



2026
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**Continuing Care Retirement Community
Survey Preparation Workbook**

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INTRODUCTION

The *2026 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 *2026 Continuing Care Retirement Community Standards Manual*. The following guidelines are offered to give you basic perspectives that are essential to the effective use of this document.

- The workbook asks questions in relation to the standards in the standards manual to assist you in assessing your organization's level of conformance. During the survey, conformance to every standard applicable to the programs/services for which you are seeking accreditation is assessed. The standards manual provides detailed information about the applicable standards for each program, service, and specialty program; use this information to determine which questions should be completed based on the programs and services you plan to have surveyed.
- In some cases, the questions may address more than what is required by a literal interpretation of the standards. These questions are provided to suggest actions that would promote full and ongoing conformance to the intent of the standards.
- You are encouraged to use this workbook in the manner that is most valuable to your preparation for a CARF survey. If you choose to comprehensively complete the applicable sections of the workbook, you may find that a response provided earlier in the document addresses the specific questions at hand. Rather than repeating the information, you can reference the earlier response by standard number, topic, page number, or question number to reduce duplication of effort.
- Various types of documentation are needed to demonstrate conformance to the standards. During your self-assessment, you may discover that one document addresses several CARF standards. It is not necessary or desirable to provide copies of the same document for each standard covered by that document. The surveyors will review a document and note all standards that it addresses.
- At the end of each section is a list of examples of the types of documents and other evidence that are typically used to demonstrate conformance to the standards in that section. Based on your organization's practices, other documents or evidence may also be appropriate.
- The Conformance Action Plan template provides a format to identify standards with which the program is not in full conformance, activities to bring the program into full conformance, responsible parties, timelines, etc.
- The utility of this workbook can be enhanced if notations are made beside each item identifying the personnel who can speak to the organization's conformance in that area. This information should then be readily available for reference in directing the survey team to appropriate personnel.
- The completed workbook can also serve as a valuable resource during the survey. The workbook may be referred to or provided to the team for use during the survey. It is your choice whether you share the completed workbook or not. This is your document. It should be used to conduct an honest assessment of your organization's operations in relation to the CARF standards and to plan and implement any corrective actions needed prior to the survey.

Additional Resources

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

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

CONFORMANCE ACTION PLAN



Conformance Action Plan

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

SECTION 1



ASPIRE to Excellence[®]

Assess the Environment

A. Leadership

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

Where are the responsibilities of each level of leadership defined?

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

- Leadership?

- Personnel?

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

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

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

- The mission and direction of the organization.

- Promotion of value in the programs and services offered.

- Achievement of outcomes in the programs and services offered.

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

- Financial solvency.

- Risk management.

- Ongoing performance improvement.

- Development of corporate responsibilities.

- Implementation of corporate responsibilities.

- Compliance with legal and regulatory requirements.

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

- Health and safety.

- Succession planning.

- Strategic planning.

- Technology planning.

4. Describe how leadership makes itself accessible to:

- Persons served.

- Personnel.

- Other stakeholders.

5. Does your organization use augmented or artificial intelligence?

☐ Yes

☐ No

If Yes, describe how.

How were your organization's AI policies and procedures developed?

Do your organization's AI policies and written procedures include:

- How your organization uses AI? ☐ Yes ☐ No
- Disclosure to the person(s) served about the use of AI:
 - In service delivery? ☐ Yes ☐ No
 - For health data analysis and processing? ☐ Yes ☐ No
- Privacy of health information? ☐ Yes ☐ No
- Protection of sensitive information? ☐ Yes ☐ No
- Human oversight/accountability? ☐ Yes ☐ No
- What constitutes an incident requiring a response:
 - Within the organization? ☐ Yes ☐ No
 - To the person(s) served? ☐ Yes ☐ No

How frequently are the policies and procedures reviewed?

When was the last time the policies and procedures were updated?

6. Describe corporate responsibility efforts at your organization, including:

■ Written ethical codes of conduct in the following areas:

- Business.

- 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 personnel on corporate compliance.

Describe your corporate compliance auditing activities.

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

What mechanisms are in place to share the information learned?

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

☐ Yes

☐ No

If Yes, are there written procedures implemented that address:

■ Oversight?

☐ Yes

☐ No

■ Donor:

– Solicitation?

☐ Yes

☐ No

– Communication?

☐ Yes

☐ No

– Recognition?

☐ Yes

☐ No

– Confidentiality?

☐ Yes

☐ No

■ Valuing of donations?

☐ Yes

☐ No

■ Use of donations in accordance with donor intent?

☐ Yes

☐ No

■ Documentation and recordkeeping?

☐ Yes

☐ No

■ Use of volunteers in fundraising efforts, if applicable?

☐ Yes

☐ No

Where are these procedures documented?

How do you ensure that these procedures are consistently implemented?

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

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

B. Governance

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Selection process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Exit process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| ■ Board member orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------|------------------------------|-----------------------------|

- | | | |
|----------------------|------------------------------|-----------------------------|
| ■ Board development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------|------------------------------|-----------------------------|

- | | | |
|--------------------|------------------------------|-----------------------------|
| ■ Board education? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------------|------------------------------|-----------------------------|

Describe these policies.

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

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

- | | | |
|--|------------------------------|-----------------------------|
| ■ Board size? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Board composition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Definition of independent, unrelated board representation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Duration of board membership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Board performance, including: | | |
| – Financial matters, if any, between the organization and individual board members, including: | | |
| – Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Expense reimbursement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Stock ownership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Other matters of financial interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Use of external advisors or resources, including, as applicable: | | |
| – External auditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Executive compensation advisors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Other advisors, as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Self-assessment of the entire board at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Periodic self-assessment of individual members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Written conflict-of-interest declaration that is signed at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Written ethical-code-of-conduct declaration that is signed at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ External interactions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the board's structure and performance policies.

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

How does the board gain access to personnel?

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

4. How are your board meeting agendas planned?

What meeting materials are typically provided?

How are these materials distributed?

Does your board oversee committee work on:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| ■ Governance development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Governance management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Financial audits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| ■ Executive compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Other pertinent activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, what other activities are overseen by committees?

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

Does this review include:

- | | | |
|--|------------------------------|-----------------------------|
| ■ A comparison of overall corporate performance to targeted performance levels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ A comparison of the executive leadership's performance to targeted performance levels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Executive leadership: | | |
| – Professional development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Professional accomplishments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Professional opportunities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

6. What is your total executive compensation philosophy?

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

What does your total executive compensation mix include?

What references are used to define your total executive compensation?

Does your documented process outline:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Terms of compensation arrangements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Approval date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Names of approving board members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Data used in the compensation decision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Disclosures of conflict of interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Review of these records at least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Authority of the board members to exercise such actions? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 and data in strategic planning including:

■ Current use.

■ Gaps and opportunities.

■ How technology and data can support your business processes, service delivery, access to services, and performance improvement.

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

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

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

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

- At the time the plan was written?

- At projected point(s) in the future?

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

- Financial?

- Workforce?

Explain how goals and priorities are set in the plan.

Is the strategic plan reviewed at least annually for relevance?

☐ Yes

☐ No

Describe your process for reviewing and updating your strategic plan.

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

Persons Served and Other Stakeholders— Obtain Input

D. Input from Persons Served and Other Stakeholders

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

Describe the ways that you seek input from personnel.

Who are your other key stakeholders?

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

How do you know if the collection is successful?

2. Describe how the input collected has been analyzed.

Describe how input has been used in the following areas:

■ Program planning.

■ Performance improvement.

■ Strategic planning.

■ Organizational advocacy.

■ Financial planning.

- Resource planning.

- Workforce planning.

- Technology 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.

- Privacy of the persons served.

- Employment practices.

- Mandatory employee testing.

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

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ Confidential administrative records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The records of the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Security of all records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Confidentiality of records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Compliance with applicable laws concerning records? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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

- Established outcomes for the persons served.

- Organizational performance objectives.

2. Explain your budgeting process.

Is your budget prepared prior to the start of the fiscal year?

☐ Yes

☐ No

Does the budget reflect:

- Input from various stakeholders, as required?

☐ Yes

☐ No

- Comparison to historical performance?

☐ Yes

☐ No

- Consideration of necessary cash flow?

☐ Yes

☐ No

- Consideration of external environment information?

☐ Yes

☐ No

Does the budget include documentation of:

- Reasonable projections of:

– Revenues?

☐ Yes

☐ No

– Expenses?

☐ Yes

☐ No

– Capital expenditures?

☐ Yes

☐ No

- Approval by the identified authority?

☐ Yes

☐ No

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

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

Are they reported, as appropriate, to:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| ■ Personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Other stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Are they reviewed at least monthly? ☐ Yes ☐ No

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

How does your organization identify and review internal:

- Financial trends?

- Financial challenges?

- Financial opportunities?

- Management information?

How does your organization identify and review external:

- Financial trends?

- Financial challenges?

- Financial opportunities?

- Industry trends?

Explain how your organization identifies areas needing improvement.

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

How does your organization:

- Review financial solvency?

- Develop remediation plans, if appropriate?

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

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

6. 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.

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

Explain your organization's:

- Review of fee schedules.

- Comparison of fee schedules.

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

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

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

Can you provide documentation to the survey team of:

- | | | |
|--|------------------------------|-----------------------------|
| ■ The results of annual financial statement review or audit, including any resulting recommendations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Management's response to recommendations, if applicable, including corrective actions taken or reasons why corrective actions will not be taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

Long-Term Financial Planning

10. How does the organization address:

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

- Expenses related to the persons served?

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

- Expense management.

- Liquidity?

- Capital structure to ensure:

- Financial flexibility?

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

- Use of financial ratio information?

- Bond covenant compliance?

11. Describe your organization's investment policy.

Does this investment policy address:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| ■ Portfolio return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Portfolio risk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Restricted cash reserves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Investments instruments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

How do you balance risk versus return?

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

13. Describe your organization's cash management strategy.

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

Describe your organization's process for managing accounts payable.

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

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

How does your organization utilize this information?

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

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

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

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

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| ■ Existing capital assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Future capital asset needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where and how is the capital needs assessment documented?

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

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

- The results of the capital needs assessment.

- Debt management risks.

- Investment risks.

- Input from:

- Persons served.

- Personnel.

- Other stakeholders.

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

- | | | |
|--|------------------------------|-----------------------------|
| ■ Timelines for capital asset repair and replacement projects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Cash flow projections for capital asset needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sources of funding to support identified needs related to: | | |
| – Fixed asset repair and replacement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Organizational growth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Management of debt obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Management of investment risks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

■ Persons served.

■ Personnel.

■ Other stakeholders.

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

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

G. Risk Management

1. Describe your risk management plan.

How does it address:

- Identification of loss exposures?

- Analysis of loss exposures?

- Identification of how to rectify identified exposures?

- Implementation of actions to reduce risk?

- Monitoring of actions taken to reduce risk?

- Reporting of results of actions taken to reduce risks?

- Risk reduction as part of performance improvement activities?

Is your risk management plan reviewed
at least annually for relevance?

☐ Yes

☐ No

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

2. Is your insurance package reviewed:

■ For adequacy?

☐ Yes

☐ No

■ At least annually?

☐ Yes

☐ No

Describe how your insurance package protects all assets.

Does your insurance package include:

■ Property coverage?

☐ Yes

☐ No

■ Liability coverage?

☐ Yes

☐ No

■ Other coverage, as appropriate?

☐ Yes

☐ No

What other coverage is included?

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

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

Do your procedures for communications include:

■ Media relations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------	------------------------------	-----------------------------

■ Social media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------	------------------------------	-----------------------------

4. Has the organization implemented policies and procedures related to technology and data in the following areas:

■ Acceptable use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------

■ Backup/recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------	------------------------------	-----------------------------

■ Business continuity/disaster recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

■ Security, including:

– Access management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------	------------------------------	-----------------------------

– Audit capabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------	------------------------------	-----------------------------

– Data export and transfer capabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

– Decommissioning of physical hardware and data destruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

– Protection from malicious activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------	------------------------------	-----------------------------

– Remote access and support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	------------------------------	-----------------------------

– Updates, configuration management, and change control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Where are these policies documented?

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

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

☐ Yes

☐ No

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

Are reviews performed at least annually?

☐ Yes

☐ No

Do the reviews include:

- Assessment of performance in relation to the scope and requirements of their contracts?

☐ Yes

☐ No

- Adherence to all applicable policies and procedures of the organization?

☐ Yes

☐ No

- Conformance to CARF standards applicable to the services they provide?

☐ Yes

☐ No

H. Health and Safety

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

List any health or safety concerns that have been identified.

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

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

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

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

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

- Health and safety practices.

- Identification of unsafe environmental factors.

- Emergency procedures.

- Evacuation procedures, if appropriate.

- Identification of critical incidents.

- Reporting of critical incidents.

- Medication management, if appropriate.

- Reducing physical risks.

- Workplace violence.

Where is the training provided to personnel at orientation documented?

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

- Health and safety practices.

- Identification of unsafe environmental factors.

- Emergency procedures.

- Evacuation procedures, if appropriate.

- Identification of critical incidents.

- Reporting of critical incidents.

- Medication management, if appropriate.

- Reducing physical risks.

- Workplace violence.

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

5. Describe your emergency procedures in the following areas:

- Fire.

- Bomb threats.

- Natural disasters.

- Utility failures.

- Medical emergencies.

- Violent or other threatening situations.

Describe how these procedures meet the requirements of applicable authorities.

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

How do your evacuation procedures address:

- When evacuation is appropriate?

- Complete evacuation from your physical facility?

- When sheltering in place is appropriate?

- Safety of all persons involved?

- Accounting for all persons involved?

- Temporary shelter, when applicable?

- Identification of essential services?

- Continuation of essential services?

- Emergency phone numbers?

