DS Storage - Debbie Lupton Revised 03-09 mma - Lotus Notes\Senior Living\Countrywide.

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| ASSISTED LIVING SURVEY |
| Insured Name: |  |
| Date: |  |
| Facility Representative: |  |
| Facility Position: |  |
| Telephone Number: |  | Web Site Address: |  |
| Address: |  |
| STAFFING/TRAINING ISSUES |
| 1. | Give length of service with the facility for the following positions: |
|  | Individual | Number of Years with Facility | Number of Years Total Experience |  |
|  | DON |  |  |  |
|  | Administrator |  |  |  |
|  | Medical Director |  |  |  |
| 2. | Number of employees on duty: |  |
|  | Individual | Days | Evening | Night |
|  | Administration |  |  |  |
|  | RN |  |  |  |
|  | LPN |  |  |  |
|  | CNAs |  |  |  |
|  | Non-CNAs |  |  |  |
|  | Social Services |  |  |  |
|  | Dietary |  |  |  |
|  | Maintenance |  |  |  |
|  | Other (i.e., CMT) |  |  |  |
| 3. | Total number of employees: |  |  |
| 4. | How many employees are trained in: |
|  | Handling/administering medications? |  | Dietary? |  |  |
| 5. | What is your employee turnover percentage? | % |  |
|  | Provide details if needed.  |  |
|  |  |
|  |  |
|  |  |
| 6. | Is staff awake during all shifts? | [ ]  Yes | [ ]  No |
| 7. | Are criminal background checks done on all employees? | [ ]  Yes | [ ]  No |
| 8. | Are professional licenses and nurses aides' certifications confirmed? | [ ]  Yes | [ ]  No |
| 9. | Does facility have a lifting policy? | [ ]  Yes | [ ]  No |
|  | If no, please explain why. |  |
|  |  |
|  |  |
|  |  |
|  | If yes, what is the lifting policy? |  |
|  |  |
|  |  |
|  |  |
|  | What aides are utilized? |  |
|  |  |
|  | Do job descriptions include lifting requirements? | [ ]  Yes | [ ]  No |
| 10. | Provide a copy of the orientation program used for employees or provide an outline of the program. |
|  | [ ]  Included in submission | [ ]  Need to obtain and forward to Underwriting |
|  |
| RESIDENT ISSUES |
|  |
| Number of Residents | Number of Ambulatory | Number of Dev. Disabled | Number of Mentally Ill | Number of Alzheimer's/Dementia | Number of Non-Elderly |
|  |  |  |  |  |  |
| 11. | Are all the nonambulatory residents on first floor? | [ ]  Yes | [ ]  No |
|  | If yes, skip to Question 12. |  |
|  | If no, please explain why. |  |
|  |  |
| 12. | Number of total units: |  | Number of units with cooking stoves: |  | Number of bedroom‑style units: |  |
| 13. | Is personal care provided to residents? |  | [ ]  Yes | [ ]  No |
| 14. | Is any nursing care provided to residents? | [ ]  Yes | [ ]  No |
|  | Ifyes**,** provide details on the type of nursing care and the total number of hours per week care is given. |
|  |  |
|  |  |
|  |  |
| 15. | Does your facility accept or retain Alzheimer's/dementia/wandering residents? | [ ]  Yes | [ ]  No |
|  | If no, skip to Question 16. |
|  | Ifyes, does your facility have a separate wing or designated area for Alzheimer's/dementia/wandering residents? | [ ]  Yes | [ ]  No |
|  | If yes, how is it secured? |  |
|  |  |
|  | If no, what procedures or devices are in place to prevent wandering/elopement? |  |
|  |  |
|  |  |
|  |  |
| 16. | Does facility develop care assessments? |  |
|  |  |
|  | Are assessments completed prior to admission? |  |
|  |  |
|  | Does the facility include a fall and elopement risk assessment?  |  |
|  |  |
|  | Is a doctor or RN involved in developing care plan? |  |
|  |  |
|  | How often are assessments updated or revised? |  |
|  |  |
| 17. | What type of ongoing health monitoring is done for each resident? |
|  |  |
|  |  |
| 18. | Who provides the ongoing monitoring? (Example: Staff, RN, LPN, etc.) |  |
|  |  |
| 19. | Does facility have a **WRITTEN** discharge policy? | [ ]  Yes | [ ]  No |
|  | If yes, does the written discharge policy address when a resident needs care beyond what the |
|  | facility can provide? | [ ]  Yes | [ ]  No |
| 20. | Have you ever needed to discharge a resident? | [ ]  Yes | [ ]  No |
|  | If yes, describe circumstances: |  |
|  |  |
|  |  |
|  |  |
| 21. | Are there protocols for contacting the family and physician of a resident if injured at the facility? | [ ]  Yes | [ ]  No |
| 22. | Are incident reports and follow-up actions documented? | [ ]  Yes | [ ]  No |
