

# **Continuing Care Retirement Community**

# **Survey Preparation Workbook**



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### INTRODUCTION

The 2024 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 2024 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**

Date Progress Noted						
Progress Made				<u> </u>	<u> </u>	
Time Frame for Completion						
Responsible Party						
Actions to be Taken						
Opportunity for Improvement						
Standard No.						

# SECTION 1

# **ASPIRE to Excellence**<sup>®</sup>

## **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?

	ow do you ensure that your person-centered philosophy is communicated to akeholders in an understandable manner?
_	
	escribe how surveyors would see demonstration of leadership guiding: The mission and direction of the organization.
8	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.		escribe how leadership makes itself accessible to: Persons served.
	•	Personnel.
	•	Other stakeholders.
5.	De inc	escribe your organization's written plan on cultural competency, diversity, and clusion.
	Ho	ow 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.

•	Race.
•	Other factors, as relevant.
Do	bes the plan include actions to be taken?
_	
Ho	w frequently is the plan reviewed?
 Ho	ow frequently is the plan reviewed?
	w frequently is the plan reviewed?

- Marketing.

- Contractual relationships.

- Conflicts of interest.

- Use of social media.

- 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, conducts corporate compliance risk assessments, and implements an annual work plan.

	Describe the training provided to person	nnel on corporate co	mpliance.
	Describe your corporate compliance aud	iting activities.	
8.	What resources and education are made about and implementing current program		
	What mechanisms are in place to share t	he information lear	ned?
Applicable Stan	Standard 1.A.9. applies to organization: support in connection with any program	m seeking accredita	ation. It does not apply to
9.	organizations whose fundraising is con separate legal entity, or in connection w Does the organization directly solicit cha engagement of board members, voluntee	with programs not survitable financial sur	seeking accreditation.
	to conduct fundraising, in connection w	ith the program(s) s	eeking accreditation?
	<ul><li>If <i>Yes</i>, are there written procedures imple</li><li>Oversight?</li><li>Donor:</li></ul>	Yes	s: □ No
	<ul><li>Solicitation?</li><li>Communication?</li></ul>	<ul><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li></ul>

– Recognition?	Yes	🛛 No
- Confidentiality?	Yes	🛛 No
Valuing of donations?	Yes	🛛 No
Use of donations in accordance with donor intent?	Yes	🛛 No
<ul> <li>Documentation and recordkeeping?</li> </ul>	Yes	🛛 No
<ul> <li>Use of volunteers in fundraising efforts, if applicable?</li> </ul>	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.

#### B. Governance

#### **Applicable Standards**

These standards must be applied to all organizations seeking accreditation for a Continuing Care Retirement Community. For all other organizations the Governance standards are optional.

When applied, these standards refer 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.

- 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, committee chairs.	including selec	tion of board and
Do your board's policies regarding board stru	ucture and asses	sment include:
Board size?	Yes	🖵 No
Board composition?	Yes	🖵 No
<ul> <li>Definition of independent, unrelated</li> </ul>	Yes	🗖 No
board representation?		
Duration of board membership?	Yes	No
<ul> <li>Board performance, including:</li> </ul>		1 • . 1• • 1 . 1 1 1
<ul> <li>Financial matters, if any, between the c members, including:</li> </ul>	organization and	a individual board
- 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, i	ncluding, as app	plicable:
- External auditors?	Yes	🖵 No
- Executive compensation advisors?	Yes	🖵 No
- Other advisors, as needed?	Yes	🛛 No
<ul> <li>Self-assessment of the entire board at least annually?</li> </ul>	Yes	🛛 No
Periodic self-assessment of individual members?	Yes	🗖 No

	Written conflict-of-interest declaration that is signed at least annually?	Yes	No
	<ul> <li>Written ethical-code-of-conduct declaration that is signed at least annually?</li> </ul>	Yes	No
	External interactions?	Yes	🖵 No
	Describe the board's structure and performa	ance policies.	
3.	What authority and responsibility are delega by the board?	ated to the execu	itive leadership
	How does the board gain access to personne	21?	
	How can you demonstrate your organization	n's support of go	overnance?
4.	How are your board meeting agendas plann	ed?	
	What meeting materials are typically provid	ed?	
	How are these materials distributed?		

•	ir board oversee committee work on rnance development?		Yes	No
■ Gove	rnance management?		Yes	No
<ul> <li>Finan</li> </ul>	cial audits?		Yes	No
■ Execu	tive compensation?		Yes	No
<ul> <li>Other</li> </ul>	pertinent activities?		Yes	No
If Yes,	, what other activities are overseen b	у со	mmittees?	
	now governance conducts formal rev ance, including the frequency of revi			
Does this	s review include:			
A con	nparison of overall corporate rmance to targeted performance		Yes	No
<ul> <li>A comperfor levels</li> <li>A compleader</li> </ul>	nparison of overall corporate rmance to targeted performance		Yes	No
<ul> <li>A comperior</li> <li>levels</li> <li>A comperior</li> <li>leader</li> <li>perfor</li> <li>Exect</li> </ul>	nparison of overall corporate rmance to targeted performance ? nparison of the executive rship's performance to targeted rmance levels? ttive leadership:		Yes	No
<ul> <li>A comperior levels</li> <li>A comperior</li> <li>Perfor</li> <li>Execut</li> <li>Pr</li> </ul>	nparison of overall corporate rmance to targeted performance ? nparison of the executive rship's performance to targeted rmance levels? ative leadership: ofessional development?		Yes	No
<ul> <li>A comperior levels</li> <li>A comperior leader perior</li> <li>Execution - Prior Prior</li> </ul>	nparison of overall corporate rmance to targeted performance ? nparison of the executive rship's performance to targeted rmance levels? ttive leadership:		Yes	No

	Is the succession plan reviewed at least annually for relevance and updated as needed?		Yes		No					
	Describe the process used to review the succe ensure that it is updated as needed.	essic	on plan at least a	annua	and					
•	What is your total executive compensation philosophy?									
	Is your executive compensation reviewed by an authorized board committee of independent, unrelated board members? What does your total executive compensatior		Yes x include?		No					
	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					
	<ul> <li>Authority of the board members to exercise such actions?</li> </ul>		Yes		No					

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

□ Yes □ No

# 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?

- F	inancial?
_	
_	
- V	Vorkforce?

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?

### 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?				
_					
_					
Describe how the input collected has been analyzed.					
_					
	escribe how input has been used in the following areas:				
	Program planning.				
•	Performance improvement.				
•	Strategic planning.				
•	Organizational advocacy.				
	Financial planning.				

- Resource planning.
- Workforce planning.

# **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.					
<ul> <li>Privacy of the persons served.</li> </ul>					
Employment practices.					
Mandatory employee testing.					
Summarize your procedures to guide perso varrants, investigations, and other legal act re documented.					
Do you have policies and written procedur Confidential administrative records?	es that address:	D 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.

## F. Financial Planning and Management

	<ul> <li>Explain how financial planning and manage</li> <li>Established outcomes for the persons ser</li> </ul>	•	ed to meet:
	<ul> <li>Organizational performance objectives.</li> </ul>		
I	Explain your budgeting process.		
-			
	is your budget prepared prior to the start of the fiscal year?	Yes	🖵 No
I	Does the budget reflect:		
	<ul> <li>Input from various stakeholders, as required?</li> </ul>	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
	<ul> <li>Capital expenditures?</li> </ul>	Yes	🖵 No
	Approval by the identified authority?	Yes	🗖 No

	re they reviewed at least monthly? xplain how your organization identifi		□ No ues and expenses.
H	ow are financial results shared with e	each of the above grou	ıps?
	Other stakeholders?	Yes	
	re they reported, as appropriate, to: Personnel? Persons served?	Yes	🗖 No
Ех 	xplain how financial results are comp	pared to budgeted per	formance and reported

Financial challenges?
Financial opportunities?
Management information?
w does your organization identify and review external: Financial trends?
Financial challenges?
Financial opportunities?
Industry trends?
plain how your organization identifies areas needing improvement.

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

•	Other responsibilities between the related entities and the organization.
•	Any material transactions.
	escribe your fiscal policies and written procedures, including internal contro ractices.
	escribe your initial and ongoing training related to fiscal policies and written rocedures 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.

Ex ∎	xplain your organization's: Review of fee schedules.		
	Comparison of fee schedules.		
•	Disclosures to the persons served of all fe	ees for which th	ney are responsible.
He	ow do you determine when modifications	to the fee schee	dule are necessary?
	xplain your process for obtaining an annua		lit of your organization
fir 	nancial statements by an independent acco	untant.	
 ∎	an you provide documentation to the surve The results of annual financial statement review or audit, including any resulting recommendations?	•	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 fron	1
a review or audit, if applicable.	

	Describe the	corrective actions	taken in resp	onse to recomm	endations, if a	pplicable.
--	--------------	--------------------	---------------	----------------	-----------------	------------

**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 an	d 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?

	Use of financial ratio information?		
	Bond covenant compliance?		
D			
· D	escribe your organization's investme	nt policy.	
	escribe your organization's investme	nt policy.	
	escribe your organization's investme	nt policy.	
	escribe your organization's investme	nt policy.	
	escribe your organization's investme	nt policy.	
	escribe your organization's investme	nt policy.	
  Do		nt policy.	
  Do	bes this investment policy address:		No   No
  	pes this investment policy address: Portfolio return?	Yes	
  	oes this investment policy address: Portfolio return? Portfolio risk?	<ul><li>Yes</li><li>Yes</li></ul>	🖵 No

14.	Describe your organization's process for reviewing investment results at least and
15.	Describe your organization's cash management strategy.
	How does your organization age receivables and how long do you keep a receival on the books before you write it off?

	How do you ensure that your organization's cash management strategy is reviewed at least annually for relevance and is updated as needed?
6.	How does your organization collect and evaluate key performance indicators?
	How does your organization utilize this information?
7.	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 financia 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 Yes No
  - Future capital asset needs?

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.

nput from:		
Persons served.		
Personnel.		
Personnei.		
Other stakeholders.		
your organization developed a long-	range financial pla	n that includes:
imelines for capital asset repair		
nd replacement projects?	Yes	🗖 No

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?

	w will you demonstrate or verify for the survey team that the long-range ancial plan is implemented?
ro	scribe how the long-range financial plan is shared with each of the following oups, as relevant to their needs: Persons served.
	Personnel.
	Other stakeholders.

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

## 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?

Is your risk management plan reviewed at least annually for relevance?	Yes	🖵 No
Describe your process for reviewing the r it is updated as needed.	isk management p	lan and ensuring that
Is your insurance package reviewed:		
■ For adequacy?	Yes	🛛 No
At least annually?	Yes	🛛 No
Describe how your insurance package pro	otects all assets.	
Does your insurance package include:		
Property coverage?	Yes	🛛 No
Liability coverage?	Yes	🖵 No
<ul> <li>Other coverage, as appropriate?</li> </ul>	Yes	🗖 No
• Other coverage, as appropriate?	Yes	🛛 No
What other coverage is included?		