- Notification of the appropriate emergency authorities?

- Communication with relevant stakeholders?

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

How did you ensure that evacuation routes are understandable to:

■ Persons served?

■ Personnel?

■ Other stakeholders, including visitors?

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

■ Methods used.

■ How often.

Are tests of each emergency procedure conducted:

- | | | |
|----------------------|------------------------------|-----------------------------|
| ■ At least annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ On each shift? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ At each location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do the tests include, as appropriate to the procedure, a complete actual or simulated physical evacuation drill?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

Does the analysis address:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Areas needing improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Actions to address the improvements needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Implementation of the actions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Necessary education and training of personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Whether the actions taken accomplished the intended results? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

☐ Yes ☐ No

If Yes, describe what services are provided in these locations.

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

- | | | |
|-------------------|------------------------------|-----------------------------|
| ■ Persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do the written procedures include:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Consideration of any emergency procedures that may already be in place at the service delivery site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The physical environment, including accessibility, of the service delivery site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Basic needs in the event of an emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Actions to be taken in the event of an emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where are these procedures documented?

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

9. Describe how your organization has ready access to the following at each location:

- First aid expertise.

- First aid equipment.

- First aid supplies.

■ Relevant emergency information on:

- Persons served.

- Personnel.

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

■ Medication errors.

■ Use of seclusion.

■ Use of restraint.

■ Incidents involving injury.

■ Communicable diseases.

■ Infection control.

- Aggression or violence.

- Use and unauthorized possession of weapons.

- Wandering.

- Elopement.

- Vehicular accidents.

- Biohazardous accidents.

- Unauthorized use and possession of legal or illegal substances.

- Abuse.

■ Neglect.

■ Suicide and attempted suicide.

■ Sexual assault.

■ Overdose.

■ Other sentinel events.

How do you address prevention of critical incidents?

How are critical incidents reported?

How are critical incidents documented?

When necessary, how is remedial action identified?

How do you ensure that such actions are completed?

Describe your process for conducting timely debriefings following critical incidents.

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

Is this written analysis completed
at least annually?

☐ Yes

☐ No

Describe how it addresses:

■ Causes.

■ Trends.

■ Areas needing improvement.

- Actions to address the improvements needed.

- Implementation of the actions.

- Whether the actions taken accomplished the intended results.

- Necessary education and training of personnel.

- Prevention of recurrence.

- Internal reporting requirements.

- External reporting requirements.

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

☐ Yes

☐ No

Do these procedures address:

- Prevention, including:

- Appropriate use of standard or universal precautions?

☐ Yes

☐ No

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| – Vaccinations, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Screening, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reporting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Control/mitigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How do you ensure that these procedures are consistently implemented?

Describe how training on these procedures is provided for:

- Persons served.

- Personnel.

- Other stakeholders.

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

- Appropriate licensing of all drivers.

- Review of driving records.

- Insurance for vehicles and passengers.

- Safety features in vehicles.

- Safety equipment.

- Accessibility.

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

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

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

- Communication devices available in the vehicle(s).

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

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

- If you contract transportation services, is there a documented review of contracts at least annually that includes all the above elements?

☐ Yes

☐ No

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

Are self-inspections conducted:

- At least semiannually?

☐ Yes

☐ No

- On each shift?

☐ Yes

☐ No

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

- Areas covered?

☐ Yes

☐ No

- Recommendations for improvement?

☐ Yes

☐ No

- Action plans for improvement?

☐ Yes

☐ No

- Results of the actions taken?

☐ Yes

☐ No

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

☐ Yes

☐ No

Does this inspection result in a written report?

☐ Yes

☐ No

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

- What areas are covered.

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

- Who conducts the inspection.

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

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

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| ■ Areas covered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Recommendations for improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Action plans for improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Results of the actions taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Independent contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Per diem workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Peer support specialists? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Other groups or categories of workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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

■ Mission.

■ Culture.

■ Person-centered philosophy.

■ Performance measurement and management system.

■ Risk management plan.

■ Strategic plan.

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.

5. Do you have written procedures that address:

■ Verification of:

– Backgrounds of the workforce in the following areas, if required:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| - Criminal checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Immunizations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Fingerprinting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Drug testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Vulnerable population checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Driving records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- | | | |
|---|------------------------------|-----------------------------|
| - With primary sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - In all states/provinces or other jurisdictions where the workforce will deliver services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| - Background checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Credentials verification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Fitness for duty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- | | | |
|---|------------------------------|-----------------------------|
| - Prior to the delivery of services to the persons served or to the organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Throughout employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where are these procedures documented?

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:

■ Orientation that addresses the organization's:

– Mission.

– Culture.

– Person-centered philosophy.

– Performance measurement and management system.

– Risk management plan.

– Strategic plan.

– Other organizational planning efforts.

- Workforce policies and procedures.

- On-the-job training.

- Position roles and responsibilities.

- Position performance expectations.

- Communication systems and expectations.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Mechanism(s) to address concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Job postings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Promotion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| - Separation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Labor relations, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Prevention of harassment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

■ Documentation of competencies:

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

- To meet the needs of the persons served.

■ Documented assessment of competencies.

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

- Competency development, including the provision of resources.

- Performance appraisal.

- Education and training.

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

- | | | |
|--|------------------------------|-----------------------------|
| ■ The identified workforce? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The criteria against which people are being appraised? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Involvement of the person being appraised? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Documentation requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Timeframes/frequencies related to the performance appraisal process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Measurable goals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sources of input? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Opportunities for development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where are these procedures documented?

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

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

10. How does the organization ensure that there is an adequate workforce to:

- Implement the plans of the persons served?

- Ensure the safety of persons served?

- Manage unplanned absences?

- Meet the performance expectations of the organization?

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

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 key positions?

- Identification of the competencies required by key positions?

- Review of talent in the current workforce?

- Identification of workforce readiness?

- Gap analysis?

- Strategic development?

13. Describe the training provided to personnel:

- On cybersecurity, including:
 - Initial training.

- Ongoing training.

■ On the technology used in performance of their job duties, including:

- Initial training.

- Ongoing training.

Where and how is training documented?

J. 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.

- Discrimination.

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

How do the persons served gain access to their records?

How are they informed of this process?

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

- Service delivery.

- Release of information.

- Concurrent services.

- Composition of service delivery team.

- Involvement in research projects, if applicable.

Explain how persons served have access or referral to:

- Legal entities for representation.

- Self-help support services.

- Advocacy support services.

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

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

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

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

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

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

Describe how the complaint procedure addresses:

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

- How the complaint will be resolved.

- Levels of review including the availability of external review.

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

- Written notification 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 complaints conducted at least annually?

☐ Yes

☐ No

Where is the analysis documented?

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

K. Accessibility

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

■ Persons served?

■ Personnel?

■ Other stakeholders?

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

■ Architecture.

■ Environment.

■ Attitudes.

■ Finances.

■ Employment.

■ Communication.

■ Technology.

■ Transportation.

■ Community integration, as appropriate.

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

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

2. Describe how your accessibility plan:

■ Reflects the diversity of:

- Persons served.

- Personnel.

- Other stakeholders.

Give examples of barriers that are identified in your accessibility plan.

For identified barriers, how have you addressed:

■ Actions to be taken?

■ Timelines?

Is the accessibility plan reviewed at least annually?

☐ Yes

☐ No

How do you address:

- Progress made in the removal of identified barriers?

- Areas needing improvement?

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

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

Is this process documented? ☐ Yes ☐ No

What are some examples of reasonable accommodations you have made?

Review Results

L. Performance Measurement and Management

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

- Service delivery.

- Business functions.

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

- Input from:

- Persons served.

- Personnel.

- Other stakeholders.

- The characteristics of the persons served.

- Expected results.

- Extenuating and influencing factors that may impact results.

- The comparative data available.

- Communication of performance information.

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

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

- Collection of relevant data on the characteristics of the persons served? ☐ Yes ☐ No
- For each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum:
 - Results achieved for the persons served (effectiveness)? ☐ Yes ☐ No
 - Experience of services received and other feedback from the persons served? ☐ Yes ☐ No

- Experience of services and other feedback from other stakeholders? ☐ Yes ☐ No
- Resources used to achieve results for the persons served (efficiency)? ☐ Yes ☐ No
- Service access? ☐ Yes ☐ No
- The collection of data about the persons served at:
 - The beginning of services? ☐ Yes ☐ No
 - Appropriate intervals during services? ☐ Yes ☐ No
 - The end of services? ☐ Yes ☐ No
 - Point(s) in time following services? ☐ Yes ☐ No
- Identification of priority measures determined by the organization for business function objectives? ☐ Yes ☐ No
- The extent to which the data collected measure what they are intended to measure (validity)? ☐ Yes ☐ No
- The process for obtaining data:
 - In a consistent manner (reliability)? ☐ Yes ☐ No
 - That will be complete? ☐ Yes ☐ No
 - That will be accurate? ☐ Yes ☐ No
- Extenuating and influencing factors that may impact results? ☐ Yes ☐ No
- Timeframes for the:
 - Analysis of data? ☐ Yes ☐ No
 - Communication of results? ☐ Yes ☐ No
- How:
 - Data are collected? ☐ Yes ☐ No
 - Data are analyzed? ☐ Yes ☐ No
 - Performance improvement plans are developed? ☐ Yes ☐ No
 - Performance improvement plans are implemented? ☐ Yes ☐ No
 - Performance information is communicated? ☐ Yes ☐ No

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

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

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

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

☐ Yes

☐ No

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

- | | | |
|--|------------------------------|-----------------------------|
| ■ To whom the indicator(s) will be applied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The person(s)/position(s) responsible for collecting the data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The source(s) from which data will be collected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identification of relevant timeframes for collection of data? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Where are these documented?

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

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

☐ Yes

☐ No

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

- To whom the indicator(s) will be applied? ☐ Yes ☐ No
- The person(s)/position(s) responsible for collecting the data? ☐ Yes ☐ No
- The source(s) from which data will be collected? ☐ Yes ☐ No
- Identification of relevant timeframes for collection of data? ☐ Yes ☐ No
- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ☐ Yes ☐ No

Where are these documented?

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

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

☐ Yes

☐ No

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

- To whom the indicator(s) will be applied? ☐ Yes ☐ No
- The person(s)/position(s) responsible for collecting the data? ☐ Yes ☐ No
- The source(s) from which data will be collected? ☐ Yes ☐ No
- Identification of relevant timeframes for collection of data? ☐ Yes ☐ No
- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ☐ Yes ☐ No

Where are these documented?

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

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

☐ Yes

☐ No

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

- To whom or what the indicator(s) will be applied? ☐ Yes ☐ No
- The person(s)/position(s) responsible for collecting the data? ☐ Yes ☐ No

- The source(s) from which data will be collected? ☐ Yes ☐ No
- Identification of relevant timeframes for collection of data? ☐ Yes ☐ No
- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ☐ Yes ☐ No

Where are these documented?

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

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

☐ Yes ☐ No

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

- To whom or what the indicator(s) will be applied? ☐ Yes ☐ No
- The person(s)/position(s) responsible for collecting the data? ☐ Yes ☐ No
- The source(s) from which data will be collected? ☐ Yes ☐ No
- Identification of relevant timeframes for collection of data? ☐ Yes ☐ No
- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ☐ Yes ☐ No

Where are these documented?

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

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

☐ Yes

☐ No

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

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

- To what the indicator(s) will be applied? ☐ Yes ☐ No
- The person(s)/position(s) responsible for collecting the data? ☐ Yes ☐ No
- The source(s) from which data will be collected? ☐ Yes ☐ No
- Identification of relevant timeframes for collection of data? ☐ Yes ☐ No
- A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark? ☐ Yes ☐ No

Where are these documented?

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

☐ Yes ☐ No

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

Effect Change

M. Performance Improvement

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

☐ Yes

☐ No

Where is the service delivery performance analysis documented?

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ Results achieved for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Experience of services received and other feedback from the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Experience of services and other feedback from other stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Resources used to achieve results for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Service access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If applicable, does the analysis address service delivery indicators at the level of each specialty program, specialty designation, or special population for which the organization is seeking accreditation, including:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Results achieved for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Experience of services received and other feedback from the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Experience of services and other feedback from other stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Resources used to achieve results for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Service access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain how the analysis incorporates the:

- Characteristics of the persons served.

- Impact of extenuating or influencing factors.

Does the analysis include:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| ■ Comparative analysis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identification of trends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identification of causes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Give some examples of how the analysis is used to:

- Identify areas needing performance improvement.

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

- Implement the action plan(s).

- Determine whether the actions taken accomplished the intended results.

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

☐ Yes

☐ No

Where is the business function performance analysis documented?

Does the analysis address priority business function indicators that have been identified by the organization?

☐ Yes

☐ No

Explain how the analysis incorporates the:

- Characteristics of the persons served, if applicable.

- Impact of extenuating or influencing factors.

Does the analysis include:

- Comparative analysis?

☐ Yes

☐ No

- Identification of trends?

☐ Yes

☐ No

- Identification of causes?

☐ Yes

☐ No

Give some examples of how the analysis is used to:

- Identify areas needing performance improvement.

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

- Implement the action plan(s).

- Determine whether the actions taken accomplished the intended results.

3. Give some examples of how the results of performance analysis are used to:

- Improve the quality of programs and services.

- Facilitate organizational decision making regarding:

- Service delivery.

- Business functions.

- Guide changes to the performance measurement and management plan.

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

■ Persons served.

■ Personnel.

■ Other stakeholders.

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

■ Content?

■ Format?

■ Timing?

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

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Settings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Hours of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Days of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Frequency of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Payers and funding sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Referral sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The specific services offered, including whether the services are provided directly, by contract, or by referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ If the program delivers services via information and communication technologies: | | |
| – Geographic areas served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – The communication technology used to deliver services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ The persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Families/support systems, in accordance with the choices of the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Referral sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Payers and funding sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Other relevant stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The general public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

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

- Materials.

