's governance policies are implemented to:
   - Facilitate ethical governance practices.

     _____

     _____

   - Assure stakeholders that governance is:
     – Active in the organization.

       _____

       _____

     – Accountable in the organization.

       _____

       _____

   - Meet the legal requirements of governance.

     _____

     _____

2. Does your board have policies that address:
   - The selection of the board, including:
     – Board membership criteria?       ❑ Yes       ❑ No
     – Selection process?       ❑ Yes       ❑ No
     – Exit process?       ❑ Yes       ❑ No
   - Board member orientation?       ❑ Yes       ❑ No
   - Board development?       ❑ Yes       ❑ No

■ Board education?      ❑ Yes      ❑ No

Describe these policies.

_____

_____

_____

Describe your board's policies on leadership, including selection of board and committee chairs.

_____

_____

_____

Do your board's policies regarding board structure and assessment include:

■ Board size?      ❑ Yes      ❑ No

■ Board composition?      ❑ Yes      ❑ No

■ Definition of independent, unrelated
board representation?      ❑ Yes      ❑ No

■ Duration of board membership?      ❑ Yes      ❑ No

■ Board performance, including:

  – Financial matters, if any, between the organization and individual board
members, including:

    - Compensation?      ❑ Yes      ❑ No

    - Loans?      ❑ Yes      ❑ No

    - Expense reimbursement?      ❑ Yes      ❑ No

    - Stock ownership?      ❑ Yes      ❑ No

    - Other matters of financial interest? ❑ Yes      ❑ No

  – Use of external advisors or resources, including, as applicable:

    - External auditors?      ❑ Yes      ❑ No

    - Executive compensation advisors? ❑ Yes      ❑ No

    - Other advisors, as needed?      ❑ Yes      ❑ No

■ Self-assessment of the entire board
at least annually?      ❑ Yes      ❑ No

■ Periodic self-assessment of individual
members?      ❑ Yes      ❑ No

■ Written conflict-of-interest declaration
that is signed at least annually? ❑ Yes ❑ No

■ Written ethical-code-of-conduct
declaration that is signed at least
annually? ❑ Yes ❑ No

■ External interactions? ❑ Yes ❑ No

Describe the board's structure and performance policies.

_____

_____

_____

3. What authority and responsibility are delegated to the executive leadership
by the board?

_____

_____

How does the board gain access to personnel?

_____

_____

How can you demonstrate your organization's support of governance?

_____

_____

4. How are your board meeting agendas planned?

_____

_____

What meeting materials are typically provided?

_____

_____

How are these materials distributed?

_____

_____

Does your board oversee committee work on:

- Governance development? ❑ Yes ❑ No

- Governance management? ❑ Yes ❑ No

- Financial audits? ❑ Yes ❑ No

- Executive compensation? ❑ Yes ❑ No

- Other pertinent activities? ❑ Yes ❑ No

If *Yes*, what other activities are overseen by committees?

_____

_____

_____

5. Explain how governance conducts formal reviews of executive leadership performance, including the frequency of reviews and where they are documented.

_____

_____

_____

Does this review include:

- A comparison of overall corporate performance to targeted performance levels? ❑ Yes ❑ No

- A comparison of the executive leadership's performance to targeted performance levels? ❑ Yes ❑ No

- Executive leadership:
  - Professional development? ❑ Yes ❑ No
  - Professional accomplishments? ❑ Yes ❑ No
  - Professional opportunities? ❑ Yes ❑ No

Is there an executive leadership succession plan in place? ❑ Yes ❑ No

Describe how the succession plan is developed and where it is documented.

_____

_____

Is the succession plan reviewed at least
annually for relevance and updated as
needed? ❑ Yes ❑ No

Describe the process used to review the succession plan at least annually and
ensure that it is updated as needed.

_____

_____

**6.** What is your total executive compensation philosophy?

_____

_____

_____

Is your executive compensation reviewed
by an authorized board committee of
independent, unrelated board members? ❑ Yes ❑ No

What does your total executive compensation mix include?

_____

_____

_____

What references are used to define your total executive compensation?

_____

_____

_____

Does your documented process outline:
- Terms of compensation arrangements? ❑ Yes ❑ No

- Approval date? ❑ Yes ❑ No

- Names of approving board members? ❑ Yes ❑ No

- Data used in the compensation decision? ❑ Yes ❑ No

- Disclosures of conflict of interest? ❑ Yes ❑ No

- Review of these records at least annually? ❑ Yes ❑ No

- Authority of the board members
  to exercise such actions? ❑ Yes ❑ No

7. Does your governing board review its governance policies at least annually?

❑ Yes ❑ No

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Board organizational chart
■ Ethical practices policy
■ Board selection and composition policies
■ Board leadership policies
■ Board structure and performance policies
■ Documentation of board self-assessment at least annually
■ Individual board member self-assessment documentation
■ Conflict-of-interest declarations signed at least annually
■ Ethical code of conduct declarations signed at least annually
■ Sample board meeting agendas/meeting minutes
■ Sample meeting materials
■ Executive leadership development and evaluation policies
■ Executive compensation policies
■ Executive leadership succession plan, reviewed at least annually
■ Formal written review of executive leadership performance
■ Evidence of review of governance policies at least annually

# Set Strategy

## C. Strategic Planning

**1.** Explain how the expectations of persons served and other stakeholders are identified and how that information is integrated into the strategic planning process.

_____

_____

_____

_____

_____

Identify how information on competitors is gathered and analyzed.

_____

_____

_____

_____

Explain how financial threats and opportunities are identified and how that information is integrated into the strategic planning process.

_____

_____

_____

_____

How are your organization's capabilities integrated into the strategic planning process?

_____

_____

_____

_____

How are social determinants of health considered and integrated into the strategic planning process?

_____

_____

_____

_____

How does your organization consider its relationships with external stakeholders in its strategic planning process?

_____

_____

_____

_____

What regulations are reviewed and why?

_____

_____

_____

_____

What legislative initiatives are currently being reviewed?

_____

_____

_____

_____

How do these regulatory and legislative issues affect your planning process?

_____

_____

_____

_____

Describe how your organization considers the use of technology to support efficient operations, effective service delivery, and performance improvement in your strategic planning.

_____

_____

_____

Give some examples of how information from your analysis of performance has affected your strategic planning.

_____

_____

_____

**2.** When and by whom was your strategic plan developed?

_____

_____

_____

Explain how input from persons served, personnel, and other stakeholders is used in the development of your strategic plan.

_____

_____

_____

What is your process to ensure that the plan accurately reflects your organization's financial position:

■ At the time the plan was written?

_____

_____

_____

■ At projected point(s) in the future?

_____

_____

_____

■ With respect to allocating resources necessary to support accomplishment of the plan in the following areas:

– Financial?

_____

_____

_____

– Workforce?

_____

_____

_____

Explain how goals and priorities are set in the plan.

_____

_____

_____

_____

Is the strategic plan reviewed at least annually for relevance?　　　❑ Yes　　　❑ No

Describe your process for reviewing and updating your strategic plan.

_____

_____

_____

_____

3. Describe how and with whom your strategic plan is shared. How did you determine with whom it would be shared and that what you share is relevant to the needs of that specific group?

_____

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Strategic plan
- Strategic planning documents
- Leadership or management meeting minutes, where strategic planning was discussed
- Financial reports
- Input received from persons served, personnel, and other stakeholders
- Meeting agendas or minutes where strategic plan has been shared with personnel

# Persons Served and Other Stakeholders—Obtain Input

## D. Input from Persons Served and Other Stakeholders

**1.** Describe the ways that you seek input from the persons served.

_____

_____

_____

_____

Describe the ways that you seek input from personnel.

_____

_____

_____

Who are your other key stakeholders?

_____

_____

_____

Describe the ways that you seek input from other stakeholders. Identify the collection method for each stakeholder if it differs.

_____

_____

_____

_____

How do you know if the collection is successful?

_____

_____

_____

_____

**2.** Describe how the input collected has been analyzed.

_____

_____

_____

_____

Describe how input has been used in the following areas:

■ Program planning.

_____

_____

■ Performance improvement.

_____

_____

■ Strategic planning.

_____

_____

■ Organizational advocacy.

_____

_____

■ Financial planning.

_____

_____

■ Resource planning.

_____

_____

■ Workforce planning.

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Leadership and other meeting minutes, including meetings with persons served

■ Written surveys and results

■ Strategic planning documents

■ Surveys on experience with services from persons served and other stakeholders, such as families/support systems, personnel, board members, funder and referral sources, and other community members

■ Information regarding community input and input from persons served

# Implement the Plan

## E.   Legal Requirements

    **1.**  Describe your process to comply with the following obligations:

      ■  Legal.

      ■  Regulatory.

      ■  Confidentiality.

      ■  Reporting.

      ■  Licensing.

      ■  Contractual.

      ■  Debt covenants.

■ Corporate status.

_____

_____

■ Rights of the persons served.

_____

_____

■ Privacy of the persons served.

_____

_____

■ Employment practices.

_____

_____

■ Mandatory employee testing.

_____

_____

2. Summarize your procedures to guide personnel in responding to subpoenas, search warrants, investigations, and other legal actions and identify where these procedures are documented.

_____

_____

_____

3. Do you have policies and written procedures that address:

| | | |
|---|---|---|
| ■ Confidential administrative records? | ❑ Yes | ❑ No |
| ■ The records of the persons served? | ❑ Yes | ❑ No |
| ■ Security of all records? | ❑ Yes | ❑ No |
| ■ Confidentiality of records? | ❑ Yes | ❑ No |
| ■ Compliance with applicable laws concerning records? | ❑ Yes | ❑ No |

■ Timeframes for documentation in
the records of the persons served?         ❑ Yes            ❑ No

How do you ensure that these policies and procedures are consistently implemented?

_____

_____

Describe the safeguards used to protect and secure:

■ Confidential administrative records.

_____

_____

_____

■ The records of the persons served.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Reports from regulatory agencies

■ Reports associated with legal actions

■ Reports associated with contractual relationships

■ Policies and written procedures regarding administrative records and records of the persons served

■ Personnel policies

■ Written procedures for responding to various legal actions

■ For organizations in the U.S., I-9 information, if applicable

# F.   Financial Planning and Management

1.   Explain how financial planning and management is designed to meet:

■   Established outcomes for the persons served.

_____

_____

_____

■   Organizational performance objectives.

_____

_____

_____

2.   Explain your budgeting process.

_____

_____

_____

_____

Is your budget prepared prior to
the start of the fiscal year?               ❑ Yes            ❑ No

Does the budget reflect:
■   Input from various stakeholders,
     as required?                              ❑ Yes            ❑ No

■   Comparison to historical performance?      ❑ Yes            ❑ No

■   Consideration of necessary cash flow?      ❑ Yes            ❑ No

■   Consideration of external environment
     information?                              ❑ Yes            ❑ No

Does the budget include documentation of:
■   Reasonable projections of:
     –   Revenues?                             ❑ Yes            ❑ No

     –   Expenses?                             ❑ Yes            ❑ No

     –   Capital expenditures?                 ❑ Yes            ❑ No

■   Approval by the identified authority?      ❑ Yes            ❑ No

Describe how the budget is disseminated, as appropriate, to personnel and other stakeholders.

_____

_____

_____

**3.** Explain how financial results are compared to budgeted performance and reported.

_____

_____

_____

_____

Are they reported, as appropriate, to:

- Personnel?                                       ❑ Yes            ❑ No

- Persons served?                                  ❑ Yes            ❑ No

- Other stakeholders?                              ❑ Yes            ❑ No

How are financial results shared with each of the above groups?

_____

_____

Are they reviewed at least monthly?                ❑ Yes            ❑ No

**4.** Explain how your organization identifies and reviews revenues and expenses.

_____

_____

_____

How does your organization identify and review internal:

- Financial trends?

_____

_____

■ Financial challenges?

_____

_____

■ Financial opportunities?

_____

_____

■ Management information?

_____

_____

How does your organization identify and review external:
■ Financial trends?

_____

_____

■ Financial challenges?

_____

_____

■ Financial opportunities?

_____

_____

■ Industry trends?

_____

_____

Explain how your organization identifies areas needing improvement.

_____

_____

Give some examples of actions that have been implemented to address the improvements needed.

_____

_____

_____

_____

How does your organization:

■ Review financial solvency?

_____

_____

■ Develop remediation plans, if appropriate?

_____

_____

5. If your organization has related entities, where and how do you document:
   ■ The types of relationships.

_____

_____

_____

   ■ Financial reliance on the related entities.

_____

_____

_____

   ■ Legal responsibilities between the related entities and the organization.

_____

_____

_____

■ Contractual responsibilities between the related entities and the organization.

_____

_____

_____

■ Other responsibilities between the related entities and the organization.

_____

_____

_____

■ Any material transactions.

_____

_____

_____

6. Describe your fiscal policies and written procedures, including internal control practices.

_____

_____

_____

_____

Describe your initial and ongoing training related to fiscal policies and written procedures for appropriate personnel.

_____

_____

_____

_____

7. If your organization bills for services provided, describe how a review of a representative sample of bills of persons served is conducted and documented at least quarterly.

_____

_____

_____

How do you ensure that the bills reviewed constitute a representative sample?

_____

_____

Explain how the review addresses:
■ Whether bills are accurate.

_____

_____

■ Trends.

_____

_____

■ Areas needing improvement.

_____

_____

■ Actions to be taken.

_____

_____

8. If your organization is responsible for fee structures, identify the basis of the fee structure.

_____

_____

_____

Explain your organization's:

■ Review of fee schedules.

_____

_____

■ Comparison of fee schedules.

_____

_____

■ Disclosures to the persons served of all fees for which they are responsible.

_____

_____

How do you determine when modifications to the fee schedule are necessary?

_____

_____

_____

9. Explain your process for obtaining an annual review or audit of your organization's financial statements by an independent accountant.

_____

_____

_____

Can you provide documentation to the survey team of:

■ The results of annual financial statement review or audit, including any resulting recommendations?                    ❑ Yes          ❑ No

■ Management's response to recommendations, if applicable, including corrective actions taken or reasons why corrective actions will not be taken?                    ❑ Yes          ❑ No

Describe the process for reviewing any recommendations that have resulted from a review or audit, if applicable.

_____

_____

_____

Describe the corrective actions taken in response to recommendations, if applicable.

_____

_____

_____

**10.** If your organization takes responsibility for funds of the persons served, describe in what capacity.

_____

_____

_____

Describe your procedures for:

■ Identification of the role of the organization.

_____

_____

■ How the persons served give informed consent for expenditure of funds.

_____

_____

■ How the persons served have access to their funds.

_____

_____

■ How funds are segregated for accounting purposes.

_____

_____

■ How you ensure that funds are used only for designated and appropriate purposes.

_____

_____

■ When interest-bearing accounts are used, how interest is credited to the accounts of the persons served.

_____

_____

■ How accounts are reconciled and how this reconciliation is provided to the persons served at least monthly.

_____

_____

■ How funds will be returned to the persons served upon transition/exit from the program.

_____

_____

■ Communication of these procedures to the persons served.

_____

_____

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

**11.** Describe the timing of the audit and how you ensure it is completed within the timeframe specified.

_____

_____

_____

## Long-Term Financial Planning

**12.** How does the organization address:

- Margin/profitability, including:
  - Revenue related to the persons served?

  _____

  _____

  _____

  - Expenses related to the persons served?

  _____

  _____

  _____

  - Earnings related to businesses not directly related to the persons served (ancillary revenue) and third-party sources of revenue?

  _____

  _____

  _____

  - Expense management.

  _____

  _____

  _____

- Liquidity?

  _____

  _____

  _____

- Capital structure to ensure:
  - Financial flexibility?

  _____

  _____

  _____

    –   Ability to meet the needs of persons served and other stakeholders?

_____

_____

_____

■   Use of financial ratio information?

_____

_____

_____

■   Bond covenant compliance?

_____

_____

_____

**13.** Describe your organization's investment policy.

_____

_____

_____

_____

Does this investment policy address:

■   Portfolio return?         ❑ Yes       ❑ No

■   Portfolio risk?           ❑ Yes       ❑ No

■   Restricted cash reserves?    ❑ Yes       ❑ No

■   Investments instruments?    ❑ Yes       ❑ No

How is your policy approved, reviewed, and updated as needed?

_____

_____

_____

_____

How do you balance risk versus return?

_____

_____

_____

_____

**14.** Describe your organization's process for reviewing investment results at least annually.

_____

_____

_____

_____

**15.** Describe your organization's cash management strategy.

_____

_____

_____

_____

How does your organization age receivables and how long do you keep a receivable on the books before you write it off?

_____

_____

_____

Describe your organization's process for managing accounts payable.

_____

_____

_____

How do you ensure that your organization's cash management strategy is reviewed at least annually for relevance and is updated as needed?

_____

_____

_____

**16.** How does your organization collect and evaluate key performance indicators?

_____

_____

_____

_____

How does your organization utilize this information?

_____

_____

_____

_____

**17.** Describe how the organization makes audited financial statements and footnotes available to prospective persons served.

_____

_____

_____

What systems does the organization have in place to be able to make audited financial statements and footnotes available to current persons served?

_____

_____

_____

What other stakeholders have access to the audited financial statements and footnotes?

_____

_____

_____

**18.** Does your organization conduct a capital needs assessment that addresses:

■ Existing capital assets? ☐ Yes ☐ No

■ Future capital asset needs? ☐ Yes ☐ No

Where and how is the capital needs assessment documented?

_____

_____

Describe the review and update process for the capital needs assessment, including who is involved, the frequency at which it is reviewed, and how you determined that frequency.

_____

_____

_____

_____

**19.** Give some examples of how your organization's long-range financial planning process considers:

■ The results of the capital needs assessment.

_____

_____

_____

■ Debt management risks.

_____

_____

_____

■ Investment risks.

_____

_____

_____

■ Input from:
- Persons served.

_____

_____

_____

- Personnel.

_____

_____

_____

- Other stakeholders.

_____

_____

_____

**20.** Has your organization developed a long-range financial plan that includes:

■ Timelines for capital asset repair
and replacement projects?                    ❑ Yes            ❑ No

■ Cash flow projections for capital
asset needs?                                 ❑ Yes            ❑ No

■ Sources of funding to support identified needs related to:
- Fixed asset repair and replacement?    ❑ Yes            ❑ No

- Organizational growth?                  ❑ Yes            ❑ No

■ Management of debt obligations?            ❑ Yes            ❑ No

■ Management of investment risks?            ❑ Yes            ❑ No

How does your long-range financial plan align with the organization's strategic plan?

_____

_____

_____

Where and how is the long-range financial plan documented?

_____

_____

_____

How will you demonstrate or verify for the survey team that the long-range financial plan is implemented?

_____

_____

_____

Describe how the long-range financial plan is shared with each of the following groups, as relevant to their needs:

■   Persons served.

_____

_____

_____

■   Personnel.

_____

_____

_____

■   Other stakeholders.

_____

_____

_____

How do you ensure that the long-range financial plan is reviewed at least annually for relevance?

_____

_____

_____

How do you ensure that the plan is updated as needed?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Annual approved budgets
- Reviews of financial results
- Financial audits or reviews
- Written procedures for handling the funds of the persons served, if applicable
- Documented reviews of records of persons served
- Fiscal policies and written procedures
- Documentation of related entities, if applicable
- Financial remediation plans, if appropriate
- Fee schedules, if applicable
- Results of annual financial statement review or audit, including, if applicable, resulting recommendations and management's response
- Cost analysis of services provided
- Financial reports
- Cash management policies
- Documented review of accuracy of billing for the services provided, if applicable
- Investment policy
- Capital needs assessment
- Long-range financial plan

# G.  Risk Management

1.  Describe your risk management plan.

_____

_____

_____

How does it address:

■  Identification of loss exposures?

_____

_____

■  Analysis of loss exposures?

_____

_____

■  Identification of how to rectify identified exposures?

_____

_____

■  Implementation of actions to reduce risk?

_____

_____

■  Monitoring of actions taken to reduce risk?

_____

_____

■  Reporting of results of actions taken to reduce risks?

_____

_____

■ Risk reduction as part of performance improvement activities?

_____

_____

Is your risk management plan reviewed
at least annually for relevance?     ❑ Yes      ❑ No

Describe your process for reviewing the risk management plan and ensuring that
it is updated as needed.

_____

_____

_____

_____

2. Is your insurance package reviewed:

■ For adequacy?            ❑ Yes      ❑ No

■ At least annually?       ❑ Yes      ❑ No

Describe how your insurance package protects all assets.

_____

_____

_____

Does your insurance package include:

■ Property coverage?       ❑ Yes      ❑ No

■ Liability coverage?       ❑ Yes      ❑ No

■ Other coverage, as appropriate?       ❑ Yes      ❑ No

What other coverage is included?

_____

_____

_____

Describe the process you use to determine the adequacy of your insurance package at least annually.

_____

_____

_____

_____

**3.** Where can the surveyors locate your written procedures for communications?

_____

_____

_____

Do your procedures for communications include:

- Media relations? ❑ Yes ❑ No

- Social media? ❑ Yes ❑ No

**4.** Are any of the services delivered by the program provided under contract with another organization or individual?

❑ Yes ❑ No

If _Yes,_ describe how reviews of the contracted services are conducted and where they are documented.

_____

_____

_____

Are reviews performed at least annually? ❑ Yes ❑ No

Do the reviews include:

- Assessment of performance in relation to the scope and requirements of their contracts? ❑ Yes ❑ No

- Adherence to all applicable policies and procedures of the organization? ❑ Yes ❑ No

- Conformance to CARF standards applicable to the services they provide? ❑ Yes ❑ No

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Risk management plan
- Reports from regulatory agencies
- Reports associated with legal actions
- Performance improvement plans
- Personnel policies manual
- Insurance policies
- Financial reports
- Risk analysis reports
- Written procedures regarding media relations and social media
- Reviews of contracted services

# H.  Health and Safety

**1.** Beyond inspections and tests of emergency procedures, what are some ways in which you strive to provide a healthy and safe environment?

_____

_____

_____

List any health or safety concerns that have been identified.

_____

_____

_____

Describe the steps that will be taken to address those problems and the personnel responsible.

_____

_____

_____

_____

If no physical locations are used for administration or delivery of any services, describe how you address health and safety of the environment in the location of the persons served.

_____

_____

_____

_____

**2.** Describe your procedures to promote the safety of persons served and personnel.

_____

_____

_____

3. Give some examples of the education you provide to persons served to reduce physical risks?

   _____

   _____

   _____

4. Describe the competency-based training provided to personnel at orientation in the following areas:

   ■ Health and safety practices.

      _____

      _____

   ■ Identification of unsafe environmental factors.

      _____

      _____

   ■ Emergency procedures.

      _____

      _____

   ■ Evacuation procedures, if appropriate.

      _____

      _____

   ■ Identification of critical incidents.

      _____

      _____

   ■ Reporting of critical incidents.

      _____

      _____

   ■ Medication management, if appropriate.

      _____

      _____

■ Reducing physical risks.

_____

_____

■ Workplace violence.

_____

_____

Where is the training provided to personnel at orientation documented?

_____

_____

Describe the competency-based training for personnel at least annually in the following areas:

■ Health and safety practices.

_____

_____

■ Identification of unsafe environmental factors.

_____

_____

■ Emergency procedures.

_____

_____

■ Evacuation procedures, if appropriate.

_____

_____

■ Identification of critical incidents.

_____

_____

- Reporting of critical incidents.

  _____

  _____

- Medication management, if appropriate.

  _____

  _____

- Reducing physical risks.

  _____

  _____

- Workplace violence.

  _____

  _____

Where is the training provided to personnel at least annually documented?

_____

_____

5. Describe your emergency procedures in the following areas:
   - Fire.

     _____

     _____

   - Bomb threats.

     _____

     _____

   - Natural disasters.

     _____

     _____

■ Utility failures.

_____

_____

■ Medical emergencies.

_____

_____

■ Violent or other threatening situations.

_____

_____

Describe how these procedures meet the requirements of applicable authorities.

_____

_____

_____

How do you ensure that they are appropriate to your area?

_____

_____

_____

How do your evacuation procedures address:
■ When evacuation is appropriate?

_____

_____

■ Complete evacuation from your physical facility?

_____

_____

■ When sheltering in place is appropriate?

_____

_____

■ Safety of all persons involved?

_____

_____

■ Accounting for all persons involved?

_____

_____

■ Temporary shelter, when applicable?

_____

_____

■ Identification of essential services?

_____

_____

■ Continuation of essential services?

_____

_____

■ Emergency phone numbers?

_____

_____

■ Notification of the appropriate emergency authorities?

_____

_____

■ Communication with relevant stakeholders?

_____

_____

6. Describe how you ensure that evacuation routes are accessible.

   _____

   _____

   _____

   How did you ensure that evacuation routes are understandable to:
   ■ Persons served?

   _____

   _____

   ■ Personnel?

   _____

   _____

   ■ Other stakeholders, including visitors?

   _____

   _____

7. Describe how you test your emergency procedures, including:
   ■ Methods used.

   _____

   _____

   _____

   ■ How often.

   _____

   _____

   Are tests of each emergency procedure conducted:
   ■ On each shift?                ❑ Yes          ❑ No

   ■ At each location?             ❑ Yes          ❑ No

   Do the tests include, as appropriate to
   the procedure, a complete actual or
   simulated physical evacuation drill?  ❑ Yes          ❑ No

Explain how information gathered from tests of the emergency procedures is analyzed.

_____

_____

_____

Does the analysis address:

- Areas needing improvement?                    ❑ Yes          ❑ No

- Actions to address the
  improvements needed?                          ❑ Yes          ❑ No

- Implementation of the actions?                ❑ Yes          ❑ No

- Necessary education and training
  of personnel?                                 ❑ Yes          ❑ No

- Whether the actions taken
  accomplished the intended results?            ❑ Yes          ❑ No

Are the tests of emergency procedures
and the analyses documented?                    ❑ Yes          ❑ No

How has the analysis either resulted in improvements or verified existing practice?

_____

_____

_____

8. Does the program provide any services in locations that are not owned/leased
   or controlled/operated by the organization, such as locations in the community
   or private homes?

                                                ❑ Yes          ❑ No

If _Yes,_ describe what services are provided in these locations.

_____

_____

_____

Are there written procedures in place that address safety at the service delivery site for:

- Persons served?                               ❑ Yes          ❑ No

- Personnel?                                    ❑ Yes          ❑ No

Do the written procedures include:

■ Consideration of any emergency
procedures that may already be in
place at the service delivery site?          ❑ Yes                ❑ No

■ The physical environment, including
accessibility, of the service delivery site?  ❑ Yes                ❑ No

■ Basic needs in the event of an emergency? ❑ Yes                ❑ No

■ Actions to be taken in the event of
an emergency?                                ❑ Yes                ❑ No

■ Provisions for communication by
personnel while providing services
regarding decisions to continue or
discontinue services?                        ❑ Yes                ❑ No

Where are these procedures documented?

_____

_____

How do you ensure that personnel and persons served are aware of and know
how to consistently implement these procedures if necessary?

_____

_____

_____

**9.** Describe how your organization has ready access to:

■ First aid expertise.

_____

_____

■ First aid equipment.

_____

_____

■ First aid supplies.

_____

_____

■ Relevant emergency information on:
  – Persons served.

  _____

  _____


  – Personnel.

  _____

  _____


**10.** Describe your written procedures for critical incidents, including:

■ Medication errors.

  _____

  _____


■ Use of seclusion.

  _____

  _____


■ Use of restraint.

  _____

  _____


■ Incidents involving injury.

  _____

  _____


■ Communicable diseases.

  _____

  _____


■ Infection control.

  _____

  _____

■ Aggression or violence.

_____

_____

■ Use and unauthorized possession of weapons.

_____

_____

■ Wandering.

_____

_____

■ Elopement.

_____

_____

■ Vehicular accidents.

_____

_____

■ Biohazardous accidents.

_____

_____

■ Unauthorized use and possession of legal or illegal substances.

_____

_____

■ Abuse.

_____

_____

■ Neglect.

_____

_____

■ Suicide and attempted suicide.

_____

_____

■ Sexual assault.

_____

_____

■ Overdose.

_____

_____

■ Other sentinel events.

_____

_____

How do you address prevention of critical incidents?

_____

_____

_____

How are critical incidents reported?

_____

_____

_____

How are critical incidents documented?

_____

_____

_____

When necessary, how is remedial action identified?

_____

_____

_____

How do you ensure that such actions are completed?

_____

_____

_____

Describe your process for conducting timely debriefings following critical incidents.

_____

_____

_____

**11.** Describe the analysis of all critical incidents provided to or conducted by leadership.

_____

_____

Is this written analysis completed
at least annually? ❑ Yes ❑ No

Describe how it addresses:
- Causes.

_____

_____

- Trends.

_____

_____

- Areas needing improvement.

_____

_____

■ Actions to address the improvements needed.

_____

_____

■ Implementation of the actions.

_____

_____

■ Whether the actions taken accomplished the intended results.

_____

_____

■ Necessary education and training of personnel.

_____

_____

■ Prevention of recurrence.

_____

_____

■ Internal reporting requirements.

_____

_____

■ External reporting requirements.

_____

_____

**12.** Are there written procedures in place regarding infections and communicable diseases?

❑ Yes        ❑ No

Do these procedures address:

■ Prevention, including appropriate use of standard or universal precautions?        ❑ Yes        ❑ No

■ Identification?        ❑ Yes        ❑ No

- Reporting?     ❑ Yes    ❑ No

- Investigation?    ❑ Yes    ❑ No

- Control/mitigation?  ❑ Yes    ❑ No

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

Describe how training on these procedures is provided for:
- Persons served.