Describe the process you use to determine the at least annually.	he ad	equacy of	your insu	rance packag	
Where can the surveyors locate your written	ı proc	cedures fo	r commui	nications?	
<ul><li>Do your procedures for communications inc</li><li>Media relations?</li></ul>		: Yes		No	
<ul><li>Social media?</li></ul>		Yes		No	
Are any of the services delivered by the program provided under contract with another organization or individual?					
		Yes		No	
If <i>Yes</i> , describe how reviews of the contracte they are documented.	d ser	vices are c	onducted	and where	
Are reviews performed at least annually?		Yes		No	
Do the reviews include:					
<ul> <li>Assessment of performance in relation to the scope and requirements of their contracts?</li> </ul>		Yes		No	
<ul> <li>Adherence to all applicable policies and procedures of the organization?</li> </ul>		Yes		No	
<ul> <li>Conformance to CARF standards applicable to the services they provide?</li> </ul>		Yes		No	

## H. Health and Safety

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, desc how you address health and safety of the environment in the location of the persor served.
Describe your procedures to promote the safety of persons served and personnel.

fol	escribe the competency-based training provided to personnel at orientation in t llowing areas: Health and safety practices.
•	Identification of unsafe environmental factors.
•	Emergency procedures.
-	Evacuation procedures, if appropriate.
•	Identification of critical incidents.
•	Reporting of critical incidents.

	Reducing	physical	risks.
--	----------	----------	--------

Workp	lace	vio	lence.
1			

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.
<b>e</b>	escribe how these procedures meet the requirements of applicable authorities.
-	ow do you ensure that they are appropriate to your area?
-	ow do your evacuation procedures address: When evacuation is appropriate?
	Complete evacuation from your physical facility?

- 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?

Describe how you ensure that evacuation	routes are accessi	ble.
How did you ensure that evacuation route Persons served?	es are understanda	able to:
Personnel?		
<ul> <li>Other stakeholders, including visitors?</li> </ul>		
Describe how you test your emergency pr Methods used.	ocedures, includii	ng:
<ul> <li>How often.</li> </ul>		
Are tests of each emergency procedure co		
At least annually?	Yes	□ No
• 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

<b>F</b> 1 · 1 ·	· c	.1 1	c .				1 ·	1	1
Explain how i	information	gathered	from 1	tests of t	ne emergen	cv procec	lures is	analyz	ed.
r		0				-/ <b>F</b>		/-	

	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
	e the tests of emergency procedures d 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		
W	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.

1	Aggression or violence.
1	Use and unauthorized possession of weapons.
	Wandering.
]	Elopement.
	Vehicular accidents.
]	Biohazardous accidents.
	Unauthorized use and possession of legal or illegal substances.
	Abuse.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Neglect.
8	Suicide and attempted suicide.
l	Sexual assault.
	Overdose.
	Other sentinel events.
Ic	w do you address prevention of critical incidents?
Ic	w are critical incidents reported?

-

Ho	ow do you ensure that such actions a	re completed?		
 De	escribe your process for conducting t	imely debriefings fol	lowing critical incide	ents
_				
 De	escribe the analysis of all critical inci	dents provided to or	conducted by leaders	ship
 Is t	this written analysis completed	dents provided to or	conducted by leaders	shij
Is t at 1 De			· · · · · · · · · · · · · · · · · · ·	shij
Is t at 1 De	this written analysis completed least annually? escribe how it addresses:		· · · · · · · · · · · · · · · · · · ·	

- 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:		
<ul> <li>Prevention, including:</li> </ul>		
<ul> <li>Appropriate use of standard or universal precautions?</li> </ul>	Yes	🛛 No

- Vaccinations, if applicable?	Yes	🛛 No
<ul><li>Screening, if applicable?</li></ul>	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).

<ul> <li>First aid supplies available in the vehicle</li> </ul>	(3).	
<ul> <li>Maintenance of vehicles owned or opera manufacturers' recommendations.</li> </ul>	ted by the orga	nization according to
<ul> <li>If you contract transportation services, is there a documented review of contract at least annually that includes of all the above elements?</li> </ul>	s □ Yes	🗖 No
Describe the process for self-inspections of they are done.	your facilities, i	ncluding how often
Are self-inspections conducted: <ul> <li>At least semiannually?</li> </ul>	Yes	□ No
•	<ul><li>Yes</li><li>Yes</li></ul>	<ul> <li>No</li> <li>No</li> </ul>
At least semiannually?	Yes	No
<ul><li>At least semiannually?</li><li>On each shift?</li></ul>	Yes	No
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> </ul>	☐ Yes the following a	□ No ddressed:
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> <li>Areas covered?</li> </ul>	<ul><li>Yes</li><li>the following a</li><li>Yes</li></ul>	<ul><li>No</li><li>ddressed:</li><li>No</li></ul>
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> <li>Areas covered?</li> <li>Recommendations for improvement?</li> </ul>	<ul> <li>Yes</li> <li>the following a</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>ddressed:</li><li>No</li><li>No</li><li>No</li></ul>
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> <li>Areas covered?</li> <li>Recommendations for improvement?</li> <li>Action plans for improvement?</li> <li>Results of the actions taken?</li> </ul>	<ul> <li>Yes</li> <li>the following a</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>ddressed:</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> <li>Areas covered?</li> <li>Recommendations for improvement?</li> <li>Action plans for improvement?</li> <li>Results of the actions taken?</li> </ul>	<ul> <li>Yes</li> <li>the following a</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>ddressed:</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul> <li>At least semiannually?</li> <li>On each shift?</li> <li>In the written report of self-inspections, are</li> <li>Areas covered?</li> <li>Recommendations for improvement?</li> <li>Action plans for improvement?</li> </ul>	<ul> <li>Yes</li> <li>the following a</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>tions conducted</li> </ul>	<ul> <li>No</li> <li>ddressed:</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>d at least annually?</li> </ul>

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?

## I. Workforce Development and Management

1.	Does your workforce include:		
	Full-time employees?	Yes	🛛 No
	Part-time employees?	Yes	🛛 No
	Contractors?	Yes	🛛 No
	<ul> <li>Independent contractors?</li> </ul>	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. Based on the composition of your workforce, are there differences in practice related to different groups or types of workers?

Yes		No
-----	--	----

If Yes, give some examples of the differences in your organization's human resources practices for different groups of workers, including the basis for those differences.

lect the organization's: Mission.
·
Culture.
Guiture.
Person-centered philosophy.
reison-centered philosophy.
N
Performance measurement and management system.
Nacaa Anna Anna Anna Anna Anna Anna Anna
Risk management plan.
Strategic plan.

- 4. 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.

Do	you have written procedures that address:			
•	Verification of:			_
	- Backgrounds of the workforce in the fo		e	-
	- Criminal checks?	_	Yes	□ No
	- Immunizations?		Yes	No
	- Fingerprinting?		Yes	🛛 No
	- Drug testing?		Yes	🛛 No
	- Vulnerable population checks?		Yes	No
	- Driving records?		Yes	🛛 No
	<ul> <li>The credentials of all applicable workforcertification, registration, and education</li> <li>With primary sources?</li> <li>In all states/provinces or other</li> </ul>	on):	(including lice) Yes	ensure,
	jurisdictions where the workforce will deliver services?		Yes	No
	– Fitness for duty, if required?		Yes	No
•	Actions to be taken in response to the info	orma	ation received o	concerning:
	– Background checks?		Yes	No
	– Credentials verification?		Yes	🛛 No
	<ul> <li>Fitness for duty?</li> </ul>		Yes	🛛 No
	Timeframes for verification of background including:	ds, c	redentials, and	fitness for dut
	<ul> <li>Prior to the delivery of services to the persons served or to the organization?</li> </ul>		Yes	No
	– Throughout employment?		Yes	🛛 No

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

6.	Describe the organization's onboarding and engagement activities in each of the following areas:
	<ul> <li>Orientation that addresses the organization's:</li> </ul>
	– Mission.
	– Culture.
	<ul> <li>Person-centered philosophy.</li> </ul>
	<ul> <li>Performance measurement and management system.</li> </ul>
	<ul> <li>Risk management plan.</li> </ul>
	– Strategic plan.

-	Workforce policies and procedures.
---	------------------------------------

■ On-the-job training.

• Position roles and responsibilities.

- Position performance expectations.
- Communication systems and expectations.
  7. 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.

- Well-being.

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

assessment process.

Taban miletiana (familiashia)		
– Labor relations, if applicable?	Yes	🗖 No
– Prevention of harassment?	Yes	🗖 No
How are the policies and written procedu	res made accessil	ole to the workforce?
What is the mechanism for notification or to policies and procedures that they shou		hen there are changes
Explain how the organization's workforce	e development ac	tivition address each of th
e e	-	
<ul> <li>Documentation of competencies:</li> </ul>	accomplishment	
<ul> <li>Documentation of competencies:</li> <li>To support the organization in the</li> </ul>	accomplishment	
<ul> <li>Documentation of competencies:</li> <li>To support the organization in the</li> </ul>	accomplishment erved.	
<ul> <li>To support the organization in the</li> <li>To meet the needs of the persons s</li> </ul>	accomplishment erved.	

- Competency development, including the provision of resources.
- Performance appraisal.
- Education and training.
- 9. Does the organization have written procedures for performance appraisal that address:

The identified workforce?	☐ Yes	D No
The criteria against which people are being appraised?	Yes	🗖 No
Involvement of the person being appraised?	Yes	🗖 No
<ul> <li>Documentation requirements?</li> </ul>	Yes	🗖 No
<ul> <li>Timeframes/frequencies related to the performance appraisal process?</li> </ul>	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.

plement the plans of the persons served?
sure the safety of persons served?
anage unplanned absences?
eet the performance expectations of the organization?

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

Identification of the co	npetencies required by key position	18?
Review of talent in the	current workforce?	
Identification of workfo	orce readiness?	
Gap analysis?		
Strategic development?		

## 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?

<ul> <li>Describe how input on the organization's</li> <li>Persons served.</li> </ul>	use of technology	is sought from:
<ul> <li>Personnel.</li> </ul>		
<ul> <li>Other stakeholders.</li> </ul>		
<ul> <li>Does the organization have a technology a</li> <li>Its current use of technology and data?</li> </ul>	nd system plan th	nat is based on:
<ul> <li>Identification of gaps and opportunitie in the use of technology?</li> </ul>		□ No
Does the technology and system plan inclu	ıde:	
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	v team that this pla	n is implemented?
--------------------------	--------------------------	----------------------	-------------------

	siness processes of the organization.	
Protec	ion of sensitive data.	
,		
1		
Efficie	nt operations.	
Effecti	ve service delivery.	
Effecti	ve service delivery.	