- Equipment.

■ Supplies.

■ Space.

■ Finances.

■ Training.

■ Human resources.

■ Other (specify).

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

- | | | |
|------------------------|------------------------------|-----------------------------|
| ■ Entry criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Transition criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Exit criteria? ☐ Yes ☐ No

Where are these documented?

What are your program's/service's:

- Entry criteria?

- Transition criteria?

- Exit criteria?

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

If No, what is missing?

4. When a person is not eligible for your services, do you:

- Inform the person as to the reasons? ☐ Yes ☐ No

- In accordance with the choice of the person:

– Inform the family/support system
as to the reasons? ☐ Yes ☐ No

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

- Make recommendations for
alternative services? ☐ Yes ☐ No

What is your process to inform the person?

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

What is your process to inform referral sources?

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

List some examples of alternative services that you have suggested.

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

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

■ Address:

- Emergent issues.

- Ongoing issues.

- Continuity of services, including:

- Contingency planning.

- Future planning.

- Decisions concerning the person served.

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

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

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

8. Does your program hold funds in any form for the persons served for their personal use?

☐ Yes

☐ No

If Yes, do you have written procedures that address:

- How the persons served can access their funds?

☐ Yes

☐ No

- Safeguards in place to:

- Segregate funds for individual persons served?

☐ Yes

☐ No

- Ensure that funds are used for the designated purposes?

☐ Yes

☐ No

- The provision of information to persons served on the status of their funds including:

- Funds spent?

☐ Yes

☐ No

- Funds remaining:

☐ Yes

☐ No

- At what frequency do you provide this information to the persons served and how was that determined?

- How funds will be returned to the persons served upon transition/exit from the program? ☐ Yes ☐ No

How are the persons served informed of the procedures related to handling of their personal funds?

9. If your organization has related entities, where and how is information on the types of relationships documented?

How and what type of information is made available to:

- Persons served?

- Families/support systems?

- Other relevant stakeholders?

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

- Funding issues.

- Other resource issues.

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

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

11. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Entry procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Transition criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Transition procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Exit criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Exit procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Scope of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Fee schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Responsibility for payment of fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Refund policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Resources to address program
or payer limitations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

Do you provide:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| ■ Fee schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Accepted payer sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Levels of assistance provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

13. Are written screenings/assessments conducted:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Prior to the initiation of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ At a frequency consistent with the needs of persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ In response to changes in care needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ In response to changes and preferences of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

How does the assessment address each of the following areas:

- Behavior.

- Cognition.

■ Communication.

■ Dental.

■ Function.

■ Health.

■ Legal involvement.

■ Medications.

■ Nutritional.

■ Pain management.

■ Physical.

■ Psychological.

■ Recreation and leisure.

■ Relationships.

■ Social.

■ Spiritual.

■ Trauma.

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

How do you identify the following in written screenings/assessments?

- Prior daily routines.

- Preferences of the person served.

- Choices of the person served.

- Personal goals of the person served.

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

15. Discuss the person-centered planning process in your program.

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ Initial and ongoing screenings/assessments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Observations of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Choices of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Preferences of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Give some examples that demonstrated how this is accomplished.

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

- Independent/residential living.

- Assisted living.

- Nursing care.

- Others, as appropriate.

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

How does the person-centered plan address:

- Identified service needs?

- Necessary interventions, approaches, supports?

- Types of services to be provided?

- Intensity of services to be provided?

- Frequency of services to be provided?

- Goals of the person served?

- Persons responsible for facilitating each goal?

- Integration of available resources?

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

- Transition/exit plans, as appropriate?

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

- Changing lifespan issues of the person served?

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

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

- Persons served?

- Other persons identified by the person served?

- Appropriate personnel?

16. 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?

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

- The screening/assessment process.

- The person-centered planning process.

- Goals of the person served.

- Strategies utilized to achieve the goals.

Does the interdisciplinary team include:

- | | | |
|--|------------------------------|-----------------------------|
| ■ The person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Members of the family/support system of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Personnel with appropriate competencies to evaluate the person served and facilitate achievement of their goals? ☐ Yes ☐ No
- Other stakeholders, as appropriate? ☐ Yes ☐ No

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

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

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

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

What are the ways that the personnel interact with:

- Persons served?

- Family/support systems?

How do personnel provide appropriate orientation to:

- Persons served?

- Family/support systems?

How do personnel communicate with both external and internal sources?

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

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

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

How are they communicated?

How do you facilitate recommendations when appropriate?

19. Do the responsibilities of the interdisciplinary team include the following:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Reviewing relevant reports to facilitate initial and ongoing screenings/assessments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Conducting initial and ongoing screenings/assessments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Assisting persons served to set personal goals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identifying resources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Integrating information on resources into program planning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Establishing the person-centered plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Integrating information on resources into program implementation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Implementing the person-centered plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Providing education and training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Modifying the person-centered plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Ensuring that team members change based on the needs of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Partnering with the person served to achieve that person's goals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Establishing the transition plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Establishing the agreement termination plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Transitioning the persons served to other levels of care and/or other services/programs, as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Referring the persons served to other services/programs, as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Communicating with relevant stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Participating in performance improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. 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?

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

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

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

Does this communication include:

■ Advance directives?

☐ Yes

☐ No

- | | | |
|--|------------------------------|-----------------------------|
| ■ Assistance needed with activities of daily living? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Behavioral interventions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Family system support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Healthcare information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Personal preferences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

- Arranging the discussions.

- Documentation process.

- Identifying the team members to participate.

- Frequency.

Are the discussions scheduled at a time that is convenient for persons served and their families/support systems?

- ☐ Yes ☐ No

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

■ Ongoing consideration of the family's/support system's:

- Ability and willingness to support and participate in the person-centered plan.

- Composition.

- Interpersonal dynamics.

- Different methods of:

- Engagement.

- Communication.

- Coping.

- Problem solving.

- Strengths and limitations.

- Knowledge base.

- Expectations of the program.

- Educational needs.

- Responsibilities, including decision making regarding:

- Healthcare of the person served.

- Finances of the person served.

- Lifestyle of the person served.

- Other, as appropriate.

- Geographic proximity to the person served.

- Preferred method of communication.

- Preferred timing of communication.

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

- Well-being of the family/support system.

25. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Elopement risks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Equipment safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Late pick up or no pick up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Mental health issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Physical hazards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Physically aggressive behaviors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Self-injurious behaviors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sexually-inappropriate behaviors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Suicidal ideation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Suspected neglect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Suspected abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

26. What kinds of behaviors does your program encounter?

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

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

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

Describe how you determine appropriate approaches and treatment.

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

Describe how personnel:

- Implement appropriate interventions.

- Assess the results.

- Share information learned with others.

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

☐ Yes

☐ No

Do the policies address whether and under what circumstances:

- Chemical restraints will be used?

☐ Yes

☐ No

- Physical restraints will be used?

☐ Yes

☐ No

Where are these policies documented?

How do you ensure that these policies are consistently implemented?

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

☐ Yes

☐ No

Do these written procedures address:

- Prevention of unsafe behaviors?

☐ Yes

☐ No

- Alternative interventions used in an effort to avoid the use of chemical or physical restraints?

☐ Yes

☐ No

- The use of chemical or physical restraints only after nonpharmacological approaches have been exhausted? ☐ Yes ☐ No
- The use of chemical or physical restraints only temporarily in an emergency to protect the person served or others from injury or serious harm? ☐ Yes ☐ No
- Who is responsible for authorizing the use of chemical or physical restraints? ☐ Yes ☐ No
- Time-limited use? ☐ Yes ☐ No
- Disclosure when used? ☐ Yes ☐ No
- Strategies for discontinuation? ☐ Yes ☐ No
- Reviews for discontinuation? ☐ Yes ☐ No
- Documentation in the records of the persons served? ☐ Yes ☐ No

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

29. Describe your procedures regarding medications.

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

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

Where can surveyors find the written procedures?

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

Does the training include all areas identified in the standard?

☐ Yes

☐ No

Do you provide this education/training:

■ Upon hire?

☐ Yes

☐ No

■ Annually?

☐ Yes

☐ No

31. What is your policy on advance directives?

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

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

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

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

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

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

■ Determine that the technology and/or equipment:

– Functions properly?

– Achieves the intended purpose?

- Notify the appropriate designee, as needed?

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

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

33. 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.

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

How is the philosophy implemented to address:

■ Function?

■ Quality of life?

■ Aging in place?

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

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

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

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

What are some examples of:

- Structured activities available?

- Unstructured activities available?

How do the activities promote healthy behavior?

How do you ensure that the activities:

- Meet the interests of the persons served?

- Align with their cognitive abilities?

- Align with their communication abilities?

- Reflect their choices?

- Promote their personal growth and enhance self-image?

- Improve or maintain their functional levels?

- Allow for social interaction?

- Allow for autonomy?

- Include opportunities for community integration?

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

36. 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?

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

How does this information guide access to:

- Information of interest?

- Health information?

- Other media?

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

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

☐ Yes

☐ No

Is other technology available that promotes engagement or enhance quality of life?

☐ Yes

☐ No

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

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

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

Describe how your program promotes access to snacks.

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

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

Describe how your program considers dietary requests.

Is nutritional information about items on the menu served by the program provided when requested?

☐ Yes

☐ No

40. Does the program serve any persons who require respiratory management?

☐ Yes

☐ No

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

How are these competencies demonstrated?

Do equipment and supplies available include:

■ Cough assistance devices?

☐ Yes

☐ No

■ Suctioning equipment?

☐ Yes

☐ No

■ CPAP/BIPAP?

☐ Yes

☐ No

■ Oxygen?

☐ Yes

☐ No

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

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

Who is responsible for proper maintenance of equipment and supplies?

Is there a pulmonologist available? ☐ Yes ☐ No

Are respiratory 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?

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

42. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Advance directives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Emergency contact information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Substitute decision maker who has been appointed for the person served, including: | | |
| – Name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Contact information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Verification of the appointment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication Information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Healthcare providers involved in the care of the person served, including: | | |
| – Name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Contact Information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medical Information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reports of initial assessments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reports of ongoing assessments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reports from referral sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reports of service referrals by the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reports from outside consultants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The service plan of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Clinical entries related to the services received, as appropriate? ☐ Yes ☐ No
- Release forms? ☐ Yes ☐ No
- Discharge/transition summaries, as appropriate? ☐ Yes ☐ No

43. 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.

44. 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?

45. 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.

46. 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.

47. How will you demonstrate or verify for the survey team that leadership fosters a continuous learning environment for personnel that:

- Recognizes and respects individual:

- Learning styles?

- Needs?

- Strengths?

- Provides and evaluates:

- Teaching?

– Coaching?

– Modeling?

– Supervision?

– Feedback?

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

- Supports the implementation of innovative ideas and practices?

48. Describe how your program conducts outreach to expand your future workforce.

What opportunities for career development are provided to personnel?

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

List the mechanisms used.

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

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

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

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

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

B. Residential Communities

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

- Dining.

- Healthcare.

- Housekeeping.

- Maintenance.

- Security.

- Social interaction.

- Transportation.

- Other services.

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

Do you have the resources necessary to address those needs?

☐ Yes

☐ No

Are there changes in resources to address those needs?

☐ Yes

☐ No

Do any of these informal service offerings need to be more formalized because they are sought after by persons served or because they are resource intensive to the program?

☐ Yes

☐ No

Discuss how these issues factor into your service delivery planning.

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

Do these policies address:

■ Health-related services?

☐ Yes

☐ No

■ Rehabilitation services?

☐ Yes

☐ No

■ Social services?

☐ Yes

☐ No

■ Housekeeping services?

☐ Yes

☐ No

■ Laundry services?

☐ Yes

☐ No

■ Security services?

☐ Yes

☐ No

■ Transportation services?

☐ Yes

☐ No

Where can surveyors find the policies to guide this work?

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

Do available services include:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| ■ Health-related services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Rehabilitation services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Social services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Housekeeping services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Laundry services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Security services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Transportation services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

What is the process for providing or arranging for:

- Housekeeping services?

- Laundry services?

- Security services?

- Transportation services?

4. Explain how the program provides or arranges for physician input regarding:

- Adequacy of individual health services where in-depth medical expertise may be useful.

- Transition decisions to different levels of care.

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

- Policies and procedures that address medication management/assistance.

- Actions to take in case of an emergency.

- Administration/assistance.

- Dispensing.

- Disposal.

- Documentation.

- Errors.

- Implications for management of multiple medications.

- Implications of abrupt discontinuation.

- Indications and contraindications.

- Obtaining medication.

- Procedures for handling controlled substances.

- Side effects.

- Storage.

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

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

☐ Yes

☐ No

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

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

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

Does your organization require persons served to do any sort of background checks of service providers?

☐ Yes

☐ No

Do persons served need to inform your organization about services that they arrange on their own?

☐ Yes

☐ No

Are pets allowed in your program?

☐ Yes

☐ No

If Yes:

- Do you require a fee for persons served to have a pet?

☐ Yes

☐ No

- Do your policies address what should occur when a person served can no longer care for the pet?

☐ Yes

☐ No

Do your policies address what constitutes a service animal?

☐ Yes

☐ No

Do you have any policies regarding how service animals may be involved in your organization?

☐ Yes

☐ No

Do your policies address any responsibilities that persons served have regarding cleanliness or maintenance of their individual residences?

☐ Yes

☐ No

Do your policies discuss the way in which your organization will maintain individual residences?

☐ Yes

☐ No

Do your policies address whether smoking is permitted for persons served, personnel, and others?

☐ Yes

☐ No

If smoking is permitted, are there designated areas for smoking?