_____

_____

- Personnel.

_____

_____

- Other stakeholders.

_____

_____

13. If you provide transportation services for persons served, describe where and how the surveyors will find evidence of:
- Appropriate licensing of all drivers.

_____

_____

- Review of driving records.

_____

_____

- Insurance for vehicles and passengers.

_____

_____

- Safety features in vehicles.

  _____

  _____

- Safety equipment.

  _____

  _____

- Accessibility.

  _____

  _____

- Training of drivers in your organization's transportation procedures.

  _____

  _____

- Training of drivers on the unique needs of the persons served.

  _____

  _____

- Written emergency procedures available in the vehicle(s).

  _____

  _____

- Communication devices available in the vehicle(s).

  _____

  _____

- First aid supplies available in the vehicle(s).

  _____

  _____

■ Maintenance of vehicles owned or operated by the organization according to manufacturers' recommendations.

_____

_____

■ If you contract transportation services, is there a documented review of contracts at least annually that includes of all the above elements?  ❑ Yes  ❑ No

**14.** Describe the process for self-inspections of your facilities, including how often they are done.

_____

_____

_____

_____

Are self-inspections conducted at least semiannually on each shift?  ❑ Yes  ❑ No

In the written report of self-inspections, are the following addressed:

■ Areas covered?  ❑ Yes  ❑ No

■ Recommendations for improvement?  ❑ Yes  ❑ No

■ Action plans for improvement?  ❑ Yes  ❑ No

■ Results of the actions taken?  ❑ Yes  ❑ No

**15.** Are comprehensive health and safety inspections conducted at least annually?

❑ Yes  ❑ No

Does this inspection result in a written report?  ❑ Yes  ❑ No

Describe the process for annual external health and safety inspections of your facilities, including:

■ What areas are covered.

_____

_____

_____

_____

■ How you determined what areas to include to ensure a comprehensive inspection.

_____

_____

_____

_____

■ Who conducts the inspection.

_____

_____

■ How the inspector is external to your organization and what the inspector's qualifications are.

_____

_____

_____

_____

In the written report of external inspections, are the following addressed:

■ Areas covered? ❑ Yes ❑ No

■ Recommendations for improvement? ❑ Yes ❑ No

■ Action plans for improvement? ❑ Yes ❑ No

■ Results of the actions taken? ❑ Yes ❑ No

**16.** Describe your written procedures for safe handling, storage, and disposal of hazardous materials and where these procedures are documented.

_____

_____

_____

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Health and safety policies and procedures
- Health and safety training information
- Inspection report from an external authority and corrective actions, if any recommendation were noted
- Self-inspection reports and follow-up, including response to recommendations
- Written emergency procedures
- Written evidence of unannounced tests of emergency procedures and corrective actions, if any recommendations were noted
- Written incident procedures and copies of incident reports
- Written procedures that address safety of persons served and personnel when services are provided in locations that are not owned/leased or controlled/operated by the organization
- Documentation showing all incidents are reviewed and analyzed to identify trends and an action plan established to reduce risks
- Records of training for personnel on incident reporting
- Written procedures regarding infections and communicable diseases
- Medication management procedures, if applicable
- Procedures for the use of standard or universal precautions
- Documentation of provision of competency-based safety training for personnel
- Minutes of safety committee meetings
- A list of personnel trained in safety techniques
- A list of personnel and others on the safety committee
- Information on vehicles and drivers, if applicable
- Copies of licenses and certificates when applicable
- Accident reporting requirements
- Written emergency procedures available in vehicles that are used to transport persons served, if applicable
- Transportation procedures, if applicable
- Reviews of contracted transportation services, if applicable
- Documentation of safety training for persons served
- Written procedures for safe handling, storage, and disposal of hazardous materials

# I.   Workforce Development and Management

1. Does your workforce include:

   - Full-time employees?                          ❑ Yes          ❑ No

   - Part-time employees?                          ❑ Yes          ❑ No

   - Contractors?                                  ❑ Yes          ❑ No

   - Independent contractors?                      ❑ Yes          ❑ No

   - Per diem workers?                             ❑ Yes          ❑ No

   - Volunteers?                                   ❑ Yes          ❑ No

   - Peer support specialists?                     ❑ Yes          ❑ No

   - Students?                                     ❑ Yes          ❑ No

   - Other groups or categories of workers?        ❑ Yes          ❑ No

   For other groups or categories of workers, if *Yes*, please describe:

   _____

   _____

   Where is this documented?

   _____

   _____

2. Explain how the organization's workforce development and management practices reflect the organization's:

   - Mission.

   _____

   _____

   _____

   - Culture.

   _____

   _____

   _____

■ Person-centered philosophy.

_____

_____

_____

■ Performance measurement and management system.

_____

_____

_____

■ Risk management plan.

_____

_____

_____

■ Strategic plan.

_____

_____

_____

**3.** Describe how your organization's ongoing workforce planning includes:
■ Workforce analysis.

_____

_____

_____

■ Written job descriptions.

_____

_____

_____

■ Review and update of written job descriptions in accordance with organizational needs and/or the requirements of external entities.

_____

_____

_____

■ Recruitment.

_____

_____

_____

■ Selection.

_____

_____

_____

■ Retention.

_____

_____

_____

■ Succession planning.

_____

_____

_____

4. Do you have written procedures that address:
   ■ Verification of:
       – Backgrounds of the workforce in the following areas, if required:
           - Criminal checks? ❑ Yes ❑ No
           - Immunizations? ❑ Yes ❑ No
           - Fingerprinting? ❑ Yes ❑ No
           - Drug testing? ❑ Yes ❑ No
           - Vulnerable population checks? ❑ Yes ❑ No

- Driving records?     ❑ Yes     ❑ No

– The credentials of all applicable workforce (including licensure, certification, registration, and education):

- With primary sources?     ❑ Yes     ❑ No

- In all states/provinces or other jurisdictions where the workforce will deliver services?     ❑ Yes     ❑ No

– Fitness for duty, if required?     ❑ Yes     ❑ No

■ Actions to be taken in response to the information received concerning:

– Background checks?     ❑ Yes     ❑ No

– Credentials verification?     ❑ Yes     ❑ No

– Fitness for duty?     ❑ Yes     ❑ No

■ Timeframes for verification of backgrounds, credentials, and fitness for duty, including:

– Prior to the delivery of services to the persons served or to the organization?     ❑ Yes     ❑ No

– Throughout employment?     ❑ Yes     ❑ No

Where are these procedures documented?

_____

_____

How do you ensure that the written procedures are consistently implemented?

_____

_____

_____

5. Describe the organization's onboarding and engagement activities in each of the following areas:

■ Orientation that addresses the organization's:

– Mission.

_____

_____

- – Culture.

  _____

  _____

- – Person-centered philosophy.

  _____

  _____

- – Performance measurement and management system.

  _____

  _____

- – Risk management plan.

  _____

  _____

- – Strategic plan.

  _____

  _____

- – Other organizational planning efforts.

  _____

  _____

- – Workforce policies and procedures.

  _____

  _____

■ On-the-job training.

_____

_____

_____

■ Position roles and responsibilities.

_____

_____

_____

■ Position performance expectations.

_____

_____

_____

■ Communication systems and expectations.

_____

_____

_____

6. Give examples of how the organization promotes engagement through respect for all individuals in the workforce, including:

■ Open communication.

_____

_____

_____

■ A value-driven focus.

_____

_____

_____

■ Initiatives that address:
   – Recognition.

_____

_____

_____

– Compensation.

_____

_____

_____

– Benefits.

_____

_____

_____

Does the organization have policies and written procedures that address, at a minimum:

– Mechanism(s) to provide favorable
  and constructive feedback?          ❑ Yes          ❑ No

– Mechanism(s) to address concerns?   ❑ Yes          ❑ No

– Job postings?                       ❑ Yes          ❑ No

– Promotion?                          ❑ Yes          ❑ No

– Disciplinary action?                ❑ Yes          ❑ No

– Separation?                         ❑ Yes          ❑ No

– Labor relations, if applicable?     ❑ Yes          ❑ No

– Prevention of harassment?           ❑ Yes          ❑ No

How are the policies and written procedures made accessible to the workforce?

_____

_____

_____

What is the mechanism for notification of the workforce when there are changes to policies and procedures that they should be aware of?

_____

_____

_____

7.  Explain how the organization's workforce development activities address each of the following areas:

    ■ Documentation of competencies:

    – To support the organization in the accomplishment of its mission and goals.

    _____

    _____

    – To meet the needs of the persons served.

    _____

    _____

    ■ Documented assessment of competencies.

    _____

    _____

    ■ Documentation of timeframes/frequencies related to the competency assessment process.

    _____

    _____

    ■ Competency development, including the provision of resources.

    _____

    _____

    ■ Performance appraisal.

    _____

    _____

    ■ Education and training.

    _____

    _____

8.  Does the organization have written procedures for performance appraisal that address:

    ■ The identified workforce?                    ❑ Yes          ❑ No

    ■ The criteria against which people
      are being appraised?                         ❑ Yes          ❑ No

- Involvement of the person being appraised?     ❑ Yes     ❑ No

- Documentation requirements?     ❑ Yes     ❑ No

- Timeframes/frequencies related to the performance appraisal process?     ❑ Yes     ❑ No

- Measurable goals?     ❑ Yes     ❑ No

- Sources of input?     ❑ Yes     ❑ No

- Opportunities for development?     ❑ Yes     ❑ No

Where are these procedures documented?

_____

_____

Describe the performance appraisal process with consideration of the different groups that comprise your workforce.

_____

_____

_____

How do you ensure that the written procedures are consistently implemented?

_____

_____

_____

9. How does the organization ensure that there is an adequate workforce to:
   - Implement the plans of the persons served?

   _____

   _____

   _____

   - Ensure the safety of persons served?

   _____

   _____

   _____

■ Manage unplanned absences?

_____

_____

_____

■ Meet the performance expectations of the organization?

_____

_____

_____

Describe how you monitor the workforce to ensure it is adequate to address the areas above.

_____

_____

_____

10. Describe the organization's process for addressing the provision of services by the workforce consistent with relevant:

■ Regulatory requirements.

_____

_____

■ Licensure requirements.

_____

_____

■ Registration requirements.

_____

_____

■ Certification requirements.

_____

_____

■ Professional degrees.

_____

_____

■ Training to maintain established competency levels.

_____

_____

■ On-the-job training requirements.

_____

_____

**11.** How does the organization's succession planning address:
■ Its future workforce needs?

_____

_____

■ Identification of key positions?

_____

_____

■ Identification of the competencies required by key positions?

_____

_____

■ Review of talent in the current workforce?

_____

_____

■ Identification of workforce readiness?

_____

_____

■ Gap analysis?

_____

_____

■ Strategic development?

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Documented description of the composition of the workforce
■ Written job descriptions
■ Written procedures that address verification of backgrounds; credentials; fitness for duty, if required; timeframes; and actions to be taken in response to information received
■ Workforce policies and written procedures
■ Documentation of competencies, competency assessments, and associated timeframes
■ Written procedures for performance appraisals
■ Succession planning information

# J.   Technology

1.  Describe the ongoing assessment of your organization's current use of technology and data, including:

    ■  Hardware.

    _____

    _____

    ■  Software.

    _____

    _____

    ■  Communication technologies.

    _____

    _____

    ■  Sensitive data.

    _____

    _____

    ■  Services purchased or contracted.

    _____

    _____

    ■  Assistive technology.

    _____

    _____

    How does the leadership support and participate in this assessment?

    _____

    _____

    _____

Describe how input on the organization's use of technology is sought from:

■ Persons served.

_____

_____

■ Personnel.

_____

_____

■ Other stakeholders.

_____

_____

**2.** Does the organization have a technology and system plan that is based on:

■ Its current use of technology and data?   ❏ Yes   ❏ No

■ Identification of gaps and opportunities in the use of technology?   ❏ Yes   ❏ No

Does the technology and system plan include:

■ Goals?   ❏ Yes   ❏ No

■ Priorities?   ❏ Yes   ❏ No

■ Technology acquisition?   ❏ Yes   ❏ No

■ Technology maintenance?   ❏ Yes   ❏ No

■ Technology replacement?   ❏ Yes   ❏ No

■ Resources needed to accomplish the goals?   ❏ Yes   ❏ No

■ Timeframes?   ❏ Yes   ❏ No

Describe how the plan was developed based on the organization's current use of technology and data and identified gaps and opportunities in the use of technology.

_____

_____

_____

How will you demonstrate or verify for the survey team that this plan is implemented?

_____

_____

_____

Give some examples that demonstrate how the technology and system plan supports:
- The business processes of the organization.

_____

_____

_____

- Protection of sensitive data.

_____

_____

_____

- Efficient operations.

_____

_____

_____

- Effective service delivery.

_____

_____

_____

- Access to services.

_____

_____

_____

- Performance improvement.

_____

_____

_____

Describe how the technology and system plan aligns with the organization's strategic plan.

_____

_____

_____

What is the process to ensure that the technology and system plan is reviewed at least annually for relevance and updated as needed?

_____

_____

_____

**3.** Has the organization implemented policies and procedures related to technology in the following areas:

- Acceptable use? ❑ Yes ❑ No

- Backup/recovery? ❑ Yes ❑ No

- Business continuity/disaster recovery? ❑ Yes ❑ No

- Security, including:
  - Access management? ❑ Yes ❑ No

  - Audit capabilities? ❑ Yes ❑ No

  - Data export and transfer capabilities? ❑ Yes ❑ No

  - Decommissioning of physical hardware and data destruction? ❑ Yes ❑ No

  - Protection from malicious activity? ❑ Yes ❑ No

  - Remote access and support? ❑ Yes ❑ No

  - Updates, configuration management, and change control? ❑ Yes ❑ No

Where are these policies documented?

_____

_____

How does the organization ensure that these policies and procedures are consistently implemented?

_____

_____

_____

_____

**4.** Describe how the organization tests its procedures for business continuity/disaster recovery, including methods used and how often.

_____

_____

_____

Are these tests conducted at least annually?    ❑ Yes      ❑ No

Are the tests and the analyses documented?    ❑ Yes      ❑ No

Explain how information gathered from tests is analyzed.

_____

_____

_____

Does the analysis address:

- Effectiveness?    ❑ Yes      ❑ No

- Areas needing improvement?    ❑ Yes      ❑ No

- Actions to address the improvements needed?    ❑ Yes      ❑ No

- Implementation of the actions?    ❑ Yes      ❑ No

- Whether the actions taken accomplished the intended results?    ❑ Yes      ❑ No

- Necessary education and training of personnel?    ❑ Yes      ❑ No

How has the analysis either resulted in improvements or verified existing practice?

_____

_____

_____

5. Describe the training provided to personnel:
   - On cybersecurity, including:
     – Initial training.

       _____

       _____

     – Ongoing training.

       _____

       _____

   - On the technology used in performance of their job duties, including:
     – Initial training.

       _____

       _____

       _____

     – Ongoing training.

       _____

       _____

       _____

   Where and how is training documented?

   _____

   _____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Technology and system plan
- Policies and procedures on technology use, backup/recovery, business continuity/disaster recovery, and security
- Documentation of business continuity/disaster recovery tests and analyses
- Documentation of training provided to personnel
- Evidence of ongoing assessments of the organization's use of technology and data
- Input from persons served, personnel, and other stakeholders regarding the organization's use of technology

# K. Rights of Persons Served

**1.** Explain your policies on the rights of persons served in the following areas:
- Confidentiality of information.

  _____

  _____

- Privacy.

  _____

  _____

- Freedom from:
  – Abuse.

    _____

    _____

  – Financial or other exploitation.

    _____

    _____

  – Retaliation.

    _____

    _____

  – Humiliation.

    _____

    _____

  – Neglect.

    _____

    _____

Explain how your organization gives the person served access to information in sufficient time to make decisions.

_____

_____

_____

_____

How do the persons served gain access to their records?

_____

_____

How are they informed of this process?

_____

_____

Describe your processes for informed consent or refusal or expression of choice and withdrawal of consent regarding:

■  Service delivery.

_____

_____

■  Release of information.

_____

_____

■  Concurrent services.

_____

_____

■  Composition of service delivery team.

_____

_____

■ Involvement in research projects, if applicable.

_____

_____

Explain how persons served have access or referral to:
■ Legal entities for representation.

_____

_____

■ Self-help support services.

_____

_____

■ Advocacy support services.

_____

_____

If you have research projects in which persons served are involved, describe the research guidelines and ethics practiced.

_____

_____

_____

_____

How does your organization deal with allegations of infringements of a person's rights?

_____

_____

_____

_____

How does your organization identify and ensure other legal rights of the persons served?

_____

_____

_____

_____

**2.** Explain how rights are communicated in a way that is understandable, available at all times, and shared with persons served in your organization prior to or at the start of service delivery.

_____

_____

_____

_____

If persons are served in your program longer than one year, how do you ensure that a review of rights is done at least annually?

_____

_____

_____

**3.** Describe your formal complaint policy, including how your organization defines a formal complaint.

_____

_____

_____

_____

Describe how the complaint procedure addresses:

■ That any action will not result in retaliation or a barrier to service.

_____

_____

■ How the complaint will be resolved.

_____

_____

■ Levels of review including the availability of external review.

_____

_____

■ Timeframes that are adequate for prompt consideration and result in timely decisions.

_____

_____

■ Written notification regarding actions to be taken.

_____

_____

■ Rights and responsibilities of each party.

_____

_____

■ Availability of advocates or other assistance.

_____

_____

■ The ease of availability to the person served of complaint procedures and, if applicable, forms.

_____

_____

How do you know that the information provided is understandable to persons served?

_____

_____

_____

Are all formal complaints documented? ❑ Yes ❑ No

4. Is a documented analysis of all formal complaints conducted at least annually?

❑ Yes ❑ No

Where is the analysis documented?

_____

_____

Explain how the review and analysis tracks whether formal complaints were received, trends, areas needing improvement, actions taken to address the improvements needed, implementation of the actions, and whether the actions taken accomplished the intended results.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Policies promoting the rights of the persons served
- Policy and procedures for formal complaints
- Definition of a formal complaint
- Information regarding personnel training on rights of persons served, informed consent, complaint/grievance procedures, etc.
- Handbook for persons served, orientation materials, updated information regarding rights
- Records of the persons served showing informed consent
- Conflict resolution information
- Grievance and appeal process
- Documentation of formal complaints received
- Documentation showing review and analysis of formal complaints at least annually
- Action plan or changes made to improve performance and to reduce complaints
- External and internal investigation reports and related corrective action plans
- Documentation that rights of persons served are reviewed at least annually with the persons served, if applicable.

# L.   Accessibility

**1.**   How does the leadership assess the accessibility needs of:

■   Persons served?

_____

_____

_____

■   Personnel?

_____

_____

_____

■   Other stakeholders?

_____

_____

_____

List the barriers, if any, you have identified in the following areas:

■   Architecture.

_____

_____

■   Environment.

_____

_____

■   Attitudes.

_____

_____

■   Finances.

_____

_____

■ Employment.

_____

_____

■ Communication.

_____

_____

■ Technology.

_____

_____

■ Transportation.

_____

_____

■ Community integration, as appropriate.

_____

_____

Explain how you received ongoing input from persons served, personnel, and other stakeholders about barriers they have identified.

_____

_____

_____

_____

Describe the process you have in place for identifying barriers in the above areas on an ongoing basis.

_____

_____

_____

_____

2. Have you implemented an accessibility plan that addresses all identified barriers?

❑ Yes          ❑ No

How have you addressed:
■ Actions to be taken?

_____

_____

■ Timelines?

_____

_____

Is the accessibility plan reviewed at least annually?

❑ Yes          ❑ No

How do you address:
■ Progress made in the removal of identified barriers?

_____

_____

_____

■ Areas needing improvement?

_____

_____

_____

What is your process for updating the accessibility plan as needed?

_____

_____

3. Describe how you address reasonable accommodations when requested, including how are they reviewed and decided upon.

_____

_____

_____

_____

Is this process documented?    ❑ Yes        ❑ No

What are some examples of reasonable accommodations you have made?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Written accessibility plan

■ Identification of accessibility barriers

■ Review of accessibility plan at least annually

■ Requests for reasonable accommodations

■ Documentation regarding reasonable accommodations that have been provided

■ Meeting minutes

■ Information regarding leadership advocacy activities

■ If virtual access to services is provided, policies/procedures to ensure accessibility and accommodations

# Review Results

## M. Performance Measurement and Management

**1.** Identify some examples of how the organization's leadership demonstrates accountability for performance measurement and management in:

■ Service delivery.

_____

_____

_____

■ Business functions.

_____

_____

_____

**2.** Describe how the organization identifies gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including consideration of:

■ Input from:

– Persons served.

_____

_____

– Personnel.

_____

_____

– Other stakeholders.

_____

_____

■ The characteristics of the persons served.

_____

_____

■ Expected results.

_____

_____

■ Extenuating and influencing factors that may impact results.

_____

_____

■ The comparative data available.

_____

_____

■ Communication of performance information.

_____

_____

■ Technology to support implementation of the performance measurement and management plan.

_____

_____

3. Has the organization implemented a performance measurement and management plan that addresses the following:

■ Collection of relevant data on the characteristics of the persons served?　❑ Yes　　❑ No

■ For each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum:

– Results achieved for the persons served (effectiveness)?　❑ Yes　　❑ No

– Experience of services received and other feedback from the persons served?　❑ Yes　　❑ No

- – Experience of services and other feedback from other stakeholders? ☐ Yes ☐ No

- – Resources used to achieve results for the persons served (efficiency)? ☐ Yes ☐ No

- – Service access? ☐ Yes ☐ No

- ■ The collection of data about the persons served at:
  - – The beginning of services? ☐ Yes ☐ No

  - – Appropriate intervals during services? ☐ Yes ☐ No

  - – The end of services? ☐ Yes ☐ No

  - – Point(s) in time following services? ☐ Yes ☐ No

- ■ Identification of priority measures determined by the organization for business function objectives? ☐ Yes ☐ No

- ■ The extent to which the data collected measure what they are intended to measure (validity)? ☐ Yes ☐ No

- ■ The process for obtaining data:
  - – In a consistent manner (reliability)? ☐ Yes ☐ No

  - – That will be complete? ☐ Yes ☐ No

  - – That will be accurate? ☐ Yes ☐ No

- ■ Extenuating and influencing factors that may impact results? ☐ Yes ☐ No

- ■ Timeframes for the:
  - – Analysis of data? ☐ Yes ☐ No

  - – Communication of results? ☐ Yes ☐ No

- ■ How:
  - – Data are collected? ☐ Yes ☐ No

  - – Data are analyzed? ☐ Yes ☐ No

  - – Performance improvement plans are developed? ☐ Yes ☐ No

  - – Performance improvement plans are implemented? ☐ Yes ☐ No

  - – Performance information is communicated? ☐ Yes ☐ No

Describe the process used to review the performance measurement and management plan at least annually for relevance.

_____

_____

_____

How do you ensure that the plan is updated as needed?

_____

_____

_____

How do you ensure that the performance measurement and management plan is thoroughly and consistently implemented.

_____

_____

_____

_____

4. Does the organization have documented objectives and performance indicators to measure results achieved for the persons served (effectiveness) for each program/service seeking accreditation?

❑ Yes          ❑ No

Does the identified performance indicator(s) for each program seeking accreditation include the following:

- To whom the indicator(s) will be applied? ❑ Yes          ❑ No

- The person(s)/position(s) responsible for collecting the data? ❑ Yes          ❑ No

- The source(s) from which data will be collected? ❑ Yes          ❑ No

- Identification of relevant timeframes for collection of data? ❑ Yes          ❑ No

- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ❑ Yes          ❑ No

Where are these documented?

_____

_____

Describe how the objective(s) and performance indicator(s) to measure results achieved for the persons served (effectiveness) were chosen.

_____

_____

_____

**5.** Does the organization have documented objectives and performance indicators to measure experience of services received and other feedback from the persons served for each program/service seeking accreditation?

❑ Yes ❑ No

Does the identified performance indicator(s) for each program seeking accreditation include the following:

- To whom the indicator(s) will be applied? ❑ Yes ❑ No

- The person(s)/position(s) responsible for collecting the data? ❑ Yes ❑ No

- The source(s) from which data will be collected? ❑ Yes ❑ No

- Identification of relevant timeframes for collection of data? ❑ Yes ❑ No

- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ❑ Yes ❑ No

Where are these documented?

_____

_____

Describe how the objective(s) and performance indicator(s) to measure experience of services received and other feedback from the persons served were chosen.

_____

_____

_____

6. Does the organization have documented objectives and performance indicators to measure experience of services and other feedback from other stakeholders for each program/service seeking accreditation?

    ❏ Yes    ❏ No

Does the identified performance indicator(s) for each program seeking accreditation include the following:

- To whom the indicator(s) will be applied?  ❏ Yes    ❏ No

- The person(s)/position(s) responsible for collecting the data?    ❏ Yes    ❏ No

- The source(s) from which data will be collected?    ❏ Yes    ❏ No

- Identification of relevant timeframes for collection of data?    ❏ Yes    ❏ No

- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark?    ❏ Yes    ❏ No

Where are these documented?

_____

_____

Describe how the objective(s) and performance indicator(s) to measure experience of services and other feedback from other stakeholders were chosen.

_____

_____

_____

7. Does the organization have documented objectives and performance indicators to measure the resources used to achieve results for the persons served (efficiency) for each program/service seeking accreditation?

    ❏ Yes    ❏ No

Does the identified performance indicator(s) for each program seeking accreditation include the following:

- To whom or what the indicator(s) will be applied?    ❏ Yes    ❏ No

- The person(s)/position(s) responsible for collecting the data?    ❏ Yes    ❏ No

■ The source(s) from which data
will be collected?                           ❑ Yes          ❑ No

■ Identification of relevant timeframes
for collection of data?                      ❑ Yes          ❑ No

■ A performance target that is based on
the organization's performance history
or established by the organization or a
stakeholder or is based on an industry
benchmark?                                   ❑ Yes          ❑ No

Where are these documented?

_____

_____

Describe how the objective(s) and performance indicator(s) to measure the resources
used to achieve results for the persons served (efficiency) were chosen.

_____

_____

_____

8. Does the organization have documented objectives and performance indicators
to measure service access for each program/service seeking accreditation?

                                             ❑ Yes          ❑ No

Does the identified performance indicator(s) for each program seeking accreditation
include the following:

■ To whom or what the indicator(s)
will be applied?                             ❑ Yes          ❑ No

■ The person(s)/position(s) responsible
for collecting the data?                     ❑ Yes          ❑ No

■ The source(s) from which data
will be collected?                           ❑ Yes          ❑ No

■ Identification of relevant timeframes
for collection of data?                      ❑ Yes          ❑ No

■ A performance target that is based on
the organization's performance history
or established by the organization or a
stakeholder or is based on an industry
benchmark?                                   ❑ Yes          ❑ No

Where are these documented?

_____

_____

Describe how the objective(s) and performance indicator(s) to measure service access were chosen.

_____

_____

_____

**9.** Does the organization have documented objectives and performance indicators to measure its business function in priority areas determined by the organization?

      ❑ Yes      ❑ No

Identify the priority areas for the organization to measure its business function and explain why these areas were chosen.

_____

_____

_____

_____

Does the identified performance indicator(s) include the following:

■ To what the indicator(s) will be applied?  ❑ Yes      ❑ No

■ The person(s)/position(s) responsible for collecting the data?  ❑ Yes      ❑ No

■ The source(s) from which data will be collected?  ❑ Yes      ❑ No

■ Identification of relevant timeframes for collection of data?  ❑ Yes      ❑ No

■ A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark?  ❑ Yes      ❑ No

Where are these documented?

_____

_____

10. Are personnel provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management?

❑ Yes          ❑ No

Describe how the education and training are provided and where they are documented.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Performance measurement and management plan
- Business reports and plans; e.g., management reports, strategic plan, budgets and financial reports, accessibility plan, technology plan, risk management plan, health and safety reports
- Demographic information about persons served
- Data collected and collection process
- Follow-up information
- Priority measures for business function objectives, performance indicators, and performance targets
- For each program/service seeking accreditation, identification of measures for service delivery objectives, performance indicators, and performance targets
- Documented personnel education and training that reflect roles and responsibilities for performance measurement and management

# Effect Change

## N.  Performance Improvement

**1.**  Is a documented analysis of service delivery performance completed at least annually and in accordance with the timelines outlined in the performance measurement and management plan?

❑ Yes          ❑ No

Where is the service delivery performance analysis documented?

_____

_____

Does the analysis address the following service delivery indicators for each program seeking accreditation:

■ Results achieved for the persons served?          ❑ Yes          ❑ No

■ Experience of services received and other feedback from the persons served?          ❑ Yes          ❑ No

■ Experience of services and other feedback from other stakeholders?          ❑ Yes          ❑ No

■ Resources used to achieve results for the persons served?          ❑ Yes          ❑ No

■ Service access?          ❑ Yes          ❑ No

Explain how the analysis incorporates the:

■ Characteristics of the persons served.

_____

_____

■ Impact of extenuating or influencing factors.

_____

_____

Does the analysis include:

■ Comparative analysis?          ❑ Yes          ❑ No

■ Identification of trends?     ❑ Yes     ❑ No

■ Identification of causes?     ❑ Yes     ❑ No

Give some examples of how the analysis is used to:

■ Identify areas needing performance improvement.