Describe how the technology and system pla plan.	n ali	igns with t	he organiz	ation's strate
What is the process to ensure that the techno	· · ·	y and syste	em plan is i	reviewed at l
annually for relevance and updated as needed	1?			
v i i	nd p	procedures	related to	technology
in the following areas:	-	procedures Yes		technology No
<ul><li>in the following areas:</li><li>Acceptable use?</li></ul>				
-		Yes		No
<ul><li>in the following areas:</li><li>Acceptable use?</li><li>Backup/recovery?</li></ul>		Yes Yes		No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> </ul>		Yes Yes		No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> <li>Security, including:</li> </ul>		Yes Yes Yes		No No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> <li>Security, including: <ul> <li>Access management?</li> </ul> </li> </ul>		Yes Yes Yes		No No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> <li>Security, including: <ul> <li>Access management?</li> <li>Audit capabilities?</li> </ul> </li> </ul>		Yes Yes Yes Yes		No No No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> <li>Security, including: <ul> <li>Access management?</li> <li>Audit capabilities?</li> <li>Data export and transfer capabilities?</li> <li>Decommissioning of physical</li> </ul> </li> </ul>		Yes Yes Yes Yes Yes		No No No No
<ul> <li>in the following areas:</li> <li>Acceptable use?</li> <li>Backup/recovery?</li> <li>Business continuity/disaster recovery?</li> <li>Security, including: <ul> <li>Access management?</li> <li>Audit capabilities?</li> <li>Data export and transfer capabilities?</li> <li>Decommissioning of physical hardware and data destruction?</li> </ul> </li> </ul>		Yes Yes Yes Yes Yes		No No No No No

	How does the organization ensure that these policies and procedures are consistentl implemented?					
-						
-						
	Describe how the organization tests its proce ecovery, including methods used and how o			isiness c	ontir	uity/disaster
_						
-	Are these tests conducted at least annually?		Yes			No
ŀ	Are the tests and the analyses documented?		Yes			No
т	Are the tests and the analyses documented?  Yes No Explain how information gathered from tests is analyzed.					
-						
-						
- - I	Does the analysis address:		Voc			No
- - I	Effectiveness?	_	Yes		_	No
- - I	<ul><li>Effectiveness?</li><li>Areas needing improvement?</li><li>Actions to address the improvements</li></ul>		Yes			No
- - I	<ul><li>Effectiveness?</li><li>Areas needing improvement?</li><li>Actions to address the improvements needed?</li></ul>					No
- - I	<ul> <li>Effectiveness?</li> <li>Areas needing improvement?</li> <li>Actions to address the improvements needed?</li> <li>Implementation of the actions?</li> </ul>		Yes Yes			No

	ribe the training provided to personnel:
	n cybersecurity, including: Initial training.
_	Ongoing training.
	n the technology used in performance of their job duties, including: Initial training.
	Initial training.
	Initial training.

### 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?

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 tha a review of rights is done at least annually?
Describe your formal complaint policy, including how your organization defines a formal complaint.
<ul> <li>Describe how the complaint procedure addresses:</li> <li>That any action will not result in retaliation or a barrier to service.</li> </ul>

- 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 to persons served 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 con	nplaints conduct	ed at least annually?	
		Yes	D 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.

#### 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.

Commu	inication.
Techno	ogy.
Franspo	ortation.
Commu	inity integration, as appropriate.
	w you received ongoing input from persons served, personnel, and holders about barriers they have identified.

	🗆 Yes 🗖 No
Н	ow have you addressed:
	Actions to be taken?
	Timelines?
Is	the accessibility plan reviewed at least annually?
	Service Yes Service No
Η	ow do you address:
	Progress made in the removal of identified barriers?
	Areas needing improvement?
	Thous needing improvement.
W	That is your process for updating the accessibility plan as needed?
_	
	escribe how you address reasonable accommodations when requested, including ow are they reviewed and decided upon.

Is this process documented?	Yes	🛛 No
What are some examples of reasonab	le accommodations yo	u have made?
-		

\_

# **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
•	Th	e collection of data about the persons so	erve	ed 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
•	det	entification of priority measures termined by the organization for siness function objectives?		Yes		No
-	me	e extent to which the data collected easure what they are intended measure (validity)?		Yes		No
	Th	e process for obtaining data:				
	-	In a consistent manner (reliability)?		Yes		No
	-	That will be complete?		Yes		No
	-	That will be accurate?		Yes		No
•		tenuating and influencing factors at may impact results?		Yes		No
•	Tiı	meframes for the:	_		_	
	-	Analysis of data?		Yes		No
	-	Communication of results?		Yes		No
	Ho					
	-	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 managemen	ıt
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?

-	achieved for the persons served (effectiveness	) w	ere chosen			
1	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) include the following:	for	each prog	ram seekir	ig accreditatio	
	• To whom the indicator(s) will be applied?		Yes		No	
	<ul> <li>The person(s)/position(s) responsible for collecting the data?</li> </ul>		Yes		No	
	The source(s) from which data will be collected?		Yes		No	
	<ul> <li>Identification of relevant timeframes for collection of data?</li> </ul>		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	
1	Where are these documented?					
	Where are these documented?					

**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
	bes the identified performance indicator(s) clude the following:	for	each program see	eking accreditation
	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
W	here 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 🗆	l 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			
<ul> <li>Identification of relevant timeframes for collection of data?</li> </ul>	Yes	🗖 No			
<ul> <li>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?</li> </ul>	Yes	No			
Vhere are these documented?					
Describe how the objective(s) and performa					
used to achieve results for the persons serve	ed (efficiency) w	ere chosen.			
Does the organization have documented ob	jectives and per	formance indicators			
to measure service access for each program.	/service seeking				
Does the identified performance indicator(s) for each program seeking accreditation					
Does the identified performance indicator( include the following:	Yes s) for each progr	🖵 No			
-		🖵 No			
<ul><li>include the following:</li><li>To whom or what the indicator(s)</li></ul>	s) for each progr	□ No			
<ul> <li>include the following:</li> <li>To whom or what the indicator(s) will be applied?</li> <li>The person(s)/position(s) responsible</li> </ul>	s) for each progr	<ul><li>No</li><li>ram seeking accreditation</li><li>No</li></ul>			
<ul> <li>include the following:</li> <li>To whom or what the indicator(s) will be applied?</li> <li>The person(s)/position(s) responsible for collecting the data?</li> <li>The source(s) from which data</li> </ul>	s) for each progr Yes Yes	<ul> <li>No</li> <li>ram seeking accreditation</li> <li>No</li> <li>No</li> </ul>			
<ul> <li>include the following:</li> <li>To whom or what the indicator(s) will be applied?</li> <li>The person(s)/position(s) responsible for collecting the data?</li> <li>The source(s) from which data will be collected?</li> <li>Identification of relevant timeframes</li> </ul>	s) for each progr Yes Yes Yes	<ul> <li>No</li> <li>ram seeking accreditation</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>			

_									
Describe how the objective(s) and performance indicator(s) to measure service access were chosen.									
	oes the organization have documented obje	ectiv	zes and ne	formance	indicators t				
	easure its business function in priority area	s de	-	by the org					
	entify the priority areas for the organization plain why these areas were chosen.	n to	measure i	ts busines	s function a				
D	oes the identified performance indicator(s)	inc	lude the fo	ollowing:					
 	oes the identified performance indicator(s) To what the indicator(s) will be applied?		lude the fo Yes	e	No				
	•				No				
	To what the indicator(s) will be applied? The person(s)/position(s) responsible		Yes						
	To what the indicator(s) will be applied? The person(s)/position(s) responsible for collecting the data? The source(s) from which data		Yes Yes		No				

**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.

## 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?

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
Ex	plain how the analysis incorporates the:			
•	Characteristics of the persons served.			
•	Impact of extenuating or influencing facto	ors.		

Does the analysis include:

■ Comparative analysis? □ Yes □ No

=	Identification of trends?	Yes	D No
-	Identification of causes?	Yes	D No
	Give some examples of how the analysis is		
•	Identify areas needing performance im	provement.	
•	Develop an action plan(s) to address the	ne improvements	needed.
	Implement the action plan(s).		
		1.1.1.4	• . 1 1 1.
	Determine whether the actions taken a	iccomplished the	intended results.
a	s a documented analysis of business funct nd in accordance with the timelines outli nanagement plan?		
		Yes	🗖 No
V	Vhere is the business function performan	ice analysis docur	nented?
_			
	× .1 1 · 11 · · · 1 ·		
г		C .	
	Does the analysis address priority busines unction indicators that have been identifi		

Impact of extenuating or influe	ncing factors.					
bes the analysis include:						
Comparative analysis?	Yes	🗖 No				
Identification of trends?	Yes	🗖 No				
Identification of causes?	Yes	🗖 No				
	nce improvement.					
Develop an action plan(s) to add		needed.				
Develop an action plan(s) to add		needed.				
Develop an action plan(s) to add		needed.				
		needed.				

3.	Give some example	es of how the	results of performa	ance analysis are used to:
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■ 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?

# 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
<ul> <li>Families/support systems, in accordance with the choices of the persons served?</li> </ul>	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.

Ho	ow does the program ensure that the scope of services is updated as necessary?
	ow do you determine that the program/services provided are consistent with the fined scope?
_	
pro	escribe the resources provided in the following areas to support the scope of the ogram/service: Materials.
pro	ogram/service:

Finances.		
Training.		
Human resources.		
Other (specify).		
sed on the scope of each program cumented:	n/service provided, does	s the organization ha
Entry criteria?	Yes	🗖 No
Transition criteria?	Yes	🗖 No
Exit criteria?	Yes	🖵 No

	Transition criteria?		
•	Exit criteria?		
	e the criteria closely related to the scope	? 🛛 Yes	No
f 1			□ No
wh	No, what is missing?		□ No
(f ♪ 	No, what is missing? hen a person is not eligible for your serv Inform the person as to the reasons? In accordance with the choice of the per	ices, do you: □ Yes	
(f ♪ 	No, what is missing? hen a person is not eligible for your serv. Inform the person as to the reasons?	ices, do you: □ Yes	
(f ♪ 	No, what is missing? hen a person is not eligible for your serve Inform the person as to the reasons? In accordance with the choice of the per – Inform the family/support system	ices, do you: Yes rson:	🗖 No

What is your process	to inform the	family/support	system?
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What is your process to inform referral sources?
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.
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 resource	S
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

_	
	o you have written procedures that cover other aspects of your mobile services that e not listed in the standard? If so, please describe.
tra	plain how you address unanticipated service modification, reduction, or exits/ unsitions precipitated by:
tra	
tra ∎	insitions precipitated by:

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
<ul> <li>Resources to address program or payer limitations?</li> </ul>	Yes	🖵 No

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

go to find out the processes to provide information?					
Describe a typical interaction with an indivi program.	dual v	who is see	king infor	mation about	
Identify documents that are generally provi	ded to	) individu	als about 1	the program.	
Do you provide: Fee schedule?		Yes		l No	
Accepted payer sources?		Yes		l No	
Levels of assistance provided?		Yes		l No	
Describe the different ways that the program might be interested in seeking services from			ducates th	ose who	
Are written screenings/assessments conduc	ted				
<ul> <li>Prior to the initiation of services?</li> </ul>		Yes		l No	
At a frequency consistent with the needs of persons served?		Yes		l No	
In response to changes in care needs?		Yes		l No	
In response to changes and preferences of the person served?		Yes		l No	

13.	Describe how initial and	ongoing written	screenings/asses	sments work
	in your program.			

How does the assessment address each of the following areas:

- Behavior.
- Cognition.
- Communication.
- Dental.
- Function.
- Health.
- Legal involvement.

I 	Medications.
1	Nutritional.
]	Pain management.
]	Physical.
]	Psychological.
]	Recreation and leisure.
]	Relationships.
	Social.

<ul> <li>Spiritual.</li> </ul>
--------------------------------

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.

Discuss the person-centered planning pro	cess in your prog	ram.
Are person-centered plans for each person Initial and ongoing screenings/	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 ho	w this is accompl	ished.
For CCRCs, discuss the person-centered p levels of care:	lanning process i	n your various
<ul> <li>Independent/residential living.</li> </ul>		

Assisted living.

