

AFCH SURVEY TAGS

Family Name: _____

Date: _____

GENERAL LICENSING STANDARDS	404 For any staff left in charge, documentation CPR & 1 st Aid
001 License valid only for provider at that address	405 Contract must describe svcs staffing agency will provide
002 Provider must own/rent & live in the home	ADMISSIONS/APPROPRIATE PLACEMENT
003 Maximum capacity 5 residents; expansion prior approved	500 Be 18 years of age
004 Adult relatives there 30 days then counted in capacity	501 Free from apparent communicable disease, TB
005 Opportunity interview staff, residents, provider privately	502 Capable of self-preservation in an emergency
006 One licensed space designated for OSS resident	503 Able to perform, w/ assistance, ADLs
007 Provider must not retaliate against a resident	504 Not a danger to self or others
008 Provider must not retaliate against staff, complainant, etc.	505 Not require professional MH 24 hours a day
009 Advertise include name & lic. #.; Alzheimer's special care	506 Dietary needs that can be met by provider
010 Access to inspect by HRAC, DoH, DC&F, LTCOC	507 Not be bedridden
011 Provider shall cooperate during surveys/inspections	508 No stage 3 or 4 pressure sores; stage 2 has a plan of care
012 Morat., suspen., revocat. notices posted; public visibility	509 No chemical or physical restraints
013 No re-admissions during moratorium w/out approval	510 Does not require 24 hour nursing service
014 Give 60 days written notice of voluntary closure	511 Not have needs which exceed capability of provider
FISCAL STANDARDS	512 Resident Health Assessment, DOEA Form 1110
100 Questionable financial stability requires documentation	513 Emergency placed residents meet admission criteria
101 Complete accounting of resident funds received/distribut.	514 Emergency temporary place. must not exceed capacity
RESIDENT RECORDS	515 Criteria for continued residency, exceptions
200 Discussed bill of rights/ proc. lodging complaints w/ res.	516 Provider must monitor for continued appropriateness
201 Document discussion of house rules	517 30 days written notice prior to discharge; exceptions
202 Provider shall maintain a resident record on the premises	518 Provider responsible for appro. placement/cont. residency
203 Completed Resident Health Assessment, Form 1110	STAFFING STANDARDS
204 Residency agreement completed before or at admission	600 Provider at least 21; live in the home; able to read/write
205 Residency agreement has all required information	601 Provider completed basic training prior to accepting res.
206 Alternate Care Certification for OSS	602 Provider completed 3 hours continuing ed. annually
207 Demographic information on each resident	
208 Complete accounting of resident funds for safekeeping	603 Provider designated relief person(s) (RP) in writing
209 Record of each resident's medication	604 RP at least 21; able to care for resident needs
210 Nursing progress notes when nursing services provided	605 Provider, RP, person in sole charge is 1 st Aid/CPR trained
211 Copy of any health care provider ordered special diet	606 Relevant job train. prior to or w/in 30 days employment
212 Record of major incidents or significant health changes	607 Notify agency w/in 30 days of change of relief person(s)
213 Monthly weight record	608 Obtain additional training if minimum standards not met
214 Copies of all resident discharge notices sent by provider	609 Provider, staff, RP, HH members meet level 1 screening
215 Closed resident records kept 5yrs.	610 Provider responsible for AFCH operation/maintenance
FACILITY RECORDS	611 Provider death, incapacity reported to Agency w/in 24 hrs
300 Facility records shall be maintained on the premises	MEDICATION STANDARDS
301 Maintain admission/discharge log on premises	700 Ensure assistance, supervision, or administration of meds.
302 AFCH license available to public on request	701 Encourage self-administration when appropriate
303 Current county health department inspection	702 Remind, juice, spoon, obtain meds., observe take meds
304 Current fire safety inspection	703 Meets the requirements for administration of meds.
305 Documentation of radon testing	704 Maintain a list of all currently prescribed medications
306 Emergency plan	705 Weekly pill organizers managed by nurse
307 Survey, complaint invest., moratorium, etc., available	706 Centrally stored prescriptions in original container
308 Emergency telephone #s present by telephone	RESIDENT CARE STANDARDS
309 Makes available all info re resident's location to essential medical services providers in disaster/emergency	800 Ensure personal services w/ ADLs given when required
STAFF RECORDS	801 Only cut diabetic resident toenails w/ health care provider written approval
400 Personnel records maintained on the premises	802 Supervision, aware resident whereabouts, ensure safe, reminding of appointments, unattended no more than 2 hrs.
401 Documentation of freedom from communicable disease	803 Report significant physical/mental changes, weight loss
402 Documentation of receipt of all required training/licenses	
403 Copy of employment application w/ date of employment	804 Arrange for transportation medical, dental, etc.

AFCH SURVEY TAGS

805	Clothing in good repair, approp. for season, standard	
806	Linens & laundry furnished as needed	
807	Secure social and leisure services for residents	
808	Arrange religious participation, if requested	
809	Ensure congenial homelike atmosphere	
810	Residents protected by the Residents Bill of Rights	
NURSING SERVICES		
900	Resident can not exceed admission & continued residency criteria w/ nursing services	
901	Nursing services provided by or arranged by provider, authorized, medically necessary, by lic. nurse, etc.	
FOOD SERVICE STANDARDS		
1000	Meals based on USDA Food Guide Pyramid, 8/92	
1001	3 meals served each 24-hour period in-house residents	
1002	Take-out meals/other provisions for routinely absent	
1003	Provide food selection opportunities to residents	
1004	Opportunity to eat w/ provider, residents, others	
1005	Meals eaten away from home, provider pays	
1006	Assistance w/ use of adaptive eating equipment	
1007	Special diets as prescribed by health care provider	
1008	Consideration given to cultural & ethnic background	
PHYSICAL SITE STANDARDS		
1100	Ensure a home-like environment, safe care & supervis.	
1101	Structure sound, good repair, functional, working order, furnishings clean & functional,	
1102	Current inspection by county health department	
1103	Yard available & accessible to residents	
1104	40 sq ft per resident, 150 min. or greater, common space	
1105	Furnishings to accommodate all residents & family	
1106	Telephone available/accessible for resident use	
1107	Procedure for lodging LTCOC complaints	
1108	Bedroom walls ceiling to floor, doors open to passage-way, not another bedroom	
1109	Single bedroom 80 sq ft, 60 sq ft multiple residents; no more than 2 residents per bedroom after 2/2/95	
1110	Bed 36'' wide, 72'' long, mattress & frame	
1111	Closet, separate & private storage space, personal effects	
1112	Household members not sleep in common use areas or share bedroom	
1113	Non-ambulatory/impaired residents on ground floor	
1114	Bathroom with 1 toilet & sink for every 4 occupants on each floor w/ bedroom; 1 tub or shower for every 6	
1115	Bathroom door, open to common area, not bedroom	
1116	Bath tempered safety glass, shower curtain, hooks, etc.	
1117	Grab bars for physically handicapped; hot water superv.	
1118	Safety cover on hot tub or spa	
FIRE SAFETY & EMERGENCY STANDARDS		
1200	Proof of fire safety inspection every 365 days	
1201	Written emergency & evacuation procedures; reviews	
1202	Emergency & first aid supplies; 3-days non-perishable food & 2 gallons drinking water per resident/household	