_____

_____

_____

■ Develop an action plan(s) to address the improvements needed.

_____

_____

_____

■ Implement the action plan(s).

_____

_____

_____

■ Determine whether the actions taken accomplished the intended results.

_____

_____

_____

2. Is a documented analysis of business function performance completed at least annually and in accordance with the timelines outlined in the performance measurement and management plan?

         ❑ Yes      ❑ No

Where is the business function performance analysis documented?

_____

_____

Does the analysis address priority business function indicators that have been identified by the organization?     ❑ Yes     ❑ No

Explain how the analysis incorporates the:

■ Characteristics of the persons served, if applicable.

_____

_____

■ Impact of extenuating or influencing factors.

_____

_____

Does the analysis include:

| | | |
|---|---|---|
| ■ Comparative analysis? | ❑ Yes | ❑ No |
| ■ Identification of trends? | ❑ Yes | ❑ No |
| ■ Identification of causes? | ❑ Yes | ❑ No |

Give some examples of how the analysis is used to:

■ Identify areas needing performance improvement.

_____

_____

_____

■ Develop an action plan(s) to address the improvements needed.

_____

_____

_____

■ Implement the action plan(s).

_____

_____

_____

■ Determine whether the actions taken accomplished the intended results.

_____

_____

_____

3. Give some examples of how the results of performance analysis are used to:
   ■ Improve the quality of programs and services.

   _____

   _____

   _____

   ■ Facilitate organizational decision making regarding:
   – Service delivery.

   _____

   _____

   _____

   – Business functions.

   _____

   _____

   _____

   ■ Guide changes to the performance measurement and management plan.

   _____

   _____

   _____

4. Describe how the organization communicates accurate performance information, in accordance with the performance measurement and management plan, to the following groups:
   ■ Persons served.

   _____

   _____

   ■ Personnel.

   _____

   _____

■ Other stakeholders.

_____

_____


How do you ensure that the information provided will meet the needs of each specific group, including:

■ Content?

_____

_____


■ Format?

_____

_____


■ Timing?

_____

_____


How will you demonstrate or verify this for the survey team?

_____

_____

_____


## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Documented analysis of service delivery performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan

■ Documented analysis of priority business function performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan

■ Action plans to address improvements needed

■ Management reports or meeting minutes

■ Follow-up information

■ Dashboards, scorecards, or other performance information provided to stakeholders

# SECTION 2

# Care Process for the Persons Served

## A. Program/Service Structure

1.  Is there a documented scope of services that includes the following parameters for each program/service:

    - Population(s) served?                          ❑ Yes          ❑ No

    - Settings?                                      ❑ Yes          ❑ No

    - Hours of services?                             ❑ Yes          ❑ No

    - Days of services?                              ❑ Yes          ❑ No

    - Frequency of services?                         ❑ Yes          ❑ No

    - Payers and funding sources?                    ❑ Yes          ❑ No

    - Fees?                                          ❑ Yes          ❑ No

    - Referral sources?                              ❑ Yes          ❑ No

    - The specific services offered, including
      whether the services are provided directly,
      by contract, or by referral?                   ❑ Yes          ❑ No

    Does the program share relevant information about the scope of services with:

    - The persons served?                            ❑ Yes          ❑ No

    - Families/support systems, in accordance
      with the choices of the persons served?        ❑ Yes          ❑ No

    - Referral sources?                              ❑ Yes          ❑ No

    - Payers and funding sources?                    ❑ Yes          ❑ No

    - Other relevant stakeholders?                   ❑ Yes          ❑ No

    - The general public?                            ❑ Yes          ❑ No

    Describe how information about the scope of services is shared with each of these groups.

    _____

    _____

    _____

    _____

How can the survey team verify that the scope of services is reviewed at least annually?

_____

_____

_____

How does the program ensure that the scope of services is updated as necessary?

_____

_____

_____

How do you determine that the program/services provided are consistent with the defined scope?

_____

_____

_____

2. Describe the resources provided in the following areas to support the scope of the program/service:
   - Materials.

   _____

   _____

   _____

   - Equipment.

   _____

   _____

   _____

   - Supplies.

   _____

   _____

   _____

■ Space.

_____

_____

_____

■ Finances.

_____

_____

_____

■ Training.

_____

_____

_____

■ Human resources.

_____

_____

_____

■ Other (specify).

_____

_____

_____

3. Based on the scope of each program/service provided, does the organization have documented:

| | | |
|---|---|---|
| ■ Entry criteria? | ❏ Yes | ❏ No |
| ■ Transition criteria? | ❏ Yes | ❏ No |
| ■ Exit criteria? | ❏ Yes | ❏ No |

Where are these documented?

_____

_____

What are your program's/service's:

- Entry criteria?

  _____

  _____

- Transition criteria?

  _____

  _____

- Exit criteria?

  _____

  _____

Are the criteria closely related to the scope?  ❑ Yes          ❑ No

If *No*, what is missing?

_____

_____

4. When a person is not eligible for your services, do you:
   - Inform the person as to the reasons?     ❑ Yes          ❑ No

   - In accordance with the choice of the person:
     – Inform the family/support system
       as to the reasons?                     ❑ Yes          ❑ No

     – Inform the referral source
       as to the reasons?                     ❑ Yes          ❑ No

   - Make recommendations for
     alternative services?                    ❑ Yes          ❑ No

What is your process to inform the person?

_____

_____

_____

What is your process to inform the family/support system?

_____

_____

_____

What is your process to inform referral sources?

_____

_____

_____

How do you ensure that providing information to the family/support system and/or referral source is done in accordance with the choice of the person?

_____

_____

_____

List some examples of alternative services that you have suggested.

_____

_____

_____

_____

5. Explain how you ensure that your service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.

_____

_____

_____

_____

_____

6. Describe the communication mechanisms regarding the person served that you have implemented to facilitate integrated service delivery that:

■ Address:

– Emergent issues.

_____

_____

_____

– Ongoing issues.

_____

_____

_____

– Continuity of services, including:
  - Contingency planning.

_____

_____

_____

  - Future planning.

_____

_____

_____

– Decisions concerning the person served.

_____

_____

_____

■ Ensure the exchange of information regarding the person-centered plan.

_____

_____

_____

**7.** How would surveyors see demonstration of knowledge of the legal decision-making authority of persons served?

_____

_____

_____

How do you provide information to the persons served regarding resources related to legal decision-making authority?

_____

_____

_____

**8.** If you provide services from a mobile unit that functions as a site for the program/ service seeking accreditation, do you have written procedures that address:

| | | | |
|---|---|---|---|
| ■ Responsibilities of drivers? | ❑ Yes | ❑ No |
| ■ Responsibilities of service providers? | ❑ Yes | ❑ No |
| ■ Confidentiality of the records of persons served? | ❑ Yes | ❑ No |
| ■ Confidentiality of communication? | ❑ Yes | ❑ No |
| ■ Privacy related to service delivery? | ❑ Yes | ❑ No |
| ■ Accessibility? | ❑ Yes | ❑ No |
| ■ Availability of information on resources to meet needs unable to be met at the mobile setting? | ❑ Yes | ❑ No |
| ■ Security of medications? | ❑ Yes | ❑ No |
| ■ Security of equipment and supplies? | ❑ Yes | ❑ No |
| ■ Security of the mobile unit when it is not in use? | ❑ Yes | ❑ No |
| ■ Safety of records of the persons served? | ❑ Yes | ❑ No |
| ■ Safety of personnel? | ❑ Yes | ❑ No |
| ■ Maintenance of equipment? | ❑ Yes | ❑ No |
| ■ Maintenance of vehicles? | ❑ Yes | ❑ No |

Where can the surveyors locate your written procedures?

_____

_____

_____

_____

Do you have written procedures that cover other aspects of your mobile services that are not listed in the standard? If so, please describe.

_____

_____

_____

_____

_____

9. Explain how you address unanticipated service modification, reduction, or exits/transitions precipitated by:

   ■ Funding issues.

   _____

   _____

   _____

   _____

   ■ Other resource issues.

   _____

   _____

   _____

   _____

Give an example of when services modification, reduction, or exit/transition has occurred due to funding issues and the outcome of the situation.

_____

_____

_____

Give an example of when services modification, reduction, or exit/transition has occurred due to other resource issues and the outcome of the situation.

_____

_____

_____

**10.** Where would the surveyors find the signed, written agreement?

_____

_____

How does the program verify that persons served are clear on written agreements if they have been in the program for a lengthy time before any transition would occur?

_____

_____

Does the organization's written agreement include information regarding:

- Entry criteria? ❑ Yes ❑ No
- Entry procedures? ❑ Yes ❑ No
- Transition criteria? ❑ Yes ❑ No
- Transition procedures? ❑ Yes ❑ No
- Exit criteria? ❑ Yes ❑ No
- Exit procedures? ❑ Yes ❑ No
- Scope of services? ❑ Yes ❑ No
- Fee schedule? ❑ Yes ❑ No
- Responsibility for payment of fees? ❑ Yes ❑ No
- Refund policies? ❑ Yes ❑ No
- Resources to address program or payer limitations? ❑ Yes ❑ No

Explain how the information would be shared if the person served cannot read.

_____

_____

_____

**11.** Where do personnel and others who may be involved with an individual go to find out the processes to provide information?

_____

_____

Describe a typical interaction with an individual who is seeking information about the program.

_____

_____

_____

Identify documents that are generally provided to individuals about the program.

_____

_____

Do you provide:

■ Fee schedule? ❑ Yes ❑ No

■ Accepted payer sources? ❑ Yes ❑ No

■ Levels of assistance provided? ❑ Yes ❑ No

Describe the different ways that the program orients and educates those who might be interested in seeking services from the program.

_____

_____

_____

**12.** Are written screenings/assessments conducted:

■ Prior to the initiation of services? ❑ Yes ❑ No

■ At a frequency consistent with the needs of persons served? ❑ Yes ❑ No

■ In response to changes in care needs? ❑ Yes ❑ No

■ In response to changes and preferences of the person served? ❑ Yes ❑ No

**13.** Describe how initial and ongoing written screenings/assessments work in your program.

_____

_____

_____

How does the assessment address each of the following areas:

■ Behavior.

_____

_____

■ Cognition.

_____

_____

■ Communication.

_____

_____

■ Dental.

_____

_____

■ Function.

_____

_____

■ Health.

_____

_____

■ Legal involvement.

_____

_____

■ Medications.

_____

_____

■ Nutritional.

_____

_____

■ Pain management.

_____

_____

■ Physical.

_____

_____

■ Psychological.

_____

_____

■ Recreation and leisure.

_____

_____

■ Relationships.

_____

_____

■ Social.

_____

_____

■ Spiritual.

_____

_____

■ Trauma.

_____

_____

■ Others, as appropriate to the needs of the person served.

_____

_____

How do you identify the following in written screenings/assessments?
■ Prior daily routines.

_____

_____

■ Preferences of the person served.

_____

_____

■ Choices of the person served.

_____

_____

■ Personal goals of the person served.

_____

_____

What methods are used to ensure that the information from assessments is incorporated into the person-centered plan for the person served?

_____

_____

_____

_____

**14.** Discuss the person-centered planning process in your program.

_____

_____

_____

Are person-centered plans for each person served based on:

- Initial and ongoing screenings/
  assessments?                        ❑ Yes          ❑ No

- Observations of the person served?  ❑ Yes          ❑ No

- Choices of the person served?       ❑ Yes          ❑ No

- Preferences of the person served?   ❑ Yes          ❑ No

Give some examples that demonstrated how this is accomplished.

_____

_____

_____

_____

For CCRCs, discuss the person-centered planning process in your various levels of care:

- Independent/residential living.

_____

_____

- Assisted living.

_____

_____

■ Nursing care.

_____

_____

■ Others, as appropriate.

_____

_____

When a person served expresses specific preferences, what do you do to ensure that they are addressed in the person-centered plan?

_____

_____

_____

How does the person-centered plan address:
■ Identified service needs?

_____

_____

■ Necessary interventions, approaches, supports?

_____

_____

■ Types of services to be provided?

_____

_____

■ Intensity of services to be provided?

_____

_____

■ Frequency of services to be provided?

_____

_____

■ Goals of the person served?

_____

_____

■ Persons responsible for facilitating each goal?

_____

_____

■ Integration of available resources?

_____

_____

■ The choices and behaviors of the person served that pose a risk to health or safety?

_____

_____

■ Transition/exit plans, as appropriate?

_____

_____

■ Identification of the preference of the person served for involvement of members of their family/support system?

_____

_____

■ Changing lifespan issues of the person served?

_____

_____

How is the person-centered plan monitored toward accomplishment of goals identified?

_____

_____

_____

How is the person-centered plan shared in an understandable manner with:

- Persons served?

_____

_____

- Other persons identified by the person served?

_____

_____

- Appropriate personnel?

_____

_____

15. When offering assistance with activities of daily living to persons served, how does the program:

- Promote maximum levels of independence?

_____

_____

- Support safety?

_____

_____

- Support dignity and self-worth?

_____

_____

16. Describe how the service delivery team is determined by:

- The screening/assessment process.

_____

_____

- The person-centered planning process.

_____

_____

■ Goals of the person served.

_____

_____

■ Strategies utilized to achieve the goals.

_____

_____

Does the interdisciplinary team include:

■ The person served?     ❑ Yes     ❑ No

■ Members of the family/support system
of the person served?     ❑ Yes     ❑ No

■ Personnel with appropriate competencies
to evaluate the person served and
facilitate achievement of their goals?     ❑ Yes     ❑ No

■ Other stakeholders, as appropriate?     ❑ Yes     ❑ No

**17.** Describe the process your program uses to identify the personnel who will collaborate with each person served regarding achievement of goals.

_____

_____

_____

How do persons served and their families/support systems know who the personnel are?

_____

_____

_____

Do the personnel have the authority to coordinate the provision of services?

_____

_____

How are personnel knowledgeable about preferences, choices, and goals
of persons served?

_____

_____

_____

What are the ways that the personnel interact with:

■ Persons served?

_____

_____

■ Family/support systems?

_____

_____

How do personnel provide appropriate orientation to:

■ Persons served?

_____

_____

■ Family/support systems?

_____

_____

How do personnel communicate with both external and internal sources?

_____

_____

How do personnel integrate available financial information into decision making
about provision of services?

_____

_____

Describe the ways in which personnel facilitate involvement of the person served throughout the service delivery process.

_____

_____

_____

_____

Describe how personnel ensure that transition/agreement termination arrangements are completed.

_____

_____

How are they communicated?

_____

_____

How do you facilitate recommendations when appropriate?

_____

_____

**18.** Do the responsibilities of the interdisciplinary team include the following:

- Reviewing relevant reports to facilitate initial and ongoing screenings/assessments? ❑ Yes ❑ No

- Conducting initial and ongoing screenings/assessments? ❑ Yes ❑ No

- Assisting persons served to set personal goals? ❑ Yes ❑ No

- Identifying resources? ❑ Yes ❑ No

- Integrating information on resources into program planning? ❑ Yes ❑ No

- Establishing the person-centered plan? ❑ Yes ❑ No

- Integrating information on resources into program implementation? ❑ Yes ❑ No

- Implementing the person-centered plan? ❑ Yes ❑ No

- Providing education and training? ❑ Yes ❑ No

- Modifying the person-centered plan? ❑ Yes ❑ No

- Ensuring that team members change based on the needs of the person served? ❑ Yes ❑ No

- Partnering with the person served to achieve that person's goals? ❑ Yes ❑ No

- Establishing the transition plan? ❑ Yes ❑ No

- Establishing the agreement termination plan? ❑ Yes ❑ No

- Transitioning the persons served to other levels of care and/or other services/programs, as needed? ❑ Yes ❑ No

- Referring the persons served to other services/programs, as needed? ❑ Yes ❑ No

- Communicating with relevant stakeholders? ❑ Yes ❑ No

- Participating in performance improvement? ❑ Yes ❑ No

**19.** Describe the process for the interdisciplinary team on all shifts and including the person served to facilitate an integrated approach to service delivery.

_____

_____

_____

Give examples of how the team members collaborate.

_____

_____

_____

_____

How and when does communication regarding the status of the person served take place?

_____

_____

**20.** What is your system for notifying various parties about transition or exit?

_____

_____

_____

How do you ensure that you are providing sufficient notice to all parties?

_____

_____

_____

**21.** Describe the communication to relevant stakeholders that occurs to facilitate continuity of services at the time of transition or exit.

_____

_____

_____

Does this communication include:

| | | |
|---|---|---|
| ■ Advance directives? | ❑ Yes | ❑ No |
| ■ Assistance needed with activities of daily living? | ❑ Yes | ❑ No |
| ■ Behavioral interventions? | ❑ Yes | ❑ No |
| ■ Family system support? | ❑ Yes | ❑ No |
| ■ Healthcare information? | ❑ Yes | ❑ No |
| ■ Medications? | ❑ Yes | ❑ No |
| ■ Personal preferences? | ❑ Yes | ❑ No |

To which stakeholders is information communicated and how is this accomplished?

_____

_____

_____

_____

22. Describe the process your program uses regarding discussions with family/support systems, including:

   ■ Arranging the discussions.

   _____

   _____

   ■ Documentation process.

   _____

   _____

   ■ Identifying the team members to participate.

   _____

   _____

   ■ Frequency.

   _____

   _____

   Are the discussions scheduled at a time
   that is convenient for persons served
   and their families/support systems?      ❑ Yes            ❑ No

23. Identify some examples that demonstrate how, in accordance with the choice of the person served, the program partners with the family/support system throughout the service delivery process in each of the following areas:

   ■ Ongoing consideration of the family's/support system's:
      – Ability and willingness to support and participate in the person-centered plan.

   _____

   _____

   _____

      – Composition.

   _____

   _____

   _____

– Interpersonal dynamics.

_____

_____

_____

– Different methods of:
  - Engagement.

  _____

  _____

  - Communication.

  _____

  _____

  - Coping.

  _____

  _____

  - Problem solving.

  _____

  _____

– Strengths and limitations.

_____

_____

_____

– Knowledge base.

_____

_____

_____

– Expectations of the program.

_____

_____

_____

– Educational needs.

_____

_____

_____

– Responsibilities, including decision making regarding:
- Healthcare of the person served.

_____

_____

- Finances of the person served.

_____

_____

- Lifestyle of the person served.

_____

_____

- Other, as appropriate.

_____

_____

– Geographic proximity to the person served.

_____

_____

_____

– Preferred method of communication.

_____

_____

_____

– Preferred timing of communication.

_____

_____

_____

■ Financial, social, or cultural factors that might influence the person-centered plan.

_____

_____

_____

■ Well-being of the family/support system.

_____

_____

_____

24. Describe how your safety and security measures are consistent with:
■ Behavioral needs of the persons served.

_____

_____

■ Cognitive needs of the persons served.

_____

_____

■ Physical needs of the persons served.

_____

_____

Describe how your safety and security measures are addressed in personnel training at least annually.

_____

_____

_____

Do the safety and security measures address:

| | | |
|---|---|---|
| ■ Chemical use, abuse, or dependency? | ❑ Yes | ❑ No |
| ■ Elopement risks? | ❑ Yes | ❑ No |
| ■ Equipment safety? | ❑ Yes | ❑ No |
| ■ Late pick up or no pick up? | ❑ Yes | ❑ No |
| ■ Mental health issues? | ❑ Yes | ❑ No |
| ■ Physical hazards? | ❑ Yes | ❑ No |
| ■ Physically aggressive behaviors? | ❑ Yes | ❑ No |
| ■ Self-injurious behaviors? | ❑ Yes | ❑ No |
| ■ Sexually-inappropriate behaviors? | ❑ Yes | ❑ No |
| ■ Suicidal ideation? | ❑ Yes | ❑ No |
| ■ Suspected neglect? | ❑ Yes | ❑ No |
| ■ Suspected abuse? | ❑ Yes | ❑ No |

Describe how your safety and security measures promote socialization and interaction with the environment.

_____

_____

_____

**25.** What kinds of behaviors does your program encounter?

_____

_____

_____

When behaviors occur, how do you observe and record the behavioral event?

_____

_____

_____

Explain how you strive to understand the behavioral event from the perspective of the person served, personnel, as a communication on the part of persons served.

_____

_____

_____

Describe your analysis process when behavioral events occur and how this informs your interventions.

_____

_____

_____

Describe how you determine appropriate approaches and treatment.

_____

_____

_____

Describe how you ensure the safety of persons served, personnel, and others.

_____

_____

_____

Describe how personnel:
■   Implement appropriate interventions.

_____

_____

■ Assess the results.

_____

_____

■ Share information learned with others.

_____

_____

**26.** For each program seeking accreditation, is there a policy in place regarding the use of chemical and physical restraints?

❑ Yes          ❑ No

Do the policies address whether and under what circumstances:

■ Chemical restraints will be used?          ❑ Yes          ❑ No

■ Physical restraints will be used?          ❑ Yes          ❑ No

Where are these policies documented?

_____

_____

How do you ensure that these policies are consistently implemented?

_____

_____

_____

**27.** Do you have written procedures regarding the use of chemical or physical restraints?

❑ Yes          ❑ No

Do these written procedures address:

■ Prevention of unsafe behaviors?          ❑ Yes          ❑ No

■ Alternative interventions used in an effort to avoid the use of chemical or physical restraints?          ❑ Yes          ❑ No

■ The use of chemical or physical restraints only after nonpharmacological approaches have been exhausted?          ❑ Yes          ❑ No

■ The use of chemical or physical restraints only temporarily in an emergency

to protect the person served or others
from injury or serious harm? ❑ Yes ❑ No

■ Who is responsible for authorizing the
use of chemical or physical restraints? ❑ Yes ❑ No

■ Time-limited use? ❑ Yes ❑ No

■ Disclosure when used? ❑ Yes ❑ No

■ Strategies for discontinuation? ❑ Yes ❑ No

■ Reviews for discontinuation? ❑ Yes ❑ No

■ Documentation in the records of the
persons served? ❑ Yes ❑ No

How will you demonstrate or verify for the survey team that these procedures are
consistently implemented?

_____

_____

_____

**28.** Describe your procedures regarding medications.

_____

_____

_____

How do you make sure your procedures continue to comply with all applicable
laws and regulations?

_____

_____

_____

Do your written procedures include all
elements identified in the standard? ❑ Yes ❑ No

Where can surveyors find the written procedures?

_____

_____

**29.** Describe the training on medications provided to personnel in your program.

_____

_____

_____

_____

| | | |
|---|---|---|
| Does the training include all areas identified in the standard? | ❑ Yes | ❑ No |

Do you provide this education/training:

- Upon hire?      ❑ Yes      ❑ No

- Annually?      ❑ Yes      ❑ No

**30.** What is your policy on advance directives?

_____

_____

_____

_____

How does it address any legal requirements surrounding advance directives and resuscitation orders?

_____

_____

_____

_____

How do persons served find out about your policy on resuscitation, including their right to refuse resuscitation?

_____

_____

_____

_____

How do you share information on the procedures for advance directives
with persons served and caregivers?

_____

_____

_____

_____

How do you ensure that persons served understand the procedures concerning
advance directives?

_____

_____

_____

_____

**31.** How do you identify what assistive technology, electronic aids, and other equipment
are used by the persons served?

_____

_____

_____

If the person served uses assistive technology, electronic aids to daily living,
environmental controls, equipment, environmental modifications, and/or
personal emergency response systems, how do you, on an ongoing basis:

■   Determine that the technology and/or equipment:

   –   Functions properly?

_____

_____

_____

   –   Achieves the intended purpose?

_____

_____

_____

■ Notify the appropriate designee, as needed?

_____

_____

_____

Give some examples of staff identifying a problem with equipment and
how it was resolved.

_____

_____

_____

_____

_____

_____

Give some examples of how you have incorporated the technology and/or equipment
into service delivery, in accordance with the person-centered plan for persons served.

_____

_____

_____

_____

_____

**32.** How do you ensure that there is equipment available to meet the individual needs
of the persons served?

_____

_____

_____

Describe how service delivery is facilitated at the physical plant.

_____

_____

_____

Describe how safe environmental conditions are maintained at the physical plant.

_____

_____

_____

**33.** Where is the program's written philosophy of health and well-being for the persons served documented?

_____

_____

How is the philosophy implemented to address:

■ Function?

_____

_____

■ Quality of life?

_____

_____

■ Aging in place?

_____

_____

How does the philosophy promote healthy aging and well-being?

_____

_____

_____

How is the philosophy shared with persons served, families/support systems, and personnel?

_____

_____

_____

_____

**34.** Describe how well-being is promoted through activities that are based on input from the persons served.

_____

_____

_____

How is input from families/support systems sought and considered in the activities offered?

_____

_____

_____

What are some examples of:

■   Structured activities available?

_____

_____

■   Unstructured activities available?

_____

_____

How do the activities promote healthy behavior?

_____

_____

How do you ensure that the activities:

■   Meet the interests of the persons served?

_____

_____

■   Align with their cognitive abilities?

_____

_____

- ■ Align with their communication abilities?

_____

_____

- ■ Reflect their choices?

_____

_____

- ■ Promote their personal growth and enhance self-image?

_____

_____

- ■ Improve or maintain their functional levels?

_____

_____

- ■ Allow for social interaction?

_____

_____

- ■ Allow for autonomy?

_____

_____

- ■ Include opportunities for community integration?

_____

_____

Where would the surveyors find information about activities for the person served in the person-centered plan for each person?

_____

_____

**35.** What are the ways that information about scheduled activities is made available to:
   ■ Persons served?

   _____

   _____

   ■ Families/support systems?

   _____

   _____

   If these individuals are not able to read, what are other ways that this information is made available to them?

   _____

   _____

   _____

**36.** Describe how the program assesses the learning needs and preferences of the persons served.

   _____

   _____

   _____

   How does this information guide access to:
   ■ Information of interest?

   _____

   _____

   ■ Health information?

   _____

   _____

   ■ Other media?

   _____

   _____

Describe how the program arranges for formal and informal educational opportunities.

_____

_____

_____

**37.** Is Wi-Fi available to persons served at the program?

❏ Yes          ❏ No

Is other technology available that promotes
engagement or enhance quality of life?          ❏ Yes          ❏ No

If *Yes*, what resources are available for the use of technology?

_____

_____

**38.** If your program provides dining services, how do you seek input from persons served and use this information to improve dining services?

_____

_____

_____

_____

How do you promote access to nutritious meals in accordance with the written agreements of persons served?

_____

_____

Describe how your program promotes access to snacks.

_____

_____

Describe how your program allows persons served to select what they want to eat and to dine with members of their family/support system and/or friends of their choosing.

_____

_____

_____

Describe how your program has the capacity to prepare, deliver, and arrange for meals and snacks in a sanitary and safe manner that addresses dietary needs.

_____

_____

_____

_____

_____

Describe how your program considers dietary requests.

_____

_____

_____

Is nutritional information about items on the menu served by the program provided when requested? ❑ Yes ❑ No

**39.** Does the program serve any persons who require respiratory management, including ventilatory assistance?

❑ Yes ❑ No

If _Yes_, what additional competencies are established for the personnel caring for these persons?

_____

_____

How are these competencies demonstrated?

_____

_____

Do equipment and supplies available include:

- Cough assistance devices?  ❑ Yes  ❑ No
- Suctioning equipment?  ❑ Yes  ❑ No
- CPAP/BIPAP?  ❑ Yes  ❑ No
- Oxygen?  ❑ Yes  ❑ No

If you need additional or different equipment and supplies, how are these obtained?

_____

_____

How are personnel trained to use the equipment and supplies available?

_____

_____

Who is responsible for proper maintenance of equipment and supplies?

_____

_____

Is there a pulmonologist available?  ❑ Yes  ❑ No

Are respiratory therapy services available
24 hours a day, 7 days a week?  ❑ Yes  ❑ No

Describe the training about respiratory management that is provided to the person served and the family/support system.

_____

_____

_____

Explain how the needs of persons who require respiratory management are considered in your organization's emergency plans.

_____

_____

If the program serves any persons who are ventilator dependent:

- Are portable ventilators available?  ❑ Yes  ❑ No

■ Explain how there is ongoing assessment of the need for ventilatory support.

_____

_____

■ How is ventilator weaning addressed?

_____

_____

**40.** In end-of-life situations, how are opportunities to express grief and remembrance offered?

_____

_____

_____

**41.** Identify records that have the items listed below. Make sure that if the item applies to your program and you have done what is listed, you have examples for the survey team. Be prepared for surveyors to randomly select open records for review during the on-site survey. Closed records may be pulled in advance by the organization and should represent all programs and sites seeking accreditation. The sample size of records for review will be based on the scope and size of the organization and programs. Additional records may be selected as needed based on review findings. Ensure that the sample selection includes records of persons served that the survey team plans to interview.