	NT ·	
	Niirsino	care
-	Nursing	cure.

	Others,	as a	ppro	priate.
--	---------	------	------	---------

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?

I	Persons responsible for facilitating each goal?
Ī	integration of available resources?
-	The choices and behaviors of the person served that pose a risk to health or saf
	Fransition/exit plans, as appropriate?
	dentification 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 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.

•	Strategies utilized to achieve the goals.				
Do	bes 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	
	include achievement of their goals.		105		
	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 abo	out preferences,	choices, a	nd 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 facilita throughout the service delivery process.				
Describe how personnel ensure that transitio are completed.	n/aş	greement t	ermination	n arrangement
How are they communicated?				
How do you facilitate recommendations whe	n ap 	propriate	?	
Do the responsibilities of the interdisciplinar	y tea	am include	e the follov	ving:
<ul> <li>Reviewing relevant reports to facilitate initial and ongoing screenings/ assessments?</li> </ul>		Yes		No
<ul> <li>Conducting initial and ongoing screenings/assessments?</li> </ul>		Yes		No
<ul> <li>Assisting persons served to set personal goals?</li> </ul>		Yes		No
<ul> <li>Identifying resources?</li> </ul>		Yes		No
Integrating information on resources into program planning?		Yes		No
into program planning.				
<ul><li>Establishing the person-centered plan?</li></ul>		Yes		No
		Yes Yes		No No
<ul><li>Establishing the person-centered plan?</li><li>Integrating information on resources</li></ul>				

-	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 y	vour sys	tem for	notifying	various	parties	about	transition	or exit?
					1 41 10 40	p al clos			01 011100

Но	w do you ensure that you are providi	ng sufficient notice	to all parties?
_			
	scribe the communication to relevant ntinuity of services at the time of tran		occurs to facilitate
Do	es 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?

	Arranging the discussions.		
	Documentation process.		
	Identifying the team members to particip	pate.	
	Frequency.		
	1 /		
	· · · · · · · · · · · · · · · · · · ·		
	re the discussions scheduled at a time		
tha		• Yes	🗆 No
tha an Ide the	re the discussions scheduled at a time at is convenient for persons served ad their families/support systems? entify some examples that demonstrate ho e person served, the program partners wit e service delivery process in each of the fo Ongoing consideration of the family's/su	ow, in accordan th the family/su llowing areas: upport system's	ce with the choice of apport system through :
tha an Ide the	re the discussions scheduled at a time at is convenient for persons served ad their families/support systems? entify some examples that demonstrate ho e person served, the program partners wit e service delivery process in each of the fo	ow, in accordan th the family/su llowing areas: upport system's	ce with the choice of apport system through :
tha an Ide the	re the discussions scheduled at a time at is convenient for persons served ad their families/support systems? entify some examples that demonstrate ho e person served, the program partners wit e service delivery process in each of the fo Ongoing consideration of the family's/su	ow, in accordan th the family/su llowing areas: upport system's	ce with the choice of apport system through :
tha an Ide the	re the discussions scheduled at a time at is convenient for persons served ad their families/support systems? entify some examples that demonstrate ho e person served, the program partners wit e service delivery process in each of the fo Ongoing consideration of the family's/su	ow, in accordan th the family/su llowing areas: upport system's	ce with the choice of apport system through :
tha an Ide the	re the discussions scheduled at a time at is convenient for persons served ad their families/support systems? entify some examples that demonstrate ho e person served, the program partners wit e service delivery process in each of the fo Ongoing consideration of the family's/su	ow, in accordan th the family/su llowing areas: upport system's	ce with the choice of apport system through :

-	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 comm	nunication.
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- 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	e behavioral	event?
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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.		
	r each program seeking accreditation, is th e use of chemical and physical restraints?	ere a policy	in place regarding
		Yes	🖵 No
	the policies address whether and under w		
•	Chemical restraints will be used?	Yes	🖵 No
-	Physical restraints will be used?	Yes	🖵 No
W	here are these policies documented?		
— Ho	ow do you ensure that these policies are cor	nsistently in	plemented?
	ow do you ensure that these policies are con	e use of che	mical or physical restrain
  27. Do	o you have written procedures regarding th		- 
  27. Do		e use of che	mical or physical restrain
  27. Do	o you have written procedures regarding th	e use of cher	mical or physical restrain

•	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 w	ith all a	pplicable
laws and reg	ulations?					

Do your written procedures include all elements identified in the standard?	Yes	🗖 No	
Where can surveyors find the written proc	cedures?		

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

	es the training include all areas ntified in the standard?		Yes	🛛 No
	you provide this education/training: Upon hire?		Yes	🖵 No
	Annually?		Yes	No
	nat is your policy on advance directives?			
	w does it address any legal requirements l resuscitation orders?	surre	ounding ad	vance directives
		surre	ounding ad	vance directives
		surre	ounding ad	vance directives
and   Ho				
and   Ho	d resuscitation orders?			

	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?
	<ul> <li>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:</li> <li>Determine that the technology and/or equipment: <ul> <li>Functions properly?</li> </ul> </li> </ul>
	<ul> <li>Achieves the intended purpose?</li> </ul>

	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.
How is the philosophy implemented to address: <ul> <li>Function?</li> </ul>
<ul> <li>Quality of life?</li> </ul>
<ul> <li>Aging in place?</li> </ul>
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	he
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?

140	
]	Reflect their choices?
]	Promote their personal growth and enhance self-image?
]	Improve or maintain their functional levels?
1	Allow for social interaction?
1	Allow for autonomy?
]	Include opportunities for community integration?
n	ere would the surveyors find information about activities for the person served

- 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?

_			
Is	Wi-Fi available to persons served at the pr	ogram?	
		Yes	🗖 No
	other technology available that promotes agagement or enhance quality of life?	Yes	🗖 No
If	Yes, what resources are available for the use	e of technology	7?
. If	your program provides dining services, ho	w do you seek	input from persons se
	your program provides dining services, ho ad use this information to improve dining s		input from persons se
an 		ervices?	

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.

menu served by the progra	-		
requested?		es 🗆 No	0
. Does the program serve ar	ny persons who require re	espiratory manageme	nt?
	D Ye	es 🗖 No	D
If <i>Yes</i> , what additional com these persons?	npetencies are established	for the personnel ca	ring for

D	o 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 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

•	<ul><li>Healthcare providers involved in the care</li><li>Name?</li></ul>	he person served, 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

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

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 assigne to the persons served to meet their needs?
	List some examples of how this is accomplished.
45.	<ul> <li>Describe the education that is provided to personnel and volunteers on the following</li> <li>Indications that the status of the person served has changed.</li> </ul>

H	ow to protect the privacy of the persons served.
 	ow to protect the dignity of the persons served.
тт	
Н -	ow to, on an going basis: Observe for changes in persons served.

- Needs? Strengths? \_ Provides and evaluates: - Teaching? - Coaching? - Modeling? - Supervision? - Feedback? • Measures the effectiveness of the techniques used in the learning environment against a performance target?

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 are the ways that the program provides education regarding end-of-life choic

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

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?

## **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 offer		
need to be more formalized because t sought after by persons served or beca		
they are resource intensive to the prog		🛛 No
Discuss how these issues factor into y		lanning
,	7.1	0
		roviding, arranging,
		roviding, arranging,
		roviding, arranging,
or assisting with arrangements for ser		roviding, arranging,
or assisting with arrangements for ser		roviding, arranging,
or assisting with arrangements for ser	rvices.	
or assisting with arrangements for ser Do these policies address: Health-related services?	Trvices.	□ No
<ul> <li>Do these policies address:</li> <li>Health-related services?</li> <li>Rehabilitation services?</li> <li>Social services?</li> </ul>	Trvices.	□ No □ No
<ul> <li>bor assisting with arrangements for ser</li> <li>Do these policies address:</li> <li>Health-related services?</li> <li>Rehabilitation services?</li> <li>Social services?</li> <li>Housekeeping services?</li> </ul>	- Yes - Ye	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul><li>Rehabilitation services?</li><li>Social services?</li><li>Housekeeping services?</li></ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>

Where can surveyors find the policies to guide this work?

What are some services available to y organization's own services or through	1	U
<ul><li>Do available services include:</li><li>Health-related services?</li></ul>	Yes	No
Rehabilitation services?	Yes	🗖 No
■ Social services?	Yes	🗖 No
<ul> <li>Housekeeping services?</li> </ul>	Yes	🗖 No
Laundry services?	Yes	🗖 No
		<b>—</b> • •
Security 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	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.

ł	Policies and procedures that address medication management/assistance.
	Actions to take in case of an emergency.
	Administration/assistance.
	Dispensing.
	Jispensing.
	Disposal.
	Documentation.
	Errors.
	mplications for management of multiple medications.

<ul> <li>Implications of ab</li> </ul>	rupt 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 and to reduce risk?	s served to help	them with this process
Who can surveyors speak with in your organ you discuss or share with persons served?	ization regardi	ng the type of informat
Where can surveyors find your policies regar a person served might arrange on their own 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
<ul><li>If <i>Yes</i>:</li><li>Do you require a fee for persons served to have a pet?</li></ul>	Yes	No
<ul> <li>Do your policies address what should occur when a person served can no longer care for the pet?</li> </ul>	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	
	<ul> <li>Refer persons served to resources for transportation?</li> </ul>	Yes	No	
	<ul><li>Contract for transportation?</li></ul>	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?

	Having a private or semiprivate living unit?
	Having a roommate?
1	
	at 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?
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?
•	Describe meetings with persons served to discuss issues concerning their living environment.
	Who is involved in these meetings?
5.	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).
	<ul> <li>Describe who is involved in these planning efforts, including:</li> <li>Internal stakeholders.</li> </ul>

• 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?

′es 🛛 🖓 N	lo
caregiver.	
U	
	l caregiver.

	What type(s) of activities/tasks are included in the scope of an essential caregive
	plain how the program would procure the supplies necessary to support and sust ongoing operations.
on	nmunication with:
on	
on I	nmunication with:
on I	nmunication with: Persons served?
con • •	nmunication with: Persons served?
	nmunication with: Persons served? Families/support systems?
• • •	Persons served? Families/support systems?

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.

# C. Care Process for Specific Diagnostic Categories

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

<ul> <li>Skills training, including:</li> <li>Activities?</li> </ul>	Yes	🗖 No
<ul> <li>Therapeutic approach to behavior?</li> </ul>	Yes	
<ul> <li>Communication skills, including cor</li> </ul>		
- 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.

	Yes	🖵 No
If <i>Yes</i> , do these volunteers receive document that addresses:		
Communication?	Yes	🖵 No
Dementia?	Yes	🖵 No
<ul> <li>Post-incident debriefing opportunities?</li> </ul>	Yes	🖵 No
Therapeutic approach to behavior?	Yes	🛛 No
Does your organization provide documente	l competency-	based training for
Does your organization provide documente personnel at: • Orientation?	l competency-	based training for
personnel at:		-
personnel at: ■ Orientation?	□ Yes	D No

Does the training include, as appropriate to the roles of the personnel being trained:

		1	0
	Dementia, including: – Signs and symptoms?	Yes	🖵 No
	- Progression?	Yes	🗖 No
	<ul> <li>Types of dementia?</li> </ul>	Yes	🗖 No
	<ul> <li>Coexisting conditions?</li> </ul>	Yes	🗖 No
	<ul> <li>Lived experience of dementia?</li> </ul>	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 s - Life history?	served in the follo	owing areas: <b>D</b> No
	<ul><li>Important memories?</li></ul>	Yes	🗖 No
	- Favorite stories?	Yes	🗖 No
	- Daily routines?	Yes	🗖 No
	– Comfort/reminiscence objects?	Yes	🗖 No
	– 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:

bo initial and ongoing assessments for each person served accument.					
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.

de	hen skin integrity risks are identified through the assessment of the person se scribe how the interdisciplinary team addresses identified needs that are with e scope of the program, including:
.11	Interventions to prevent or reduce the risk of a wound developing.
8	Standards of practice.
8	Nutritional needs.
I	Equipment.
•	Supplies.