☐ Yes

☐ No

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

8. Do you:

■ Provide transportation?

☐ Yes

☐ No

■ Arrange for transportation?

☐ Yes

☐ No

■ Refer persons served to resources for transportation?

☐ Yes

☐ No

■ Contract for transportation?

☐ Yes

☐ No

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

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

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

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

- Having a private or semiprivate living unit?

- Having a roommate?

11. What examples can persons served give to demonstrate:

- They have choice in bringing personal possessions?

- Their voice regarding unit décor?

- Accessibility of the unit?

- How the unit supports any healthcare needs?

- Personal security is maintained?

- Privacy and safety are maintained?

- Possessions are secure?

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

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

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

14. Describe your organization's preventive maintenance approach.

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

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

How do you plan for capital improvements of the property?

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

Who is involved in these meetings?

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

Describe who is involved in these planning efforts, including:

- Internal stakeholders.

- Community resources.

- External stakeholders.

How does the program address:

- Contingency planning for potential workforce shortages?

- Expedited onboarding of new personnel, including:

- What topics would be covered as part of an expedited orientation?

- How and when the remaining topics would be addressed?

Does the program have a policy regarding essential caregivers?

☐ Yes

☐ No

If essential caregivers are allowed:

- Does the program have written procedures regarding the scope of their involvement with persons served?

☐ Yes

☐ No

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

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

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

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

- Persons served?

- Families/support systems?

- The workforce?

- Other stakeholders?

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

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

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

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Favorite stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Daily routines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Comfort/reminiscence objects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ People of importance? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Progression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Types of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Coexisting conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Lived experience of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Maintaining relationships? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Skills training, including: | | |
| – Activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Therapeutic approach to behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Communication skills, including communication with:
 - Persons served? ☐ Yes ☐ No
 - Service providers? ☐ Yes ☐ No
 - Caregiver self-care? ☐ Yes ☐ No
- Coping with changes? ☐ Yes ☐ No
- Driving? ☐ Yes ☐ No
- Falls? ☐ Yes ☐ No
- Incontinence? ☐ Yes ☐ No
- Loss and grief? ☐ Yes ☐ No
- Legal issues? ☐ Yes ☐ No
- Mobility? ☐ Yes ☐ No
- Palliative care? ☐ Yes ☐ No
- Planning for the future? ☐ Yes ☐ No
- Risk of elopement? ☐ Yes ☐ No
- Sexuality? ☐ Yes ☐ No
- Skin integrity? ☐ Yes ☐ No
- Community resources? ☐ Yes ☐ No
- Payer sources? ☐ Yes ☐ No

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

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

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

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

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

Identify some examples that demonstrate how this is accomplished.

5. Describe how your program, as appropriate, incorporates into the person-centered plan:
- A palliative approach to care.

- End-of-life care.

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

☐ Yes

☐ No

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

- Communication?

☐ Yes

☐ No

- Dementia?

☐ Yes

☐ No

- Post-incident debriefing opportunities?

☐ Yes

☐ No

- Therapeutic approach to behavior?

☐ Yes

☐ No

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

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

- Orientation?

☐ Yes

☐ No

- Regular intervals?

☐ Yes

☐ No

Describe how this is accomplished.

Where is the training documented?

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

- Dementia, including:

- Signs and symptoms?

☐ Yes

☐ No

- | | | |
|---|------------------------------|-----------------------------|
| – Progression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Types of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Coexisting conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Lived experience of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Delirium? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Depression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Suicide risk assessment and prevention strategies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Identifying the personal preferences of the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Loss and grief? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Communication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Therapeutic approach to behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Observation skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sexuality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Skin integrity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Meaningful engagement of persons served on an ongoing basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Therapeutic approach to activity development and implementation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Gathering information about the person served in the following areas: | | |
| – Life history? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Important memories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Favorite stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Daily routines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Comfort/reminiscence objects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – People of importance? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Management of skin integrity issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Wound care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Procedures for referral if assessment or management is outside the scope of the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How do you ensure that these procedures are consistently implemented?

2. How does the interdisciplinary team demonstrate efforts to optimize outcomes through integration with other healthcare providers involved with the person served, including, but not limited to:

- Exchange of information on factors facilitating skin integrity and wound management?

- Exchange of information on barriers to skin integrity and wound management?

- 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?

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

■ Skin integrity, including:

- | | | |
|--------------------|------------------------------|-----------------------------|
| – Edema? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Pulses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Skin appearance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Skin turgor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

■ Risks to skin integrity? ☐ Yes ☐ No■ Results of previous interventions, if applicable? ☐ Yes ☐ No

Explain how these assessments are conducted and who conducts them.

How often are reassessments conducted and how is this determined?

If skin integrity assessment is outside the scope of the program, how are initial and ongoing assessments addressed through referral to or coordination with an appropriate healthcare professional?

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

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

■ Standards of practice.

■ Nutritional needs.

■ Equipment.

■ Supplies.

■ Education needs of:

- The person served.

- 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.

5. 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
- When the wound care needed is outside of the scope of the program, referrals to or coordination with appropriate wound care specialists? ☐ Yes ☐ No

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

Explain how the protocols were established.

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

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

- | | | |
|----------------------|------------------------------|-----------------------------|
| ■ Orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Regular intervals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does the training include:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Assessment protocols for skin integrity and wound management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Strategies and interventions for skin integrity and wound management that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Education techniques to facilitate behavior change in persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain how this training is provided and documented.

8. What indicator(s) has the program identified to measure performance related to skin integrity?

How are performance targets for each identified indicator established?

How often is a written analysis conducted?

How is this information gathered and who collects it?

Does the written analysis address:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Performance in relationship to established targets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Trends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Actions for improvement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Results of performance improvement plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Necessary education and training of: | | |
| – Persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Families/support systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Other stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Accepted payer sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Levels of assistance provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

- In response to changes in care needs.

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

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

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

- Independence?

- Safety?

- Dignity and self-worth?

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

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

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

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

6. Describe how your safety and security measures are consistent with:

- Behavioral needs of the persons served.

- Cognitive needs of the persons served.

- Physical needs of the persons served.

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

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

7. What kinds of behaviors does your program encounter?

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

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

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

Describe how you determine appropriate approaches and treatment.

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

Describe how personnel:

- Implement appropriate interventions.

- Assess the results.

- Share information learned with others.

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

Do your written procedures include:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| ■ Medication storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Timing of administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Location of administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Self-administration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication management/assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication reconciliation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Over-the-counter: | | |
| – Medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Supplements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Vitamins? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Actions to take in case of an emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Administration/assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Medication reconciliation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Dispensing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Errors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Implications of abrupt discontinuation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Implications for management of multiple medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Indications and contraindications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Obtaining medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Written procedures for handling controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Side effects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

- Determine that the technology and/or equipment:

- Functions properly?

- Achieves the intended purpose?

- Notify the appropriate designee, as needed?

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

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

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

- Identification data? ☐ Yes ☐ No
- Advance directives? ☐ Yes ☐ No
- Emergency contact information? ☐ Yes ☐ No
- Substitute decision maker who has been appointed for the person served, including:
 - Name? ☐ Yes ☐ No
 - Contact information? ☐ Yes ☐ No
 - Verification of the appointment? ☐ Yes ☐ No
- Medication Information? ☐ Yes ☐ No
- Healthcare providers involved in the care of the person served, including:
 - Name? ☐ Yes ☐ No
 - Contact Information? ☐ Yes ☐ No
- Medical Information? ☐ Yes ☐ No
- Release forms? ☐ Yes ☐ No
- Other information required by the program? ☐ Yes ☐ No

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

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

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

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

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

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

List some examples of how this is accomplished.

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

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

- How to protect the privacy of the persons served.

- How to protect the dignity of the persons served.

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

- Communicate observed or reported changes.

17. When a person served exhibits early signs of aging-related decline or dementia, 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 individualized 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.

Do you have written procedures that address:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Consent of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Audio recording, video recording, and photographing the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Decision making about when to use information and communication technology versus in-person services: | | |
| – At the beginning of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Throughout the course of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Do you have written procedures to confirm that all necessary technology and/or equipment is available and functions: | | |
| – Prior to the start of service delivery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – As needed throughout services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – At the location of the: | | |
| – Person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ To verify at each encounter: | | |
| – The identity of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – The identity of the provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – The physical location of the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ To maintain privacy during the delivery of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ To respond to technology disruption that impacts the delivery of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Where are these procedures documented?

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

- Human factors.

- Crisis response procedures.

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

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

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

- Features.

■ Setup.

■ Use.

■ Maintenance.

■ Safety considerations.

■ Infection control.

■ Troubleshooting.

How and where is this training documented?

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

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

- | | | |
|--------------------------|------------------------------|-----------------------------|
| ■ Features? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Setup? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Maintenance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Safety considerations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Infection control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Troubleshooting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

4. Are persons served provided information on:

- | | | |
|--|------------------------------|-----------------------------|
| ■ How to contact the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The expected timeframe for response? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

- Treatment techniques/interventions.

- Equipment.

- Materials.

- Environment at the location of the person served, including:

- Accessibility.

- Privacy.

- Usability of equipment.

5. Describe how the following are accomplished prior to the start of each session:

- Any participants in the session in addition to the person served are identified.

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

Give some examples of the information that is provided.

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

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

☐ Yes

☐ No

Do these procedures include:

- Identification of an emergency contact for the person served, including phone number?

☐ Yes

☐ No

SECTION 2.F. SERVICE DELIVERY USING INFORMATION AND COMMUNICATION TECHNOLOGIES

- Identification of local emergency resources, including phone numbers? ☐ Yes ☐ No
- The provider becoming familiar with the emergency procedures at the location of the person served, if the procedures exist? ☐ Yes ☐ No

How do you ensure that these procedures can be implemented in the event of an emergency?

SECTION 3



Program Specific Standards

NOTE: An organization seeking accreditation for a Continuing Care Retirement Community only or in combination with other programs in this section must use the Continuing Care Retirement Community Standards Manual. An organization that is not seeking accreditation for a Continuing Care Retirement Community must use the Aging Services Standards Manual.

A. Adult Day Services

1. Are adult day services the only services offered by your organization?

☐ Yes

☐ No

If No, describe how space is designated for adult day services.

Are personnel shared?

☐ Yes

☐ No

If Yes, how do you designate personnel for the adult day services program?

2. How do you define the continuum of services available to your population?

What role does your adult day services program have with other service providers throughout this continuum?

How do you demonstrate your program's role?

Where can surveyors find this information documented?

Describe your linkages with other service providers in the continuum.

3. Does the program calculate and document its unit cost data at least annually as part of the budgeting process?

☐ Yes

☐ No

How do you use this information to develop comparative analyses that help with decision-making.

How are unit cost data shared with relevant stakeholders?

With which stakeholders is this information shared and why?

Identify some examples of how unit cost data are used for strategic business planning.

4. Describe how your program provides, arranges or assists with arrangements for services for each family/support system in the following areas:

- Advocacy education.

- Assistive technology.

- Counseling/support services.

- Education.

- Reasonable accommodations.

- Respite.

- Support.

5. Describe the methods your program uses to make current information regarding the following community resources available:

- Adult protective services.

- Alternate housing.

- Care management services.

- Community service organizations.

- Crisis intervention programs.

- In-home services, including home healthcare and homemaker services.

- Meal delivery services.

- Specialized services unique to the population served.

- Transportation services.

- Wellness and health promotion.

- Other services, as needed.

How is this done for persons served?

How is this done for family/support systems?

6. Does the program provide education regarding medications that are administered while the person served attends the program to:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| ■ Persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Families/support systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the specific education that is provided, including the topics covered and how the education is delivered, to address:

- Actions to take in case of an emergency.

- Administration/assistance.

■ Dispensing.

■ Documentation.

■ Errors.

■ Identification of medication, including why each medication is given.

■ Implications of abrupt discontinuation.

■ Implications for management of multiple medications.

■ Indications and contraindications.

■ Procedures for handling controlled substances.

- Side effects.

- Storage.

7. Identify a minimum of 20 files of the persons served for the survey team to review.
Use the following emergency information checklist to review the contents of the files.

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

1. Where can surveyors find documentation regarding the characteristics of the persons that can be served in the program?

Where would surveyors specifically find information regarding:

- The ages that are served?

- Any limitations in activities of daily living that can be served in the program?

- Behavioral status of individuals that can be served?

- Cultural needs that can be served by the program?

- Medical conditions that can be addressed?

- Any participation restrictions that can be helped or supported by the program?

- Psychological status of individuals that can be served in the program?

2. Describe how each of these individuals is involved in the development of the person-centered plans of persons served:

- The person served.

- Treating physicians.

- Healthcare professionals such as therapists, nutritionists, or others.

- Members of the family/support system, as appropriate.

- Other stakeholders, as appropriate, such as funders, discharge planners from acute care, or others based on the individual's situation.

3. If the program also serves the spouses or significant others of persons served, provide examples of how service delivery recognizes the importance of these individuals in the lives of the person served.

Describe opportunities for private interaction between the person served and his or her spouse/significant other.

Describe opportunities for the person served and his or her spouse/significant other to be together for typical daily activities, special events, and other occasions of importance to the person served.

4. Describe the choices people have to maintain their normal routines in the following areas:

■ Time of waking.

■ Time for sleeping.

■ Eating.

■ Bathing, both when and how.

■ Oral care.

■ Dressing.

■ Hygiene.

■ Choice of clothing.

■ Choice of grooming style.

■ Cleaning.

■ Community activities.

■ Contact with pets.

■ Cooking.

■ Gardening.

■ Intimacy.

■ Recreation.

■ Exercise/mobility activities.

■ Hobbies.

- Social interactions.

- Religious and spiritual activities.

Describe how the fulfillment of one resident's desires respects the needs of others in the community.