Do the identified records include:

■ Identification data? ❑ Yes ❑ No

■ Advance directives? ❑ Yes ❑ No

■ Emergency contact information? ❑ Yes ❑ No

■ Substitute decision maker who has been appointed for the person served, including:

– Name? ❑ Yes ❑ No

– Contact information? ❑ Yes ❑ No

– Verification of the appointment? ❑ Yes ❑ No

■ Medication Information? ❑ Yes ❑ No

■ Healthcare providers involved in the care of the person served, including:

– Name? ❑ Yes ❑ No

– Contact Information? ❑ Yes ❑ No

■ Medical Information? ❑ Yes ❑ No

| | | |
|---|---|---|
| ■ Reports of initial assessments? | ❑ Yes | ❑ No |
| ■ Reports of ongoing assessments? | ❑ Yes | ❑ No |
| ■ Reports from referral sources? | ❑ Yes | ❑ No |
| ■ Reports of service referrals by the program? | ❑ Yes | ❑ No |
| ■ Reports from outside consultants? | ❑ Yes | ❑ No |
| ■ The service plan of the person served? | ❑ Yes | ❑ No |
| ■ Clinical entries related to the services received, as appropriate? | ❑ Yes | ❑ No |
| ■ Release forms? | ❑ Yes | ❑ No |
| ■ Discharge/transition summaries, as appropriate? | ❑ Yes | ❑ No |

**42.** Describe how you work with local community resources on emergency preparedness.

_____

_____

_____

Describe how the unique needs of the persons served are addressed in your work with community resources for emergency preparedness at your location, including issues regarding power restoration, considerations in the case of evacuation of your property or locality, transportation issues that might arise if an evacuation occurs, shelter availability, recovery procedures to get the organization running safely and ensure the safety of individuals, and considerations for public health concerns.

_____

_____

_____

Describe how you work with leaders in your local community on emergency preparedness of public health concerns.

_____

_____

_____

**43.** Name the individual(s) who have the responsibility and authority to manage key components of the program.

_____

_____

What skills and competencies have been identified as required to perform as a program manager?

_____

_____

_____

**44.** What is your program's approach to ensuring that personnel are consistently assigned to the persons served to meet their needs?

_____

_____

_____

List some examples of how this is accomplished.

_____

_____

_____

**45.** Describe the education that is provided to personnel and volunteers on the following:

■ Indications that the status of the person served has changed.

_____

_____

_____

■ How to respond to information about persons served that may be reported by other sources.

_____

_____

_____

■ How to protect the privacy of the persons served.

_____

_____

_____

■ How to protect the dignity of the persons served.

_____

_____

_____

■ How to, on an going basis:
  – Observe for changes in persons served.

_____

_____

_____

  – Communicate observed or reported changes.

_____

_____

_____

**46.** How will you demonstrate or verify for the survey team that leadership fosters a continuous learning environment for personnel that:
■ Recognizes and respects individual:
  – Learning styles?

_____

_____

  – Needs?

_____

_____

&ndash; Strengths?

_____

_____

■ Provides and evaluates:
&ndash; Teaching?

_____

_____

&ndash; Coaching?

_____

_____

&ndash; Modeling?

_____

_____

&ndash; Supervision?

_____

_____

&ndash; Feedback?

_____

_____

■ Measures the effectiveness of the techniques used in the learning environment against a performance target?

_____

_____

_____

**47.** Describe how your program conducts outreach to expand your future workforce.

_____

_____

_____

What opportunities for career development are provided to personnel?

_____

_____

_____

What mechanisms can personnel use for communication and problem-solving with colleagues?

_____

_____

_____

List the mechanisms used.

_____

_____

_____

What resources are provided to support the well-being of the workforce?

_____

_____

_____

**48.** What are the ways that the program provides education regarding end-of-life choices?

_____

_____

_____

Describe some situations in which the program has honored a person's choices concerning end-of-life.

_____

_____

_____

What are some examples of the program having initiated related services in end-of-life situations?

_____

_____

_____

Explain how the program offers expression of final wishes to persons served and families/support systems.

_____

_____

_____

What opportunities exist in the program for expression of grief and loss at end of life?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Written program entry criteria
- Program enrollment criteria
- Admission packet
- Program description
- Outcomes system description
- Policy and procedures for move-in, admission, program entry
- Website information
- Video about the program

- Residency and care packet including details regarding housing, services, fees, and other information
- Transfer guidelines
- Agreement termination criteria
- Contract termination criteria
- Discharge criteria
- Move-out criteria
- Notes regarding progress of persons served
- Written procedures regarding use of mobile technology for service delivery
- Maintenance logs from mobile units
- Admission agreements
- Contracts
- Refund policies
- Written agreement for services
- Screening/assessment tools
- Person-centered plans, care plans or service plans
- Procedures for compliance with medication-related laws and regulations
- Advance directives
- Written philosophy of health and well-being
- Records of person served
- Policy on use of chemical and physical restraints
- Written procedures addressing organization's approach to the use of chemical and physical restraints
- Documentation of competency-based staff training
- Documentation of competency-based volunteer training
- Activities schedule

# B.  Residential Communities

**1.** Describe how your program plans for the evolving needs of your population. Consider the following aspects of service delivery:

■ Dining.

_____

_____

■ Healthcare.

_____

_____

■ Housekeeping.

_____

_____

■ Maintenance.

_____

_____

■ Security.

_____

_____

■ Social interaction.

_____

_____

■ Transportation.

_____

_____

■ Other services.

_____

_____

As you consider changing resources to address needs, are there services that you are informally beginning to offer more frequently to persons served?

_____

_____

_____

| | | |
|---|---|---|
| Do you have the resources necessary to address those needs? | ❑ Yes | ❑ No |
| Are there changes in resources to address those needs? | ❑ Yes | ❑ No |
| Do any of these informal service offerings need to be more formalized because they are sought after by persons served or because they are resource intensive to the program? | ❑ Yes | ❑ No |

Discuss how these issues factor into your service delivery planning.

_____

_____

_____

2. Describe the procedures your personnel follow regarding providing, arranging, or assisting with arrangements for services.

_____

_____

_____

Do these policies address:

| | | |
|---|---|---|
| ■ Health-related services? | ❑ Yes | ❑ No |
| ■ Rehabilitation services? | ❑ Yes | ❑ No |
| ■ Social services? | ❑ Yes | ❑ No |
| ■ Housekeeping services? | ❑ Yes | ❑ No |
| ■ Laundry services? | ❑ Yes | ❑ No |
| ■ Security services? | ❑ Yes | ❑ No |
| ■ Transportation services? | ❑ Yes | ❑ No |

Where can surveyors find the policies to guide this work?

_____

_____


**3.** What are some services available to your persons served either through the organization's own services or through other arrangements?

_____

_____

_____

_____


Do available services include:

- Health-related services?                    ❑ Yes          ❑ No

- Rehabilitation services?                     ❑ Yes          ❑ No

- Social services?                             ❑ Yes          ❑ No

- Housekeeping services?                       ❑ Yes          ❑ No

- Laundry services?                            ❑ Yes          ❑ No

- Security services?                           ❑ Yes          ❑ No

- Transportation services?                     ❑ Yes          ❑ No

Explain how you determine whether a person served has a need for any health-related or rehabilitation services.

_____

_____

_____


If there is a need for health-related or rehabilitation services, how does the person served access those services?

_____

_____

_____

If a person served needs social services, how would these be provided or arranged for?

_____

_____

_____

What is the process for providing or arranging for:

- Housekeeping services?

_____

_____

- Laundry services?

_____

_____

- Security services?

_____

_____

- Transportation services?

_____

_____

4. Explain how the program provides or arranges for physician input regarding:
   - Adequacy of individual health services where in-depth medical expertise may be useful.

   _____

   _____

   _____

   - Transition decisions to different levels of care.

   _____

   _____

   _____

5.  For programs that provide medication management/assistance, explain your relationship with a pharmacist to advise on:

■ Policies and procedures that address medication management/assistance.

_____

_____

■ Actions to take in case of an emergency.

_____

_____

■ Administration/assistance.

_____

_____

■ Dispensing.

_____

_____

■ Disposal.

_____

_____

■ Documentation.

_____

_____

■ Errors.

_____

_____

■ Implications for management of multiple medications.

_____

_____

■ Implications of abrupt discontinuation.

_____

_____

■ Indications and contraindications.

_____

_____

■ Obtaining medication.

_____

_____

■ Procedures for handling controlled substances.

_____

_____

■ Side effects.

_____

_____

■ Storage.

_____

_____

How does the pharmacist conduct medication regimen reviews for the persons served?

_____

_____

_____

6. Are there services for which persons served might contract with an organization on their own to receive services?

❑ Yes          ❑ No

What information do you provide to persons served to help them with this process and to reduce risk?

_____

_____

_____

Who can surveyors speak with in your organization regarding the type of information you discuss or share with persons served?

_____

_____

7. Where can surveyors find your policies regarding requirements for services that a person served might arrange on their own such as private duty care, home care, transportation, or other services?

_____

_____

| | | |
|---|---|---|
| Does your organization require persons served to do any sort of background checks of service providers? | ❑ Yes | ❑ No |
| Do persons served need to inform your organization about services that they arrange on their own? | ❑ Yes | ❑ No |
| Are pets allowed in your program? | ❑ Yes | ❑ No |

If *Yes*:

| | | |
|---|---|---|
| ■ Do you require a fee for persons served to have a pet? | ❑ Yes | ❑ No |
| ■ Do your policies address what should occur when a person served can no longer care for the pet? | ❑ Yes | ❑ No |
| Do your policies address what constitutes a service animal? | ❑ Yes | ❑ No |
| Do you have any policies regarding how service animals may be involved in your organization? | ❑ Yes | ❑ No |
| Do your policies address any responsibilities that persons served have regarding cleanliness or maintenance of their individual residences? | ❑ Yes | ❑ No |

Do your policies discuss the way in which your organization will maintain individual residences? ❑ Yes ❑ No

Do your policies address whether smoking is permitted for persons served, personnel, and others? ❑ Yes ❑ No

If smoking is permitted, are there designated areas for smoking? ❑ Yes ❑ No

What are your policies regarding guests or visitors to the organization?

_____

_____

_____

8. Do you:

- Provide transportation? ❑ Yes ❑ No

- Arrange for transportation? ❑ Yes ❑ No

- Refer persons served to resources for transportation? ❑ Yes ❑ No

- Contract for transportation? ❑ Yes ❑ No

If you answered *No* to all of the above, please explain how persons served access transportation.

_____

_____

What is done to ensure that all persons served, including those with disabilities, are able to participate in appointments, community events, and outings sponsored by the program, recreation and leisure opportunities, religious services, and shopping?

_____

_____

_____

9. Where can surveyors find your policies and written procedures regarding allowing the opportunity for persons served to receive visitors 24 hours a day if desired?

_____

_____

_____

**10.** What examples does the program have in which persons served have exercised their choice in:

■ Having a private or semiprivate living unit?

_____

_____

_____

■ Having a roommate?

_____

_____

_____

**11.** What examples can persons served give to demonstrate:

■ They have choice in bringing personal possessions?

_____

_____

■ Their voice regarding unit décor?

_____

_____

■ Accessibility of the unit?

_____

_____

■ How the unit supports any healthcare needs?

_____

_____

■ Personal security is maintained?

_____

_____

- Privacy and safety are maintained?

  _____

  _____

- Possessions are secure?

  _____

  _____

12. Identify how individual units have an emergency call or monitoring system.

  _____

  _____

  What is the system to summon emergency backup when it is needed?

  _____

  _____

13. Describe the variety of safety and security approaches and/or systems that are used to maintain safety of common areas as well as individual living units.

  _____

  _____

  _____

  _____

14. Describe your organization's preventive maintenance approach.

  _____

  _____

  _____

  What systems do you have to maintain cleanliness of the physical plant?

  _____

  _____

  _____

What feedback do you receive to ensure that persons served, personnel, and others are satisfied with the cleanliness of the physical plant?

_____

_____

_____

How do you plan for capital improvements of the property?

_____

_____

_____

**15.** Describe meetings with persons served to discuss issues concerning their living environment.

_____

_____

_____

Who is involved in these meetings?

_____

_____

**16.** Describe your organization's infection prevention and control policy.

_____

_____

_____

Does the infection prevention and control policy include procedures for:

- Vaccinations? ❑ Yes ❑ No

- Screenings? ❑ Yes ❑ No

- Education for:
  - Persons served? ❑ Yes ❑ No

  - Personnel? ❑ Yes ❑ No

  - Other stakeholders? ❑ Yes ❑ No

**17.** Describe how your program plans for sustained emergency conditions (e.g., a pandemic or the aftermath of a disaster such as a fire or hurricane).

_____

_____

_____

_____

Describe who is involved in these planning efforts, including:

■ Internal stakeholders.

_____

_____

■ Community resources.

_____

_____

■ External stakeholders.

_____

_____

How does the program address:

■ Contingency planning for potential workforce shortages?

_____

_____

_____

■ Expedited onboarding of new personnel, including:
    – What topics would be covered as part of an expedited orientation?

_____

_____

    – How and when the remaining topics would be addressed?

_____

_____

Does the program have a policy regarding
essential caregivers?                                     ❑  Yes                ❑  No

If essential caregivers are allowed:

■   Does the program have written
    procedures regarding the scope of their
    involvement with persons served?                      ❑  Yes                ❑  No

■   Describe who may fulfill the role of an essential caregiver.

_____

_____

_____

_____

■   What type(s) of activities/tasks are included in the scope of an essential caregiver?

_____

_____

_____

_____

Explain how the program would procure the supplies necessary to support and sustain
its ongoing operations.

_____

_____

_____

_____

What mechanisms does the program have in place to ensure timely and transparent
communication with:

■   Persons served?

_____

_____

■   Families/support systems?

_____

_____

■ The workforce?

_____

_____

■ Other stakeholders?

_____

_____

Describe how the program would address the unique communication needs of various stakeholders.

_____

_____

_____

_____

Describe your program's process for ethical decision-making.

_____

_____

_____

_____

■ Give an example of when this process has been implemented.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Policies and procedures addressing how the program provides, arranges, or assists with arrangements for various categories of services

■ Policies addressing persons served hiring private duty care, home care, or other assistance

■ Policies on visiting hours and guests

- Policies addressing whether pets are allowed and any details on responsibilities for caring for pets
- Policies addressing essential caregivers and sustained emergencies
- Policies addressing vaccination and screening

# C.  Care Process for Specific Diagnostic Categories

## Applicable Standards

The standards in this section are applicable if the program serves *any* persons with dementia and is not seeking accreditation as a Dementia Care Specialty Program.

1.  To empower the persons served with dementia to make decisions each day that are consistent with their abilities, describe how your program:

    ■  Assesses the ability of the persons served with dementia to make decisions.

    _____

    _____

    _____

    ■  Minimizes barriers to decision making by the persons served with dementia.

    _____

    _____

    _____

    ■  Communicates with the persons served with dementia regarding the immediate consequences associated with choices and behaviors that pose a potential risk to their health or safety.

    _____

    _____

    _____

    ■  Facilitates appropriate support for decision making by the persons served with dementia.

    _____

    _____

    _____

■ Documents significant discussions and decisions made by the persons served with dementia in their records.

_____

_____

_____

2. Does your program's ongoing screening/assessment process include information about the person's:

| | | |
|---|---|---|
| ■ Life history? | ❑ Yes | ❑ No |
| ■ Important memories? | ❑ Yes | ❑ No |
| ■ Favorite stories? | ❑ Yes | ❑ No |
| ■ Daily routines? | ❑ Yes | ❑ No |
| ■ Comfort/reminiscence objects? | ❑ Yes | ❑ No |
| ■ People of importance? | ❑ Yes | ❑ No |

Explain how this is accomplished.

_____

_____

_____

3. How does your program provide or arrange for education for:
   ■ The persons served?

   _____

   _____

   _____

   ■ Families/support systems?

   _____

   _____

   _____

   Does the education provided or arranged for address each of the following, in accordance with identified needs:
   ■ Dementia, including:
   – Signs and symptoms?                          ❑ Yes          ❑ No

- – Progression? ❑ Yes ❑ No
- – Types of dementia? ❑ Yes ❑ No
- – Coexisting conditions? ❑ Yes ❑ No
- – Lived experience of dementia? ❑ Yes ❑ No
- ■ Maintaining relationships? ❑ Yes ❑ No
- ■ Skills training, including:
  - – Activities? ❑ Yes ❑ No
  - – Therapeutic approach to behavior? ❑ Yes ❑ No
  - – Communication skills, including communication with:
    - - Persons served? ❑ Yes ❑ No
    - - Service providers? ❑ Yes ❑ No
  - – Caregiver self-care? ❑ Yes ❑ No
- ■ Coping with changes? ❑ Yes ❑ No
- ■ Driving? ❑ Yes ❑ No
- ■ Falls? ❑ Yes ❑ No
- ■ Incontinence? ❑ Yes ❑ No
- ■ Loss and grief? ❑ Yes ❑ No
- ■ Legal issues? ❑ Yes ❑ No
- ■ Mobility? ❑ Yes ❑ No
- ■ Palliative care? ❑ Yes ❑ No
- ■ Planning for the future? ❑ Yes ❑ No
- ■ Risk of elopement? ❑ Yes ❑ No
- ■ Sexuality? ❑ Yes ❑ No
- ■ Skin integrity? ❑ Yes ❑ No
- ■ Community resources? ❑ Yes ❑ No
- ■ Payer sources? ❑ Yes ❑ No

How do you identify the specific educational needs of each person served?

_____

_____

_____

How do you identify the specific educational needs of the family/support system of each person served?

_____

_____

_____

How do you ensure that the education provided to each person served appropriately addresses his or her needs?

_____

_____

_____

_____

How do you ensure that the education provided to the family/support system of each person served addresses its needs?

_____

_____

_____

**4.** How do you ensure that program personnel implement a positive, therapeutic approach to behavior?

_____

_____

_____

_____

Identify some examples that demonstrate how this is accomplished.

_____

_____

_____

_____

5.  Describe how your program, as appropriate, incorporates into the person-centered plan:

    ■   A palliative approach to care.

    _____

    _____

    _____

    ■   End-of-life care.

    _____

    _____

    _____

6.  Does your program utilize any volunteers who interact with persons served with dementia?

        ❑ Yes      ❑ No

    If *Yes*, do these volunteers receive documented, competency-based training that addresses:

    ■   Communication?    ❑ Yes    ❑ No

    ■   Dementia?    ❑ Yes    ❑ No

    ■   Post-incident debriefing opportunities?    ❑ Yes    ❑ No

    ■   Therapeutic approach to behavior?    ❑ Yes    ❑ No

    Explain how this is accomplished and where the training is documented.

    _____

    _____

    _____

7.  Does your organization provide documented competency-based training for personnel at:

    ■   Orientation?    ❑ Yes    ❑ No

    ■   Regular intervals?    ❑ Yes    ❑ No

    Describe how this is accomplished.

    _____

    _____

    _____

Where is the training documented?

_____

_____

Does the training include, as appropriate to the roles of the personnel being trained:
- Dementia, including:
  - Signs and symptoms? ❑ Yes ❑ No
  - Progression? ❑ Yes ❑ No
  - Types of dementia? ❑ Yes ❑ No
  - Coexisting conditions? ❑ Yes ❑ No
  - Lived experience of dementia? ❑ Yes ❑ No
- Delirium? ❑ Yes ❑ No
- Depression? ❑ Yes ❑ No
- Suicide risk assessment and prevention strategies? ❑ Yes ❑ No
- Identifying the personal preferences of the persons served? ❑ Yes ❑ No
- Loss and grief? ❑ Yes ❑ No
- Communication? ❑ Yes ❑ No
- Therapeutic approach to behavior? ❑ Yes ❑ No
- Observation skills? ❑ Yes ❑ No
- Sexuality? ❑ Yes ❑ No
- Skin integrity? ❑ Yes ❑ No
- Meaningful engagement of persons served on an ongoing basis? ❑ Yes ❑ No
- Therapeutic approach to activity development and implementation? ❑ Yes ❑ No
- Gathering information about the person served in the following areas:
  - Life history? ❑ Yes ❑ No
  - Important memories? ❑ Yes ❑ No
  - Favorite stories? ❑ Yes ❑ No
  - Daily routines? ❑ Yes ❑ No
  - Comfort/reminiscence objects? ❑ Yes ❑ No

&ndash;  People of importance?      ❑ Yes      ❑ No

How do you determine what training is appropriate for specific program personnel?

_____

_____

_____

# D. Skin Integrity and Wound Care Standards

**1.** Has the program implemented written procedures to address skin integrity and wound care, including:

- Initial and ongoing assessments of skin integrity? ❑ Yes ❑ No

- Management of skin integrity issues? ❑ Yes ❑ No

- Definition of what constitutes a wound? ❑ Yes ❑ No

- Wound care? ❑ Yes ❑ No

- Procedures for referral if assessment or management is outside the scope of the program? ❑ Yes ❑ No

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

**2.** Do initial and ongoing assessments for each person served document:

- Skin integrity, including:
  - Edema? ❑ Yes ❑ No

  - Pain? ❑ Yes ❑ No

  - Pulses? ❑ Yes ❑ No

  - Skin appearance? ❑ Yes ❑ No

  - Skin turgor? ❑ Yes ❑ No

- Risks to skin integrity? ❑ Yes ❑ No

- Results of previous interventions, if applicable? ❑ Yes ❑ No

Explain how these assessments are conducted and who conducts them.

_____

_____

_____

How often are reassessments conducted and how was this determined?

_____

_____

_____

3. When skin integrity risks are identified through the assessment of the person served, describe how the interdisciplinary team addresses identified needs that are within the scope of the program, including:

■ Interventions to prevent or reduce the risk of a wound developing.

_____

_____

■ Standards of practice.

_____

_____

■ Nutritional needs.

_____

_____

■ Equipment.

_____

_____

■ Supplies.

_____

_____

■ Education needs of:
  – The person served.

_____

_____

&#8211; The family/support system.

_____

_____

&#8211; Personnel.

_____

_____

Describe the process for referral to an appropriate healthcare professional when skin integrity risks are identified that are outside the scope of the program.

_____

_____

_____

**4.** If a wound is present, does the interdisciplinary team for each person served implement written protocols that address:

■ When the wound care needed is within the scope of the program:

&#8211; Documented initial and ongoing assessments of wounds, including:

-  Location?  ❑ Yes  ❑ No

-  Description of base?  ❑ Yes  ❑ No

-  Measurement?  ❑ Yes  ❑ No

-  Exudates?  ❑ Yes  ❑ No

-  Progression?  ❑ Yes  ❑ No

-  Causes?  ❑ Yes  ❑ No

&#8211; Interventions to reduce and/or eliminate the wound?  ❑ Yes  ❑ No

&#8211; Standards of practice?  ❑ Yes  ❑ No

&#8211; Nutritional needs?  ❑ Yes  ❑ No

&#8211; Equipment?  ❑ Yes  ❑ No

&#8211; Supplies?  ❑ Yes  ❑ No

&#8211; Education needs of:

-  The person served?  ❑ Yes  ❑ No

-  The family/support system?  ❑ Yes  ❑ No

-  Personnel?  ❑ Yes  ❑ No

     &ndash;  A plan for follow-up care?      ❑ Yes        ❑ No

    ■  When the wound care needed is outside
       of the scope of the program, referrals to
       or coordination with appropriate wound
       care specialists?           ❑ Yes        ❑ No

Identify some examples of when the team addressed wound care within the scope of the program and when the persons served were referred to wound care specialists.

_____

_____

_____

_____

Explain how the protocols were established.

_____

_____

_____

5. Describe the resources identified to facilitate wound care and how they are utilized.

_____

_____

_____

6. Give some examples of how the interdisciplinary team demonstrates efforts to optimize outcomes for the persons served, including:

    ■  Exchange of information on factors facilitating skin integrity and wound management.

_____

_____

_____

■   Exchange of information on barriers to skin integrity and wound management.

_____

_____

_____

_____

■   Education of other healthcare providers.

_____

_____

_____

_____

■   Collaboration with other healthcare providers on the timing of interventions.

_____

_____

_____

_____

■   Arrangement of follow-up with other healthcare providers at the time of discharge/ transition from the program to facilitate ongoing assessment and management of skin integrity and wound issues.

_____

_____

_____

_____

7.   Do personnel who provide services related to skin integrity and wound management receive documented, competency-based training at:

■   Orientation?                                    ❑ Yes            ❑ No

■   Regular intervals?                          ❑ Yes            ❑ No

Does the training include:

■   Assessment protocols for skin integrity and wound management?     ❑ Yes            ❑ No

■ Strategies and interventions for skin integrity and wound management that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus?   ❑ Yes      ❑ No

■ Education techniques to facilitate behavior change in persons served?   ❑ Yes      ❑ No

Explain how this training is provided and documented.

_____

_____

_____

8. Does the program gather information on each person served that includes:

■ Wounds present at admission to the program that improved during the program?   ❑ Yes      ❑ No

■ Wounds present at admission to the program that worsened during the program?   ❑ Yes      ❑ No

■ New wounds that developed during the program?   ❑ Yes      ❑ No

How is this information gathered and who collects it?

_____

_____

How are performance targets determined?

_____

_____

Explain how this information is used to conduct a written analysis at least annually to address:

■ Performance in relationship to established targets for:

   – Wounds present at admission to the program that improved during the program.

      _____

      _____

   – Wounds present at admission to the program that worsened during the program.

      _____

      _____

   – New wounds that developed during the program.

      _____

      _____

■ Trends.

   _____

   _____

■ Actions for improvement.

   _____

   _____

■ Results of performance improvement plans.

   _____

   _____

■ Necessary education and training of:

   – Persons served.

      _____

      _____

> – Families/support systems.

> _____

> _____

> – Personnel.

> _____

> _____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Documentation of initial and ongoing assessments that address skin integrity
- Written protocols for wound care needs, including needs that are within the scope of the program and needs outside the scope of the program
- Information on local, regional, provincial, national, or international resources used to facilitate wound care
- Documentation of competency-based training for personnel who provide services related to skin integrity and wound management
- Written analysis of information gathered on persons served regarding wounds present at admission to the program that improved and worsened during the program, and new wounds that developed during the program

# E. Care Process for Personal Supports Services

**Applicable Standards**

If the organization is seeking accreditation for personal supports services, the standards in this section must be applied along with the standards in Section 3.G.

1. Give some examples of ways that potential persons served and their families/support systems are provided with opportunities to be oriented to the program, including the mission of the program and program personnel.

_____

_____

_____

Describe a typical interaction with an individual who is seeking information about the program.

_____

_____

_____

How does the program learn about the expectations of potential persons served and their families/support systems regarding the services to be provided?

_____

_____

_____

Identify documents/materials that are typically provided to individuals about the program.

_____

_____

Do you provide:

- Fee schedule?                     ❑ Yes          ❑ No

- Accepted payer sources?           ❑ Yes          ❑ No

- Levels of assistance provided?    ❑ Yes          ❑ No

2. Describe how the program gathers information about each person served:
   - Prior to the initiation of services.

   _____

   _____

   - At a frequency consistent with the needs of persons served.

   _____

   _____

   - In response to changes in care needs.

   _____

   _____

   - In response to changes in preferences of the person served.

   _____

   _____

   List some examples of how the information gathered is used for effective service delivery for the person served.

   _____

   _____

   _____

   _____

3. When offering assistance with activities of daily living to persons served, how does the program promote:
   - Independence?

   _____

   _____

   - Safety?

   _____

   _____

■ Dignity and self-worth?

_____

_____

**4.** What is the process for notifying various parties about transition or exit from the program?

_____

_____

How does the process ensure that there is sufficient notice to all parties?

_____

_____

**5.** Describe the communication that occurs to facilitate continuity of services at the time of transition or exit.

_____

_____

_____

To which stakeholders is information communicated and how is this accomplished?

_____

_____

_____

**6.** Describe how your safety and security measures are consistent with:
■ Behavioral needs of the persons served.

_____

_____

■ Cognitive needs of the persons served.

_____

_____

■ Physical needs of the persons served.

_____

_____

Describe how your safety and security measures promote socialization and interaction with the environment.

_____

_____

_____

Describe how your safety and security measures are addressed in personnel training at least annually.

_____

_____

_____

7. What kinds of behaviors does your program encounter?

_____

_____

_____

When behaviors occur, how do you observe and record the behavioral event?

_____

_____

_____

Explain how you strive to understand the behavioral event from the perspective of the person served, personnel, and as a communication on the part of persons served.

_____

_____

_____

Describe your analysis process when behavioral events occur and how this informs your interventions.

_____

_____

_____

Describe how you determine appropriate approaches and treatment.

_____

_____

_____

Describe how you ensure the safety of persons served, personnel, and others.

_____

_____

_____

Describe how personnel:

■  Implement appropriate interventions.

_____

_____

■  Assess the results.

_____

_____

■  Share information learned with others.

_____

_____

8.  Does the organization have a policy that clearly identifies whether or not it has any role in medications for persons served?

❑ Yes          ❑ No

How do you ensure that this policy is consistently implemented and followed by personnel, persons served, and other stakeholders?

_____

_____

_____

9. If the program is involved in medication management, are there written procedures in place that address compliance with all applicable laws and regulations pertaining to medications and controlled substances?

❑ Yes          ❑ No

How does the program ensure that these procedures are consistently implemented?

_____

_____

_____

How do you ensure that the procedures remain current and continue to comply with all applicable laws and regulations?

_____

_____

_____

Do your written procedures include:

- Medication storage?                    ❑ Yes          ❑ No

- Medication administration?             ❑ Yes          ❑ No

- Timing of administration?              ❑ Yes          ❑ No

- Location of administration?            ❑ Yes          ❑ No

- Self-administration?                   ❑ Yes          ❑ No

- Medication management/assistance?      ❑ Yes          ❑ No

- Medication reconciliation?             ❑ Yes          ❑ No

- Medication disposal?                   ❑ Yes          ❑ No

- Over-the-counter:
  - Medications?                         ❑ Yes          ❑ No

  - Supplements?                         ❑ Yes          ❑ No

  - Vitamins?                            ❑ Yes          ❑ No

Where can surveyors find the written procedures?