| 23. | What is the average number of falls in one month: | [ ]  0 - 5 | [ ]  6 - 10 | [ ]  11 - 15 | [ ]  15 + |
| 24. | Are you trending resident falls/incidents that occur? | [ ]  Yes | [ ]  No |
|  | If no, please explain. |  |
|  |  |
| 25. | Are fall/incident reports being reviewed regularly to implement preventative fall measures? | [ ]  Yes | [ ]  No |
|  | If yes, skip to Question 26. |
|  | If no, please explain why. |  |
|  |  |
|  |  |
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| **MEDICATION ISSUES** |
| 26. | Medication distribution: |
|  | Number of resident(s) who self administer/supervised medications: |  |
|  | Number of resident(s) whose medications are administered by staff: |  |
| 27. | Are medications unit dose packaged (i.e., bubble pack)? | [ ]  Yes | [ ]  No |
|  | If no, who is responsible for packaging and what is his/her training in medication delivery? |  |
|  |  |
|  |  |
| 28. | Are medication logs reviewed daily? | [ ]  Yes | [ ]  No |
|  | If yes**,** skip to Question 29. |  |
|  | If no, please explain why. |  |
|  |  |
| 29. | Where are medications stored? |  |
|  |  |
|  |  |
|  |  |
| 30. | Are there any controlled substances (i.e., narcotics) or refrigerated medications at the location? | [ ]  Yes | [ ]  No |
|  | Are controlled substances double locked? | [ ]  Yes | [ ]  No |
|  | Are refrigerated medications stored in a locked compartment? | [ ]  Yes | [ ]  No |
| **SAFETY ISSUES:** |
| 31. | If the resident is receiving outside services, are there contracts between the resident and the third‑party provider? | [ ]  Yes | [ ]  No |
|  | If yes, skip to Question 32. |
|  | If no, please provide details. |  |
|  |  |
|  |  |
|  |  |
| 32. | Other services provided by the facility: |
|  | [ ]  Home Health |
|  | [ ]  Respite Care: | Residents per month: |  | At Facility?     | [ ]  Yes | [ ]  No |
|  | [ ]  Adult Day Care |
| 33. | What security measures are in place to prevent unauthorized entrance of non-residents (i.e., door alarm, doorbell)? |
|  |  |
|  |  |
| 34. | Does each resident have a means of emergency notification which is operational (i.e., call bells ) |
|  | in bathroom and bedrooms that rings to a central station/nurse station? | [ ]  Yes | [ ]  No |
|  | If no, how do residents notify staff help is needed? |  |
|  |  |
| 35. | Do you have written disaster plans? | [ ]  Yes | [ ]  No |
| 36. | Does disaster plan include alternative housing if facility is unusable? | [ ]  Yes | [ ]  No |
| 37. | How often are fire drills conducted? |  |  |
|  | Are all floors and shifts covered? | [ ]  Yes | [ ]  No |
| 38. | Does the fire department survey the facility annually? | [ ]  Yes | [ ]  No |
| 39. | Are fire exit plans posted? | [ ]  Yes | [ ]  No |
| 40. | What is your smoking policy for staff and residents? |  |
|  | Please describe your smoking policy. |  |
|  |  |
|  | If allowed, who controls smoking materials of residents? |  |
|  |  |
| 41. | Do you keep resident funds or valuables? | [ ]  Yes | [ ]  No |
|  | If yes, where are they kept? |  |
| **RISK MANAGEMENT ISSUES:** |
| 42. | Do you obtain resident's consent to take a photo and are photos taken of all residents within the  |
|  | first 6 hours of admission? | [ ]  Yes | [ ]  No |
|  | Please explain. |  |
|  |  |
| 43. | Is advance written consent from guardian for emergency treatment received? | [ ]  Yes | [ ]  No |
|  | Please explain. |  |
|  |  |
| **PROPERTY LOSS CONTROL CHECKLIST:** |
| **GENERAL** |  |
| Overall maintenance/housekeeping is good | [ ]  Yes | [ ]  No | [ ]  N/A |
| Exit doors unobstructed/egress outward | [ ]  Yes | [ ]  No | [ ]  N/A |
| Two means of egress from each floor | [ ]  Yes | [ ]  No | [ ]  N/A |
| Corridors are unobstructed | [ ]  Yes | [ ]  No | [ ]  N/A |
| Floors and carpeting even and maintained | [ ]  Yes | [ ]  No | [ ]  N/A |
| Handrails present and secure in hallways | [ ]  Yes | [ ]  No | [ ]  N/A |
| Garbage properly stored and disposed | [ ]  Yes | [ ]  No | [ ]  N/A |
| Is garbage chute sprinklered | [ ]  Yes | [ ]  No | [ ]  N/A |
| Pets are appropriately cared for and managed - Type |  |  | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |  |  |  |  |
| Any evidence of water damage | [ ]  Yes | [ ]  No | [ ]  N/A |