5. Review the standard language and provide examples of how the service delivery team is aware of these areas when providing services to individuals and how these areas impact how services are provided.

6. Where can the surveyors find PRN medications?

How do personnel identify when PRN medications are needed for individuals?

Describe the procedures for timely administration of PRN medications once a need is identified.

How do personnel follow up to determine the effectiveness of the PRN medications?

7. What are the regulations pertaining to medications that are applicable to your organization?

Based on these regulations, how does the team assess options for:

- Medication storage?

- Medication administration?

- Timing of administration?

- Location of administration?

■ Self-administration?

■ Over-the-counter medications?

■ Complementary health approaches?

How does your team collaborate with persons served regarding each of the above topics?

8. Describe the methods that the program uses to ensure that persons served are safe in their units and throughout the program.

Identify two or three examples of respectful ways that the program keeps a watchful eye on persons served.

9. What indicator do you use to measure falls and where is this indicator documented?

What is your target for falls reduction?

What trends have you seen from measuring falls?

What actions have you implemented to reduce falls based on your measurement?

What were the results of these improvements?

What education and training have you conducted regarding falls?

What indicator do you have to measure a wellness topic for persons served and where is this indicator documented?

What target have you identified for your wellness indicator?

What trends have you seen regarding the wellness topic you are measuring?

What actions have you taken to improve the area or topic of wellness that you have measured?

What were the results of those actions?

What education and training did you implement regarding the wellness topic you measured?

10. Does the organization provide personnel training:

■ At orientation? ☐ Yes ☐ No

■ At regular intervals? ☐ Yes ☐ No

Does this training include information on:

■ Aging process? ☐ Yes ☐ No

■ Dementia? ☐ Yes ☐ No

■ Disease management? ☐ Yes ☐ No

■ Fall prevention? ☐ Yes ☐ No

■ Pain management? ☐ Yes ☐ No

■ Safeguarding health records? ☐ Yes ☐ No

■ Topics identified by:
 – Persons served? ☐ Yes ☐ No

- Personnel? ☐ Yes ☐ No
- Work place violence? ☐ Yes ☐ No
- Working with external entities? ☐ Yes ☐ No

11. Describe your written procedures that address:

- Conducting criminal background checks of all personnel.

- Timeframes for criminal background check verification:

- Prior to the delivery of services to the persons served.

- Throughout employment.

Describe the actions that are taken regarding information found through these procedures.

Where can surveyors find these written procedures?

- 12.** Describe ways that your organization's leadership supports the program's participation in research opportunities that can help advance the field in general or service delivery to persons served.

- 13.** Identify a minimum of ten closed records of the persons served for the survey team to review. Use the following checklist to review the contents of the records. Not all items may apply in all situations. Try to identify at least some records that demonstrate each of these items. This list will also be used by surveyors on site while reviewing current emergency information in open records.

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

- | | | | |
|---|----------------------------------|---------------------------------|------------------------------|
| ■ Photograph (for identification of the person served). | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Prosthetics and orthotics information. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Risk factors. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Spiritual preferences. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Vision. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |

C. Person-Centered Long-Term Care Community

1. Where is your person-centered philosophy documented?

Describe how it addresses:

- Autonomy in decision making.

- Choice.

- Cultural competence.

- Flexibility.

- Holistic service delivery.

- Individuality.

Give some examples of how this philosophy is modeled by:

■ Leadership.

■ Personnel.

■ Persons served.

Give some examples of how this philosophy guides service delivery.

Describe how and when you communicate your philosophy to stakeholders in an understandable manner.

Describe how your philosophy is reflected in the engagement of stakeholders.

2. Explain how the appropriate placement of each person served is addressed through consideration of:

■ Entry criteria.

■ Transition/exit criteria.

■ Resources available.

■ Resources previously used.

■ Initial and ongoing screenings/assessments.

■ The person's potential to benefit.

- The person's personal preferences.

3. How is information shared with persons served and others regarding arrangements for the following categories of services:

- Behavioral health?

- Diagnostic?

- Laboratory?

- Medical?

- Pharmacy?

■ Recreation and leisure?

■ Rehabilitation?

■ Social?

■ Spiritual?

4. Do initial and ongoing screenings/assessments address:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Important memories and family stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Life routines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Life roles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Family/support system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ History? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How is the information that is gathered in each of the areas shared with team members?

5. Describe ways in which your PCLTCC identifies and celebrates milestones and life-cycle events that have meaning to:

- Persons served.

- Families/support systems.

- Personnel.

6. Where is the program's procedure for involving persons served in decision making on an ongoing basis?

How does the procedure address:

- The assessment of the capacity of persons served to make decisions?

- The education of persons served regarding the consequences of potentially risky choices and behaviors?

- Facilitating discussion for decision making?

- Minimizing any barriers to decision making by the persons served?

Describe how discussions and decisions are documented in the records of the person served.

7. Do you perform a written risk assessment of each person served?

☐ Yes

☐ No

Who performs this risk assessment?

When is it completed?

Do the risk assessments address the following areas:

- Behavioral?

☐ Yes

☐ No

- Cognition?

☐ Yes

☐ No

- Communication?

☐ Yes

☐ No

- Dental?

☐ Yes

☐ No

- Function?

☐ Yes

☐ No

- Health?

☐ Yes

☐ No

- Physical?

☐ Yes

☐ No

- | | | |
|---------------------------|------------------------------|-----------------------------|
| ■ Medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Nutrition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Pain management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Psychosocial? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Recreation and leisure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Give some examples of how risk assessments have resulted in changes to the person-centered plans of persons served and/or improvements in services to mitigate risks.

8. Describe ways that you educate persons served about the choices available to them in the long-term care program.

What are some ways that you document the preferences of the persons served?

How do you communicate the preferences of the persons served with stakeholders?

What are some examples of how person-centered plans have been implemented in accordance with the documented preferences of the persons served?

9. Provide examples of how your team fosters positive relationships with persons served to foster personnel empowerment to make decisions at the front line and to enhance quality of life for persons served.

10. How do you provide or arrange for:

- Health promotion?

- Services that prevent illness?

- Health screenings?

■ Disease management?

11. Describe how you assist the residents and their families/support systems to develop and/or increase:

■ Social contacts, as desired:

- Within the program.

- External to the program.

■ Relationships, as desired:

- Within the program.

- External to the program.

12. Describe some ways that sensory stimulation is being used for individuals with dementia.

Where is this documented in the person-centered plan for the individual?

What results have you seen in those where sensory stimulation has been used?

13. How are the preferences of the persons served identified relative to assessing their use of complementary health approaches and providing education, information, and resources?

How does the program assess the person's use of complementary and alternative medicine?

Describe the education provided on the efficacy and safety of interventions.

Give examples of the types of information and resources the program provides on integrative medicine.

14. Describe the choices people have to maintain their normal routines in the following areas:

- Time of waking.

- Time for sleeping.

- Eating.

- Bathing, both when and how.

- Oral care.

- Dressing.

- Hygiene.

- Choice of clothing.

- Choice of grooming style.

- Cleaning.

- Community activities.

- Contact with pets.

- Cooking.

- Gardening.

- Intimacy.

- Recreation.

- Exercise/mobility activities.

- Hobbies.

- Social interactions.

- Religious and spiritual activities.

Describe how the fulfillment of one resident's desires respects the needs of others in the community.

15. Where can surveyors find policies and written procedures specifically regarding services provided by nursing personnel that address:

- Education regarding identified needs of persons served?

- Post medical/surgical care?

■ Medications?

■ Pain?

■ Rehabilitation issues?

■ Skin integrity?

■ Identifying a need for and implementing a specialty consultation?

16. Does the program have policies and written procedures regarding the following:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Who provides medical management for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Who provides rehabilitation management for the persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ If these are not the same physician, mechanisms for coordination, communication, and collaboration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Primary responsibility for medical management, including: | | |
| – Description of the role and responsibilities of the attending physician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Description of the roles and responsibilities of other physicians who provide concurrent medical services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Physician availability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Appropriate medical decision making? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How does your program ensure that physician coverage is available
24 hours a day, 7 days a week?

Who provides this coverage?

- Access to consulting physicians to treat continuing, unstable, or complex medical conditions? ☐ Yes ☐ No
- Prevention, including:
 - Prevention of further disability? ☐ Yes ☐ No
 - Medical complications? ☐ Yes ☐ No
 - Adverse events? ☐ Yes ☐ No

17. Describe how the program communicates with the physician(s) of the person served:

- At the time of entry into the program.

- When there are significant changes in the status of the person served.

- When the person served exits or transitions.

How do you ensure that the communications are timely so that they are happening when the information needs to be shared?

- 18.** Describe your procedures for emergency crisis situations that might involve managing behaviors.

Explain how use of these procedures would be aligned with the person-centered plan of the individual.

- 19.** Which professionals require privileges to provide services in your program?

Describe how your organization's privileging process addresses each of the following areas:

- Qualifications required to provide professional services in the long-term care program.

- Experience and training required to provide professional services in the long-term care program.

- Specific privileges granted.

- Specific responsibilities in accordance with the privileges granted.

- A system to monitor performance in executing the privileges granted.

- A system to address modification or withdrawal of privileges.

- A mechanism to demonstrate current competency relative to the privileges granted.

- A system to ensure that practice is consistent with the privileges granted.

20. Do you have a physician who participates in the medical direction of your long-term care program?

☐ Yes

☐ No

If Yes, describe his/her education/experience.

Is he/she board certified?

☐ Yes

☐ No

Describe how you determine that your program medical director remains current on issues related to long-term care (e.g., education, research, and publication)?

21. Is there a contract in place that outlines the responsibilities of the medical director?

☐ Yes ☐ No

Describe the medical director's involvement in the following activities:

- Ensuring the adequacy of individual treatment prescriptions and programs, including notations of contraindications and precautions.

- Developing ongoing relationships with the medical community.

- Educational activities with program personnel.

- Establishing policies and written procedures that identify the functions and responsibilities of the physician.

- Performance improvement activities.

- Advocating for persons served.

- Program development and modification.

- Establishing policies and procedures for the program.

- Resource utilization management.

- Stakeholder relationship management.

- Marketing and promoting the program.

- Strategic planning.

- Financial planning and decision making.

- Ethical decision making.

22. Give several examples of how the program fosters teamwork among personnel in a manner that addresses individual strengths, mentoring, opportunities for performance improvement, and education/skills development regarding team dynamics.

23. Do personnel receive competency-based training at:

- Orientation? ☐ Yes ☐ No
 ■ Regular intervals? ☐ Yes ☐ No

Describe the competency-based training provided to personnel in the following areas:

- Aging process.

- Assisting persons served with activities of daily living.

- Behavior management.

- Dementia.

- Disease management.

- Efficient utilization of healthcare resources.

- Fall prevention.

- Pain management.

- Performance measurement and management.

- Prevention related to:

- Recurrence of the illness, injury, impairment, or disability.

- Potential risks and complications due to the illness, injury, impairment, or disability.

- Psychosocial issues.

- Safeguarding health records.

- Topics identified by persons served.

- Topics identified by personnel.

- Wellness.

- Working with external entities.

Is competency-based training documented? ☐ Yes ☐ No

Where is training documented?

Identify which personnel should receive training as it corresponds to their roles within the organization.

24. Describe the learning environment for personnel.

Give some examples of how the learning environment:

- Embodies the skills, knowledge, and competencies expected of personnel.

- Recognizes and respects individual learning styles, needs, and strengths.

- Provides education opportunities that reflect the learning styles, needs, and strengths of personnel.

- Identifies and develops emerging leaders.

How does the program:

- Measure the satisfaction of personnel with the learning opportunities?

- Measure the effectiveness of the learning opportunities provided?

- Address performance improvement of the learning environment?

25. Identify at least one indicator of personnel satisfaction included in the program's data collection system.

26. Describe some of the ways that persons served are encouraged to provide feedback regarding personnel performance.

27. How does the leadership support the program's participation in research opportunities?

What is the program's current involvement in research opportunities?

What type of information does the program provide to persons served and families/support systems about available clinical trials?

28. Describe ways that the program provides or arranges for education for the family/support system of the person served regarding how to access resources for the person served.

29. If a person served has questions regarding financial assistance and planning, describe ways that you could either provide information or arrange for the person served to obtain the information from other sources.

30. Information on the following should be gathered on a representative sample of persons served in a person-centered long term care program:

■ Behavior.

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Function

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Health.

- Is this information collected? ☐ Yes ☐ No

- Who collects it?

- Where can this information be found?

■ Medication.

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Nutrition.

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Pain management.

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Psychosocial.

- Is this information collected? ☐ Yes ☐ No
- Who collects it?

- Where can this information be found?

■ Recreation and leisure.

- Is this information collected? ☐ Yes ☐ No
- 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:

- 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

■ Actions for improvement? ☐ Yes ☐ No

■ Results of performance improvement plans? ☐ Yes ☐ No

■ Education of persons served? ☐ Yes ☐ No

■ Education of families/support systems? ☐ Yes ☐ No

■ Education of healthcare providers? ☐ Yes ☐ No

Is an analysis completed at least annually? ☐ Yes ☐ No

Explain how the analysis is developed and used.

Give some examples of changes that have been implemented in response to the analysis of information gathered.

31. Give examples of how the following have been incorporated into person-centered plans:

- A palliative approach to care.

- End-of-life care.

32. Identify at least ten closed records of the persons served for the survey team to review. Use the following checklist to review the contents of the records. Not all items may apply in all situations. Try to identify at least some records that demonstrate each of these items. This list will also be used by surveyors on site while reviewing current emergency information in open records.