_____

_____

**10.** If the program is involved in medication management, describe the competency-based training on medications that is provided to personnel who are responsible for medications.

_____

_____

_____

Does the training include:

- Written procedures that address medications?   ❑ Yes   ❑ No

- Actions to take in case of an emergency?   ❑ Yes   ❑ No

- Administration/assistance?   ❑ Yes   ❑ No

- Medication reconciliation?   ❑ Yes   ❑ No

- Dispensing?   ❑ Yes   ❑ No

- Disposal?   ❑ Yes   ❑ No

- Documentation?   ❑ Yes   ❑ No

- Errors?   ❑ Yes   ❑ No

- Implications of abrupt discontinuation?   ❑ Yes   ❑ No

- Implications for management of multiple medications?   ❑ Yes   ❑ No

- Indications and contraindications?   ❑ Yes   ❑ No

- Obtaining medication?   ❑ Yes   ❑ No

- Written procedures for handling controlled substances?   ❑ Yes   ❑ No

- Side effects?   ❑ Yes   ❑ No

- Storage?   ❑ Yes   ❑ No

Explain how the training addresses compliance with all applicable laws and regulations pertaining to medications and controlled substances.

_____

_____

Is this training provided:

- Upon hire?      ❑ Yes      ❑ No

- Annually?      ❑ Yes      ❑ No

How will you demonstrate or verify this for the survey team?

_____

_____

**11.** How do you identify what assistive technology, electronic aids, and other equipment are used by the persons served?

_____

_____

If persons served use assistive technology, electronic aids to daily living, environmental controls, equipment, environmental modifications, and/or personal emergency response systems, how does the program, on an ongoing basis:

- Determine that the technology and/or equipment:
  - Functions properly?

    _____

    _____

  - Achieves the intended purpose?

    _____

    _____

- Notify the appropriate designee, as needed?

    _____

    _____

Give some examples of personnel identifying a problem with technology or equipment and how it was resolved.

_____

_____

_____

_____

Give some examples of how you have incorporated the technology and/or equipment into service delivery for persons served.

_____

_____

_____

_____

**12.** Does the program keep records for each person served that include, as applicable, the following information and documentation:

- Identification data?     ❑ Yes     ❑ No

- Advance directives?     ❑ Yes     ❑ No

- Emergency contact information?     ❑ Yes     ❑ No

- Substitute decision maker who has been appointed for the person served, including:
  - Name?     ❑ Yes     ❑ No
  - Contact information?     ❑ Yes     ❑ No
  - Verification of the appointment?     ❑ Yes     ❑ No

- Medication Information?     ❑ Yes     ❑ No

- Healthcare providers involved in the care of the person served, including:
  - Name?     ❑ Yes     ❑ No
  - Contact Information?     ❑ Yes     ❑ No

- Medical Information?     ❑ Yes     ❑ No

- Release forms?     ❑ Yes     ❑ No

- Other information required by the program?     ❑ Yes     ❑ No

**13.** Identify the individual(s) who has the responsibility and authority to manage key components of the program.

_____

_____

What skills and competencies are as required to perform as a program manager?

_____

_____

_____

**14.** Describe how you consider the individual preferences of those served when selecting direct care personnel.

_____

_____

_____

_____

How do you address the input of persons served on an ongoing basis?

_____

_____

_____

How will you demonstrate evidence of these practices to the survey team?

_____

_____

_____

**15.** What is your program's approach to ensuring that personnel are consistently assigned to the persons served to meet their needs?

_____

_____

_____

List some examples of how this is accomplished.

_____

_____

_____

**16.** Describe the education that is provided to personnel and volunteers on the following:
- Indications that the status of the person served has changed.

_____

_____

_____

■ How to respond to information about persons served that may be reported by other sources.

_____

_____

_____

■ How to protect the privacy of the persons served.

_____

_____

_____

■ How to protect the dignity of the persons served.

_____

_____

_____

■ How to, on an going basis:
  – Observe for changes in persons served.

_____

_____

_____

  – Communicate observed or reported changes.

_____

_____

_____

**17.** How does your program ensure that personnel are knowledgeable about early signs indicating possible dementia and aging-related decline?

_____

_____

_____

When early signs of possible dementia or aging-related decline are identified, what is your process for making a recommendation to the case manager responsible for the person's healthcare for further evaluation?

_____

_____

_____

If a person served has had a diagnosis confirmed, how do you determine if the scope of your program can support the person to remain and age in place?

_____

_____

_____

If applicable, give some examples of how your person-centered planning process has responded to new identified needs to allow such individuals to remain in the program.

_____

_____

_____

_____

If it is determined that scope of your program cannot support these new needs:

■  How is transition planning initiated?

_____

_____

_____

■  How do you ensure that transfer of information occurs to support successful transition?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Information provided about the program and the services offered

- Records of persons served

- Policy that identifies the program's role related to medication management

- Written procedures that address compliance with laws and regulations pertaining to medications and controlled substances, if applicable

- Personnel training records

- Evidence of personnel scheduling and assignments

- Evidence of education provided to personnel and volunteers on how to identify and respond to changing needs of the persons served

- Evidence of personnel knowledge about the early signs of dementia and the program's response to confirmed diagnosis of a person served

# F. Service Delivery Using Information and Communication Technologies

## Applicable Standards

If the program uses information and communication technologies (ICT) to deliver services, Standards 2.F.1.–8. apply.

1. Describe what services your program provides via information and communication technologies.

_____

_____

_____

Do you have written procedures that address:

■ Consent of the person served? ❑ Yes ❑ No

■ Audio recording, video recording, and photographing the person served? ❑ Yes ❑ No

■ Decision making about when to use information and communication technology versus in-person services:
   – At the beginning of services? ❑ Yes ❑ No
   – Throughout the course of services? ❑ Yes ❑ No

■ Do you have written procedures to confirm that all necessary technology and/or equipment is available and functions:
   – Prior to the start of service delivery? ❑ Yes ❑ No
   – As needed throughout services? ❑ Yes ❑ No
   – At the location of the:
     - Person served? ❑ Yes ❑ No
     - Provider? ❑ Yes ❑ No

■ To verify at each encounter:
   – The identity of the person served? ❑ Yes ❑ No
   – The identity of the provider? ❑ Yes ❑ No
   – The physical location of the person served? ❑ Yes ❑ No

■ To maintain privacy during the delivery of services? ❑ Yes ❑ No

■ To respond to technology disruption
that impacts the delivery of services? ❏ Yes ❏ No

How do you ensure that these written procedures are consistently implemented?

_____

_____

_____

Where are these procedures documented?

_____

_____

2. Describe the competency-based training provided to personnel on how to deliver
services effectively via information and communication technologies, including

■ Human factors.

_____

_____

■ Crisis response procedures.

_____

_____

■ Assessment of risk factors in the environment of the person served.

_____

_____

■ How to modify treatment techniques/interventions to deliver services virtually.

_____

_____

Describe the competency-based training provided to personnel on equipment,
including hardware and software, in the following areas:

■ Features.

_____

_____

■ Setup.

_____

_____

■ Use.

_____

_____

■ Maintenance.

_____

_____

■ Safety considerations.

_____

_____

■ Infection control.

_____

_____

■ Troubleshooting.

_____

_____

How and where is this training documented?

_____

_____

3. Describe how instruction and training are provided to the persons served, members of the family/support system, and others.

_____

_____

_____

Do the instruction and training on equipment used in service delivery include:

- Features? ❑ Yes ❑ No

- Setup? ❑ Yes ❑ No

- Use? ❑ Yes ❑ No

- Maintenance? ❑ Yes ❑ No

- Safety considerations? ❑ Yes ❑ No

- Infection control? ❑ Yes ❑ No

- Troubleshooting? ❑ Yes ❑ No

Describe the instruction and training provided on creating an appropriate environment to receive services.

_____

_____

_____

How will you demonstrate or verify this for the survey team?

_____

_____

4. Are persons served provided information on:

- How to contact the program? ❑ Yes ❑ No

- The expected timeframe for response? ❑ Yes ❑ No

How do personnel provide technical assistance with accessing the services provided by the program?

_____

_____

_____

Does your program have personnel to address questions related to service delivery?

_____

_____

_____

Describe how you ensure that, based on identified need, there is an appropriate facilitator at the location of the person served.

_____

_____

_____

Give an example for each of the following areas of how service delivery has been modified based on the needs of the person served:

■ Treatment techniques/interventions.

_____

_____

_____

■ Equipment.

_____

_____

_____

■ Materials.

_____

_____

_____

■ Environment at the location of the person served, including:
  – Accessibility.

_____

_____

_____

  – Privacy.

_____

_____

_____

– Usability of equipment.

_____

_____

_____

**5.** Describe how the following are accomplished prior to the start of each session:
- Any participants in the session in addition to the person served are identified.

_____

_____

_____

- The organization provides information that is relevant to the session.

_____

_____

_____

Give some examples of the information that is provided.

_____

_____

_____

_____

**6.** How will you demonstrate or verify for the survey team that equipment is maintained in accordance with manufacturers' recommendations?

_____

_____

_____

**7.** Do you have emergency procedures in place that address the unique aspects of service delivery via information and communication technologies?

❑ Yes          ❑ No

Do these procedures include:
- Identification of an emergency contact for the person served, including phone number?          ❑ Yes          ❑ No

- Identification of local emergency resources, including phone numbers? ❏ Yes ❏ No

- The provider becoming familiar with the emergency procedures at the location of the person served, if the procedures exist? ❏ Yes ❏ No

How do you ensure that these procedures can be implemented in the event of an emergency?

_____

_____

_____

8. Does the program's documented scope of services include:
- Geographic areas served? ❏ Yes ❏ No

- The communication technology used to deliver services? ❏ Yes ❏ No

Where is this information documented?

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Program's scope of ICT services
- Written procedures for the use of information and communication technologies
- Documentation of training provided to personnel who deliver services via information and communication technologies on how to deliver services effectively via information and communication technologies and on the equipment used
- Records of equipment maintenance in accordance with manufacturers' instructions
- Emergency procedures that address service delivery via information and communication technologies
- Individual plans of the persons served

# SECTION 3

# Program Specific Standards

## A.  Adult Day Services

**1.**  Are adult day services the only services offered by your organization?

❑ Yes          ❑ No

If *No,* describe how space is designated for adult day services.

_____

_____

_____

Are personnel shared?          ❑ Yes          ❑ No

If *Yes,* how do you designate personnel for the adult day services program?

_____

_____

_____

**2.**  How do you define the continuum of services available to your population?

_____

_____

_____

What role does your adult day services program have with other service providers throughout this continuum?

_____

_____

_____

How do you demonstrate your program's role?

_____

_____

_____

Where can surveyors find this information documented?

_____

_____

Describe your linkages with other service providers in the continuum.

_____

_____

_____

3. Does the program calculate and document its unit cost data at least annually as part of the budgeting process?

❑ Yes          ❑ No

How do you use this information to develop comparative analyses that help with decision-making.

_____

_____

_____

How are unit cost data shared with relevant stakeholders?

_____

_____

With which stakeholders is this information shared and why?

_____

_____

_____

Identify some examples of how unit cost data are used for strategic business planning.

_____

_____

_____

4. Describe how your program provides, arranges or assists with arrangements for services for each family/support system in the following areas:

■ Advocacy education.

_____

_____

■ Assistive technology.

_____

_____

■ Counseling/support services.

_____

_____

■ Education.

_____

_____

■ Reasonable accommodations.

_____

_____

■ Respite.

_____

_____

■ Support.

_____

_____

5. Describe the methods your program uses to make current information regarding the following community resources available:

■ Adult protective services.

_____

_____

■ Alternate housing.

_____

_____

■ Care management services.

_____

_____

■ Community service organizations.

_____

_____

■ Crisis intervention programs.

_____

_____

■ In-home services, including home healthcare and homemaker services.

_____

_____

■ Meal delivery services.

_____

_____

■ Specialized services unique to the population served.

_____

_____

■ Transportation services.

_____

_____

■ Wellness and health promotion.

_____

_____

■ Other services, as needed.

_____

_____

How is this done for persons served?

_____

_____

How is this done for family/support systems?

_____

_____

6. Does the program provide education to the persons served and families/support systems about medications to be given during program hours?

❑ Yes          ❑ No

Describe the specific education that is provided, including the topics covered and how the education is delivered, to address:

■ Actions to take in case of an emergency.

_____

_____

■ Administration/assistance.

_____

_____

■ Dispensing.

_____

_____

■ Documentation.

_____

_____

■ Errors.

_____

_____

■ Identification of medication, including why each medication is given.

_____

_____

■ Implications of abrupt discontinuation.

_____

_____

■ Implications for management of multiple medications.

_____

_____

■ Indications and contraindications.

_____

_____

■ Procedures for handling controlled substances.

_____

_____

■ Side effects.

_____

_____

■ Storage.

_____

_____

7. Identify a minimum of 20 files of the persons served for the survey team to review. Use the following emergency information checklist to review the contents of the files.

| | | | |
|---|---|---|---|
| ■ Advance directives. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Allergies. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Behavioral symptoms. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Cognitive status | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Current diagnoses/conditions and history. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Emergency contact information. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Equipment and devices. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Functional status. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Hospital preferences. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Healthcare providers involved in care, including contact information. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Immunization status. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Insurance information. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Medications. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Mental health status. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Photograph (for identification of the person served). | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Prosthetics and orthotics information. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Risk factors. | ❏ Present | ❏ Absent | ❏ N/A |
| ■ Vision and hearing. | ❏ Present | ❏ Absent | ❏ N/A |

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Program handbook with information for local services available to persons served and their families/support systems
- Emergency files for each person served
- Medication administration tracking log

# B.   Assisted Living

**1.**   Where can surveyors find documentation regarding the characteristics of the persons that can be served in the program?

_____

_____

Where would surveyors specifically find information regarding:

■   The ages that are served?

_____

_____

■   Any limitations in activities of daily living that can be served in the program?

_____

_____

■   Behavioral status of individuals that can be served?

_____

_____

■   Cultural needs that can be served by the program?

_____

_____

■   Medical conditions that can be addressed?

_____

_____

■   Any participation restrictions that can be helped or supported by the program?

_____

_____

■   Psychological status of individuals that can be served in the program?

_____

_____

2. Describe how each of these individuals is involved in the development of the person-centered plans of persons served:

■ The person served.

_____

_____

_____

■ Treating physicians.

_____

_____

_____

■ Healthcare professionals such as therapists, nutritionists, or others.

_____

_____

_____

■ Members of the family/support system, as appropriate.

_____

_____

_____

■ Other stakeholders, as appropriate, such as funders, discharge planners from acute care, or others based on the individual's situation.

_____

_____

_____

3.  If the program also serves the spouses or significant others of persons served, provide examples of how service delivery recognizes the importance of these individuals in the lives of the person served.

    _____

    _____

    _____

    _____

    _____

    _____

    Describe opportunities for private interaction between the person served and his or her spouse/significant other.

    _____

    _____

    _____

    _____

    Describe opportunities for the person served and his or her spouse/significant other to be together for typical daily activities, special events, and other occasions of importance to the person served.

    _____

    _____

    _____

    _____

4.  Describe the choices people have to maintain their normal routines in the following areas:

    - Time of waking.

      _____

      _____

    - Time for sleeping.

      _____

      _____

- Eating.

  _____

  _____

- Bathing, both when and how.

  _____

  _____

- Oral care.

  _____

  _____

- Dressing.

  _____

  _____

- Hygiene.

  _____

  _____

- Choice of clothing.

  _____

  _____

- Choice of grooming style.

  _____

  _____

- Cleaning.

  _____

  _____

■ Community activities.

_____

_____

■ Contact with pets.

_____

_____

■ Cooking.

_____

_____

■ Gardening.

_____

_____

■ Intimacy.

_____

_____

■ Recreation.

_____

_____

■ Exercise/mobility activities.

_____

_____

■ Hobbies.

_____

_____

■ Social interactions.

_____

_____

■ Religious and spiritual activities.

_____

_____

Describe how the fulfillment of one resident's desires respects the needs of others in the community.

_____

_____

_____

_____

5. Review the standard language and provide examples of how the service delivery team is aware of these areas when providing services to individuals and how these areas impact how services are provided.

_____

_____

_____

_____

_____

_____

6. Where can the surveyors find PRN medications?

_____

_____

How do personnel identify when PRN medications are needed for individuals?

_____

_____

_____

Describe the procedures for timely administration of PRN medications once a need is identified.

_____

_____

_____

How do personnel follow up to determine the effectiveness of the PRN medications?

_____

_____

_____

7. What are the regulations pertaining to medications that are applicable to your organization?

_____

_____

_____

Based on these regulations, how does the team assess options for:
■ Medication storage?

_____

_____

■ Medication administration?

_____

_____

■ Timing of administration?

_____

_____

■ Location of administration?

_____

_____

■ Self-administration?

_____

_____

■ Over-the-counter medications?

_____

_____

■ Complementary health approaches?

_____

_____

How does your team collaborate with persons served regarding each of the above topics?

_____

_____

_____

8. Describe the methods that the program uses to ensure that persons served are safe in their units and throughout the program.

_____

_____

_____

Identify two or three examples of respectful ways that the program keeps a watchful eye on persons served.

_____

_____

_____

_____

9. What indicator do you use to measure falls and where is this indicator documented?

_____

_____

What is your target for falls reduction?

_____

_____

What trends have you seen from measuring falls?

_____

_____

_____

What actions have you implemented to reduce falls based on your measurement?

_____

_____

_____

What were the results of these improvements?

_____

_____

_____

What education and training have you conducted regarding falls?

_____

_____

_____

What indicator do you have to measure a wellness topic for persons served and where is this indicator documented?

_____

_____

What target have you identified for your wellness indicator?

_____

_____

What trends have you seen regarding the wellness topic you are measuring?

_____

_____

_____

What actions have you taken to improve the area or topic of wellness that you have measured?

_____

_____

_____

What were the results of those actions?

_____

_____

_____

What education and training did you implement regarding the wellness topic you measured?

_____

_____

_____

**10.** Does the organization provide personnel training:

- At orientation? ❑ Yes ❑ No
- At regular intervals? ❑ Yes ❑ No

Does this training include information on:

- Aging process? ❑ Yes ❑ No
- Dementia? ❑ Yes ❑ No
- Disease management? ❑ Yes ❑ No
- Fall prevention? ❑ Yes ❑ No
- Pain management? ❑ Yes ❑ No
- Performance measurement and management? ❑ Yes ❑ No
- Safeguarding health records? ❑ Yes ❑ No

- Topics identified by:
  - Persons served? ☐ Yes ☐ No
  - Personnel? ☐ Yes ☐ No
- Work place violence? ☐ Yes ☐ No
- Working with external entities? ☐ Yes ☐ No

11. Describe your written procedures that address:
    - Conducting criminal background checks of all personnel.

    _____

    _____

    _____

    - Timeframes for criminal background check verification:
      - Prior to the delivery of services to the persons served.

      _____

      _____

      - Throughout employment.

      _____

      _____

    Describe the actions that are taken regarding information found through these procedures.

    _____

    _____

    _____

    Where can surveyors find these written procedures?

    _____

    _____

**12.** Describe ways that your organization's leadership supports the program's participation in research opportunities that can help advance the field in general or service delivery to persons served.

_____

_____

_____

_____

**13.** Identify a minimum of ten closed records of the persons served for the survey team to review. Use the following checklist to review the contents of the records. Not all items may apply in all situations. Try to identify at least some records that demonstrate each of these items. This list will also be used by surveyors on site while reviewing current emergency information in open records.

- Advance directives or end-of-life issues. ❑ Present ❑ Absent ❑ N/A

- Allergies and sensitivities. ❑ Present ❑ Absent ❑ N/A

- Behavioral symptoms. ❑ Present ❑ Absent ❑ N/A

- Cognitive status. ❑ Present ❑ Absent ❑ N/A

- Current diagnoses/conditions and history. ❑ Present ❑ Absent ❑ N/A

- Emergency contact information. ❑ Present ❑ Absent ❑ N/A

- Equipment and devices. ❑ Present ❑ Absent ❑ N/A

- Functional status. ❑ Present ❑ Absent ❑ N/A

- Healthcare providers involved in care, including contact information. ❑ Present ❑ Absent ❑ N/A

- Communication needs. ❑ Present ❑ Absent ❑ N/A

- Hospital preference. ❑ Present ❑ Absent ❑ N/A

- Immunization status. ❑ Present ❑ Absent ❑ N/A

- Insurance information. ❑ Present ❑ Absent ❑ N/A

- Legally appointed decision maker(s), including contact information. ❑ Present ❑ Absent ❑ N/A

- Medications. ❑ Present ❑ Absent ❑ N/A

- Mental and behavioral healthcare providers involved in care, including contact information. ❑ Present ❑ Absent ❑ N/A

- Mental health status. ❑ Present ❑ Absent ❑ N/A

- Photograph (for identification
  of the person served).  ❑ Present  ❑ Absent  ❑ N/A

- Prosthetics and orthotics information.  ❑ Present  ❑ Absent  ❑ N/A

- Risk factors.  ❑ Present  ❑ Absent  ❑ N/A

- Spiritual preferences.  ❑ Present  ❑ Absent  ❑ N/A

- Vision.  ❑ Present  ❑ Absent  ❑ N/A

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Marketing packet with information about characteristics of populations who can be served in assisted living
- Policies and procedures regarding administration of PRN (as needed) medications
- Measurements of falls
- Measurements of well-being
- Procedures regarding conducting criminal background checks of personnel
- Emergency files for persons served
- Schedules of meetings between personnel and persons served

# C. Person-Centered Long-Term Care Community

1. Where is your person-centered philosophy documented?

_____

_____

Describe how it addresses:

■ Autonomy in decision making.

_____

_____

■ Choice.

_____

_____

■ Cultural competence.

_____

_____

■ Flexibility.

_____

_____

■ Holistic service delivery.

_____

_____

■ Individuality.

_____

_____

Give some examples of how this philosophy is modeled by:

■ Leadership.

_____

_____

_____

■ Personnel.

_____

_____

_____

■ Persons served.

_____

_____

_____

Give some examples of how this philosophy guides service delivery.

_____

_____

_____

_____

Describe how and when you communicate your philosophy to stakeholders
in an understandable manner.

_____

_____

_____

_____

Describe how your philosophy is reflected in the engagement of stakeholders.

_____

_____

_____

2. Explain how the appropriate placement of each person served is addressed through consideration of:

■ Entry criteria.

_____

_____

_____

■ Transition/exit criteria.

_____

_____

_____

■ Resources available.

_____

_____

_____

■ Resources previously used.

_____

_____

_____

■ Initial and ongoing screenings/assessments.

_____

_____

_____

■ The person's potential to benefit.

_____

_____

_____

■ The person's personal preferences.

_____

_____

_____

3. How is information shared with persons served and others regarding arrangements for the following categories of services:

■ Behavioral health?

_____

_____

_____

■ Diagnostic?

_____

_____

_____

■ Laboratory?

_____

_____

_____

■ Medical?

_____

_____

_____

■ Pharmacy?

_____

_____

_____

■ Recreation and leisure?

_____

_____

_____

■ Rehabilitation?

_____

_____

_____

■ Social?

_____

_____

_____

■ Spiritual?

_____

_____

_____

4. Do initial and ongoing screenings/assessments address:

■ Important memories and family stories? ❑ Yes ❑ No

■ Life routines? ❑ Yes ❑ No

■ Life roles? ❑ Yes ❑ No

■ Family/support system? ❑ Yes ❑ No

■ History? ❑ Yes ❑ No

How is the information that is gathered in each of the areas shared with team members?

_____

_____

_____

5. Describe ways in which your PCLTCC identifies and celebrates milestones and life-cycle events that have meaning to:

   ■ Persons served.

   _____

   _____

   ■ Families/support systems.

   _____

   _____

   ■ Personnel.

   _____

   _____

6. Where is the program's procedure for involving persons served in decision making on an ongoing basis?

   _____

   _____

   _____

   How does the procedure address:

   ■ The assessment of the capacity of persons served to make decisions?

   _____

   _____

   _____

   ■ The education of persons served regarding the consequences of potentially risky choices and behaviors?

   _____

   _____

   _____

■ Facilitating discussion for decision making?

_____

_____

_____

■ Minimizing any barriers to decision making by the persons served?

_____

_____

_____

Describe how discussions and decisions are documented in the records of the person served.

_____

_____

_____

7. Do you perform a written risk assessment of each person served?

❑ Yes          ❑ No

Who performs this risk assessment?

_____

_____

When is it completed?

_____

_____

Do the risk assessments address the following areas:

| | | |
|---|---|---|
| ■ Behavioral? | ❑ Yes | ❑ No |
| ■ Cognition? | ❑ Yes | ❑ No |
| ■ Communication? | ❑ Yes | ❑ No |
| ■ Dental? | ❑ Yes | ❑ No |
| ■ Function? | ❑ Yes | ❑ No |
| ■ Health? | ❑ Yes | ❑ No |
| ■ Physical? | ❑ Yes | ❑ No |

- ■ Medication? ❑ Yes ❑ No

- ■ Nutrition? ❑ Yes ❑ No

- ■ Pain management? ❑ Yes ❑ No

- ■ Psychosocial? ❑ Yes ❑ No

- ■ Recreation and leisure? ❑ Yes ❑ No

Give some examples of how risk assessments have resulted in changes to the person-centered plans of persons served and/or improvements in services to mitigate risks.

_____

_____

_____

_____

_____

8. Describe ways that you educate persons served about the choices available to them in the long-term care program.

_____

_____

_____

What are some ways that you document the preferences of the persons served?

_____

_____

How do you communicate the preferences of the persons served with stakeholders?

_____

_____

_____

What are some examples of how person-centered plans have been implemented in accordance with the documented preferences of the persons served?

_____

_____

_____

_____

_____

**9.** Provide examples of how your team fosters positive relationships with persons served to foster personnel empowerment to make decisions at the front line and to enhance quality of life for persons served.

_____

_____

_____

_____

_____

_____

_____

**10.** How do you provide or arrange for:

- Health promotion?

_____

_____

_____

- Services that prevent illness?

_____

_____

_____

- Health screenings?

_____

_____

_____

■ Disease management?

_____

_____

_____

11. Describe how you assist the residents and their families/support systems to develop and/or increase:
   ■ Social contacts, as desired:
      – Within the program.

      _____

      _____

      – External to the program.

      _____

      _____

   ■ Relationships, as desired:
      – Within the program.

      _____

      _____

      – External to the program.

      _____

      _____

12. Describe some ways that sensory stimulation is being used for individuals with dementia.

   _____

   _____

   _____

   _____

   Where is this documented in the person-centered plan for the individual?

   _____

   _____

What results have you seen in those where sensory stimulation has been used?

_____

_____

_____

_____

**13.** How are the preferences of the persons served identified relative to assessing their use of complementary health approaches and providing education, information, and resources?

_____

_____

_____

How does the program assess the person's use of complementary and alternative medicine?

_____

_____

_____

Describe the education provided on the efficacy and safety of interventions.

_____

_____

_____

Give examples of the types of information and resources the program provides on integrative medicine.

_____

_____

_____

_____

**14.** Describe the choices people have to maintain their normal routines in the following areas:

■ Time of waking.

_____

_____

■ Time for sleeping.

_____

_____

■ Eating.

_____

_____

■ Bathing, both when and how.

_____

_____

■ Oral care.

_____

_____

■ Dressing.

_____

_____

■ Hygiene.

_____

_____

■ Choice of clothing.

_____

_____

- Choice of grooming style.

  _____

  _____

- Cleaning.

  _____

  _____

- Community activities.

  _____

  _____

- Contact with pets.

  _____

  _____

- Cooking.

  _____

  _____

- Gardening.

  _____

  _____

- Intimacy.

  _____

  _____

- Recreation.

  _____

  _____

■  Exercise/mobility activities.

_____

_____

■  Hobbies.

_____

_____

■  Social interactions.

_____

_____

■  Religious and spiritual activities.

_____

_____

Describe how the fulfillment of one resident's desires respects the needs of others in the community.

_____

_____

_____

_____

**15.** Where can surveyors find policies and written procedures specifically regarding services provided by nursing personnel that address:

■  Education regarding identified needs of persons served?

_____

_____

■  Post medical/surgical care issues?

_____

_____

- Medications?

  _____

  _____

- Pain?

  _____

  _____

- Rehabilitation issues?

  _____

  _____

- Skin integrity?

  _____

  _____

- Identifying a need for and implementing a specialty consultation?

  _____

  _____

16. Does the program have policies and written procedures regarding the following:

    - Who provides medical management for the persons served? ☐ Yes ☐ No

    - Who provides rehabilitation management for the persons served? ☐ Yes ☐ No

    - If these are not the same physician, mechanisms for coordination, communication, and collaboration? ☐ Yes ☐ No

    - Primary responsibility for medical management, including:

      – Description of the role and responsibilities of the attending physician? ☐ Yes ☐ No

      – Description of the roles and responsibilities of other physicians who provide concurrent medical services? ☐ Yes ☐ No

      – Physician availability? ☐ Yes ☐ No

– Appropriate medical decision making? ❑ Yes ❑ No

How does your program ensure that physician coverage is available
24 hours a day, 7 days a week?

_____

_____

Who provides this coverage?