- The family/support system.

- 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:

- 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
_	Interventions to reduce and/or		
	eliminate the wound?	Yes	🗖 No
_	Standards of practice?	Yes	🗖 No
_	Nutritional needs?	Yes	🛛 No
_	Equipment?	Yes	🛛 No
_	Supplies?	Yes	🛛 No
_	Education needs of:		
	- The person served?	Yes	🛛 No
	- The family/support system?	Yes	🛛 No
	- Personnel?	Yes	🗖 No

	– A plan for follow-up care?	Yes	🗖 No
	<ul> <li>When the wound care needed is outside of the scope of the program, referrals to or coordination with appropriate wound care specialists?</li> </ul>	Yes	🗖 No
	Identify some examples of when the team ad the program and when the persons served we		
	Explain how the protocols were established.		
5.	Describe the resources identified to facilitate	wound care and how	v they are utilized.
6.	Give some examples of how the interdisciplin to optimize outcomes for the persons served	, including:	
	<ul> <li>Exchange of information on factors facilit management.</li> </ul>	tating skin integrity a	und wound

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

	Education	of other	healthcare	providers.
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• 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	L No
Regular intervals?	Yes	🗖 No
Does the training include:		
<ul> <li>Assessment protocols for skin integrity and wound management?</li> </ul>	Yes	🖵 No

<ul> <li>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</li> </ul>		
professional consensus?	Yes	🛛 No
<ul> <li>Education techniques to facilitate behavior change in persons served?</li> </ul>	Yes	🗖 No
Explain how this training is provided and o	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
TT.	and the information at hand and the ac	11	

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.

## E. Care Process for Personal Supports Services

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.

	escribe how your safety and security measures are addressed in personnel train least annually.
W]	hat kinds of behaviors does your program encounter?
_	
W	hen behaviors occur, how do you observe and record the behavioral event?
	plain how you strive to understand the behavioral event from the perspective e person served, personnel, and as a communication on the part of persons ser
	escribe your analysis process when behavioral events occur and how this informur interventions.

Describe how y	vou determine	appropriate at	pproaches and	treatment.
20001100 11011		appropriate ap	promotion and	

	escribe how you ensure the safety of persons served, personnel, and others.
De	escribe how personnel:
	Implement appropriate interventions.
	Assess the results.
	Share information learned with others.
	oes the organization have a policy that clearly identifies whether or not has any role in medications for persons served?
	🗆 Yes 🛛 No
Ho by	ow do you ensure that this policy is consistently implemented and followed 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	L 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?
	do you identify what assistive technology, electronic aids, and other equipment sed by the persons served?
contr respo	rsons served use assistive technology, electronic aids to daily living, environmenta rols, equipment, environmental modifications, and/or personal emergency onse systems, how does the program, on an ongoing basis: etermine that the technology and/or equipment: Functions properly?
_	Achieves the intended purpose?
■ N	otify the appropriate designee, as needed?
	some examples of personnel identifying a problem with technology or equipmen now it was resolved.

\_\_\_\_\_

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

Does the program keep records for each p he following information and documenta		include, as applicable,
<ul><li>Identification data?</li></ul>	□ Yes	🖵 No
Advance directives?	Yes	D No
Emergency contact information?	Yes	No
<ul> <li>Substitute decision maker who has been including:</li> </ul>	en appointed for th	e person served,
– Name?	Yes	🛛 No
– Contact information?	Yes	🛛 No
- Verification of the appointment?	Yes	🛛 No
Medication Information?	Yes	🛛 No
• Healthcare providers involved in the c	are of the person s	erved, including:
– Name?	Yes	🗖 No
- Contact Information?	Yes	🛛 No
Medical Information?	Yes	🛛 No
Release forms?	Yes	🛛 No
<ul> <li>Other information required by the program?</li> </ul>	Yes	No

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?

# F. Service Delivery Using Information and Communication Technologies

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

<ul><li>Do you have written procedures that address</li><li>Consent of the person served?</li></ul>	s:	🖵 No	
<ul> <li>Audio recording, video recording, and photographing the person served?</li> </ul>	Yes	🗖 No	
<ul> <li>Decision making about when to use infor versus in-person services:</li> </ul>	rmation and cor	nmunication technolo	gy
– At the beginning of services?	Yes	🗖 No	
- Throughout the course of services?	Yes	No	
<ul> <li>Do you have written procedures to confine equipment is available and functions:</li> </ul>	rm that all neces	ssary technology and/o	or
– 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	
<ul> <li>The physical location of the person served?</li> </ul>	Yes	No	
To maintain privacy during the delivery of services?	Yes	🗖 No	
<ul> <li>To respond to technology disruption that impacts the delivery of services?</li> </ul>	Yes	🗖 No	

W 	here are these procedures documented?
	escribe the competency-based training provided to personnel on how to deliver rvices 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.
	escribe the competency-based training provided to personnel on equipment, cluding hardware and software, in the following areas: Features.

_	Jse. Maintenance.
	laintenance.
S	afety considerations.
	nfection control.
T	roubleshooting.
ow	and where is this training documented?
esc e f	cribe how instruction and training are provided to the persons served, mem amily/support system, and others.

■ Features?	Yes	🗖 No
■ Setup?	Yes	🛛 No
■ Use?	Yes	🛛 No
■ Maintenance?	Yes	🛛 No
Safety considerations?	Yes	🛛 No
Infection control?	Yes	🛛 No
Troubleshooting?	Yes	🛛 No

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

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?

How to contact the program?	n: Yes	🖵 No
The expected timeframe for response?	Yes	🗖 No
How do personnel provide technical assistar he program?	ice with accessin	g the services provid

Describe how	you ensure that, bas	ed on identified	need, there	is an appropriate
facilitator at th	e location of the per	son 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.

	<ul> <li>Usability of equipment.</li> </ul>		
5. D	Pescribe how the following are accomplishe Any participants in the session in additio	-	
•	The organization provides information t	nat is relevant to	o the session.
G —	ive some examples of the information that	is provided.	
	low will you demonstrate or verify for the s		t equipment is maintain
- - 7. D	o you have emergency procedures in place	that address th	e unique aspects
	f service delivery via information and com		
D ■	o these procedures include: Identification of an emergency contact for the person served, including phone number?	Yes	🗖 No

Yes be implemented i	No
be implemented i	
-	n the event
vices include	
Yes	🛛 No
Yes	No

# SECTION 3

## **Program Specific Standards**

#### A. Adult Day Services

	Yes	🖵 No
If <i>No</i> , describe how space is design	nated for adult day service	28.
Are personnel shared?	Yes	🖵 No
If Yes, how do you designate perso	onnel for the adult day ser	vices program?
How do you define the continuun	n of services available to y	our population?
What role does your adult day ser throughout this continuum?	vices program have with o	other service providers
What role does your adult day ser throughout this continuum?	vices program have with o	other service providers
	vices program have with o	other service providers

Where can surv	reyors find this inf	formation docum	ented?	
Describe your h	inkages with othe	r service provider	rs in the co	ntinuum.
	am calculate and c idgeting process?	locument its unit	cost data a	it least annually
as part of the be	idgeting process:		les	🖵 No
How do you uso decision-makin				lyses that help with
How are unit co	ost data shared wit	h relevant stakeh	olders?	
With which stal	keholders is this in	nformation shared	d and why?	2

Identify	y some exam	ples of h	ow unit o	cost data	are used	for strateg	ic business	planning.

	escribe how your program provides, arranges or assists with arrangements r 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.

• 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 regarding medications that are administered while the person served attends the program to:
  - Persons served? □ Yes □ No
  - Families/support systems? □ 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.

∎ Dis	spensing.
∎ Do	ocumentation.
∎ Eri	rors.
I Ide	entification of medication, including why each medication is given.
Im	plications of abrupt discontinuation.
1	
Im	plications for management of multiple medications.
Inc	dications and contraindications.
1	
Pro	ocedures 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.

<ul> <li>Advance directives.</li> </ul>	Present	Absent	D N/A
<ul> <li>Allergies.</li> </ul>	Present	Absent	D N/A
<ul> <li>Behavioral symptoms.</li> </ul>	Present	Absent	D N/A
<ul> <li>Cognitive status</li> </ul>	Present	Absent	D N/A
<ul> <li>Current diagnoses/conditions and history.</li> </ul>	Present	Absent	D N/A
• Emergency contact information.	Present	Absent	D N/A
• Equipment and devices.	Present	Absent	D N/A
■ Functional status.	Present	Absent	D N/A
<ul> <li>Hospital preferences.</li> </ul>	Present	Absent	D N/A
<ul> <li>Healthcare providers involved in care, including contact information.</li> </ul>	Present	Absent	□ N/A
<ul> <li>Immunization status.</li> </ul>	Present	Absent	D N/A
■ Insurance information.	Present	Absent	D N/A
<ul> <li>Medications.</li> </ul>	Present	Absent	D N/A
<ul> <li>Mental health status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Photograph (for identification of the person served).</li> </ul>	Present	Absent	🛛 N/A
<ul> <li>Prosthetics and orthotics information.</li> </ul>	Present	Absent	D N/A
<ul> <li>Risk factors.</li> </ul>	Present	Absent	D N/A
<ul> <li>Vision and hearing.</li> </ul>	Present	Absent	D N/A

**8.** 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?

#### **B.** Assisted Living

	here would surveyors specifically find information regarding: The ages that are served?
I	Any limitations in activities of daily living that can be served in the program
I	Behavioral status of individuals that can be served?
I	Cultural needs that can be served by the program?
I	Medical conditions that can be addressed?
I	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.
0	Gardening.
1	Intimacy.
]	Recreation.
ł	Exercise/mobility activities.
1	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?