- | | | | |
|---|----------------------------------|---------------------------------|------------------------------|
| ■ Advance directives or end-of-life issues. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Allergies and sensitivities. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Behavioral symptoms. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Cognitive status. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Communication status. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Current diagnoses/conditions and history. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Emergency contact information. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Equipment and devices. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |
| ■ Functional status. | <input type="checkbox"/> Present | <input type="checkbox"/> Absent | <input type="checkbox"/> N/A |

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

D. Home and Community Services

1. Give some examples that demonstrate how your knowledge of and ability to identify appropriate service options and settings have helped to facilitate the appropriate level of services/supports for persons served.

What are some of the other services, supports, and programs that you have referred to or worked with to meet the needs of the persons served?

2. What is your process for identifying gaps in service delivery at the level of the program?

List some examples of how you have addressed identified gaps in service delivery at the level of the program.

What is your process for identifying gaps in service delivery at the level of the person served?

List some examples of how you have addressed identified gaps in service delivery at the level of the person served.

3. Do you have written procedures for verifying the backgrounds of all personnel?

☐ Yes

☐ No

If Yes, do the procedures identify actions to occur:

- Prior to the delivery of services to the persons served or to the organization? ☐ Yes ☐ No
- At stated intervals throughout employment? ☐ Yes ☐ No
- In response to the information received? ☐ Yes ☐ No

What happens in the event that backgrounds cannot be verified?

Give some examples of actions that have been taken in response to information received through background checks.

4. Describe the competency-based training that is provided to personnel in the following areas:

- The unique needs of persons served.

- Communication with persons served and their families/support systems.

- Communication with other providers serving the persons served.

- Facilitating active involvement of the persons served and families/support systems in the service delivery process.

- Facilitating behavioral supports.

- Facilitating cognitive interventions.

- Handling developmental/life transitions.

- Knowledge of community resources.

- Recognition and reporting of suspected abuse and neglect.

- Setting and maintaining professional boundaries.

- Identifying environmental risks.

What is the process to determine what topics will be addressed in ongoing training for personnel and when to address them?

Where is information on personnel training provided at orientation and on an ongoing basis documented?

5. Has the program established and implemented policies and written procedures in the following areas:

- Availability of appropriate equipment, supplies, etc., at the service delivery site from initial service delivery through exit/transition? ☐ Yes ☐ No
- Confidentiality and privacy of information concerning the persons served in the home and community environments? ☐ Yes ☐ No
- Clarification of the roles and responsibilities of:
 - Families/support systems? ☐ Yes ☐ No
 - Service providers? ☐ Yes ☐ No
 - Others, as appropriate? ☐ Yes ☐ No
- Contingency plans if either the family/support system or the service provider is unable to deliver care? ☐ Yes ☐ No
- Unsuccessful delivery of services? ☐ Yes ☐ No
- Referral/transition to other services? ☐ Yes ☐ No
- Within the scope of services, the capacity of home and community services to respond to:
 - Persons served? ☐ Yes ☐ No
 - Families/support systems? ☐ Yes ☐ No
 - Service providers? ☐ Yes ☐ No
 - Other stakeholders? ☐ Yes ☐ No

How are personnel educated about these policies and procedures?

6. Describe your process to conduct and document risk assessments of each person served, including who conducts them and at what frequency.

How do risk assessments address the following areas:

- Behavioral?

- Cognitive?

- Communication?

- Developmental?

- Emotional?

- Environmental?

- Physical?

- Capability of the family/support system?

- Other, as appropriate?

Explain how the results of risk assessments are incorporated into the:

- Assessment process.

- Person-centered planning.

- Discharge/transition planning.

7. What is your process for scheduling 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 relative to scheduling?

8. What is your process for assisting each person served to develop a disaster preparedness and emergency plan?

How do the plans consider each of the following:

- Assessment of the current knowledge of:

- The person served? ☐ Yes ☐ No
- The family/support system? ☐ Yes ☐ No

- Assessment of the physical environment where services are delivered, including accessibility of the environment?

- ☐ Yes ☐ No

- Identification of modifications necessary to ensure safety in the event of an emergency? ☐ Yes ☐ No
- Community resources, including:
 - Identification of resources for:
 - Evacuation? ☐ Yes ☐ No
 - Shelter? ☐ Yes ☐ No
 - Recovery? ☐ Yes ☐ No
 - Accessibility of resources for:
 - Evacuation? ☐ Yes ☐ No
 - Shelter? ☐ Yes ☐ No
 - Recovery? ☐ Yes ☐ No
- Basic needs in the event of an emergency? ☐ Yes ☐ No
- Identification of circumstances in which service delivery can be postponed or omitted? ☐ Yes ☐ No
- Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services? ☐ Yes ☐ No
- Contingency plans for:
 - The person served? ☐ Yes ☐ No
 - The family/support system? ☐ Yes ☐ No
 - Personnel? ☐ Yes ☐ No

How can the survey team verify that all of the above items are considered in disaster preparedness and emergency planning for persons served?

9. How do you identify what assistive technology, electronic aids, environmental controls, equipment, environmental modifications, and/or personal emergency response systems are used by the persons served?

If the person served uses any of the technology and/or equipment noted, how do you determine on an ongoing basis that the technology and/or equipment:

- Functions properly?

- Achieves the intended purpose?

What is the process to notify the appropriate designee, as needed?

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

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

- 10.** How do you ensure that involvement of the family/support system in the service delivery process is in accordance with the choice of the person served?

Identify some examples that demonstrate how your services have partnered with the family/support system throughout the service delivery process, including ongoing consideration of:

- The family/support system's:
 - Ability and willingness to support and participate in the plan.

- Composition.

- Interpersonal dynamics.

– Different methods of:

- Engagement.

- Communication.

- Coping.

- Problem solving.

– Strengths and limitations.

– Knowledge base.

- Expectations of the home and community services.

- Educational needs.

- Responsibilities, including legal responsibilities.

- Geographic proximity to the person served.

- Unique financial, social, or cultural factors that might influence the home and community services.

- Health status of the primary caregiver.

11. Briefly describe your policies and written procedures to facilitate collaboration with the persons served and families/support systems in decision making through:

- Accessible information.

- Timelines for exchange of information.

- Understanding of the information provided.

How do you address the preferences and choices of the persons served to have members of their family/support system involved in decision making?

How can the survey team verify this?

12. How do you determine the educational needs of:

- Persons served?

- Families/support systems?

Describe the education offered on the following topics:

- Accessing emergency care if necessary.

- Communication with other service providers involved with the persons served.

- Developing a system to record personal health information.

- Disease management.

- Information about community resources and how to access them.

- Preventive care.

- Procedures unique to the provision of home and community services.

- Safety issues related to the service delivery site.

- Specific healthcare procedures and techniques, as appropriate.

How can the survey team verify that education based on identified needs is provided to:

- Persons served?

- Families/support systems?

13. 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 have developed options in accordance with the choice of persons served for:

■ Housing.

■ Transportation.

■ Technology.

14. In accordance with the choice of the person served, describe how you provide or arrange for financial assistance and planning that addresses:

■ Benefits planning.

■ Sustainability of services.

■ Contingency planning.

■ Financial literacy.

■ Short- and long-term planning for future services, including:

- Funding and supports available.

- Eligibility criteria.

- Range of services available.

- Amount of services available.

- Impact on continuing benefits.

How can the survey team verify that the above services are provided and/or arranged for persons served in accordance with their choice?

15. Do you address the impact of the following areas on the service delivery process for each person served:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Current medications, including: | | |
| – Medication sensitivities and adverse reactions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Why each medication is prescribed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|--|------------------------------|-----------------------------|
| – Side effects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Drug interactions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Implications of abrupt discontinuation of medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Compliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Schedule for taking medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The etiology/cause and anticipated course of the illness, injury, impairment, disability, or specific age or developmental need? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The results of relevant diagnostic interventions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The results of relevant therapeutic interventions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Communication ability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Fatigue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Nutrition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Signs and symptoms of emergent medical or psychological conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How do you ensure that these areas are addressed as needed for each person served?

16. Give some examples of the education and training provided to persons served and families/support systems on the following topics:

- Disease management.

- Health advocacy, including prompt communication about health issues.

- Prevention related to:

- Recurrence of the illness, injury, impairment, disability, or specific age or developmental need.

- Potential risks and complications due to the illness, injury, impairment, disability, or specific age or developmental need.

- Primary healthcare.

- Utilization of healthcare resources.

- Wellness.

How do you ensure that the education and training provided meet the specific needs of:

- Persons served?

- Families/support systems?

How can the survey team verify that education and training on the topics listed are provided when needed?

17. Describe how you provide or arrange for education on medication to the persons served and their families/support systems that addresses, as appropriate:

- Actions to take in an emergency.

- Administration.

- Dispensing.

■ Disposal.

■ Errors.

■ Expiration dates.

■ Identification, including purpose of each medication prescribed.

■ Implications for management of multiple medications.

■ Implications of abrupt discontinuation.

■ Indications and contraindications.

■ Obtaining medication.

■ Sharing medication.

■ Side effects.

■ Storage.

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 education on the topics listed is provided?

18. Do you provide respite services in locations other than the person's own home?

☐ Yes

☐ No

If *Yes*, what processes do you have in place to ensure that the person served brings the following to the respite provider, if applicable:

■ Adaptive equipment?

■ Assistive technology?

■ Emergency contact information?

■ Information on everyday routines?

■ Information/instructions regarding any special needs?

- Instructions for specific healthcare procedures?

- Medications?

- Pertinent health/medical history?

How do you ensure that respite providers are able to competently use any equipment and/or assistive technology brought in by the person served?

Additional Notes and Comments

E. Case Management

1. Describe how case management identifies:

- Appropriate care options and settings.

- Specialty programs/services.

- Appropriate disciplines/professions

How does it coordinate each of these?

Describe how case management defines its relationships with:

- Appropriate care options and settings.

- Specialty programs/services.

- Appropriate disciplines/professions

List the service providers external to your organization with whom you typically work and the key communication contacts among these providers, and describe the roles and responsibilities of the key people.

2. How does case management coordinate with:

- The persons served?

- The providers of the persons served?

- Payers?

- Legal entities?

3. Explain how case management accesses and uses information about:

■ Regulations.

■ Legislation.

■ Financial issues.

■ Service availability.

■ The healthcare delivery system.

4. Describe how case management advocates for the following:

■ Ethical treatment.

■ Quality-focused, appropriate care.

■ Access to appropriate services.

- Delivery of care.

- Efficient use of resources.

- Performance measurement and management.

- Development of resources in the community.

- Availability and utilization of services that minimize/prevent impairment, reduce activity limitations, lessen participation restrictions, and identify environmental barriers.

- The safety of the persons served

5. Describe how case management participates in decisions regarding the persons served about:

- Appropriate use of a full continuum of care.

- Services.

- Equipment.

- Supplies.

- Community resources.

6. Give specific examples of how case management facilitates communication that:

- Avoids duplication of information.

- Efficiently facilitates necessary services for the person served.

How does case management promote the health and well-being of the persons served?

How does case management facilitate the identification of issues concerning the benefits of the persons served?

What kind of input have you sought from your stakeholders regarding what they consider to be value-based care?

What have you identified as the three most important components of value-based care?

How does case management facilitate value-based care?

How does case management facilitate the provision of services to:

- Minimize/prevent impairment?

- Reduce activity limitations?

- Lessen participation restrictions?

- Identify environmental barriers?

How does case management facilitate the safety of the persons served?

What types of independent reviews does case management conduct or facilitate?

7. Describe the involvement of case management in the following areas, including the team members involved and the methods used:

- Reviewing relevant reports to facilitate assessment.

- Identifying resources.

- Integrating information on resources into case management planning.

- Integrating information on resources into case management implementation.

- Conducting assessments.

- Predicting outcomes.

- Establishing case management plans.

- Participating in the establishment of discharge/transition plans.

- Providing case management services.

- Modifying case management plans.

- Recommending or ensuring that the individuals on the team change based on the needs of the person served.

- Achieving the predicted outcomes.

- Recommending or ensuring that the persons served are transferred to the most appropriate level of care, based on need.

- Providing education and training.

- Referring the persons served to other services/programs as needed.

- Communicating with relevant stakeholders.

- Participating in performance improvement activities.

8. Does the information that case management provides to the persons served address:

- The characteristics of the persons served? ☐ Yes ☐ No
- The number of persons served per category of people who share similar characteristics within a stated period of time? ☐ Yes ☐ No
- Experience of services received and other feedback from the persons served? ☐ Yes ☐ No

Describe how and when relevant information about case management is provided to the persons served from the performance measurement and outcomes management system.

9. Explain how the initial and ongoing assessment process by case management is relevant to the needs of the persons served.

How do the assessments:

- Predict outcomes independently or with a team including:
 - Functional status at discharge/transition?

- Disposition at discharge/transition?

- Duration of services?

- Consider health status?

- Address resource needs and utilization?

- Address discharge/transition planning?

- Address integration of available resources?

- Identify:

- Factors that will facilitate the achievement of predicted outcomes?

- 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Reducing activity limitations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Lessening participation restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Environmental modifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Outcomes predicted of case management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The timeframe estimated for case management services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Involvement of the persons served in planning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Communication with appropriate parties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Modification of the plan based on the resources of case management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ A plan for discharge exit/transition from case management, including mechanisms for interagency coordination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Does case management provide the following individualized information to each person served:

- | | | |
|---|------------------------------|-----------------------------|
| ■ The scope of case management services to be provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The intensity of case management services to be provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Insurance coverage and/or payment structure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Alternative resources to address additional identified needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the documentation provided to each person served that addresses the above areas.

Where is the information found?

14. How do you ensure that case managers are consistently assigned to the persons served?

15. What are the competencies required of the case manager for each person served?

How are the identified competencies demonstrated?

How is the case manager identified to:

■ The person served?

■ The family/support system?

Describe how the case manager demonstrates:

- Authority to coordinate the provision of care.

- Knowledge of the service/program of the person served.

- Availability to interact with the person served.