_____

_____

- Access to consulting physicians to
treat continuing, unstable, or complex
medical conditions? ❑ Yes ❑ No

- Prevention, including:
  – Prevention of further disability? ❑ Yes ❑ No

  – Medical complications? ❑ Yes ❑ No

  – Adverse events? ❑ Yes ❑ No

**17.** Describe how the program communicates with the physician(s) of the person served:
- At the time of entry into the program.

_____

_____

_____

- When there are significant changes in the status of the person served.

_____

_____

_____

- When the person served exits or transitions.

_____

_____

_____

How do you ensure that the communications are timely so that they are happening when the information needs to be shared?

_____

_____

_____

**18.** Describe your procedures for emergency crisis situations that might involve managing behaviors.

_____

_____

_____

_____

Explain how use of these procedures would be aligned with the person-centered plan of the individual.

_____

_____

_____

_____

**19.** Which professionals require privileges to provide services in your program?

_____

_____

Describe how your organization's privileging process addresses each of the following areas:

■ Qualifications required to provide professional services in the long-term care program.

_____

_____

■ Experience and training required to provide professional services in the long-term care program.

_____

_____

■ Specific privileges granted.

_____

_____

■ Specific responsibilities in accordance with the privileges granted.

_____

_____

■ A system to monitor performance in executing the privileges granted.

_____

_____

■ A system to address modification or withdrawal of privileges.

_____

_____

■ A mechanism to demonstrate current competency relative to the privileges granted.

_____

_____

■ A system to ensure that practice is consistent with the privileges granted.

_____

_____

20. Do you have a physician who participates in the medical direction of your long-term care program?

❑ Yes          ❑ No

If _Yes_, describe his/her education/experience.

_____

_____

_____

_____

Is he/she board certified?          ❑ Yes          ❑ No

Describe how you determine that your program medical director remains current on issues related to long-term care (e.g., education, research, and publication)?

_____

_____

_____

_____

**21.** Is there a contract in place that outlines the responsibilities of the medical director?

❑ Yes          ❑ No

Describe the medical director's involvement in the following activities:

■  Ensuring the adequacy of individual treatment prescriptions and programs, including notations of contraindications and precautions.

_____

_____

■  Developing ongoing relationships with the medical community.

_____

_____

■  Educational activities with program personnel.

_____

_____

■  Establishing policies and written procedures that identify the functions and responsibilities of the physician.

_____

_____

■  Performance improvement activities.

_____

_____

■  Advocating for persons served.

_____

_____

- Program development and modification.

  _____

  _____

- Establishing policies and procedures for the program.

  _____

  _____

- Resource utilization management.

  _____

  _____

- Stakeholder relationship management.

  _____

  _____

- Marketing and promoting the program.

  _____

  _____

- Strategic planning.

  _____

  _____

- Financial planning and decision making.

  _____

  _____

- Ethical decision making.

  _____

  _____

**22.** Give several examples of how the program fosters teamwork among personnel in a manner that addresses individual strengths, mentoring, opportunities for performance improvement, and education/skills development regarding team dynamics.

_____

_____

_____

_____

_____

_____

**23.** Do personnel receive competency-based training at:

■ Orientation? ❑ Yes ❑ No

■ Regular intervals? ❑ Yes ❑ No

Describe the competency-based training provided to personnel in the following areas:

■ Aging process.

_____

_____

■ Assisting persons served with activities of daily living.

_____

_____

■ Behavior management.

_____

_____

■ Dementia.

_____

_____

■ Disease management.

_____

_____

■ Efficient utilization of healthcare resources.

_____

_____

■ Fall prevention.

_____

_____

■ Pain management.

_____

_____

■ Performance measurement and management.

_____

_____

■ Prevention related to:
 – Recurrence of the illness, injury, impairment, or disability.

 _____

 _____

 – Potential risks and complications due to the illness, injury, impairment, or disability.

 _____

 _____

■ Psychosocial issues.

_____

_____

■ Safeguarding health records.

_____

_____

■ Topics identified by persons served.

_____

_____

■ Topics identified by personnel.

_____

_____

■ Wellness.

_____

_____

■ Working with external entities.

_____

_____

Is competency-based training documented?　❑ Yes　　　　　❑ No

Where is training documented?

_____

_____

Identify which personnel should receive training as it corresponds to their roles within the organization.

_____

_____

_____

**24.** Describe the learning environment for personnel.

_____

_____

_____

Give some examples of how the learning environment:

■ Embodies the skills, knowledge, and competencies expected of personnel.

_____

_____

_____

■ Recognizes and respects individual learning styles, needs, and strengths.

_____

_____

_____

■ Provides education opportunities that reflect the learning styles, needs, and strengths of personnel.

_____

_____

_____

■ Identifies and develops emerging leaders.

_____

_____

_____

How does the program:

■ Measure the satisfaction of personnel with the learning opportunities?

_____

_____

■ Measure the effectiveness of the learning opportunities provided?

_____

_____

■ Address performance improvement of the learning environment?

_____

_____

**25.** Identify at least one indicator of personnel satisfaction included in the program's data collection system.

_____

_____

_____

**26.** Describe some of the ways that persons served are encouraged to provide feedback regarding personnel performance.

_____

_____

_____

_____

**27.** How does the leadership support the program's participation in research opportunities?

_____

_____

_____

What is the program's current involvement in research opportunities?

_____

_____

_____

What type of information does the program provide to persons served and families/support systems about available clinical trials?

_____

_____

_____

**28.** Describe ways that the program provides or arranges for education for the family/support system of the person served regarding how to access resources for the person served.

_____

_____

_____

_____

**29.** If a person served has questions regarding financial assistance and planning, describe ways that you could either provide information or arrange for the person served to obtain the information from other sources.

_____

_____

_____

_____

**30.** Information on the following should be gathered on a representative sample of persons served in a person-centered long term care program:

■  Behavior.
  – Is this information collected?     ❑ Yes     ❑ No

  – Who collects it?

  _____

  – Where can this information be found?

  _____

■  Function
  – Is this information collected?     ❑ Yes     ❑ No

  – Who collects it?

  _____

  – Where can this information be found?

  _____

■  Health.
  – Is this information collected?     ❑ Yes     ❑ No

    – Who collects it?

    _____

    – Where can this information be found?

    _____

■ Medication.
    – Is this information collected?    ❑ Yes    ❑ No

    – Who collects it?

    _____

    – Where can this information be found?

    _____

■ Nutrition.
    – Is this information collected?    ❑ Yes    ❑ No

    – Who collects it?

    _____

    – Where can this information be found?

    _____

■ Pain management.
    – Is this information collected?    ❑ Yes    ❑ No

    – Who collects it?

    _____

    – Where can this information be found?

    _____

■ Psychosocial.
    – Is this information collected?    ❑ Yes    ❑ No

    – Who collects it?

    _____

&ndash; Where can this information be found?

_____

■ Recreation and leisure.
&ndash; Is this information collected?    ❏ Yes      ❏ No

&ndash; Who collects it?

_____

&ndash; Where can this information be found?

_____

Is the information gathered analyzed to address:
■ Performance in relationship to established targets in the following areas:

&ndash; Behavior?    ❏ Yes      ❏ No

&ndash; Function?    ❏ Yes      ❏ No

&ndash; Health?    ❏ Yes      ❏ No

&ndash; Medication?    ❏ Yes      ❏ No

&ndash; Nutrition?    ❏ Yes      ❏ No

&ndash; Pain management?    ❏ Yes      ❏ No

&ndash; Psychosocial?    ❏ Yes      ❏ No

&ndash; Recreation and leisure?    ❏ Yes      ❏ No

■ Trends?    ❏ Yes      ❏ No

■ Actions for improvement?    ❏ Yes      ❏ No

■ Results of performance improvement plans?    ❏ Yes      ❏ No

■ Education of persons served?    ❏ Yes      ❏ No

■ Education of families/support systems?    ❏ Yes      ❏ No

■ Education of healthcare providers?    ❏ Yes      ❏ No

Is an analysis completed at least annually?    ❏ Yes      ❏ No

Explain how the analysis is developed and used.

_____

_____

_____

Give some examples of changes that have been implemented in response to the analysis of information gathered.

_____

_____

_____

_____

**31.** Give examples of how the following have been incorporated into person-centered plans:

■ A palliative approach to care.

_____

_____

_____

_____

■ End-of-life care.

_____

_____

_____

_____

**32.** Identify at least ten closed records of the persons served for the survey team to review. Use the following checklist to review the contents of the records. Not all items may apply in all situations. Try to identify at least some records that demonstrate each of these items. This list will also be used by surveyors on site while reviewing current emergency information in open records.

| | Present | Absent | N/A |
|---|---|---|---|
| ■ Advance directives or end-of-life issues. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Allergies and sensitivities. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Behavioral symptoms. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Cognitive status. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Communication status. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Current diagnoses/conditions and history. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Emergency contact information. | ❑ Present | ❑ Absent | ❑ N/A |
| ■ Equipment and devices. | ❑ Present | ❑ Absent | ❑ N/A |

- Functional status.    ❑ Present    ❑ Absent    ❑ N/A

- Healthcare providers involved in care, including contact information.    ❑ Present    ❑ Absent    ❑ N/A

- Hospital preference.    ❑ Present    ❑ Absent    ❑ N/A

- Immunization status.    ❑ Present    ❑ Absent    ❑ N/A

- Insurance information.    ❑ Present    ❑ Absent    ❑ N/A

- Legally appointed decision maker(s), including contact information.    ❑ Present    ❑ Absent    ❑ N/A

- Medications.    ❑ Present    ❑ Absent    ❑ N/A

- Mental and behavioral healthcare providers involved in care, including contact information.    ❑ Present    ❑ Absent    ❑ N/A

- Mental health status.    ❑ Present    ❑ Absent    ❑ N/A

- Photograph (for identification of the person served).    ❑ Present    ❑ Absent    ❑ N/A

- Prosthetics and orthotics information.    ❑ Present    ❑ Absent    ❑ N/A

- Risk factors.    ❑ Present    ❑ Absent    ❑ N/A

- Spiritual preferences.    ❑ Present    ❑ Absent    ❑ N/A

- Vision.    ❑ Present    ❑ Absent    ❑ N/A

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Documentation in a resident handbook of the organization's philosophy regarding person-centered care

- Documentation in an employee handbook of the organization's philosophy regarding person-centered care

- Admission criteria

- Criteria that may prompt a transition for additional care

- Discharge criteria

- Resident Bill of Rights

- Assessment tools

- Documented preferences in the person-centered plan for each person served

- Handbook for families/support systems identifying resources and information about the long term care program

- Procedures for personnel identifying how they understand and support the individual rhythm of the day for each person served
- Policies and procedures regarding medical/physician involvement in the program
- Written privileging processes
- Documentation about the roles and responsibilities of the medical director
- Training schedules and topics addressed
- Survey used to measure personnel satisfaction
- Emergency files for each person served

# D. Home and Community Services

**1.** Identify some examples that demonstrate how your home and community services' knowledge of and ability to identify appropriate service options and settings have helped to facilitate the appropriate level of services/supports for persons served.

_____

_____

_____

_____

_____

_____

List the services provided by your HCS program.

_____

_____

_____

Give examples of other services, supports, and programs that you have referred to or worked with to meet the needs of the persons served.

_____

_____

_____

_____

_____

**2.** What is your process for identifying gaps in service delivery at the level of the program?

_____

_____

_____

List some examples of how you have addressed identified gaps in service delivery at the level of the program.

_____

_____

_____

_____

_____

What is your process for identifying gaps in service delivery at the level of the person served?

_____

_____

_____

List some examples of how you have addressed identified gaps in service delivery at the level of the person served.

_____

_____

_____

_____

_____

3.  Do you have written procedures for verifying the backgrounds of all personnel?

          ❑ Yes    ❑ No

If *Yes*, do the procedures identify actions to occur:

■ Prior to the delivery of services to the
 persons served or to the organization? ❑ Yes    ❑ No

■ At stated intervals throughout
 employment?       ❑ Yes    ❑ No

■ In response to the information received? ❑ Yes    ❑ No

What procedures are followed in the event that backgrounds or credentials cannot be verified?

_____

_____

_____

Give some examples of actions taken in response to information received through background checks.

_____

_____

_____

_____

_____

4. Describe how you ensure that your personnel demonstrate competencies in the delivery of home and community services, including:

■ Addressing the unique needs of persons served.

_____

_____

_____

■ Communication with persons served and their families/support systems.

_____

_____

_____

■ Communication with other providers serving the persons served.

_____

_____

_____

■ Facilitating active involvement of the persons served and families/support systems in the service delivery process.

_____

_____

_____

■ Facilitating behavioral supports.

_____

_____

_____

■ Facilitating cognitive interventions.

_____

_____

_____

■ Handling developmental/life transitions.

_____

_____

_____

■ Knowledge of community resources.

_____

_____

_____

■ Recognition and reporting of suspected abuse and neglect.

_____

_____

_____

■ Setting and maintaining professional boundaries.

_____

_____

_____

5. Do you have policies and written procedures that are implemented and address, at a minimum, the following service delivery issues?

■ Availability of appropriate equipment, supplies, etc., at the service delivery site from initial service delivery through exit/transition? ❑ Yes ❑ No

■ Confidentiality and privacy of information concerning the persons served in the home and community environments? ❑ Yes ❑ No

■ Clarification of the roles and responsibilities of:

– Families/support systems? ❑ Yes ❑ No

– Service providers? ❑ Yes ❑ No

– Others, as appropriate? ❑ Yes ❑ No

■ Contingency plans if either the family/support system or the service provider is unable to deliver care? ❑ Yes ❑ No

■ Unsuccessful delivery of services? ❑ Yes ❑ No

■ Referral/transition to other services? ❑ Yes ❑ No

■ Assignment of personnel in accordance with the needs and choices of the persons served? ❑ Yes ❑ No

■ Within the scope of services, the availability of home and community services to respond to:

– Persons served? ❑ Yes ❑ No

– Families/support systems? ❑ Yes ❑ No

– Service providers? ❑ Yes ❑ No

– Other stakeholders? ❑ Yes ❑ No

Where are these documented?

_____

_____

_____

**6.** Do you perform a documented risk assessment of each person served?

❑ Yes          ❑ No

Who performs this risk assessment?

_____

_____

When is it completed?

_____

_____

Do the risk assessments address the following areas:

- Behavioral?                           ❑ Yes          ❑ No
- Cognitive?                            ❑ Yes          ❑ No
- Communication?                        ❑ Yes          ❑ No
- Developmental?                        ❑ Yes          ❑ No
- Emotional?                            ❑ Yes          ❑ No
- Environmental?                        ❑ Yes          ❑ No
- Physical?                             ❑ Yes          ❑ No
- Capability of the family/support system?  ❑ Yes          ❑ No
- Other, as appropriate?                ❑ Yes          ❑ No

Give some examples of how risk assessments have resulted in changes to the person-centered plans of persons served and/or improvements at the level of the services.

_____

_____

_____

_____

_____

7. What is your process for determining the schedule for service delivery at an agreed-upon time that supports the person-centered plan?

_____

_____

_____

_____

How do you determine the preferences or lifestyle needs of the person served?

_____

_____

_____

_____

8. What is your process for assisting each person served, in accordance with his or her choice, to develop a disaster preparedness and emergency plan?

_____

_____

_____

_____

Do the plans consider each of the following:
- Assessment of the current knowledge of:
  – The person served? ❑ Yes ❑ No
  – The family/support system? ❑ Yes ❑ No
- Assessment of the physical environment where services are delivered, including accessibility of the environment? ❑ Yes ❑ No
- Identification of modifications necessary to ensure safety in the event of an emergency? ❑ Yes ❑ No
- Community resources, including:
  – Identification of resources for:
    - Evacuation? ❑ Yes ❑ No
    - Shelter? ❑ Yes ❑ No
    - Recovery? ❑ Yes ❑ No

- – Accessibility of resources for:
  - - Evacuation? ❑ Yes ❑ No
  - - Shelter? ❑ Yes ❑ No
  - - Recovery? ❑ Yes ❑ No
- ■ Basic needs in the event of an emergency? ❑ Yes ❑ No
- ■ Identification of circumstances in which service delivery can be postponed or omitted? ❑ Yes ❑ No
- ■ Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services? ❑ Yes ❑ No
- ■ Contingency plans for:
  - – The person served? ❑ Yes ❑ No
  - – The family/support system? ❑ Yes ❑ No
  - – Personnel? ❑ Yes ❑ No

How can the survey team verify that all of the above items are considered in disaster preparedness and emergency planning for persons served?

_____

_____

_____

9.  How do you identify what assistive technology, electronic aids, and other equipment are used by the persons served?

_____

_____

_____

If the person served uses assistive technology, electronic aids to daily living, environmental controls, equipment, environmental modifications, and/or personal emergency response systems, how do you, on an ongoing basis:

■ Determine that the technology and/or equipment:

  – Functions properly?

      _____

      _____

      _____

      _____

  – Achieves the intended purpose?

      _____

      _____

      _____

      _____

■ Notify the appropriate designee, as needed?

    _____

    _____

    _____

Give some examples of staff identifying a problem with equipment and how it was resolved.

_____

_____

_____

_____

_____

Give some examples of how you have incorporated the technology and/or equipment into service delivery, in accordance with the person-centered plan for persons served.

_____

_____

_____

_____

_____

**10.** How do you ensure that involvement of the family/support system in the service delivery process is in accordance with the choice of the person served?

_____

_____

_____

Identify some examples that demonstrate how your services have partnered with the family/support system throughout the service delivery process, including ongoing consideration of:

■ The family/support system's:

– Ability and willingness to support and participate in the plan.

_____

_____

_____

– Composition.

_____

_____

_____

– Interpersonal dynamics.

_____

_____

_____

– Different methods of:

- Engagement.

_____

_____

_____

- Communication.

_____

_____

_____

- Coping.

_____

_____

_____

- Problem solving.

_____

_____

_____

– Strengths and limitations.

_____

_____

_____

– Knowledge base.

_____

_____

_____

–  Expectations of the home and community services.

_____

_____

_____

–  Educational needs.

_____

_____

_____

–  Responsibilities, including legal responsibilities.

_____

_____

_____

–  Geographic proximity to the person served.

_____

_____

_____

■  Unique financial, social, or cultural factors that might influence the home and community services.

_____

_____

_____

■  Health status of the primary caregiver.

_____

_____

_____

**11.** Do you have policies and written procedures in place to facilitate collaboration with the family support system in decision making through the following:

- Accessible information?  ❑ Yes  ❑ No

- Timelines for exchange of information?  ❑ Yes  ❑ No

- Understanding of the information provided?  ❑ Yes  ❑ No

How do you ensure that collaboration with the family/support system in decision making is in accordance with the choice of the person served?

_____

_____

_____

How can the survey team verify this?

_____

_____

_____

**12.** Do you provide education to persons served, families/support systems, and other relevant stakeholders, in accordance with identified needs, that addresses the following topics:

- Accessing emergency care if necessary?  ❑ Yes  ❑ No

- Communication with other service providers?  ❑ Yes  ❑ No

- Developing a system to record personal health information?  ❑ Yes  ❑ No

- Disease management?  ❑ Yes  ❑ No

- Information about community resources and how to access them?  ❑ Yes  ❑ No

- Preventive care?  ❑ Yes  ❑ No

- Procedures unique to the provision of home and community services?  ❑ Yes  ❑ No

- Safety issues related to the service delivery site?  ❑ Yes  ❑ No

- Specific healthcare procedures and techniques, as appropriate?  ❑ Yes  ❑ No

Identify some examples that demonstrate how you have provided education on the above topics to:

■ Persons served.

_____

_____

_____

_____

■ Families/support systems.

_____

_____

_____

_____

■ Other relevant stakeholders.

_____

_____

_____

_____

How can the survey team verify that this education is provided to each of the identified groups?

_____

_____

_____

**13.** How can you demonstrate or verify to the survey team the mechanism(s) you have in place to ensure that both the person served and the service provider can understand and communicate with each other?

_____

_____

_____

_____

_____

**14.** What is your process for obtaining and maintaining current knowledge of the options available for persons served in the following areas:

■ Housing?

_____

_____

_____

■ Transportation?

_____

_____

_____

■ Technology?

_____

_____

_____

Give some examples of how you advocate for the development of options for:

■ Housing.

_____

_____

_____

_____

■ Transportation.

_____

_____

_____

_____

- Technology.

_____

_____

_____

_____

**15.** In accordance with the choice of the person served, do you provide or arrange for financial assistance and planning that addresses:

- Benefits planning? ❑ Provide ❑ Arrange ❑ Both

- Sustainability of services? ❑ Provide ❑ Arrange ❑ Both

- Contingency planning? ❑ Provide ❑ Arrange ❑ Both

- Education related to financial literacy? ❑ Provide ❑ Arrange ❑ Both

- Short- and long-term planning for future services, including:
  - Funding and supports available? ❑ Provide ❑ Arrange ❑ Both
  - Eligibility criteria? ❑ Provide ❑ Arrange ❑ Both
  - Range of services available? ❑ Provide ❑ Arrange ❑ Both
  - Amount of services available? ❑ Provide ❑ Arrange ❑ Both
  - Impact on continuing benefits? ❑ Provide ❑ Arrange ❑ Both

How can the survey team verify that the above services are provided and/or arranged for persons served in accordance with their choice?

_____

_____

_____

_____

**16.** Do you address the impact of the following areas on the service delivery process for each person served?

- Allergies? ❑ Yes ❑ No

- Current medications, including:
  - Medication sensitivities and adverse reactions? ❑ Yes ❑ No
  - Why each medication is prescribed? ❑ Yes ❑ No
  - Side effects? ❑ Yes ❑ No
  - Drug interactions? ❑ Yes ❑ No

- Implications of abrupt discontinuation
  of medications?                           ❑ Yes          ❑ No

- Compliance?                               ❑ Yes          ❑ No

- Schedule for taking medications?         ❑ Yes          ❑ No

■ The etiology and anticipated course of the
  illness, injury, impairment, disability, or a
  specific age or developmental need?       ❑ Yes          ❑ No

■ The results of relevant diagnostic
  interventions?                            ❑ Yes          ❑ No

■ The results of relevant therapeutic
  interventions?                            ❑ Yes          ❑ No

■ Communication ability?                    ❑ Yes          ❑ No

■ Fatigue?                                  ❑ Yes          ❑ No

■ Nutrition?                                ❑ Yes          ❑ No

■ Pain?                                     ❑ Yes          ❑ No

■ Risk factors?                             ❑ Yes          ❑ No

■ Signs and symptoms of emergent medical
  or psychological conditions?              ❑ Yes          ❑ No

■ Sleep?                                    ❑ Yes          ❑ No

How do you ensure that these areas are addressed as needed for each person served?

_____

_____

_____

_____

_____

**17.** Do you provide ongoing education and training to each person served, depending on
individual needs, that addresses:

■ Disease management?                       ❑ Yes          ❑ No

■ Health advocacy, including prompt
  communication about health issues?        ❑ Yes          ❑ No

■ Prevention related to:
  - Recurrence of the illness, injury,
    impairment, disability, or a specific
    age or developmental need?              ❑ Yes          ❑ No

     – Potential risks and complications due
to the illness, injury, impairment,
disability, or a specific age
or developmental need? ❑ Yes ❑ No

- Primary healthcare? ❑ Yes ❑ No

- Utilization of healthcare resources? ❑ Yes ❑ No

- Wellness? ❑ Yes ❑ No

How do you ensure that the education and training provided to the person served
meets his or her specific needs?

_____

_____

_____

_____

How can the survey team verify that the above education and training are provided
when needed?

_____

_____

_____

_____

18. Do you provide education on medication to the persons served and their families/
support systems that addresses, as appropriate:

- Actions to take in an emergency? ❑ Yes ❑ No

- Administration? ❑ Yes ❑ No

- Dispensing? ❑ Yes ❑ No

- Disposal? ❑ Yes ❑ No

- Errors? ❑ Yes ❑ No

- Expiration dates? ❑ Yes ❑ No

- Identification, including purpose
of each medication prescribed? ❑ Yes ❑ No

- Implications for management of
multiple medications? ❑ Yes ❑ No

- Implications of abrupt discontinuation? ❑ Yes ❑ No

- Indications and contraindications? ❑ Yes ❑ No

■ Obtaining medication?     ❑ Yes     ❑ No

■ Sharing medication?     ❑ Yes     ❑ No

■ Side effects?     ❑ Yes     ❑ No

■ Storage?     ❑ Yes     ❑ No

How do you ensure that the education provided is appropriate for the person served and/or the family/support system?

_____

_____

_____

How can the survey team verify that the above education has been provided?

_____

_____

_____

**19.** Do you provide respite services in locations other than the person's own home?

           ❑ Yes       ❑ No

If *Yes*, what processes do you have in place to ensure that the person served brings the following to the respite provider, if applicable:

■ Adaptive equipment?

_____

_____

_____

■ Assistive technology?

_____

_____

_____

■ Emergency contact information?

_____

_____

_____

■ Information on everyday routines?

_____

_____

_____

■ Information/instructions regarding any special needs?

_____

_____

_____

■ Instructions for specific healthcare procedures?

_____

_____

_____

■ Medications?

_____

_____

_____

■ Pertinent health/medical history?

_____

_____

_____

How do you ensure that respite providers are able to competently use any equipment and/or assistive technology brought in by the person served?

_____

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Evidence of process to identify service options and gaps
- Written procedures on verification of backgrounds of personnel
- Evidence of personnel competencies
- Policies and written procedures that address all items listed in Standard 3.D.5.a.–h.
- Evidence of risk assessments for the persons served
- Evidence that technology or equipment used by persons served is functioning and used according to person-centered plan
- Evidence of person-centered plans including agreed-upon time for service delivery
- Emergency and disaster preparedness and contingency plans
- Policies and written procedures to facilitate collaboration in decision making
- Evidence of education provided to persons served, families/support systems, and other stakeholders
- Individual records of the persons served

# E.   Case Management

1.   Describe how case management identifies:

   ■  Appropriate care options and settings.

   _____

   _____

   _____

   ■  Specialty programs/services.

   _____

   _____

   _____

   ■  Appropriate disciplines/professions

   _____

   _____

   _____

   How does it coordinate each of these?

   _____

   _____

   _____

   _____

   Describe how case management defines its relationships with:

   ■  Appropriate care options and settings.

   _____

   _____

   _____

   ■  Specialty programs/services.

   _____

   _____

   _____

■ Appropriate disciplines/professions

_____

_____

_____

List the service providers external to your organization with whom you typically work and the key communication contacts among these providers, and describe the roles and responsibilities of the key people.

_____

_____

_____

_____

_____

_____

_____

_____

2. How does case management coordinate with:
   ■ The persons served?

   _____

   _____

   ■ The providers of the persons served?

   _____

   _____

   ■ Payers?

   _____

   _____

   ■ Legal entities?

   _____

   _____

3. Explain how case management accesses and uses information about:
   - Regulations.

   _____

   _____

   - Legislation.

   _____

   _____

   - Financial issues.

   _____

   _____

   - Service availability.

   _____

   _____

   - The healthcare delivery system.

   _____

   _____

4. Describe how case management advocates for the following:
   - Ethical treatment.

   _____

   _____

   - Quality-focused, appropriate care.

   _____

   _____

   - Access to appropriate services.

   _____

   _____

■ Delivery of care.

_____

_____

■ Efficient use of resources.

_____

_____

■ Performance measurement and management.

_____

_____

■ Development of resources in the community.

_____

_____

■ Availability and utilization of services that minimize/prevent impairment, reduce activity limitations, lessen participation restrictions, and identify environmental barriers.

_____

_____

■ The safety of the persons served

_____

_____

5. Describe how case management participates in decisions regarding the persons served about:

■ Appropriate use of a full continuum of care.

_____

_____

■ Services.

_____

_____

■ Equipment.

_____

_____

■ Supplies.

_____

_____

■ Community resources.

_____

_____

6. Give specific examples of how case management facilitates communication that:
   ■ Avoids duplication of information.

_____

_____

   ■ Efficiently facilitates necessary services for the person served.

_____

_____

How does case management promote the health and well-being of the persons served?

_____

_____

How does case management facilitate the identification of issues concerning the benefits of the persons served?

_____

_____

What kind of input have you sought from your stakeholders regarding what they consider to be value-based care?

_____

_____

What have you identified as the three most important components of value-based care?

_____

_____

_____

How does case management facilitate value-based care?

_____

_____

How does case management facilitate the provision of services to:

■ Minimize/prevent impairment?

_____

_____

■ Reduce activity limitations?

_____

_____

■ Lessen participation restrictions?

_____

_____

■ Identify environmental barriers?

_____

_____

How does case management facilitate the safety of the persons served?

_____

_____

What types of independent reviews does case management conduct or facilitate?

_____

_____

7. Describe the involvement of case management in the following areas, including the team members involved and the methods used:

■ Reviewing relevant reports to facilitate assessment.

_____

_____

■ Identifying resources.

_____

_____

■ Integrating information on resources into case management planning.

_____

_____

■ Integrating information on resources into case management implementation.

_____

_____

■ Conducting assessments.

_____

_____

■ Predicting outcomes.

_____

_____

■ Establishing case management plans.

_____

_____

■ Participating in the establishment of discharge/transition plans.

_____

_____

■ Providing case management services.

_____

_____

■ Modifying case management plans.

_____

_____

■ Recommending or ensuring that the individuals on the team change based on the needs of the person served.

_____

_____

■ Achieving the predicted outcomes.

_____

_____

■ Recommending or ensuring that the persons served are transferred to the most appropriate level of care, based on need.