| Is underground parking sprinklered | [ ]  Yes | [ ]  No | [ ]  N/A |
| If parking sprinklered, is there a fire division | [ ]  Yes | [ ]  No | [ ]  N/A |
| Swimming pool? If yes, provide pool survey. | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |
| **KITCHEN** |  |
| Kitchen area is clean | [ ]  Yes | [ ]  No | [ ]  N/A |
| Refrigerators/freezers are clean and operable | [ ]  Yes | [ ]  No | [ ]  N/A |
| Fire suppression system fully covers cooking area | [ ]  Yes | [ ]  No | [ ]  N/A |
| Date inspected by professional service |  |  |
| Ducts cleaned annually | [ ]  Yes | [ ]  No | [ ]  N/A |
| Pest control done on a regular basis by a professional service | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |
| **BATHROOMS** |  |
| Bathrooms are free from clutter | [ ]  Yes | [ ]  No | [ ]  N/A |
| Shower, tub, and fixtures are clean | [ ]  Yes | [ ]  No | [ ]  N/A |
| Grab bars are available and secure | [ ]  Yes | [ ]  No | [ ]  N/A |
| Access to tub/shower is easy or lift available | [ ]  Yes | [ ]  No | [ ]  N/A |
| Bathtubs and showers equipped with non-slip surfaces | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |
| **STORAGE/UTILITY/HOUSEKEEPING/LAUNDRY** |  |
| Laundry area and equipment are clean and serviced periodically | [ ]  Yes | [ ]  No | [ ]  N/A |
| Front and back lint traps are cleaned routinely | [ ]  Yes | [ ]  No | [ ]  N/A |
| Housekeeping/cleaning products kept in locked cabinet/room | [ ]  Yes | [ ]  No | [ ]  N/A |
| Sprinkler heads open and unobstructed | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |
| **FURNACE** |  |
| Furnace room free of clutter | [ ]  Yes | [ ]  No | [ ]  N/A |
| Enclosed fireproof room | [ ]  Yes | [ ]  No | [ ]  N/A |
| Door closed at all times | [ ]  Yes | [ ]  No | [ ]  N/A |
| Free of combustibles | [ ]  Yes | [ ]  No | [ ]  N/A |
| Serviced periodically | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |
| **EQUIPMENT** |  |
| Building sprinklered | [ ]  Yes | [ ]  No | [ ]  N/A |
|  | [ ]  Full | [ ]  Partial | Date Inspected |  |  |
| If partial, what areas are sprinklered? |  |
| Fire alarm on premises | [ ]  Yes | [ ]  No | [ ]  N/A |
|  | [ ]  Central | [ ]  Local |
| Fire divisions (show all fire divisions and breaks on building diagrams) | [ ]  Yes | [ ]  No | [ ]  N/A |
| Number of divisions |  | Rating of fire doors: | Hours |  | Minutes |  |  |
| Automatic fire closure | [ ]  Yes | [ ]  No |
| Do fire divisions go through attic | [ ]  Yes | [ ]  No | [ ]  N/A |
|  | [ ]  Fire Curtain | [ ]  Firewall |
| Fire extinguishers on premises | [ ]  Yes | [ ]  No |  |
|  | Fire extinguishers tagged | [ ]  Yes | [ ]  No | Date Inspected |  |
| Location of smoke detectors | [ ]  Common Areas | [ ]  Resident Rooms | [ ]  Hallways |
| Type of smoke detectors | [ ]  Hard-wired | [ ]  Battery |
| Unit exit doors, hallway doors, and stairwell doors have automatic door closing apparatus on them | [ ]  Yes | [ ]  No | [ ]  N/A |
| Emergency lighting available | [ ]  Yes | [ ]  No | [ ]  N/A |
| Exit lights operable | [ ]  Yes | [ ]  No | [ ]  N/A |
| Burglar Alarm | [ ]  Yes | [ ]  No | [ ]  N/A |
|  | [ ]  Central | [ ]  Local |
| Standpipes (internal hydrants) in stairways or hallways | [ ]  Yes | [ ]  No | [ ]  N/A |
|  | Number |  |  |
| Lifting devices clean and properly operating | [ ]  Yes | [ ]  No | [ ]  N/A |
| Elevator serviced annually | [ ]  Yes | [ ]  No | [ ]  N/A |
| Wiring Type | [ ]  CB | [ ]  Fuse | Age of Wiring |  |  |
| Heating Type | [ ]  GFA | [ ]  Steam Boiler | [ ]  Electric | [ ]  Hot Water | Age of Heating |  |
| If steam boiler, provide building numbers |  |
| Name of contact person for inspection purposes |  |
|  |
| Telephone number of contact person |  |
| Roof Type | [ ]  Tar/Gravel | [ ]  Shingle | [ ]  Metal | [ ]  Rubber | Age of Roof |  |
| Air Conditioning | [ ]  Central | [ ]  Window | [ ]  Combination |  |
|  |
| **OUTSIDE** |  |
| Does water drain over walk areas | [ ]  Yes | [ ]  No | [ ]  N/A |
| Are walkways and parking lots in good condition | [ ]  Yes | [ ]  No | [ ]  N/A |
| What are surrounding exposures to building |  |  |
|  |
| Please provide any additional information that is applicable to the operation/history of the facility. |
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