De is i	identified.
Ho	ow do personnel follow up to determine the effectiveness of the PRN medication
	hat are the regulations pertaining to medications that are applicable to your ganization?
 Ba	sed on these regulations, how does the team assess options for: Medication storage?
	-

Self-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 improvy you have measured?	ve the area or topic of	wellness that		
What were the results of those actions?				
you measured?				
Does the organization provide personn	el training:			
At orientation?	<b>T</b> 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	D No
. De	escribe your written procedures that a	ddress:	
•	Conducting criminal background ch	ecks of all personn	el.
•	Timeframes for criminal background	check verificatior	1:
	- Prior to the delivery of services to	the persons serve	d.
	- Throughout employment.		
	iniougnout employment.		
	escribe the actions that are taken regar	ding information	found through these
	escribe the actions that are taken regar ocedures.	ding information	found through these
		ding information	found through these
		ding information	found through these
		ding information	found through these
pro			found through these
pro	ocedures.		found through these

**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.

<ul> <li>Advance directives or end-of-life issues.</li> </ul>	Present	Absent	D N/A
<ul> <li>Allergies and sensitivities.</li> </ul>	Present	Absent	D N/A
<ul> <li>Behavioral symptoms.</li> </ul>	Present	Absent	D N/A
<ul> <li>Cognitive status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Current diagnoses/conditions and history.</li> </ul>	Present	Absent	□ N/A
• Emergency contact information.	Present	Absent	D N/A
• Equipment and devices.	Present	Absent	D N/A
<ul> <li>Functional status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Healthcare providers involved in care, including contact information.</li> </ul>	Present	Absent	□ N/A
■ Communication needs.	Present	Absent	D N/A
<ul> <li>Hospital preference.</li> </ul>	Present	Absent	D N/A
<ul> <li>Immunization status.</li> </ul>	Present	Absent	D N/A
■ Insurance information.	Present	Absent	D N/A
<ul> <li>Legally appointed decision maker(s), including contact information.</li> </ul>	Present	Absent	□ N/A
<ul> <li>Medications.</li> </ul>	Present	Absent	D N/A
<ul> <li>Mental and behavioral healthcare providers involved in care, including contact information.</li> </ul>	Present	Absent	🗆 N/A
<ul> <li>Mental health status.</li> </ul>	Present	Absent	D N/A

<ul> <li>Photograph (for identification of the person served).</li> </ul>	Present	Absent	□ N/A
<ul> <li>Prosthetics and orthotics information.</li> </ul>	Present	Absent	D N/A
<ul> <li>Risk factors.</li> </ul>	Present	Absent	D N/A
<ul> <li>Spiritual preferences.</li> </ul>	Present	Absent	D N/A
• Vision.	Present	Absent	□ N/A

### C. Person-Centered Long-Term Care Community

٦.	escribe how it addresses:	
	Autonomy in decision making.	
1	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	s personal	preferences.
--	--------------	------------	--------------

	Behavioral health?
•	Diagnostic?
-	Laboratory?
•	Medical?

	Rehabilitation?		
	Social?		
	Spiritual?		
0	initial and ongoing screenings/assessmer		
	Important memories and family stories?	Yes	🗖 No
	Life routines?	Yes	No
	Life roles?	Yes	🗖 No
	Eamily/aum out avatam?	Yes	🗖 No
	Family/support system?		

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 dec	cision making?	
	<ul> <li>Minimizing any barriers to d</li> </ul>	ecision making by the perso	ons served?
	Describe how discussions and do of the person served.	ecisions are documented in	the records
7.	Do you perform a written risk as	ssessment of each person ser	rved?
	Who performs this risk assessme		
	When is it completed?		
	Do the risk assessments address Behavioral?		
	<ul><li>Behavioral?</li><li>Cognition?</li></ul>	<ul><li>Yes</li><li>Yes</li></ul>	No No
	<ul><li>Communication?</li></ul>	Yes	
	<ul><li>Dental?</li></ul>	Yes	□ No
	■ Function?	Yes	□ No
	<ul><li>Health?</li></ul>	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 personcentered 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?

<ul> <li>Disease management</li> </ul>	t?
--	----

	<ul> <li>Social contacts, as desired:</li> <li>Within the program.</li> </ul>
	<ul> <li>External to the program.</li> </ul>
	<ul> <li>Relationships, as desired:</li> <li>Within the program.</li> </ul>
	<ul> <li>External to the program.</li> </ul>
12.	Describe some ways that sensory stimulation is being used for individuals with dementia.

What results have y	you seen in those whe	re 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.

Time of waking.
Time for sleeping.
This for skeping.
Eating.
Bathing, both when and how.
-
Oral care.
Orai care.
Dressing.
Hygiene.
Choice of clothing
Choice of clothing.

- Choice of grooming style.
- Cleaning.
- Community activities.
- Contact with pets.
- Cooking.
- Gardening.
- Intimacy.
- Recreation.

	Hobbies.
•	Social interactions.
	Religious and spiritual activities.
	escribe how the fulfillment of one resident's desires respects the needs of others the community.

Pain?		
Rehabilitation issues?		
Skin integrity?		
Identifying a need for and implementing	a specialty cons	sultation?
	procedures reg	arding the following
Who provides medical management	procedures reg	arding the following
Who provides medical management for the persons served?	□ Yes	
Who provides medical management for the persons served? Who provides rehabilitation managemen for the persons served? If these are not the same physician,	The Yes	🗆 No
Who provides medical management for the persons served? Who provides rehabilitation managemen for the persons served?	The Yes	□ No
for the persons served? Who provides rehabilitation managemen for the persons served? If these are not the same physician, mechanisms for coordination, communication, and collaboration? Primary responsibility for medical mana	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li></ul>
Who provides medical management for the persons served? Who provides rehabilitation managemen for the persons served? If these are not the same physician, mechanisms for coordination, communication, and collaboration?	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul><li>No</li><li>No</li><li>No</li></ul>
<ul> <li>Who provides medical management for the persons served?</li> <li>Who provides rehabilitation managemen for the persons served?</li> <li>If these are not the same physician, mechanisms for coordination, communication, and collaboration?</li> <li>Primary responsibility for medical mana</li> <li>Description of the role and responsibilities of the attending</li> </ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>gement, includi</li> </ul>	□ No □ No □ No ng:

	– Physician availability?		Yes		No
	- Appropriate medical decision making?		Yes		No
	How does your program ensure that physical physi	cia	n coverage is avai	labl	e
	Who provides this coverage?				
•	Access to consulting physicians to treat continuing, unstable, or complex medical conditions?		Yes		No
•	Prevention, including:				
	<ul> <li>Prevention of further disability?</li> </ul>		Yes		No
	- Medical complications?		Yes		No
	- Adverse events?		Yes		No
17. De	escribe how the program communicates wi At the time of entry into the program.	th tl	he physician(s) of	î the	e person served:
•	When there are significant changes in the	stat	us of the person s	serv	ed.
	When the person served exits or transition	 15.			

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.

I S	pecific responsibilities in accordance with the privileges grante

- 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/exp	erience.		
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 res	ponsibilities 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.

	ncy-based training at:	
Orientation? Regular intervals?	<ul><li>Yes</li><li>Yes</li></ul>	No No
escribe the competency-base Aging process.		
Assisting persons served wi	ith activities of daily living.	
Behavior management.		
Dementia.		

Fall pr	evention.
Pain m	nanagement.
Perfor	mance measurement and management.
	tion related to: currence of the illness, injury, impairment, or disability.
– Rec — — – Pot	

	<ul> <li>Topics identified by persons served.</li> </ul>
	<ul> <li>Topics identified by personnel.</li> </ul>
	<ul> <li>Wellness.</li> </ul>
	<ul> <li>Working with external entities.</li> </ul>
	Is competency-based training documented?
	Identify which personnel should receive training as it corresponds to their roles within the organization.
24.	Describe the learning environment for personnel.

Provides education opportunities that reflect the learning styles, needs, and strengths of personnel.		Embodies the skills, knowledge, and competencies expected of personnel.
strengths of personnel.		
		Recognizes and respects individual learning styles, needs, and strengths.
w does the program:		
w does the program: Measure the satisfaction of personnel with the learning opportunities?		identifies and develops emerging leaders.
	1	
		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.	famil	ribe ways that the program provide: y/support system of the person serv e person served.		
29.	descr	erson served has questions regardir ibe ways that you could either prov n served to obtain the information	ide information or a	arrange for the
30.	of per Be	mation on the following should be rsons served in a person-centered le ehavior. Is this information collected? Who collects it?		
	_	Where can this information be for	und?	
	■ Fu - -	Inction Is this information collected? Who collects it?	Yes	🗖 No
	_	Where can this information be for	und?	

-	ealth. Is this information collected? Who collects it?	Yes	🗖 No
-	Where can this information be found?		
-	edication. Is this information collected? Who collects it?	Yes	🗖 No
-	Where can this information be found?		
-	utrition. Is this information collected? Who collects it?	Yes	🗖 No
-	Where can this information be found?		
	in management. Is this information collected? Who collects it?	Yes	🗖 No
_	Where can this information be found?		
-	ychosocial. Is this information collected? Who collects it?	Yes	🗖 No

- Where can this information be found?

## Recreation and leisure.

- Who collects it?
- Where can this information be found?

Is the information gathered analyzed to address:

• Performance in relationship to established targets in the following areas:

<ul> <li>remainder in relationship to establishe</li> </ul>	a targets in the follo	wing areas.			
– Behavior?	Yes	🛛 No			
– Function?	Yes	🛛 No			
– Health?	Yes	🛛 No			
- Medication?	Yes	🛛 No			
– Nutrition?	Yes	🛛 No			
– Pain management?	Yes	🛛 No			
- Psychosocial?	Yes	🛛 No			
- Recreation and leisure?	Yes	🛛 No			
■ Trends?	Yes	🛛 No			
<ul><li>Actions for improvement?</li></ul>	Yes	🛛 No			
<ul> <li>Results of performance improvement</li> </ul>					
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.

• Advance directives or end-of-life issues.	Present	Absent	D N/A
<ul> <li>Allergies and sensitivities.</li> </ul>	Present	Absent	D N/A
<ul> <li>Behavioral symptoms.</li> </ul>	Present	Absent	D N/A
<ul> <li>Cognitive status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Communication status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Current diagnoses/conditions</li> </ul>			
and history.	Present	Absent	D N/A
<ul> <li>Emergency contact information.</li> </ul>	Present	Absent	D N/A
<ul> <li>Equipment and devices.</li> </ul>	Present	Absent	D N/A

<ul> <li>Functional status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Healthcare providers involved in care, including contact information.</li> </ul>	Present	Absent	□ N/A
<ul> <li>Hospital preference.</li> </ul>	Present	Absent	D N/A
<ul> <li>Immunization status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Insurance information.</li> </ul>	Present	Absent	D N/A
<ul> <li>Legally appointed decision maker(s), including contact information.</li> </ul>	Present	Absent	□ N/A
<ul> <li>Medications.</li> </ul>	Present	Absent	D N/A
<ul> <li>Mental and behavioral healthcare providers involved in care, including contact information.</li> </ul>	Present	Absent	□ N/A
<ul> <li>Mental health status.</li> </ul>	Present	Absent	D N/A
<ul> <li>Photograph (for identification of the person served).</li> </ul>	Present	Absent	□ N/A
<ul> <li>Prosthetics and orthotics information.</li> </ul>	Present	Absent	D N/A
<ul> <li>Risk factors.</li> </ul>	Present	Absent	D N/A
<ul> <li>Spiritual preferences.</li> </ul>	Present	Absent	□ N/A

## 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?

What is your process for identifying gaps in s person served?	ervice deliver	ry at the level of the
	ed identified §	gaps in service delivery
	ed identified §	gaps in service delivery
	ed identified ş	gaps in service delivery
	ed identified ş	gaps in service delivery
List some examples of how you have address at the level of the person served.	ed identified §	gaps in service delivery
	ed identified g	gaps in service delivery
at the level of the person served.		
at the level of the person served.	the backgrou	unds of all personnel?
at the level of the person served.	the backgrou	unds of all personnel?
at the level of the person served. Do you have written procedures for verifying If <i>Yes</i> , do the procedures identify actions to o Prior to the delivery of services to the	the backgrou Yes ccur:	unds of all personnel?