- Availability to interact with the team of the persons served.

- Availability to interact with the family/support system.

- Availability to interact with other stakeholders.

- Facilitation of an appropriate orientation process for each person served.

- Communication with external sources.

■ Communication with internal sources.

■ Provision to the team of available financial information to facilitate decision making about:

– Intake.

– Assessment.

– Service planning.

– Service provision.

– Discharge/transition planning.

– Long-term follow-up.

■ Facilitation of the involvement of the person served as an active member of the team throughout the case management process.

- Facilitation of the gathering of information to assist the organization in follow-up activities for its analysis of program performance.

- Completion of discharge/transition arrangements.

- Communication of discharge/transition recommendations to appropriate stakeholders.

- Facilitation of the implementation of discharge/transition recommendations.

16. Describe how case management interacts with, facilitates, and communicates with the team including:

- The person served.

- Members of the family/support system.

- Personnel involved in evaluating and facilitating the achievement of the predicted outcomes of the persons served.

How is the composition of the team for each person served determined?

Give examples of how the team composition may be impacted by the:

- Assessment of the person served.

- Individual planning process.

- Predicted outcomes of the person served.

- Strategies utilized to achieve the outcomes predicted.

How would you demonstrate that the person served is an active member of the team?

How would you demonstrate that members of the family/support system are active on the team?

Describe how case management facilitates the team to address:

- Impairments of the person served.

- Activity limitations of the person served.

- Participation restrictions of the person served.

- The environmental needs of the person served.

- Characteristics of the intended discharge/transition environment.

- The personal preferences of the person served.

- Achievement of predicted outcomes.

17. How does case management facilitate the team communicating on an ongoing basis about progress of the person served toward predicted outcomes?

Give examples of case management's facilitation of team collaboration to achieve the predicted outcomes of the persons served.

18. How would you demonstrate that progress toward the accomplishment of predicted outcomes is being made by the persons served?

How do you determine that progress is being made at the expected pace?

Describe what happens if measurable progress is not being made at the expected pace.

Are outcomes for the persons served expressed in functional terms?

☐ Yes

☐ No

Is progress expressed in measurable terms?

☐ Yes

☐ No

19. Summarize how you make information available to the persons served and their families/support systems about resources for support, advocacy, and civil rights.

20. What information does case management make available regarding local lodging and transportation options?

21. How are the following individuals involved in discharge/transition planning?

- The persons served.

- Family members/support systems.

- Providers in the continuum of services.

- Other relevant stakeholders.

22. How are the following individuals notified when there is a change in the discharge/transition plan?

- The person served.

- The family/support system.

- Other relevant stakeholders.

23. How does the discharge/transition process address recommendations for services to maintain or improve the outcomes achieved by the person served?

24. How do you ensure that the discharge/transition summary for each person served is relevant to the services received?

25. How is a crisis situation involving behavior of the person served handled?

What training is provided to personnel regarding the handling of these situations?

26. Describe how case management verifies that interventions to change behavior used by the services/programs promote a positive, consistent, and therapeutic approach.

Describe how case management verifies the following for services/programs used:

- Socially and culturally acceptable behaviors modeled for the persons served, their families/support systems, and members of the community with whom they regularly interact.

- Consideration of environmental factors and environmental modifications in behavior management.

- Medication management incorporated into behavioral management.

- Training provided to personnel in the implementation of behavior management programs.

- Training provided to families/support systems in the implementation of behavior management programs.

27. How does case management verify that in the programs/services it uses, when there is a need to manage behaviors, personnel perform the components listed in the standard?

28. Describe how you gather follow-up information on each person served.

Does the information collected include:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Changes in severity of conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Changes in comorbidity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Mortality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Nonmedical interruptions in the delivery of services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does case management conduct a written analysis of its performance in each of these areas at least annually?

- ☐ Yes ☐ No

How are performance targets determined?

How do you address:

- Performance in relationship to established targets for:
 - Changes in:
 - Severity of the conditions?

- Comorbidity?

- Mortality?

- Nonmedical interruptions in the delivery of services?

- Trends?

- Actions for improvement?

- Results of performance improvement plans?

- Necessary education of:

- Persons served?

- Families/support systems?

– Personnel?

– Others?

29. Identify records that have the items listed below. Not all records will have all items. Make sure that, if the item applies to case management and you have done what is listed, you have examples for the survey team. The examples can be from closed or current records.

Do the identified records include:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Identification data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Assessment information, including information on health status or a health history? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The individual plan, with goals stated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Progress/reassessment documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Documentation of critical incidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Discharge/transition summaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Referral information and medical records, including release forms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

30. Does your organization conduct a written analysis of a representative sample of records of the persons served at least annually?

☐ Yes ☐ No

How do you determine what to review?

Does the analysis include:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Documentation completed in accordance with the organization's policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Regulatory requirements, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ CARF documentation requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How are performance targets determined for each area?

How does the analysis include:

- Performance in relationship to established targets for:
 - Documentation completed in accordance with the organization’s policies?

- Regulatory requirements, if applicable?

- CARF documentation requirements?

- Trends?

- Actions for improvement?

- Results of performance improvement plans?

- Necessary education and training of personnel?

F. Independent Senior Living

1. Where can surveyors locate the following documented parameters regarding your scope of services:

- Resident population?

- Age range of persons served?

- Housing options?

- Services available, including activities, dining, housekeeping, laundry, maintenance, and transportation?

For each service that is available, where is the following information identified:

- Settings?

- Hours of services?

- Days of services?

■ Frequency of services?

■ Fees?

Describe how your organization shares the information about the scope of your services with persons served, families/support systems, relevant stakeholders, and the general public.

Is the scope of services reviewed at least annually?

☐ Yes

☐ No

Describe your process for reviewing the scope of services.

Explain how the scope of services is updated as needed.

2. Based on the scope of the program, does the organization have documented:

■ Entry criteria?

☐ Yes

☐ No

■ Exit criteria?

☐ Yes

☐ No

What are the criteria?

Are the criteria closely related to the scope?

☐ Yes

☐ No

How is the information shared with:

- Persons served?

- Families/support systems?

- Other relevant stakeholders?

3. Where would the surveyors find the signed, written agreement?

Does the written agreement include:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| ■ Entry criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Entry procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Exit criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Exit procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Scope of services to be provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Fee schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Responsibility for payment of fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Refund policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How does the program verify that persons served understand the written agreement?

How is the information shared if a person served cannot read?

How is the written agreement made available to persons served for review?

How can surveyors verify that persons served are provided with a copy of the written agreement for review prior to entry to the program and after it is signed by all appropriate parties?

4. Where do personnel and others who may be involved with visitors to the program go to find the processes to follow for visitors?

Describe a typical interaction with a visitor who is seeking information about the independent senior living organization.

Identify questions that are typically asked to gain an understanding of their expectations about possibly living in the organization.

Identify documents and other information that are generally shared with visitors to answer questions.

Describe the information that is provided regarding the mission of the organization and the personnel.

5. Describe what customer service means to your organization and how you demonstrate it to the persons served.

How does leadership demonstrate customer service?

Describe how personnel in the following areas demonstrate customer service:

- Administration.

- Dining.

- Maintenance

- Housekeeping.

- Other areas.

6. How are activities available to persons served?

How does the organization determine that available activities:

- Meet interests of persons served?

- Align with capabilities?

- Reflect choices?

- Promote personal growth and self-image?

- Improve or maintain independence whenever possible?

- Allow for both group interaction and autonomy?

- Include opportunities in the local community?

7. Describe how the program provides access to:

- Computers.

- The internet.

- Information of interest.

- Health and wellness information.

- Other media.

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

8. What types of communication mechanisms exist to address need of:

- The persons served?

- The program?

- Other stakeholders?

When changes, issues, or needs emerge, what communication mechanisms are used?

When contingency planning is needed, what communication mechanisms are used?

When decisions are made by persons served, what communication mechanisms are used to share the information with the program, other persons served, and other stakeholders?

9. Describe the types of regular meetings that are conducted between persons served and personnel regarding the living environment.

Give examples of situations in which a one-on-one meeting could occur.

Give examples of group meetings that could occur.

10. How do you educate persons served about measures to promote safety within the independent living environment?

How does your staffing promote safety and security?

What surveillance systems are used to promote safety?

What measures are used to promote safety when individuals enter and exit individual units and the property in general?

What measures are to be taken in emergency situations?

What personal security options can residents use?

11. What information is provided to residents so that they understand their rights regarding the organization's approach to emergency response.

12. How do you provide information to persons served about:

- Advance directives?

- Resuscitation, including providing information so that individuals can make decisions as well as the right to refuse resuscitation?

- Legal requirements related to advance directives and resuscitation?

What information do you provide to persons served regarding resources they can use to document their decisions?

13. Describe the methods your program uses to make available current information regarding the following community resources:

- Adult protective services.

- Care management services.

- Community service organizations.

- Crisis intervention programs.

- In-home services, including home healthcare and homemaker services.

- Meal delivery services.

- Specialized services unique to the population served.

- Transportation services.

- Wellness and health promotion.

- Other services, as needed.

How is this done for persons served?

How is this done for family/support systems?

14. What mechanism is implemented to make available current emergency information?

Where can a written version of this information be located?

Where is the information stored in individual residences?

Does the mechanism include for each person served:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| ■ Advance directives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Current diagnoses/conditions and their related history? ☐ Yes ☐ No
- Emergency contact information? ☐ Yes ☐ No
- Information regarding equipment and devices used by the person served? ☐ Yes ☐ No
- Hospital preference? ☐ Yes ☐ No
- Healthcare providers, including their contact information? ☐ Yes ☐ No
- Immunization status? ☐ Yes ☐ No
- Insurance information? ☐ Yes ☐ No
- Medications? ☐ Yes ☐ No
- Other relevant information? ☐ Yes ☐ No

15. Do the persons served in your organization have contracts with people or companies to provide them services?

☐ Yes ☐ No

What information do you provide to persons served regarding:

- Exploring services?

- Hiring services?

- Managing services?

- Information exchange with your program personnel?

- Terminating services?

16. What is your organization's preventive maintenance program?

How do you promote cleanliness in the organization?

How do you plan for capital improvements of the property?

17. Do you have written procedures for verifying the backgrounds of all personnel?

☐ Yes ☐ No

If Yes, do these procedures identify actions to occur:

- Prior to the delivery of services to the persons served or to the program? ☐ Yes ☐ No
- At stated intervals throughout employment? ☐ Yes ☐ No
- In response to the information received? ☐ Yes ☐ No

What procedures are followed in the event that backgrounds or credentials cannot be verified?

Give some examples of actions taken in response to information received through background checks.

18. Do all personnel receive training at:

- Orientation? ☐ Yes ☐ NO
- Regular intervals? ☐ Yes ☐ NO

Describe the training that is provided to personnel to address the following information:

- Aging issues.

- Communication of unusual occurrences regarding persons served.

- Documentation and record keeping requirements of the program, as appropriate to their specific job.

- Legal requirements affecting the program or the personnel.

- Psychological issues of the persons served.

- Social/cultural issues of the persons served.

- Specific training directly related to the program.

- Wellness.

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

☐ Yes

☐ No

Is other technology available that promotes
engagement or enhance quality of life?

☐ Yes

☐ No

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

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

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

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

21. Describe how your program conducts outreach to expand your future workforce.

What opportunities for career development are provided to personnel?

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

List the mechanisms used.

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

Describe who is involved in these planning efforts, including:

- Internal stakeholders.

- Community resources.

- External stakeholders.

How does the program address:

- Contingency planning for potential workforce shortages?

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

- How and when the remaining topics would be addressed?

Does the program have a policy regarding essential caregivers?

☐ Yes

☐ No

If essential caregivers are allowed:

- Does the program have written procedures regarding the scope of their involvement with persons served?

☐ Yes

☐ No

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

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

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

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

- Persons served?

- Families/support systems?

- The workforce?

- Other stakeholders?

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

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

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

G. Personal Supports Services

1. How does your program identify the supports and services provided?

2. Do your program's personnel receive training that includes:

- | | | |
|---|------------------------------|-----------------------------|
| ■ Promoting supports that are directed by the person served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Advocating for the needs of persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Guidelines for participating in the service planning for persons served, when applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Where appropriate, supportive therapeutic techniques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ As appropriate to the service provided, safety training that includes: | | |
| –First aid/CPR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| –Biohazards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| –Physical hazards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| –Body mechanics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ If transportation is provided: | | |
| –Proper seat restraints, including, when children are served, car seat installation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| –Wheelchair tie-downs, when applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| –Safe driving techniques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How is this training provided?

3. When direct personal care supports are provided, does your program have a plan and written procedures that are implemented for:

- The supervision of personnel, including provision of timely feedback to enhance skills? ☐ Yes ☐ No
- Addressing unplanned absences to ensure continuity of supports? ☐ Yes ☐ No

How do you ensure that these plans and written procedures are implemented?

4. How do you ensure that, when applicable, training in the use of adaptive devices and equipment is provided to:

■ Personnel?

■ The person served?

■ The family?

■ Caregivers?

5. Give some examples of how assistive technology is used and reasonable accommodations made, when needed, in:

■ The development of services and supports.

- The ongoing provision of services.

6. Do you provide training or educational activities for persons served?

☐ Yes ☐ No

If Yes, is there a written description of each offering?

☐ Yes ☐ No

Does the written description of each offering include:

- Focus on the needs of the trainees? ☐ Yes ☐ No
- Requirements for participation, if any? ☐ Yes ☐ No
- Objectives for the activity? ☐ Yes ☐ No
- Instructional methods and materials? ☐ Yes ☐ No
- The sequence and hours of instruction? ☐ Yes ☐ No
- Regular review and revision/updates as needed? ☐ Yes ☐ No

7. Does your program offer information and referral services?

☐ Yes ☐ No

If Yes, describe how the program can demonstrate to the survey team its:

- Knowledge of available services/resources.