_____

_____

■ Providing education and training.

_____

_____

■ Referring the persons served to other services/programs as needed.

_____

_____

■ Communicating with relevant stakeholders.

_____

_____

■   Participating in performance improvement activities.

_____

_____

8.  Does the information that case management provides to the persons served address:

   ■   The characteristics of the persons served?  ❑ Yes        ❑ No

   ■   The number of persons served per
       category of people who share similar
       characteristics within a stated period
       of time?                                    ❑ Yes        ❑ No

   ■   Experience of services received and other
       feedback from the persons served?           ❑ Yes        ❑ No

   Describe how and when relevant information about case management is
   provided to the persons served from the performance measurement and
   outcomes management system.

   _____

   _____

   _____

   _____

9.  Explain how the initial and ongoing assessment process by case management
    is relevant to the needs of the persons served.

    _____

    _____

    _____

    _____

    _____

    How do the assessments:

    ■   Predict outcomes independently or with a team including:

        –   Functional status at discharge/transition?

        _____

        _____

&ndash; Disposition at discharge/transition?

_____

_____

&ndash; Duration of services?

_____

_____

■ Consider health status?

_____

_____

■ Address resource needs and utilization?

_____

_____

■ Address discharge/transition planning?

_____

_____

■ Address integration of available resources?

_____

_____

■ Identify:
&ndash; Factors that will facilitate the achievement of predicted outcomes?

_____

_____

&ndash; Barriers to the achievement of predicted outcomes?

_____

_____

How do you address funding sources?

_____

_____

Identify how you determine the expectations of:

■ Funding sources.

_____

_____

■ Employers.

_____

_____

**10.** How are potential persons served and their families/support systems informed of the opportunity to visit referral programs/services prior to entry?

_____

_____

_____

Describe how each person to be served is familiarized with the program and its personnel during this visit.

_____

_____

_____

Describe how the expectations of persons served and the organization are outlined during the visit.

_____

_____

_____

**11.** How does case management communicate the behavioral and cognitive needs of the persons served to the programs/services with which they interact?

_____

_____

How does case management verify that the referral programs/services being offered can meet these needs?

_____

_____

Give an example of when an individual's cognitive or behavioral needs have not been met by a referral program and what case management has done.

_____

_____

12. Do the individual case management plans for the persons served address:

- Minimizing/preventing impairment? ❏ Yes ❏ No

- Reducing activity limitations? ❏ Yes ❏ No

- Lessening participation restrictions? ❏ Yes ❏ No

- Environmental modifications? ❏ Yes ❏ No

- Outcomes predicted of case management? ❏ Yes ❏ No

- The timeframe estimated for case management services? ❏ Yes ❏ No

- Involvement of the persons served in planning? ❏ Yes ❏ No

- Communication with appropriate parties? ❏ Yes ❏ No

- Modification of the plan based on the resources of case management? ❏ Yes ❏ No

- A plan for exit/transition from case management, including mechanisms for interagency coordination? ❏ Yes ❏ No

13. Does case management provide the following individualized information to each person served:

- The scope of case management services to be provided? ❏ Yes ❏ No

- The intensity of case management services to be provided? ❏ Yes ❏ No

- Insurance coverage and/or payment structure? ❏ Yes ❏ No

- Alternative resources to address additional identified needs? ❏ Yes ❏ No

Describe the documentation provided to each person served that addresses the above areas.

_____

_____

Where is the information found?

_____

_____

**14.** How do you ensure that case managers are consistently assigned to the persons served?

_____

_____

_____

_____

**15.** What are the competencies required of the case manager for each person served?

_____

_____

How are the identified competencies demonstrated?

_____

_____

_____

How is the case manager identified to:
- The person served?

_____

_____

- The family/support system?

_____

_____

Describe how the case manager demonstrates:

■ Authority to coordinate the provision of care.

_____

_____

■ Knowledge of the service/program of the person served.

_____

_____

■ Availability to interact with the person served.

_____

_____

■ Availability to interact with the team of the persons served.

_____

_____

■ Availability to interact with the family/support system.

_____

_____

■ Availability to interact with other stakeholders.

_____

_____

■ Facilitation of an appropriate orientation process for each person served.

_____

_____

■ Communication with external sources.

_____

_____

■ Communication with internal sources.

_____

_____

■ Provision to the team of available financial information to facilitate
decision making about:

  – Intake.

_____

_____

  – Assessment.

_____

_____

  – Service planning.

_____

_____

  – Service provision.

_____

_____

  – Discharge/transition planning.

_____

_____

  – Long-term follow-up.

_____

_____

■ Facilitation of the involvement of the person served as an active member
of the team throughout the case management process.

_____

_____

■ Facilitation of the gathering of information to assist the organization in follow-up activities for its analysis of program performance.

_____

_____

■ Completion of discharge/transition arrangements.

_____

_____

■ Communication of discharge/transition recommendations to appropriate stakeholders.

_____

_____

■ Facilitation of the implementation of discharge/transition recommendations.

_____

_____

**16.** Describe how case management interacts with, facilitates, and communicates with the team including:

■ The person served.

_____

_____

■ Members of the family/support system.

_____

_____

■ Personnel involved in evaluating and facilitating the achievement of the predicted outcomes of the persons served.

_____

_____

How is the composition of the team for each person served determined?

_____

_____

Give examples of how the team composition may be impacted by the:

■ Assessment of the person served.

_____

_____

_____

■ Individual planning process.

_____

_____

_____

■ Predicted outcomes of the person served.

_____

_____

_____

■ Strategies utilized to achieve the outcomes predicted.

_____

_____

_____

How would you demonstrate that the person served is an active member of the team?

_____

_____

_____

How would you demonstrate that members of the family/support system
are active on the team?

_____

_____

_____

Describe how case management facilitates the team to address:

■ Impairments of the person served.

_____

_____

■ Activity limitations of the person served.

_____

_____

■ Participation restrictions of the person served.

_____

_____

■ The environmental needs of the person served.

_____

_____

■ Characteristics of the intended discharge/transition environment.

_____

_____

■ The personal preferences of the person served.

_____

_____

■ Achievement of predicted outcomes.

_____

_____

**17.** How does case management facilitate the team communicating on an ongoing basis about progress of the person served toward predicted outcomes?

_____

_____

_____

Give examples of case management's facilitation of team collaboration to achieve the predicted outcomes of the persons served.

_____

_____

_____

_____

**18.** How would you demonstrate that progress toward the accomplishment of predicted outcomes is being made by the persons served?

_____

_____

_____

How do you determine that progress is being made at the expected pace?

_____

_____

_____

Describe what happens if measurable progress is not being made at the expected pace.

_____

_____

_____

Are outcomes for the persons served
expressed in functional terms? ❑ Yes ❑ No

Is progress expressed in measurable terms? ❑ Yes ❑ No

**19.** Summarize how you make information available to the persons served and their families/support systems about resources for support, advocacy, and civil rights.

_____

_____

_____

**20.** What information does case management make available regarding local lodging and transportation options?

_____

_____

_____

**21.** How are the following individuals involved in discharge/transition planning?
■ The persons served.

_____

_____

■ Family members/support systems.

_____

_____

■ Providers in the continuum of services.

_____

_____

■ Other relevant stakeholders.

_____

_____

**22.** How are the following individuals notified when there is a change in the discharge/transition plan?
■ The person served.

_____

_____

■ The family/support system.

_____

_____

■ Other relevant stakeholders.

_____

_____

**23.** How does the discharge/transition process address recommendations for services to maintain or improve the outcomes achieved by the person served?

_____

_____

**24.** How do you ensure that the discharge/transition summary for each person served is relevant to the services received?

_____

_____

_____

**25.** How is a crisis situation involving behavior of the person served handled?

_____

_____

_____

What training is provided to personnel regarding the handling of these situations?

_____

_____

_____

**26.** Describe how case management verifies that interventions to change behavior used by the services/programs promote a positive, consistent, and therapeutic approach.

_____

_____

_____

Describe how case management verifies the following for services/programs used:

■ Socially and culturally acceptable behaviors modeled for the persons served, their families/support systems, and members of the community with whom they regularly interact.

_____

_____

_____

■ Consideration of environmental factors and environmental modifications in behavior management.

_____

_____

_____

■ Medication management incorporated into behavioral management.

_____

_____

_____

■ Training provided to personnel in the implementation of behavior management programs.

_____

_____

_____

■ Training provided to families/support systems in the implementation of behavior management programs.

_____

_____

_____

**27.** How does case management verify that in the programs/services it uses, when there is a need to manage behaviors, personnel perform the components listed in the standard?

_____

_____

_____

_____

**28.** Describe how you gather follow-up information on each person served.

_____

_____

_____

Does the information collected include:

- Changes in severity of conditions? ❏ Yes ❏ No

- Changes in comorbidity? ❏ Yes ❏ No

- Mortality? ❏ Yes ❏ No

- Nonmedical interruptions in the delivery of services? ❏ Yes ❏ No

Does case management conduct a written analysis of its performance in each of these areas at least annually? ❏ Yes ❏ No

How are performance targets determined?

_____

_____

_____

How do you address:

- Performance in relationship to established targets for:
  - Changes in:
    - Severity of the conditions?

  _____

  _____

- Comorbidity?

  _____

  _____

– Mortality?

  _____

  _____

– Nonmedical interruptions in the delivery of services?

  _____

  _____

■ Trends?

  _____

  _____

■ Actions for improvement?

  _____

  _____

■ Results of performance improvement plans?

  _____

  _____

■ Necessary education of:
  – Persons served?

  _____

  _____

  – Families/support systems?

  _____

  _____

&ndash; Personnel?

_____

_____

&ndash; Others?

_____

_____

**29.** Identify records that have the items listed below. Not all records will have all items. Make sure that, if the item applies to case management and you have done what is listed, you have examples for the survey team. The examples can be from closed or current records.

Do the identified records include:

- Identification data?      ❑ Yes      ❑ No

- Assessment information, including information on health status or a health history?      ❑ Yes      ❑ No

- The individual plan, with goals stated?      ❑ Yes      ❑ No

- Progress/reassessment documentation?      ❑ Yes      ❑ No

- Documentation of critical incidents?      ❑ Yes      ❑ No

- Discharge/transition summaries?      ❑ Yes      ❑ No

- Referral information and medical records, including release forms?      ❑ Yes      ❑ No

**30.** Does your organization conduct a written analysis of a representative sample of records of the persons served at least annually?

     ❑ Yes      ❑ No

How do you determine what to review?

_____

_____

_____

Does the analysis include:

- Documentation completed in accordance with the organization's policies?      ❑ Yes      ❑ No

- Regulatory requirements, if applicable?      ❑ Yes      ❑ No

- CARF documentation requirements?      ❑ Yes      ❑ No

How are performance targets determined for each area?

_____

_____

_____

How does the analysis include:
■ Performance in relationship to established targets for:
  – Documentation completed in accordance with the organization's policies?

  _____

  _____

  – Regulatory requirements, if applicable?

  _____

  _____

  – CARF documentation requirements?

  _____

  _____

■ Trends?

_____

_____

■ Actions for improvement?

_____

_____

■ Results of performance improvement plans?

_____

_____

■ Necessary education and training of personnel?

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Evidence of case management's role in the continuum of care
- Individual case management plans of the persons served
- Individual records of the persons served
- Procedures for referral to other resources
- Records of service referrals
- Evidence of education provided to persons served and families/support systems
- Evidence of case management-specific information gathered on each person served
- Identification of individual(s) who coordinates the provision of care
- Evidence of communication regarding the team process that includes persons served and families/support systems
- Evidence of input from the persons served regarding their information needs
- Information compiled from the information and outcomes management system that is provided to the persons served about case management
- Initial and ongoing assessments
- Individualized written disclosure statements
- Evidence of the competencies of the individuals who coordinate provision of care
- Evidence of interaction and communication by case management with the team concerning carrying out its responsibilities
- Information on local and regional resources for support, advocacy, and civil rights
- Information about local lodging and transportation options
- Evidence of approaches to managing behaviors
- Evidence of process to verify approach of services/programs used for behavior management
- Discharge/transition recommendations
- Written discharge/transition summary for each person served
- Evidence of information gathered on persons served and a written analysis conducted at least annually
- Written analysis of a representative sample of records of persons served conducted at least annually

# F.   Independent Senior Living

**1.** Where can surveyors locate the following documented parameters regarding your scope of services:

- Resident population?

  _____

  _____

- Age range of persons served?

  _____

  _____

- Housing options?

  _____

  _____

- Services available, including activities, dining, housekeeping, laundry, maintenance, and transportation?

  _____

  _____

For each service that is available, where is the following information identified:

- Settings?

  _____

  _____

- Hours of services?

  _____

  _____

- Days of services?

  _____

  _____

- Frequency of services?

  _____

  _____

- Fees?

  _____

  _____

Describe how your organization shares the information about the scope of your services with persons served, families/support systems, relevant stakeholders, and the general public.

_____

_____

_____

Is the scope of services reviewed
at least annually?                    ❑ Yes              ❑ No

Describe your process for reviewing the scope of services.

_____

_____

_____

Explain how the scope of services is updated as needed.

_____

_____

_____

2. Based on the scope of the program, does the organization have documented:
   - Entry criteria?                  ❑ Yes              ❑ No
   - Exit criteria?                   ❑ Yes              ❑ No

   What are the criteria?

   _____

   _____

   Are the criteria closely related to the scope?    ❑ Yes              ❑ No

How is the information shared with:

■   Persons served?

_____

_____

■   Families/support systems?

_____

_____

■   Other relevant stakeholders?

_____

_____

**3.**   Where would the surveyors find the signed, written agreement?

_____

_____

Does the written agreement include:

| | | |
|---|---|---|
| ■   Entry criteria? | ❑ Yes | ❑ No |
| ■   Entry procedures? | ❑ Yes | ❑ No |
| ■   Exit criteria? | ❑ Yes | ❑ No |
| ■   Exit procedures? | ❑ Yes | ❑ No |
| ■   Scope of services to be provided? | ❑ Yes | ❑ No |
| ■   Fee schedule? | ❑ Yes | ❑ No |
| ■   Responsibility for payment of fees? | ❑ Yes | ❑ No |
| ■   Refund policies? | ❑ Yes | ❑ No |

How does the program verify that persons served understand the written agreement?

_____

_____

How is the information shared if a person served cannot read?

_____

_____

How is the written agreement made available to persons served for review?

_____

_____

How can surveyors verify that persons served are provided with a copy of the written agreement for review prior to entry to the program and after it is signed by all appropriate parties?

_____

_____

4. Where do personnel and others who may be involved with visitors to the program go to find the processes to follow for visitors?

_____

_____

Describe a typical interaction with a visitor who is seeking information about the independent senior living organization.

_____

_____

_____

Identify questions that are typically asked to gain an understanding of their expectations about possibly living in the organization.

_____

_____

_____

Identify documents and other information that are generally shared with visitors to answer questions.

_____

_____

_____

Describe the information that is provided regarding the mission of the organization and the personnel.

_____

_____

**5.** Describe what customer service means to your organization and how you demonstrate it to the persons served.

_____

_____

_____

_____

How does leadership demonstrate customer service?

_____

_____

_____

Describe how personnel in the following areas demonstrate customer service:
■ Administration.

_____

_____

_____

■ Dining.

_____

_____

_____

■ Maintenance

_____

_____

_____

- Housekeeping.

_____

_____

_____

- Other areas.

_____

_____

_____

6. How are activities available to persons served?

_____

_____

_____

How does the organization determine that available activities:
- Meet interests of persons served?

_____

_____

- Align with capabilities?

_____

_____

- Reflect choices?

_____

_____

- Promote personal growth and self-image?

_____

_____

- Improve or maintain independence whenever possible?

  _____

  _____

- Allow for both group interaction and autonomy?

  _____

  _____

- Include opportunities in the local community?

  _____

  _____

7. Describe how the program provides access to:
   - Computers.

     _____

     _____

   - The internet.

     _____

     _____

   - Information of interest.

     _____

     _____

   - Health and wellness information.

     _____

     _____

   - Other media.

     _____

     _____

Describe how the program arranges for formal and informal educational opportunities.

_____

_____

_____

8. What types of communication mechanisms exist to address need of:
   ■ The persons served?

   _____

   _____

   ■ The program?

   _____

   _____

   ■ Other stakeholders?

   _____

   _____

When changes, issues, or needs emerge, what communication mechanisms are used?

_____

_____

_____

When contingency planning is needed, what communication mechanisms are used?

_____

_____

_____

When decisions are made by persons served, what communication mechanisms are used to share the information with the program, other persons served, and other stakeholders?

_____

_____

_____

9. Describe the types of regular meetings that are conducted between persons served and personnel regarding the living environment.

_____

_____

_____

Give examples of situations in which a one-on-one meeting could occur.

_____

_____

_____

Give examples of group meetings that could occur.

_____

_____

_____

10. How do you educate persons served about measures to promote safety within the independent living environment?

_____

_____

How does your staffing promote safety and security?

_____

_____

What surveillance systems are used to promote safety?

_____

_____

What measures are used to promote safety when individuals enter and exit individual units and the property in general?

_____

_____

What measures are to be taken in emergency situations?

_____

_____

What personal security options can residents use?

_____

_____

**11.** What information is provided to residents so that they understand their rights regarding the organization's approach to emergency response.

_____

_____

_____

**12.** How do you provide information to persons served about:
■ Advance directives?

_____

_____

■ Resuscitation, including providing information so that individuals can make decisions as well as the right to refuse resuscitation?

_____

_____

■ Legal requirements related to advance directives and resuscitation?

_____

_____

What information do you provide to persons served regarding resources they can use to document their decisions?

_____

_____

_____

13. Describe the methods your program uses to make available current information regarding the following community resources:

■ Adult protective services.

_____

_____

■ Care management services.

_____

_____

■ Community service organizations.

_____

_____

■ Crisis intervention programs.

_____

_____

■ In-home services, including home healthcare and homemaker services.

_____

_____

■ Meal delivery services.

_____

_____

■ Specialized services unique to the population served.

_____

_____

■ Transportation services.

_____

_____

- Wellness and health promotion.

  _____

  _____

- Other services, as needed.

  _____

  _____

How is this done for persons served?

_____

_____

_____

How is this done for family/support systems?

_____

_____

_____

**14.** What mechanism is implemented to make available current emergency information?

_____

_____

Where can a written version of this information be located?

_____

_____

Where is the information stored in individual residences?

_____

_____

Does the mechanism include for each person served:

- Advance directives?   ❑ Yes   ❑ No

- Allergies?   ❑ Yes   ❑ No

- Current diagnoses/conditions
  and their related history?   ❏ Yes     ❏ No

- Emergency contact information?   ❏ Yes     ❏ No

- Information regarding equipment and
  devices used by the person served?   ❏ Yes     ❏ No

- Hospital preference?   ❏ Yes     ❏ No

- Healthcare providers, including
  their contact information?   ❏ Yes     ❏ No

- Immunization status?   ❏ Yes     ❏ No

- Insurance information?   ❏ Yes     ❏ No

- Medications?   ❏ Yes     ❏ No

- Other relevant information?   ❏ Yes     ❏ No

**15.** Do the persons served in your organization have contracts with people
or companies to provide them services?

  ❏ Yes       ❏ No

What information do you provide to persons served regarding:

- Exploring services?

  _____

  _____

- Hiring services?

  _____

  _____

- Managing services?

  _____

  _____

- Information exchange with your program personnel?

  _____

  _____

■ Terminating services?

_____

_____

**16.** What is your organization's preventive maintenance program?

_____

_____

_____

How do you promote cleanliness in the organization?

_____

_____

_____

How do you plan for capital improvements of the property?

_____

_____

_____

**17.** Do you have written procedures for verifying the backgrounds of all personnel?

❑ Yes  ❑ No

If _Yes_, do these procedures identify actions to occur:

■ Prior to the delivery of services to the
persons served or to the program?  ❑ Yes  ❑ No

■ At stated intervals throughout
employment?  ❑ Yes  ❑ No

■ In response to the information received?  ❑ Yes  ❑ No

What procedures are followed in the event that backgrounds or credentials cannot be verified?

_____

_____

_____

Give some examples of actions taken in response to information received through background checks.

_____

_____

_____

_____

_____

**18.** Do all personnel receive training at:

- Orientation?      ❑ Yes      ❑ No

- Regular intervals?      ❑ Yes      ❑ No

Describe the training that is provided to personnel to address the following information:

- Aging issues.

_____

_____

_____

- Communication of unusual occurrences regarding persons served.

_____

_____

_____

- Documentation and record keeping requirements of the program, as appropriate to their specific job.

_____

_____

_____

- Legal requirements affecting the program or the personnel.

_____

_____

_____

■ Psychological issues of the persons served.

_____

_____

_____

■ Social/cultural issues of the persons served.

_____

_____

_____

■ Specific training directly related to the program.

_____

_____

_____

■ Wellness.

_____

_____

_____

**19.** Is Wi-Fi available to persons served at the program?

❑ Yes          ❑ No

Is other technology available that promotes
engagement or enhance quality of life?          ❑ Yes          ❑ No

If _Yes_, what resources are available for the use of technology?

_____

_____

**20.** Describe how you work with local community resources on emergency preparedness.

_____

_____

_____

Describe how the unique needs of the persons served are addressed in your work with community resources for emergency preparedness at your location, including issues regarding power restoration, considerations in the case of evacuation of your property or locality, transportation issues that might arise if an evacuation occurs, shelter availability, recovery procedures to get the organization running safely and ensure the safety of individuals, and considerations for public health concerns.

_____

_____

_____

_____

_____

Describe how you work with leaders in your local community on emergency preparedness of public health concerns.

_____

_____

_____

**21.** Describe how your program conducts outreach to expand your future workforce.

_____

_____

_____

What opportunities for career development are provided to personnel?

_____

_____

_____

What mechanisms can personnel use for communication and problem-solving with colleagues?

_____

_____

_____

List the mechanisms used.

_____

_____

_____

What resources are provided to support the well-being of the workforce?

_____

_____

_____

**22.** Describe your organization's infection prevention and control policy.

_____

_____

_____

Does the infection prevention and control policy include procedures for:

- Vaccinations? ❑ Yes ❑ No

- Screenings? ❑ Yes ❑ No

- Education for:
  - Persons served? ❑ Yes ❑ No

  - Personnel? ❑ Yes ❑ No

  - Other stakeholders? ❑ Yes ❑ No

**23.** Describe how your program plans for sustained emergency conditions (e.g., a pandemic or the aftermath of a disaster such as a fire or hurricane).

_____

_____

_____

_____

Describe who is involved in these planning efforts, including:

- Internal stakeholders.

_____

_____

■ Community resources.

_____

_____

■ External stakeholders.

_____

_____

How does the program address:

■ Contingency planning for potential workforce shortages?

_____

_____

_____

■ Expedited onboarding of new personnel, including:
 – What topics would be covered as part of an expedited orientation?

_____

_____

 – How and when the remaining topics would be addressed?

_____

_____

Does the program have a policy regarding
essential caregivers?              ❑ Yes              ❑ No

If essential caregivers are allowed:

■ Does the program have written
procedures regarding the scope of
their involvement with persons served?    ❑ Yes              ❑ No

■ Describe who may fulfill the role of an essential caregiver.

_____

_____

_____

_____

■ What type(s) of activities/tasks are included in the scope of an essential caregiver?

_____

_____

_____

_____

Explain how the program would procure the supplies necessary to support and sustain its ongoing operations.

_____

_____

_____

_____

What mechanisms does the program have in place to ensure timely and transparent communication with:

■ Persons served?

_____

_____

■ Families/support systems?

_____

_____

■ The workforce?

_____

_____

■ Other stakeholders?

_____

_____

Describe how the program would address the unique communication needs of various stakeholders.

_____

_____

_____

_____

Describe your program's process for ethical decision-making.

_____

_____

_____

_____

- Give an example of when this process has been implemented.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

- Resident handbook
- Move-in packet
- Marketing brochures
- Lease
- Residency agreement
- Activities calendar
- Resident newsletter
- Safety procedures
- Tenant or Resident Bill of Rights
- Emergency information file for each person served
- Written procedures for personnel background checks
- Personnel and volunteer training schedules
- Policies related to essential caregivers and sustained emergencies
- Policies related to vaccination and screening

# G. Personal Supports Services

1. How does your program identify the supports and services provided?

   _____

   _____

   _____

2. Do your program's personnel receive training that includes:

   ■ Promoting supports that are
     directed by the person served?          ❑ Yes          ❑ No

   ■ Advocating for the needs of
     persons served?                         ❑ Yes          ❑ No

   ■ Guidelines for participating in the
     service planning for persons served,
     when applicable?                        ❑ Yes          ❑ No

   ■ Where appropriate, supportive
     therapeutic techniques?                 ❑ Yes          ❑ No

   ■ As appropriate to the service provided, safety training that includes:

     – First aid/CPR?                        ❑ Yes          ❑ No

     – Biohazards?                           ❑ Yes          ❑ No

     – Physical hazards?                     ❑ Yes          ❑ No

     – Body mechanics?                       ❑ Yes          ❑ No

   ■ If transportation is provided:

     – Proper seat restraints, including,
       when children are served, car seat
       installation?                         ❑ Yes          ❑ No

     – Wheelchair tie-downs,
       when applicable?                      ❑ Yes          ❑ No

     – Safe driving techniques?              ❑ Yes          ❑ No

   How is this training provided?

   _____

   _____

   _____

3. When direct personal care supports are provided, does your program have a plan and written procedures that are implemented for:

■ The supervision of personnel, including provision of timely feedback to enhance skills?  ❑ Yes  ❑ No

■ Addressing unplanned absences to ensure continuity of supports?  ❑ Yes  ❑ No

How do you ensure that these plans and written procedures are implemented?

_____

_____

_____

4. How do you ensure that, when applicable, training in the use of adaptive devices and equipment is provided to:

■ Personnel?

_____

_____

■ The person served?

_____

_____

■ The family?

_____

_____

■ Caregivers?

_____

_____

5. Give some examples of how assistive technology is used and reasonable accommodations made, when needed, in:

■ The development of services and supports.

_____

_____

_____

■ The ongoing provision of services.

_____

_____

_____

6. Do you provide training or educational activities for persons served?

❑ Yes ❑ No

If _Yes_, is there a written description
of each offering? ❑ Yes ❑ No

Does the written description of each offering include:

■ Focus on the needs of the trainees? ❑ Yes ❑ No

■ Requirements for participation, if any? ❑ Yes ❑ No

■ Objectives for the activity? ❑ Yes ❑ No

■ Instructional methods and materials? ❑ Yes ❑ No

■ The sequence and hours of instruction? ❑ Yes ❑ No

■ Regular review and revision/updates
as needed? ❑ Yes ❑ No

7. Does your program offer information and referral services?

❑ Yes ❑ No

If _Yes_, describe how the program can demonstrate to the survey team its:

■ Knowledge of available services/resources.

_____

_____

_____

■ Knowledge of support systems that are relevant to the persons served.

_____

_____

_____

■ Facilitation of access to available services/resources.

_____

_____

_____

■ Availability at times and locations convenient to the persons served.

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Identification of supports and services provided

■ Records of persons served, if applicable to the service provided

■ Individual service plans, if applicable to the service provided

■ Progress notes

■ Procedures manual

■ Documented staff training

■ Curriculum for training/education courses provided

■ Forms authorizing release of confidential information

■ Plan and written procedures for supervision of direct service personnel

# H.  Continuing Care Retirement Community

1.  How does the CCRC identify the structure of its continuum to individuals who are considering entering the CCRC?

_____

_____

How do the persons served and their families/support systems identify:
■  What is offered on the CCRC campus?

_____

_____

■  What is offered external to the main campus?

_____

_____

■  The levels of care owned by the CCRC?

_____

_____

■  Levels of care that are not owned, but instead are contracted by the CCRC?

_____

_____

2.  Describe the ways you market your CCRC to prospective persons served.

_____

_____

_____

How do you describe the structure of the CCRC?

_____

_____

What is communicated regarding the ownership/management of the CCRC?

_____

_____

How do the marketing efforts reflect the levels of care that are offered?

_____

_____

_____

**3.** How does the CCRC define its relationship with components of its own continuum and with other providers of long-term services and supports?

_____

_____

_____

What are the responsibilities of the components of the CCRC's continuum?

_____

_____

_____

_____

Who are the key communication contacts at each component of the continuum?

_____

_____

_____

How does the CCRC coordinate services through multiple levels of service to meet the needs of persons served?

_____

_____

_____

To effectively meet needs and provide integrated services, what systems for interaction and feedback exist within the CCRC's continuum and with other service providers?

_____

_____

_____

_____

**4.** Describe how written agreements can specify preferred access to levels of care.

_____

_____

_____

Describe how this process works for persons served.

_____

_____

_____

What happens to persons served who do not have preferred access to levels of care identified in their written agreement with the CCRC?

_____

_____

_____

**5.** Provide examples of how your organization communicates, coordinates, facilitates, and advocates for appropriate transitions at each level of service offered by the CCRC.

_____

_____

_____

_____

Provide examples of how planning a transition or exit of a person served addresses:

■ Their preferences.

_____

_____

_____

■ The rhythm of their daily life.

_____

_____

_____

■ What the family/support system understands regarding the current status of the person served.

_____

_____

_____

■ Expectations of the person served and their family/support system.

_____

_____

_____

■ Spouse or others living with the person served.

_____

_____

_____

■ Contingency plans.