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 b	ehavioral supports.	
Facilitating co	ognitive interventions.	
·		
Handling dev	velopmental/life transitions.	
Knowledge o	f community resources.	
1		
Recognition a	and reporting of suspected abuse and neglect.	
1		

• Setting and maintaining professional boundaries.

<ul> <li>Do you have policies and written procedure minimum, the following service delivery ise</li> <li>Availability of appropriate equipment, supplies, etc., at the service delivery</li> </ul>		mented and address, at
site from initial service delivery through exit/transition?	Yes	🖵 No
<ul> <li>Confidentiality and privacy of information concerning the persons served in the home and community environments?</li> </ul>	Yes	No
<ul> <li>Clarification of the roles and responsibil</li> </ul>	ities of:	
– Families/support systems?	Yes	🛛 No
<ul><li>Service providers?</li></ul>	Yes	🖵 No
- Others, as appropriate?	Yes	🖵 No
<ul> <li>Contingency plans if either the family/ support system or the service provider is unable to deliver care?</li> </ul>	Yes	🖵 No
<ul> <li>Unsuccessful delivery of services?</li> </ul>	Yes	□ No
<ul> <li>Referral/transition to other services?</li> </ul>	Yes	
<ul> <li>Assignment of personnel in accordance with the needs and choices of the persons served?</li> </ul>	Yes	
<ul> <li>Within the scope of services, the availab respond to:</li> </ul>	ility of home and	d community services t
<ul><li>Persons served?</li></ul>	Yes	🗖 No
– Families/support systems?	Yes	🛛 No
<ul> <li>Service providers?</li> </ul>	Yes	🖵 No
<ul> <li>Other stakeholders?</li> </ul>	Yes	🖵 No

6.

Where are these documented?		
Do you perform a documented risk assessme	ent of each p	erson served?
	Yes	No
Who performs this risk assessment?		
When is it completed?		
Do the risk assessments address the followin	a areas.	
<ul> <li>Behavioral?</li> </ul>	Yes	No
Cognitive?	Yes	🗖 No
Communication?	Yes	🗖 No
Developmental?	Yes	No
Emotional?	Yes	No
Environmental?	Yes	No
■ Physical?	Yes	No
<ul> <li>Capability of the family/support system?</li> </ul>	Yes	No
<ul> <li>Other, as appropriate?</li> </ul>	Yes	🖵 No

Give some examples of how risk assessments have resulted in changes to the personcentered 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?

<ul> <li>Do the plans consider each of the following:</li> <li>Assessment of the current knowledge of:</li> </ul>		
– 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
<ul> <li>Identification of modifications necessary to ensure safety in the event of an emergency?</li> </ul>	Yes	🗖 No
<ul> <li>Community resources, including:</li> <li>Identification of resources for:</li> </ul>		
- 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 emergenc	y? 🗖	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.

	do you ensure that involvement of the family/support system in the service ery process is in accordance with the choice of the person served?
family consi	ify some examples that demonstrate how your services have partnered with th y/support system throughout the service delivery process, including ongoing deration of: ne family/support system's:
family consi	y/support system throughout the service delivery process, including ongoing deration of:
family consi	y/support system throughout the service delivery process, including ongoing deration of: ne family/support system's:

- 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.
	ique financial, social, or cultural factors that might influence the home and mmunity services.
Не	alth 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
<ul> <li>Communication with other service providers?</li> </ul>	Yes	🗖 No
<ul> <li>Developing a system to record personal health information?</li> </ul>	Yes	🛛 No
Disease management?	Yes	🛛 No
<ul> <li>Information about community resources and how to access them?</li> </ul>	Yes	🗖 No
Preventive care?	Yes	🛛 No
Procedures unique to the provision of home and community services?	Yes	🗖 No
<ul> <li>Safety issues related to the service delivery site?</li> </ul>	Yes	🗖 No
<ul> <li>Specific healthcare procedures and techniques, as appropriate?</li> </ul>	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.

	dance with the choice of the perso assistance and planning that add		ed, do you	pro	vide or arr	ange	fo
■ Bene	fits planning?		Provide		Arrange		Bc
■ Susta	inability of services?		Provide		Arrange		Bc
■ Cont	ingency planning?		Provide		Arrange		Bc
■ Educ	ation related to financial literacy?		Provide		Arrange		Bc
■ Short	t- and long-term planning for futu	ire serv	vices, inclu	ıding	<b>g</b> :		
– Fi	unding and supports available?		Provide		Arrange		Bc
– El	igibility criteria?		Provide		Arrange		Bc
– R:	ange of services available?		Provide		Arrange		Bc
– A	mount of services available?		Provide		Arrange		Bc
– In	npact on continuing benefits?		Provide		Arrange		Bc
	n the survey team verify that the all ons served in accordance with the			prov	vided and/	or arı	rar
•	address the impact of the following son served? gies?	C	on the set Yes	rvice	delivery p	proces	SS I
each per Aller Curre - M	son served?	• •		rvice		proces	SS
each per Aller Curre - M re	son served? gies? ent medications, including: ledication sensitivities and adverse	e 0	Yes	rvice	🗆 No	proces	SS I

<ul> <li>Implications of abrupt discontinuation of medications?</li> </ul>	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
<ul><li>Communication ability?</li></ul>	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	n and training	to each persor	n served,	depending on
	individual needs	s, that addresses:				

Disease management?	Yes	🗖 No
<ul> <li>Health advocacy, including prompt communication about health issues?</li> </ul>	Yes	🗖 No
<ul> <li>Prevention related to:</li> </ul>		
<ul> <li>Recurrence of the illness, injury, impairment, disability, or a specific age or developmental need?</li> </ul>	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 educatio	n and	training are	e 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
<ul> <li>Identification, including purpose of each medication prescribed?</li> </ul>	Yes	🖵 No
<ul> <li>Implications for management of multiple medications?</li> </ul>	Yes	🖵 No
<ul> <li>Implications of abrupt discontinuation?</li> </ul>	Yes	🛛 No
Indications and contraindications?	Yes	🛛 No

<ul> <li>Obtaining medication?</li> </ul>	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
_	100	 

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?

1=	
]	Information/instructions regarding any special needs?
1	
	Instructions for specific healthcare procedures?
]	Medications?
]	Pertinent health/medical history?
N d	w do you ensure that respite providers are able to competently use any equipm l/or assistive technology brought in by the person 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.

<ul> <li>Delivery of care.</li> </ul>	
---------------------------------------	--

- 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 care?	have you identified as the three most important components of value-based
How o	loes case management facilitate value-based care?
	loes case management facilitate the provision of services to: nimize/prevent impairment?
■ Re	duce activity limitations?
■ Les	ssen participation restrictions?
■ Ide	entify environmental barriers?
 How c	loes case management facilitate the safety of the persons served?
What	types of independent reviews does case management conduct or facilitate?

H	Reviewing relevant reports to facilitate assessment.
I	dentifying resources.
I	ntegrating information on resources into case management planning.
I	ntegrating information on resources into case management implementation
(	Conducting assessments.
F	Predicting outcomes.
F	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.

	Does the information that case management	-		-	
	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
p	Describe how and when relevant information rovided to the persons served from the perfo utcomes management system.				
_					
_					
_					
	xplain how the initial and ongoing assessme relevant to the needs of the persons served.		process by	case mana	gement
_					
_					
_					
_					
- - F	Iow do the assessments: Predict outcomes independently or with a				

	<ul> <li>Disposition at discharge/transition?</li> </ul>
	- Duration of services?
•	Consider health status?
1.	
•	Address resource needs and utilization?
■ .	Address discharge/transition planning?
■ .	Address integration of available resources?
	Identify:
	<ul> <li>Factors that will facilitate the achievement of predicted outcomes?</li> </ul>
	- 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
	<ul> <li>Reducing activity limitations?</li> </ul>		Yes	🛛 No
	<ul> <li>Lessening participation restrictions?</li> </ul>		Yes	🛛 No
	Environmental modifications?		Yes	🛛 No
	<ul> <li>Outcomes predicted of case management?</li> </ul>		Yes	🖵 No
	The timeframe estimated for case management services?		Yes	🛛 No
	<ul> <li>Involvement of the persons served in planning?</li> </ul>		Yes	🛛 No
	• Communication with appropriate parties		Yes	🛛 No
	Modification of the plan based on the resources of case management?		Yes	🛛 No
	<ul> <li>A plan for exit/transition from case management, including mechanisms for interagency coordination?</li> </ul>		Yes	🗖 No
13.	Does case management provide the following person served:	g inc	lividualized infor	mation to each
	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
	<ul> <li>Alternative resources to address additional identified needs?</li> </ul>		Yes	🖵 No

	Where is the information found?
4.	How do you ensure that case managers are consistently assigned to the persons se
_	
5.	What are the competencies required of the case manager for each person served?
	What are the competencies required of the case manager for each person served? How are the identified competencies demonstrated?

## SECTION 3.E. CASE MANAGEMENT

De ∎	escribe 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.

Completion of discharge/transition arrangements.
Communication of discharge/transition recommendations to appropriate takeholders.
facilitation of the implementation of discharge/transition recommendations
cribe how case management interacts with, facilitates, and communicates the team including: 'he person served.
Aembers of the family/support system.
Personnel involved in evaluating and facilitating the achievement of the predicted outcomes of the persons served.

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?

## SECTION 3.E. CASE MANAGEMENT

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.

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					
	Are outcomes for the persons served					
	expressed in functional terms?	Yes	No			
	Is progress expressed in measurable terms? Summarize how you make information avail	-	□ No sons served and their cacy, and civil rights.			

Ho ∎	ow 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.
	w are the following individuals notified when there is a change in the charge/transition plan? The person served.

- 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.

oes 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
oes case management conduct a written nalysis of its performance in each of these reas at least annually?	Yes	🖵 No
ow 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?
∎ Tre	ends?
■ Ac	tions for improvement?
■ Re	sults of performance improvement plans?
	ecessary education of: Persons served?

- Personnel?

**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.		bes your organization conduct a written and			ive sample
	01	records of the persons served at least annu	any	5	
	01	records of the persons served at least annu	•	Yes	🛛 No
		records of the persons served at least annu	•		🖵 No
		-	•		□ No
		-	•		□ No
	Hc	-	•		□ No
	Hc	ow do you determine what to review?			□ No
	Hc	ow do you determine what to review?		Yes	

How are performance targets determined for each area?

oes the analysis include: formance in relationship to established targets for: Documentation completed in accordance with the organization's policies
Regulatory requirements, if applicable?
CARF documentation requirements?
nds?
cions for improvement?

## 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?

•	Fees?		
sei	escribe how your organization shares the in vices with persons served, families/suppo d the general public.		
	the scope of services reviewed least annually?	Yes	🖵 No
)e	escribe your process for reviewing the scop	be of services.	
Ex	plain how the scope of services is updated	as needed.	
	sed on the scope of the program, does the Entry criteria?	organization h	ave documented:
	Exit criteria?	Yes	🗖 No
•	hat are the criteria?		

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:	
Does the written agreement merude.	

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 m	nade 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.