- Knowledge of support systems that are relevant to the persons served.

- Facilitation of access to available services/resources.

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

H. Continuing Care Retirement Community

NOTE: An organization seeking accreditation for a CCRC will use the Continuing Care Retirement Community Standards Manual.

1. How does the CCRC identify the structure of its continuum to individuals who are considering entering the CCRC?

How do the persons served and their families/support systems identify:

- What is offered on the CCRC campus?

- What is offered external to the main campus?

- The levels of care owned by the CCRC?

- Levels of care that are not owned, but instead are contracted by the CCRC?

2. Describe the ways you market your CCRC to prospective persons served.

How do you describe the structure of the CCRC?

What is communicated regarding the ownership/management of the CCRC?

How do the marketing efforts reflect the levels of care that are offered?

3. How does the CCRC define its relationship with components of its own continuum and with other providers of long-term services and supports?

What are the responsibilities of the components of the CCRC's continuum?

Who are the key communication contacts at each component of the continuum?

How does the CCRC coordinate services through multiple levels of service to meet the needs of persons served?

To effectively meet needs and provide integrated services, what systems for interaction and feedback exist within the CCRC's continuum and with other service providers?

4. Describe how written agreements can specify preferred access to levels of care.

Describe how this process works for persons served.

What happens to persons served who do not have preferred access to levels of care identified in their written agreement with the CCRC?

5. Provide examples of how your organization communicates, coordinates, facilitates, and advocates for appropriate transitions at each level of service offered by the CCRC.

Provide examples of how planning a transition or exit of a person served addresses:

- Their preferences.

- The rhythm of their daily life.

- What the family/support system understands regarding the current status of the person served.

- Expectations of the person served and their family/support system.

- Spouse or others living with the person served.

- Contingency plans.

- The environment of the next component of care.

- The capability of the family/support system.

- Financial resources.

- Access to health services.

- Transportation.

- Identification of resources that are or will be involved with the person served.

- Ways that your team coordinates with other resources.

- The person-centered plan for the person served, including the current information in the plan and how it will need to be changed.

- Designating the go-to person or person(s) for coordination.

6. Describe how records follow the person served.

When an actual record cannot be shared due to confidentiality, describe how important information from the record is shared.

SECTION 4



Specialty Program Designation Standards

A. Dementia Care Specialty Programs

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

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

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

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

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

2. Describe how your program's environment addresses the unique needs of persons with dementia, including:

- Promoting the dignity and self-worth of the persons served.

- Maintaining the safety of the persons served.

- Maximizing the functioning of persons served in the following areas:

- Behavioral.

- Cognitive.

- Mobility.

- Occupational.

- Physical.

- Sensory.

- Social.

- Optimizing their independence.

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

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| ■ Life history? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Important memories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Favorite stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Daily routines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Comfort/reminiscence objects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ People of importance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain how this is accomplished.

4. How does your program provide or arrange for education for:

■ The persons served?

■ Families/support systems?

Does the education provided or arranged for address each of the following, in accordance with identified needs:

■ Dementia, including:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| – Signs and symptoms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Progression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Types of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Coexisting conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Lived experience of dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

■ Maintaining relationships?

☐ Yes ☐ No

■ Skills training, including:

- | | | |
|---|------------------------------|-----------------------------|
| – Activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Therapeutic approach to behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Communication skills, including communication with: | | |
| – Persons served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Service providers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Caregiver self-care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|----------------------------|------------------------------|-----------------------------|
| ■ Coping with changes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Falls? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Incontinence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Loss and grief? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Legal issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Mobility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Palliative care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Planning for the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Risk of elopement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Sexuality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Skin integrity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Community resources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Payer sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

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

Identify some examples that demonstrate how this is accomplished.

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

- A palliative approach to care.

- End-of-life care.

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

☐ Yes

☐ No

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ Communication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Post-incident debriefing opportunities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Therapeutic approach to behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

8. Who is the program manager for your dementia care specialty program?

What are the qualifications, training, and experience of the program manager in dementia care?

Does the program manager have responsibility and authority to direct:

- | | | |
|--|------------------------------|-----------------------------|
| ■ Resource utilization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Performance improvement activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Program development and modification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Educational activities for program personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Stakeholder relationship management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Advocacy activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ The development of ongoing relationships with the community? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Promotion of the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How can the survey team verify this?

9. Identify the physician who provides ongoing input to the dementia care specialty program.

Does he or she serve the program as medical director, chair or member of a professional advisory committee, a consultant with a formal arrangement, and/or medical liaison?

By what professional governing body is he or she licensed?

How will you demonstrate or verify for the survey team that he or she:

- Is qualified by virtue of his or her training and experience in dementia?

- Participates in active clinical practice that relates to the population served?

- Demonstrates currency in medical practice concerning the persons served?

- Demonstrates active learning and involvement in the professional community?

Describe his or her role in:

- Development of ongoing relationships with the medical community.

- Establishment of policies and written procedures that address health issues, including monitoring.

- Performance improvement activities.

10. Describe how your program facilitates collaboration in decision making through:

- Opportunities for the sharing of information through:
 - Communications that are scheduled at the convenience of the family/ support system.

- Information exchanges.

■ Accessible information.

■ Timelines for the exchange of information.

■ Determining whether the information is understood by:

- The person served.

- The family/support system.

- Personnel.

■ Documenting significant discussions and decisions made by the persons served in their records.

11. Explain how your program provides, arranges, or assists with arrangements for services as needed for families/support systems in the following areas:

■ Advocacy education.

■ Assistive technology.

■ Community resources.

■ Counseling.

■ Emotional support.

■ Reasonable accommodations.

■ Respite.

■ Support, including:

- Family/support system-to-family/support system.

- Peer-to-peer.

12. Identify some examples that demonstrate how, within the scope of your program, the rhythm of daily life is directed by each person served in the following areas:

■ Accommodating the choices of the person served regarding the cycle of each day, including:

- Bathing.

- Dressing.

- Eating.

- Hygiene.

- Oral care.

- Sleeping.

- Waking.

- Resting.

- Choice of clothing.

- Choice of grooming style.

- Each person's choice to participate in personally meaningful customary routines, including, but not limited to:

- Cleaning.

- Community activities.

- Contact with pets.

- Cooking.

- Exercise/mobility activities.

- Gardening.

- Hobbies.

- Intimacy.

- Recreation.

- Relaxation.

- Social interaction.

- Spiritual/religious activities.

13. Does your program provide food services for the persons served?

☐ Yes ☐ No

If Yes, how does the program foster independence through implementation of procedures:

- To manage social dynamics?

- That allow persons served to select what, when, and where they want to eat?

- To address necessary adaptations?

- That balance the choices of the persons served and their health and nutrition needs?

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

■ Orientation? ☐ Yes ☐ No

■ Regular intervals? ☐ Yes ☐ No

Describe how this is accomplished.

Where is the training documented?

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

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

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| ■ Advocacy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Teamwork? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Palliative approach to care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ End-of-life care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Hospice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

15. How do you ensure that the tools used to measure experience with services received and other feedback are appropriate to elicit input from persons with dementia?

16. What are some examples of how your dementia care specialty program, within its scope of practice and expertise, acts as a resource to the community?

17. How does leadership support the program's participation in research opportunities to advance the field of dementia care?

How do you provide information about available clinical trials and other research opportunities to:

- Persons served?

- Families/support systems?

- Personnel?

18. Identify some examples of how leadership demonstrates a partnership approach to person-centered dementia care through the exchange of resources and education with:

- Persons served.

- Personnel.

- Families/support systems.

- Governing board, when applicable.

- Other stakeholders as appropriate.

19. Describe how your program maintains knowledge of and ensures coordination with local, regional, provincial, national, or international resources to facilitate:

- Specialized dementia services.

- Use of appropriate subspecialties.

■ Advocacy.

B. Palliative and End-of-Life Care Specialty Program

1. What is your philosophy of palliative care?

Where is it documented?

How is this philosophy modeled by:

■ Leadership?

■ Personnel?

Give some examples of how the philosophy of palliative care guides service delivery.

How do you communicate your philosophy to:

■ Persons served?

■ Families/support systems?

■ Other stakeholders?

2. Describe the program's strategy for early integration of palliative care.

How do you address engagement of persons served with palliative care once a life-limiting condition is diagnosed?

Give some examples of stakeholder education on early integration of palliative care, including the individuals or groups involved and specific topics covered.

3. Does advance care planning for each person served include an ongoing process to gather information about the person's:

- | | | |
|-----------|------------------------------|-----------------------------|
| – Hopes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Values? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Wishes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|--|------------------------------|-----------------------------|
| - Fears? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - End-of-life choices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Understanding of their illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Cultural beliefs and practices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Religious and spiritual beliefs and practices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Life history? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Important memories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Meaningful stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Daily routines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Comfort/reminiscence objects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - People of importance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe how this is accomplished, including who is involved and where the information is documented.

How is the information gathered integrated into person-centered planning?

Have there been end-of-life choices the program has not been able to implement?
If Yes, give examples.

How does the program ensure it implements relevant actions at the end of life in accordance with legal and regulatory requirements?

4. Describe the processes in place to facilitate collaborative decision making.

Give examples of the program exchanging information at the convenience of the:

- Person served.

- Family/support system.

How is information made accessible to facilitate collaborative decision making?

How do you ensure that the exchange of information is timely?

How does the program determine that the information presented has been understood by:

- The person served?

- The family/support system?

- Personnel?

Give examples of how information has been tailored to facilitate understanding by the person served and family/support system.

How does the program ensure significant discussions and decisions made by the persons served are documented in their records?

5. How does the program determine what to include in education for individual persons served?

Is education tailored to each family/support system, or is it the same for all families/support systems?

How is the readiness of the person served and the family/support system to receive the information considered in the provision of education?

Describe how education is provided and give some examples of the specific topics covered in each of the following areas:

- Anticipated changes in health based on prognosis.

- Anticipated changes in the delivery of care.

- What to expect at the end of life.

- Medical orders.

- Advance directives.

- Legal decision-making authority.

- Symptom management.

- Grief.

- Symptom navigation.

6. How are the preferences of the persons served identified relative to assessing their use of complementary health approaches and providing education, information, and resources?

How does the program assess the person's use of complementary health approaches?

Describe the education provided on the efficacy and safety of interventions.

Give examples of the types of information and resources the program provides, as requested, on integrative health.

7. Describe how your program:

- Addresses dignity of risk in empowering the persons served to make decisions.

- Communicates with the persons served regarding the potential outcomes associated with choices and behaviors that pose a risk to their well-being or safety.

- Facilitates support for decision making by the persons served.

8. Describe the program's communication when there is a discharge/transition in care of the person served, including communication with the:

- Person served.

- Family/support system.

How does the program ensure communication is timely?

Describe the program's efforts to provide a warm hand-off to the next provider.

How is key information conveyed to the next environment of care?

9. Describe the grief and bereavement supports and resources available to families/support systems including whether the program provides, arranges, refers, or has other arrangements in place.

10. Explain how the program provides or arranges for holistic support 24 hours a day, 7 days a week, for persons served at the end of life and their families/support systems.

11. Identify the physician or advance practice provider who provides ongoing medical input to the palliative care specialty program.

What is the relationship of the physician or advance practice provider to the program, e.g., medical director, chair or member of a professional advisory committee, a consultant with a formal arrangement, medical liaison, etc.?

By what professional body are the physician or advance practice provider:

- Licensed?

- Certified, if applicable?

How will you demonstrate or verify for the survey team that the physician or advance practice provider:

- Is qualified by virtue of his or her training and experience in palliative and end of life care?

- Participates in active clinical practice that relates to the population served?

- Demonstrates active learning and involvement in the professional community?

12. Does your program provide documented competency-based training for personnel at:

- | | | |
|----------------------|------------------------------|-----------------------------|
| ■ Orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Regular intervals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain how the program determines its approach, e.g., specific topics and schedule, for competency-based training of personnel.

Where is the training documented?

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

- | | | |
|---|------------------------------|-----------------------------|
| ■ Anticipatory grief? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Caregiver support. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Common end-of-life trajectories. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Conversations regarding end-of-life. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Cultural considerations related to death and dying. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Cultural humility. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Grief and bereavement. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Legal decision-making authority. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Professional boundaries. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Signs of imminent death. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Symptom management. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Trauma-informed care. ☐ Yes ☐ No

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

- Does your program utilize volunteers who interact with the persons served? ☐ Yes ☐ No

If Yes, do the volunteers also receive documented, competency-based training in each of the areas listed above? ☐ Yes ☐ No

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

13. How does the program support the well-being of personnel who are experiencing grief?

Describe the debriefing process.

Give examples of opportunities personnel have to express grief and remembrance.

What resources does the program make available to support the well-being of personnel who are experiencing grief?

14. Describe the program's process to address ethical concerns related to palliative and end of life care situations.

Who can access the process and how are they made aware of the process?

Give some examples of topics that have been addressed through this process.

15. Give examples of the program's efforts to educate providers across the continuum of care, including with whom the program interacts and what information is provided about:

- Palliative care.

- End-of-life care.

- Underserved populations.

16. How does leadership support the program's participation in research opportunities?

Describe the program's current involvement in research activities.

What type of information does the program provide about available clinical studies and other research opportunities to:

- Persons served?

- Families/support systems?

- Personnel?

17. Has the organization developed a policy on medical assistance in dying?

☐ Yes. ☐ No.

How is the organization’s position on MAID communicated to stakeholders?

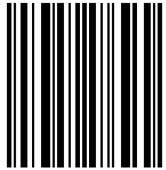
How well did the CARF 2026 *Continuing Care Retirement Community Survey Preparation Workbook* meet your needs?

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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