_____

_____

_____

■ The environment of the next component of care.

_____

_____

_____

■ The capability of the family/support system.

_____

_____

_____

■ Financial resources.

_____

_____

_____

■ Access to health services.

_____

_____

_____

■ Transportation.

_____

_____

_____

■ Identification of resources that are or will be involved with the person served.

_____

_____

_____

■ Ways that your team coordinates with other resources.

_____

_____

_____

■ The person-centered plan for the person served, including the current information in the plan and how it will need to be changed.

_____

_____

_____

■ Designating the go-to person or person(s) for coordination.

_____

_____

_____

6. Describe how records follow the person served.

_____

_____

_____

When an actual record cannot be shared due to confidentiality, describe how important information from the record is shared.

_____

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Resident handbook
■ Move-in packet

- Marketing brochures
- Residence and care agreement
- Activities calendar
- Resident newsletter
- Safety procedures
- Tenant or Resident Bill of Rights
- Emergency information file for each person served
- Written procedures for personnel background checks
- Personnel and volunteer training schedules

# SECTION 4

# Specialty Program Designation Standards

## A. Dementia Care Specialty Programs

1. To empower the persons served with dementia to make decisions each day that are consistent with their abilities, describe how your program:

   ■ Assesses the ability of the persons served with dementia to make decisions.

   _____

   _____

   _____

   ■ Minimizes barriers to decision making by the persons served with dementia.

   _____

   _____

   _____

   ■ Communicates with the persons served with dementia regarding the immediate consequences associated with choices and behaviors that pose a potential risk to their health or safety.

   _____

   _____

   _____

   ■ Facilitates appropriate support for decision making by the persons served with dementia.

   _____

   _____

   _____

■ Documents significant discussions and decisions made by the persons served with dementia in their records.

_____

_____

_____

2. Describe how your program's environment addresses the unique needs of persons with dementia, including:

■ Promoting the dignity and self-worth of the persons served.

_____

_____

_____

■ Maintaining the safety of the persons served.

_____

_____

_____

■ Maximizing the functioning of persons served in the following areas:
  – Behavioral.

_____

_____

_____

  – Cognitive.

_____

_____

_____

  – Mobility.

_____

_____

_____

– Occupational.

_____

_____

_____

– Physical.

_____

_____

_____

– Sensory.

_____

_____

_____

– Social.

_____

_____

_____

■ Optimizing their independence.

_____

_____

_____

3. Does your program's ongoing screening/assessment process include information about the person's:

| | | |
|---|---|---|
| ■ Life history? | ❑ Yes | ❑ No |
| ■ Important memories? | ❑ Yes | ❑ No |
| ■ Favorite stories? | ❑ Yes | ❑ No |
| ■ Daily routines? | ❑ Yes | ❑ No |
| ■ Comfort/reminiscence objects? | ❑ Yes | ❑ No |
| ■ People of importance? | ❑ Yes | ❑ No |

Explain how this is accomplished.

_____

_____

_____

_____

4. How does your program provide or arrange for education for:
   ■ The persons served?

   _____

   _____

   _____

   ■ Families/support systems?

   _____

   _____

   _____

   Does the education provided or arranged for address each of the following, in accordance with identified needs:
   ■ Dementia, including:
     – Signs and symptoms?　　　　　❑ Yes　　　❑ No
     – Progression?　　　　　　　　　❑ Yes　　　❑ No
     – Types of dementia?　　　　　　❑ Yes　　　❑ No
     – Coexisting conditions?　　　　❑ Yes　　　❑ No
     – Lived experience of dementia?　❑ Yes　　　❑ No
   ■ Maintaining relationships?　　　❑ Yes　　　❑ No
   ■ Skills training, including:
     – Activities?　　　　　　　　　　❑ Yes　　　❑ No
     – Therapeutic approach to behavior?　❑ Yes　　　❑ No
     – Communication skills, including communication with:
       - Persons served?　　　　　　❑ Yes　　　❑ No
       - Service providers?　　　　　❑ Yes　　　❑ No
     – Caregiver self-care?　　　　　❑ Yes　　　❑ No

- Coping with changes?  ❑ Yes  ❑ No
- Driving?  ❑ Yes  ❑ No
- Falls?  ❑ Yes  ❑ No
- Incontinence?  ❑ Yes  ❑ No
- Loss and grief?  ❑ Yes  ❑ No
- Legal issues?  ❑ Yes  ❑ No
- Mobility?  ❑ Yes  ❑ No
- Palliative care?  ❑ Yes  ❑ No
- Planning for the future?  ❑ Yes  ❑ No
- Risk of elopement?  ❑ Yes  ❑ No
- Sexuality?  ❑ Yes  ❑ No
- Skin integrity?  ❑ Yes  ❑ No
- Community resources?  ❑ Yes  ❑ No
- Payer sources?  ❑ Yes  ❑ No

How do you identify the specific educational needs of each person served?

_____

_____

_____

How do you identify the specific educational needs of the family/support system of each person served?

_____

_____

_____

_____

How do you ensure that the education provided to each person served appropriately addresses his or her needs?

_____

_____

_____

_____

How do you ensure that the education provided to the family/support system of each person served addresses its needs?

_____

_____

_____

_____

5. How do you ensure that program personnel implement a positive, therapeutic approach to behavior?

_____

_____

_____

_____

Identify some examples that demonstrate how this is accomplished.

_____

_____

_____

_____

6. Describe how your program, as appropriate, incorporates into the person-centered plan:
   ■ A palliative approach to care.

   _____

   _____

   _____

   ■ End-of-life care.

   _____

   _____

   _____

7. Does your program utilize any volunteers who interact with persons served with dementia?

   ❑ Yes          ❑ No

If *Yes*, do these volunteers receive documented, competency-based training that addresses:

- Communication? ☐ Yes ☐ No

- Dementia? ☐ Yes ☐ No

- Post-incident debriefing opportunities? ☐ Yes ☐ No

- Therapeutic approach to behavior? ☐ Yes ☐ No

Explain how this is accomplished and where the training is documented.

_____

_____

_____

8. Who is the program manager for your dementia care specialty program?

_____

_____

What are the qualifications, training, and experience of the program manager in dementia care?

_____

_____

_____

Does the program manager have responsibility and authority to direct:

- Resource utilization? ☐ Yes ☐ No

- Performance improvement activities? ☐ Yes ☐ No

- Program development and modification? ☐ Yes ☐ No

- Educational activities for program personnel? ☐ Yes ☐ No

- Stakeholder relationship management? ☐ Yes ☐ No

- Advocacy activities? ☐ Yes ☐ No

- The development of ongoing relationships with the community? ☐ Yes ☐ No

- Promotion of the program? ☐ Yes ☐ No

How can the survey team verify this?

_____

_____

_____

**9.** Identify the physician who provides ongoing input to the dementia care specialty program.

_____

_____

Does he or she serve the program as medical director, chair or member of a professional advisory committee, a consultant with a formal arrangement, and/or medical liaison?

_____

_____

By what professional governing body is he or she licensed?

_____

_____

How will you demonstrate or verify for the survey team that he or she:
■ Is qualified by virtue of his or her training and experience in dementia?

_____

_____

_____

■ Participates in active clinical practice that relates to the population served?

_____

_____

_____

■ Demonstrates currency in medical practice concerning the persons served?

_____

_____

_____

■ Demonstrates active learning and involvement in the professional community?

_____

_____

_____

Describe his or her role in:

■ Development of ongoing relationships with the medical community.

_____

_____

_____

■ Establishment of policies and written procedures that address health issues, including monitoring.

_____

_____

_____

■ Performance improvement activities.

_____

_____

_____

10. Describe how your program facilitates collaboration in decision making through:

■ Opportunities for the sharing of information through:

– Communications that are scheduled at the convenience of the family/ support system.

_____

_____

_____

– Information exchanges.

_____

_____

_____

■ Accessible information.

_____

_____

_____

■ Timelines for the exchange of information.

_____

_____

_____

■ Determining whether the information is understood by:
   – The person served.

_____

_____

_____

   – The family/support system.

_____

_____

_____

   – Personnel.

_____

_____

_____

■ Documenting significant discussions and decisions made by the persons served in their records.

_____

_____

_____

**11.** Explain how your program provides, arranges, or assists with arrangements for services as needed for families/support systems in the following areas:

- Advocacy education.

  _____

  _____

  _____

- Assistive technology.

  _____

  _____

  _____

- Community resources.

  _____

  _____

  _____

- Counseling.

  _____

  _____

  _____

- Emotional support.

  _____

  _____

  _____

- Reasonable accommodations.

  _____

  _____

  _____

■ Respite.

_____

_____

_____

■ Support, including:
  – Family/support system-to-family/support system.

  _____

  _____

  _____

  – Peer-to-peer.

  _____

  _____

  _____

12. Identify some examples that demonstrate how, within the scope of your program, the rhythm of daily life is directed by each person served in the following areas:
  ■ Accommodating the choices of the person served regarding the cycle of each day, including:
    – Bathing.

    _____

    _____

    _____

    – Dressing.

    _____

    _____

    _____

    – Eating.

    _____

    _____

    _____

–  Hygiene.

_____

_____

_____

–  Oral care.

_____

_____

_____

–  Sleeping.

_____

_____

_____

–  Waking.

_____

_____

_____

–  Resting.

_____

_____

_____

■  Choice of clothing.

_____

_____

_____

■ Choice of grooming style.

_____

_____

_____

■ Each person's choice to participate in personally meaningful customary routines, including, but not limited to:

– Cleaning.

_____

_____

_____

– Community activities.

_____

_____

_____

– Contact with pets.

_____

_____

_____

– Cooking.

_____

_____

_____

– Exercise/mobility activities.

_____

_____

_____

– Gardening.

_____

_____

_____

– Hobbies.

_____

_____

_____

– Intimacy.

_____

_____

_____

– Recreation.

_____

_____

_____

– Relaxation.

_____

_____

_____

– Social interaction.

_____

_____

_____

    – Spiritual/religious activities.

_____

_____

_____

**13.** Does your program provide food services for the persons served?

        ❑ Yes        ❑ No

If *Yes*, how does the program foster independence through implementation of procedures:

■ To manage social dynamics?

_____

_____

_____

■ That allow persons served to select what, when, and where they want to eat?

_____

_____

_____

■ To address necessary adaptations?

_____

_____

_____

■ That balance the choices of the persons served and their health and nutrition needs?

_____

_____

_____

**14.** Does your organization provide documented competency-based training for personnel at:

■ Orientation?        ❑ Yes        ❑ No

■ Regular intervals?        ❑ Yes        ❑ No

Describe how this is accomplished.

_____

_____

_____

Where is the training documented?

_____

_____

Does the training include, as appropriate to the roles of the personnel being trained:

- Dementia, including:
  - Signs and symptoms? ❑ Yes ❑ No
  - Progression? ❑ Yes ❑ No
  - Types of dementia? ❑ Yes ❑ No
  - Coexisting conditions? ❑ Yes ❑ No
  - Lived experience of dementia? ❑ Yes ❑ No
- Delirium? ❑ Yes ❑ No
- Depression? ❑ Yes ❑ No
- Suicide risk assessment and prevention strategies? ❑ Yes ❑ No
- Identifying the personal preferences of the persons served? ❑ Yes ❑ No
- Loss and grief? ❑ Yes ❑ No
- Communication? ❑ Yes ❑ No
- Therapeutic approach to behavior? ❑ Yes ❑ No
- Observation skills? ❑ Yes ❑ No
- Sexuality? ❑ Yes ❑ No
- Skin integrity? ❑ Yes ❑ No
- Meaningful engagement of persons served on an ongoing basis? ❑ Yes ❑ No
- Therapeutic approach to activity development and implementation? ❑ Yes ❑ No
- Gathering information about the person served in the following areas:
  - Life history? ❑ Yes ❑ No

| | | |
|---|---|---|
| – Important memories? | ❑ Yes | ❑ No |
| – Favorite stories? | ❑ Yes | ❑ No |
| – Daily routines? | ❑ Yes | ❑ No |
| – Comfort/reminiscence objects? | ❑ Yes | ❑ No |
| – People of importance? | ❑ Yes | ❑ No |
| ■ Advocacy? | ❑ Yes | ❑ No |
| ■ Teamwork? | ❑ Yes | ❑ No |
| ■ Pain? | ❑ Yes | ❑ No |
| ■ Palliative approach to care? | ❑ Yes | ❑ No |
| ■ End-of-life care? | ❑ Yes | ❑ No |
| ■ Hospice? | ❑ Yes | ❑ No |

How do you determine what training is appropriate for specific program personnel?

_____

_____

_____

**15.** How do you ensure that the tools used to measure experience with services received and other feedback are appropriate to elicit input from persons with dementia?

_____

_____

_____

_____

**16.** What are some examples of how your dementia care specialty program, within its scope of practice and expertise, acts as a resource to the community?

_____

_____

_____

_____

_____

**17.** How does leadership support the program's participation in research opportunities to advance the field of dementia care?

_____

_____

_____

How do you provide information about available clinical trials and other research opportunities to:

■ Persons served?

_____

_____

_____

■ Families/support systems?

_____

_____

_____

■ Personnel?

_____

_____

_____

**18.** Identify some examples of how leadership demonstrates a partnership approach to person-centered dementia care through the exchange of resources and education with:

■ Persons served.

_____

_____

_____

_____

■ Personnel.

_____

_____

_____

_____

■ Families/support systems.

_____

_____

_____

_____

■ Governing board, when applicable.

_____

_____

_____

_____

■ Other stakeholders as appropriate.

_____

_____

_____

_____

**19.** Describe how your program maintains knowledge of and ensures coordination with local, regional, provincial, national, or international resources to facilitate:

■ Specialized dementia services.

_____

_____

_____

_____

■ Use of appropriate subspecialties.

_____

_____

_____

_____

■ Advocacy.

_____

_____

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Staff training calendar with dementia-specific topics

■ Screening/assessment tools

■ Family workshop calendar with dementia-specific topics

■ Personnel procedures on understanding and responding to behavioral communication by persons served

■ Procedures regarding the use of chemical/physical restraints

■ Volunteer training calendar and topic list

■ Job description for the program manager of the dementia care specialty program

■ Documentation of the role of the medical director or physician advisor

■ Care planning meeting schedule and process for inviting families

■ Procedures for personnel regarding how to understand and support the individual rhythm of the day for each person served

■ Survey tools and results regarding satisfaction and other feedback from persons served

# B. Stroke Specialty Program

1. Describe the stroke specialty program's interventions in each of the areas listed below, including how the interventions are provided; e.g., at your organization, through referral to another community provider, through education to the person served.

   ■ Preventing conditions related to stroke and its complications.

   _____

   _____

   ■ Recognizing conditions related to stroke and its complications.

   _____

   _____

   ■ Assessing conditions related to stroke and its complications.

   _____

   _____

   ■ Treating conditions related to stroke and its complications.

   _____

   _____

   ■ Promoting lifestyle changes to reduce the risk factors for recurrent stroke.

   _____

   _____

   ■ Functional independence.

   _____

   _____

   ■ Psychological and social coping skills.

   _____

   _____

■ Psychological and social adaptation skills.

_____

_____

■ Community integration and participation in life roles.

_____

_____

■ Services for families/support systems.

_____

_____

2. How does the program facilitate collaborative decision making?

_____

_____

How is information made accessible to facilitate collaborative decision making?

_____

_____

What are the timelines for provision and exchange of information?

_____

_____

How does the program determine that the person served and the family/support system understand the information presented?

_____

_____

3. Describe the program's efforts to maximize the intensity of participation of the persons served in the rehabilitation process.

_____

_____

_____

What changes have been made in program operations in support of those efforts?

_____

_____

4.  Describe how the rationale for specific treatments is provided prior to implementation to:
    ■ Persons served.

    _____

    _____

    ■ Families/support systems.

    _____

    _____

    Give examples of treatment options personnel have provided based on feedback from the persons served or families/support systems.

    _____

    _____

    _____

5.  Give examples of how the program's scheduling reflects the:
    ■ Preferences of the persons served.

    _____

    _____

    _____

    ■ Behavioral, cognitive, communication, cultural, developmental, medical, physical, resource, and spiritual needs of the persons served.

    _____

    _____

    _____

■ Feedback from the persons served.

_____

_____

_____

■ Choice to participate in meaningful activities.

_____

_____

_____

6. Identify how services are provided or arranged to meet the needs of the persons served in the following areas:

| | | | |
|---|---|---|---|
| ■ Anxiety. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Aphasia and other communication disorders. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Cardiovascular status. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Cognitive function. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Comorbidities. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Continence. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Depression. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Dysphagia. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Hearing. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Hydration. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Mood disturbances. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Motor function. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Nutrition. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Perceptual deficits. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Sexuality and intimacy. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Skin integrity. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Visual deficits. | ❏ Provide | ❏ Arrange | ❏ Both |

Identify how the following health services are provided:

| | | | |
|---|---|---|---|
| ■ Health promotion. | ❏ Provide | ❏ Arrange | ❏ Both |
| ■ Prevention of illness. | ❏ Provide | ❏ Arrange | ❏ Both |

- Health screenings.  ❏ Provide  ❏ Arrange  ❏ Both

- Healthcare delivery.  ❏ Provide  ❏ Arrange  ❏ Both

If any of the above services are arranged through other providers, identify the providers and types of arrangements.

_____

_____

_____

_____

How do you decide when these services are needed?

_____

_____

_____

How are these services integrated with the interdisciplinary team?

_____

_____

_____

7. Describe how the program provides or arranges for the need for resources, services, supports, and/or interventions in each of the following areas:
   - Adaptation to disability.

   _____

   _____

   - Aging with disability.

   _____

   _____

   - Advocacy.

   _____

   _____

■ Fitness.

_____

_____

■ Leisure.

_____

_____

■ Socialization.

_____

_____

■ Volunteerism.

_____

_____

■ Wellness.

_____

_____

■ Driving.

_____

_____

■ Falls.

_____

_____

■ Insight of the person served.

_____

_____

■ Life roles.

_____

_____

■ Nutrition.

_____

_____

■ Parenting skills.

_____

_____

■ Peer support.

_____

_____

■ School re-entry.

_____

_____

■ Spousal/significant other relations.

_____

_____

■ Supervision needs.

_____

_____

■ Transportation needs.

_____

_____

■ Work re-entry.

_____

_____

Does the program provide or arrange for resources, services, supports, and/or interventions in each of these areas at:

■ The beginning of services? ❑ Yes ❑ No

■ Appropriate intervals? ❑ Yes ❑ No

■ Discharge/transition? ❑ Yes ❑ No

8. How are the preferences of the persons served identified relative to assessing their use of complementary health approaches and providing education, information, and resources?

_____

_____

_____

How does the program assess the person's use of complementary health approaches?

_____

_____

_____

Describe the education provided on the efficacy and safety of interventions.

_____

_____

_____

Give examples of the types of information and resources the program provides on integrative health.

_____

_____

_____

_____

9.  Describe how the stroke specialty program addresses prevention of secondary complications.

    _____

    _____

    _____

10. Describe how wellness is promoted through activities that are based on input from the persons served.

    _____

    _____

    _____

    How is input from families/support systems sought and considered in the activities offered?

    _____

    _____

    _____

    What are some examples of:
    ■  Structured activities available?

    _____

    _____

    ■  Unstructured activities available?

    _____

    _____

    How do the activities promote healthy behavior?

    _____

    _____

    How do you ensure that the activities:
    ■  Meet the interests of the persons served?

    _____

    _____

■ Align with their cognitive abilities?

_____

_____

■ Align with their communication abilities?

_____

_____

■ Reflect their choices?

_____

_____

■ Promote their personal growth and enhance self-image?

_____

_____

■ Improve or maintain their functional levels?

_____

_____

■ Allow for social interaction?

_____

_____

■ Allow for autonomy?

_____

_____

■ Include opportunities for community integration?

_____

_____

Where would the surveyors find information about activities for the person served in the individual plan for each person?

_____

_____

**11.** How do personnel learn about a variety of assistive technology that might be used by the persons served?

_____

_____

_____

Describe how the program provides the persons served opportunities to try assistive technology to meet their needs, including how the assistive technology is obtained.

_____

_____

_____

Give examples of the assistive technology available to the persons served to try out.

_____

_____

_____

**12.** What is the program's process to educate persons served regarding the consequences of potentially risky choices and behaviors?

_____

_____

_____

Give an example of when this has been necessary for a particular person served and the result of the education.

_____

_____

_____

**13.** How is education for the persons served and families/support systems:

■ Coordinated?

_____

_____

■ Reinforced throughout the rehabilitation process and among members of the team?

_____

_____

Give examples of how education is tailored to be age appropriate.

_____

_____

How does the education provided by the program foster self-management?

_____

_____

How do you ensure that the education program is designed to meet the individual needs of each person served?

_____

_____

How do you ensure that the education program is designed to meet the needs of each family/support system?

_____

_____

Describe how the program educates the persons served and their families/support systems on the following topics, and give examples of specific information covered.

■ Accessing emergency care.

_____

_____

_____

- Adaptation to stroke.

  _____

  _____

  _____

- Aging with a disability.

  _____

  _____

  _____

- Assistive devices.

  _____

  _____

  _____

- Caregiver support.

  _____

  _____

  _____

- Cognition.

  _____

  _____

  _____

- Communication.

  _____

  _____

  _____

■ Health risks.

_____

_____

_____

■ Home modifications.

_____

_____

_____

■ Home safety.

_____

_____

_____

■ Hydration.

_____

_____

_____

■ Nutrition.

_____

_____

_____

■ Prevention.

_____

_____

_____

■ Self-advocacy.

_____

_____

_____

■ Sexuality and intimacy.

_____

_____

_____

■ Signs and symptoms of and response to recurring stroke.

_____

_____

_____

■ Smoking cessation.

_____

_____

_____

■ Specific healthcare procedures and techniques.

_____

_____

_____

■ Swallowing problems.

_____

_____

_____

■ Orthotics, including applying and adjusting the fit, hygiene, utilization, and training.

_____

_____

_____

How do you assess whether the education provided has been beneficial to the persons served and their families/support systems?

_____

_____

_____

**14.** Describe the information the program provides pertaining to the following areas:

■ Financial resources.

_____

_____

■ Healthcare benefits, including insurance.

_____

_____

■ Laws and regulations pertaining to:
   – Accessibility.

_____

_____

   – Education.

_____

_____

   – Health.

_____

_____

&ndash; Rights.

_____

_____

&ndash; Social supports.

_____

_____

■ Service options in the community.

_____

_____

**15.** How do you identify community resources that are or will be involved with the person served?

_____

_____

How is the individual plan for transition from the program developed?

_____

_____

How do you identify factors that would facilitate transition to the community?

_____

_____

How do you identify potential barriers to transition to the community?

_____

_____

What are the mechanisms for interagency coordination?

_____

_____

Give examples of community agencies with which the program has coordinated to facilitate transition of the persons served.

_____

_____

_____

_____

**16.** Are follow-up plans established prior to the day of discharge/transition for each person served whether or not the person is staying in the geographic area?

❑ Yes ❑ No

Describe how follow-up care is arranged for persons served who will remain in the geographic service area.

_____

_____

How are the options for follow-up care identified and arranged for persons who leave the geographic service area?

_____

_____

Where would the survey team find designation of the individual(s) responsible for the coordination of the established follow-up plan?

_____

_____

**17.** Describe the program's efforts to advocate in the community for the persons served.

_____

_____

_____

**18.** List some examples that demonstrate how the stroke specialty program acts as a resource for providers throughout the phases of stroke care.

■ Provider(s)/phase of stroke care:

_____

    – Evidence-based practice:

    _____

    – Development of service models and programs for persons served:

    _____

    – Outreach and support:

    _____

    – Training of personnel in stroke rehabilitation:

    _____

■ Provider(s)/phase of stroke care:

_____

    – Evidence-based practice:

    _____

    – Development of service models and programs for persons served:

    _____

    – Outreach and support:

    _____

    – Training of personnel in stroke rehabilitation:

    _____

**19.** How does the leadership support the program's participation in research opportunities?

_____

_____

What is the program's current involvement in research opportunities?

_____

_____

What type of information does the program provide to persons served and families/support systems about available clinical trials?

_____

_____

**20.** Describe how you collect follow-up information on the persons served.

_____

_____

If you use more than one mechanism, how do you decide which mechanism to use?

_____

_____

If you do not collect follow-up information on all persons served, explain how you determine the representative sample.

_____

_____

Does the information you collect include information on:

- Aspiration pneumonia?    ❑ Yes    ❑ No
- Falls?    ❑ Yes    ❑ No
- Falls with injuries?    ❑ Yes    ❑ No
- Other injuries?    ❑ Yes    ❑ No
- Re-hospitalizations?    ❑ Yes    ❑ No
- Unplanned medical visits/encounters?    ❑ Yes    ❑ No

Does the program conduct a written analysis of its performance in these areas at least annually?    ❑ Yes    ❑ No

How are performance targets determined?

_____

_____

_____

How does the written analysis addresses:

■ Performance in relationship to established targets for follow-up information regarding:

– Aspiration pneumonia?

_____

_____

– Falls?

_____

_____

– Falls with injuries?

_____

_____

– Other injuries?

_____

_____

– Re-hospitalizations?

_____

_____

– Unplanned medical visits/encounters?

_____

_____

■ Trends?

_____

_____

■ Actions for improvement?

_____

_____

■ Results of performance improvement plans?

_____

_____

■ What education and training are needed by:
  – Persons served?

  _____

  _____

  – Families/support systems?

  _____

  _____

  – Healthcare providers?

  _____

  _____

## Applicable Standards

All programs seeking accreditation for Assisted Living and Person-Centered Long-Term Care Community must also meet Standards 21.–24.

**21.** How does the program determine whether it is appropriate for members of the family/support system to remain with the person served 24 hours a day?

_____

_____

Describe how such a request is accommodated.

_____

_____

Under what circumstances would the program determine that such a request is not appropriate?

_____

_____

**22.** How do you determine that a person served has the resources needed to obtain the medications prescribed at the time of discharge/transition?

_____

_____

How do you determine that a person served has the resources needed to adhere to recommended administration of the medications prescribed at discharge/transition?

_____

_____

Give an example of a situation in which a person served did not have the resources needed to obtain or adhere to recommended administration and how it was handled.

_____

_____

**23.** Based on the individual needs of each person served, how does the program address at discharge/transition a plan to manage:

■ Deconditioning?

_____

_____

■ Diabetes?

_____

_____

■ Hyperlipidemia?

_____

_____

■ Hypertension?

_____

_____

■ Physical inactivity?

_____

_____

■ Stroke prophylaxis?

_____

_____

**24.** What did your program decide on as indicators to measure performance related to compliance with evidence-based guidelines including:

■ Diabetes?

_____

_____

■ Hyperlipidemia?

_____

_____

■ Hypertension?

_____

_____

■ Stroke prophylaxis?

_____

_____

Which evidence-based guidelines do you use as a reference?

_____

_____

How are performance targets determined?

_____

_____

_____

Does the program conduct a written analysis
of its performance in these areas at least
annually?                    ❑ Yes            ❑ No

How does the written analysis address:

■ Performance in relationship to established targets for the percentage of persons served who, at the time of discharge/transition, are in compliance with evidence-based guidelines to manage:

– Diabetes?

_____

_____

– Hyperlipidemia?

_____

_____

– Hypertension?

_____

_____

– Stroke prophylaxis?

_____

_____

■ Trends?

_____

_____

■ Actions for improvement?

_____

_____

■ Results of performance improvement plans?

_____

_____

■ What education and training are needed by:
- Persons served?

_____

_____

- Families/support systems?

_____

_____

- Healthcare providers?

_____

_____

## Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A in the standards manual for more information on standards that specifically require written documentation.

■ Evidence of the program's definition of interventions
■ Evidence of collaboration in decision making
■ Individual records of the persons served
■ Evidence of provision or arrangements for resources, services, supports, and/or interventions
■ Evidence of prevention of secondary complications of stroke
■ Documentation in individual plans of persons served of wellness activities based on input from persons served and families/support systems
■ Evidence of personnel knowledge and utilization of assistive technology
■ Evidence of educational efforts for the persons served and their families/support systems
■ Information provided about financial resources, healthcare benefits, laws and regulations, and service options available in the community
■ Individualized plans for the persons served that facilitate discharge/transition to the community
■ Follow-up plans for the persons served, including designation of individual responsible for coordinating the plan
■ Evidence of the program acting as a resource for providers throughout the phases of stroke care
■ Evidence of follow-up information gathered on the persons served, including information on aspiration pneumonia, falls, falls with injuries, other injuries,

re-hospitalizations, and unplanned medical visits/encounters, and written analysis conducted at least annually

- Information provided about clinical trials
- For inpatient or residential programs:
  - Evidence of the opportunity for families/support systems to remain with the persons served 24 hours a day
  - Written discharge/transition plans that address deconditioning, diabetes, hyperlipidemia, hypertension, physical inactivity, and stroke prophylaxis
  - Evidence of information gathered at discharge/transition about diabetes, hyperlipidemia, hypertension, and stroke prophylaxis, and written analysis conducted at least annually
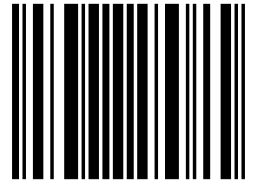
**How well did the CARF *2023 Continuing Care Retirement Community Survey Preparation Workbook* meet your needs?**

Your comments will help us evaluate and improve the quality of this publication. Please email any comments to us at documents@carf.org.