1	Describe what customer service means to your organization and how you
d	emonstrate it to the persons served.
_	
_	
-	
-	
H	Iow does leadership demonstrate customer service?
_	
_	
_	
Ē	Describe how personnel in the following areas demonstrate customer service:
E	Describe how personnel in the following areas demonstrate customer service: Administration.
	-
	-
	-
	Administration.
	Administration.
	Administration.

	Housekeeping.
	Other areas.
5. I	How are activities available to persons served?
_	
I	How does the organization determine that available activities: Meet interests of persons served?
	Align with capabilities?
•	

	Improve or	maintain	independe	ence wheneve	r 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.

_	
W.	hat types of communication mechanisms exist to address need of: The persons served?
•	The program?
•	Other stakeholders?
W.	hen changes, issues, or needs emerge, what communication mechanisms are u
 W	hen contingency planning is needed, what communication mechanisms are us
are	hen decisions are made by persons served, what communication mechanisms e used to share the information with the program, other persons served, and her 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?
1	What personal security options can residents use?
	What information is provided to residents so that they understand their rights egarding the organization's approach to emergency response.
-	
	<ul><li>How do you provide information to persons served about:</li><li>Advance directives?</li></ul>
	Advance directives?
	Advance directives?

- **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.		
Ho	ow is this done for persons served	?	
 Ho	ow is this done for family/support	systems?	
 W	hat mechanism is implemented to	o make available current	emergency information?
	here can a written version of this	information be located?	
	here is the information stored in i	individual residences?	
•	bes the mechanism include for eac 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
	hat information do you provide to person Exploring services?	ns serv	ved regarding:	
•	Hiring services?			
-	Managing services?			
	Information exchange with your progra			

	Terminating services?				
. \	Vhat is your organization's preventive main	ena	nce prog	ram?	
-					
ł	Iow do you promote cleanliness in the organ	nizat	tion?		
-					
- - -	Iow do you plan for capital improvements o	f the	e property	y?	
- 7. I	Do you have written procedures for verifying	; the	backgro	unds of all	personnel?
			Yes		No
I	f Yes, do these procedures identify actions to	000	cur:		
	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
	Vhat procedures are followed in the event th annot be verified?	at b	ackgrour	nds or crede	entials

20	o all personnel receive training	g at:	
•	Orientation?	Yes	D NO
	Regular intervals?	Yes	NO
•	Communication of unusual o	occurrences regarding perso	ons served.
I	Communication of unusual o	occurrences regarding perso	ons served.
•	Communication of unusual of unusu	eeping requirements of the	
	 Documentation and record k	eeping requirements of the	

	<ul> <li>Social/cultural issues of the persons served</li> </ul>	d.	
	<ul> <li>Specific training directly related to the pro-</li> </ul>	gram.	
	■ Wellness.		
10	Is Wi-Fi available to persons served at the pro	ogram?	
	is with the wandble to persons served at the pre-	Yes	🖵 No
	Is other technology available that promotes engagement or enhance quality of life?	□ Yes	No
	If <i>Yes</i> , what resources are available for the use	of technology	?

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	mecl	hanisms	used.
----------	------	---------	-------

	escribe how your program plans for sustained emergency conditions (e.g., bandemic or the aftermath of a disaster such as a fire or hurricane).
_	
J€ ∎	escribe who is involved in these planning efforts, including: Internal stakeholders.
	H
	Community resources.
•	Community resources.
•	Community resources.
_	
•	

-	How and when the remaining topics w	vould be addres	ssed?
	the program have a policy regarding		
	tial caregivers?	Yes	🗖 No
	ential caregivers are allowed: oes the program have written		
pr	ocedures regarding the scope of		
th	eir involvement with persons served?	Yes	🛛 No
D	escribe who may fulfill the role of an es	sential caregive	r.
∎ W	hat type(s) of activities/tasks are includ	led in the scope	of an essential caregi
1			
	in how the program would procure the	supplies necess	ary to support and su
its on	going 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.

### G. Personal Supports Services

- 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 Yes persons served? 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: Yes - First aid/CPR? No **Biohazards**? Yes No \_ Yes No Physical hazards? \_ - Body mechanics? Yes No ■ If transportation is provided: Proper seat restraints, including, \_ when children are served, car seat installation? Yes No - Wheelchair tie-downs, Yes No when applicable? Yes No – Safe driving techniques? How is this training provided?
- 1. How does your program identify the supports and services 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 s	ervices.
-	1110	ongoing	Provision	01.0	ci vicco.

Do you provide training or educational activ	ities	tor person	s served?		
		Yes		No	
If <i>Yes</i> , is there a written description of each offering?		Yes		No	
Does the written description of each offering	, inc	lude:			
• Focus on the needs of the trainees?		Yes		No	
<ul> <li>Requirements for participation, if any?</li> </ul>		Yes		No	
<ul><li>Objectives for the activity?</li></ul>		Yes		No	
<ul> <li>Instructional methods and materials?</li> </ul>		Yes		No	
• The sequence and hours of instruction?		Yes		No	
<ul> <li>Regular review and revision/updates as needed?</li> </ul>		Yes		No	
Does your program offer information and referral services?					
		Yes		No	
<ul> <li>If <i>Yes</i>, describe how the program can demon</li> <li>Knowledge of available services/resources</li> </ul>		te to the sur	rvey team	its:	
<ul> <li>Knowledge of support systems that are re</li> </ul>	leva	nt to the pe	ersons serv	ved.	

■ Facilitation of access to available services/resources.

• Availability at times and locations convenient to the persons served.

## H. Continuing Care Retirement Community

	ow do the persons served and their families/support systems identify: What is offered on the CCRC campus?
I	What is offered external to the main campus?
I	The levels of care owned by the CCRC?
I	Levels of care that are not owned, but instead are contracted by the CCRC?
De	escribe the ways you market your CCRC to prospective persons served.
Ho	ow do you describe the structure of the CCRC?

What is communicated	regarding the	ownership/manas	gement of the CCRC?
	0 0	1 6	J

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?

and feedback exist within the CCRC's continuum and with other service provider
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?
Provide examples of how your organization communicates, coordinates, facilitates and advocates for appropriate transitions at each level of service offered by the CC

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 serve

• 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.

## 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.
	escribe how your program's environment addresses the unique needs of persons ith 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.		
<ul> <li>Optimizing their independence.</li> </ul>		
Does your program's ongoing screening about the person's:	/assessment process	s include information
■ 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

Iow does your program provide or arrang	e for education fo	or:
The persons served?		
Families/support systems?		
Does the education provided or arranged f	for address each o	f the following,
	or address each o	f the following,
n accordance with identified needs:	for address each o	f the following,
n accordance with identified needs: Dementia, including:		-
n accordance with identified needs: Dementia, including: – Signs and symptoms?	Yes	No
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>– Signs and symptoms?</li> <li>– Progression?</li> </ul>	<ul><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li></ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>– Signs and symptoms?</li> <li>– Progression?</li> <li>– Types of dementia?</li> </ul>	<ul><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li></ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>Signs and symptoms?</li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> </ul>	<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>Signs and symptoms?</li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> <li>Maintaining relationships?</li> </ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>Signs and symptoms?</li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> <li>Maintaining relationships?</li> </ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>Signs and symptoms?</li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> <li>Maintaining relationships?</li> <li>Skills training, including:</li> </ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>
<ul> <li>n accordance with identified needs:</li> <li>Dementia, including:</li> <li>Signs and symptoms?</li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> <li>Maintaining relationships?</li> <li>Skills training, including:</li> <li>Activities?</li> </ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>
<ul> <li>accordance with identified needs:</li> <li>Dementia, including: <ul> <li>Signs and symptoms?</li> </ul> </li> <li>Progression?</li> <li>Types of dementia?</li> <li>Coexisting conditions?</li> <li>Lived experience of dementia?</li> </ul> <li>Maintaining relationships?</li> <li>Skills training, including: <ul> <li>Activities?</li> <li>Therapeutic approach to behavior?</li> </ul> </li>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	<ul> <li>No</li> </ul>

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 program personnel implement a positive, therapeutic approach to behavior?
Identify some examples that demonstrate how this is accomplished.
Describe how your program, as appropriate, incorporates into the person-centere plan:
plan:
plan:
<ul> <li>A palliative approach to care.</li> </ul>

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

■ Communication?	Yes	🖵 No
Dementia?	Yes	No
<ul> <li>Post-incident debriefing opportunities?</li> </ul>	Yes	No
• Therapeutic approach to behavior?	Yes	🛛 No
Explain how this is accomplished and where	the training is	documented.
Who is the program manager for your deme	ntia care specia	llty program?
What are the qualifications, training, and exp in dementia care?	perience of the	program manager
<ul><li>Does the program manager have responsibil</li><li>Resource utilization?</li></ul>	ity and authori	ty to direct:
<ul><li>Resource utilization?</li><li>Performance improvement activities?</li></ul>	<ul><li>Yes</li></ul>	
<ul> <li>Program development and modification?</li> </ul>		
<ul> <li>Frogram development and modifications</li> <li>Educational activities for program</li> </ul>		
personnel?	Yes	🗖 No
• Stakeholder relationship management?	Yes	🖵 No
<ul> <li>Advocacy activities?</li> </ul>	Yes	🗖 No
The development of ongoing relationships with the community?	Yes	No
Promotion of the program?	Yes	🗖 No

8.

	entify the physician who provides ongoing input to the dementia care specialty ogram.
a p	bes he or she serve the program as medical director, chair or member of professional advisory committee, a consultant with a formal arrangement, d/or medical liaison?
By	what professional governing body is he or she licensed?
Hc	what professional governing body is he or she licensed? ww 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?
	ow will you demonstrate or verify for the survey team that he or she:

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.

	upport, including: Family/support system-to-family/support system.
_	Peer-to-peer.
the r	tify some examples that demonstrate how, within the scope of your program hythm of daily life is directed by each person served in the following areas:
the ri ■ A da	
the ri ■ A da	hythm 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 ay, including:
the ri ■ A da	hythm 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 ay, including:
the ri ■ A da −	hythm 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 ay, including: Bathing.
the ri ■ A da −	hythm 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 ay, including: Bathing.

_	Hygiene.
_	Oral care.
-	Sleeping.
_	Waking.
_	Resting.
Cł	noice of clothing.
ı	

	Choice	of gro	ooming	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.

13.	Does your program provide food		
1	If Vac have do as the measure fact	Yes	No No
	If <i>Yes</i> , how does the program fost of procedures:	er independence throug	n implementation
I	• To manage social dynamics?		
_	- That allow persons served to a	alast what when and w	have they want to get
I	• That allow persons served to s	select what, when, and w	here they want to eat
I	■ To address necessary adaptation	ons?	
I	That balance the choices of th needs?	e persons served and the	eir health and nutritio
	needs:		

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
	<ul> <li>Types of dementia?</li> </ul>	Yes	🛛 No
	<ul> <li>Coexisting conditions?</li> </ul>	Yes	🛛 No
	<ul> <li>Lived experience of dementia?</li> </ul>	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 s – Life history?	ed in the followin Yes	g areas: D 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.

F	Families/support systems.
]	
(	Governing board, when applicable.
(	Other stakeholders as appropriate.
-	
a	scribe how your program maintains knowledge of and ensures coordinati al, regional, provincial, national, or international resources to facilitate: Specialized dementia services.

■ Use of appropriate subspecialties.

■ Advocacy.

# How well did the CARF 2024 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.







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