DEPARTMENT OF HEALTH

Resident Observation and Record Review: State Evaluations

ASSISTED LIVING PROVIDERS

Surveyor name(s):

Provider Information

Provider name:
HFID:

Date of survey:
Time of survey:

Resident Information

Name:
Identifier:
Diagnoses:

Start of services:
Current service plan date:

Discharged Resident Record Review

☐ Discharge summary [144G.43, Subd. 3]
☐ Disposition of medications [144G.71, Subd. 22 (c)]

Resident Daily Life Review (Document observations on a State Notes form)

Caregiver observed:

(name and identifier) Position/title:

Throughout the survey, surveyors observe staff as they provide services to residents. Surveyors interview staff and residents to evaluate and validate surveyor observations and findings. Areas reviewed include but are not limited to:

☐ Staff knowledge and implementation of the resident's service plan.
☐ Resident's individualized vulnerable adult or minor abuse prevention plan.
☐ Resident was free from physical and verbal abuse.
☐ Resident care needs including but not limited to durable medical equipment, tube feedings, pressure ulcers, blood glucose checks, insulin, oxygen, dialysis, hospice care and falls.
☐ Care and services were provided in accordance with accepted medical and nursing standards.
☐ Current standards of practice for infection control were followed, including but not limited to appropriate hand hygiene, handling and transporting linen to prevent spread of infection, and the use of protective gloves when appropriate.
☐ Resident was treated with courtesy, respect, and resident's rights were not violated.

☐ Staff listened and were responsive to resident requests. (Note staff interaction with both communicative and non-communicative resident/clients.)

☐ Medication administration and/or assistance with self-administration of medications.

☐ Resident's bathing, dressing, grooming and toileting needs were met.

☐ Resident was free from physical and/or chemical restraints.

☐ Other observations/interviews as deemed necessary (e.g., behaviors, cognition, mobility, demeanor, environment, etc.).

Resident Record Review

Surveyors review resident records to determine if documentation standards were met related to evaluation and assessments and the services the client received.

☐ Individual abuse prevention plan (IAPP) was current and included:

- ☐ An individualized assessment of resident's susceptibility to abuse by other individuals;
- ☐ Assessment of the resident's risk of abusing other vulnerable adults or minors; and
- ☐ Statements of the specific measures to be taken to minimize the risk of abuse to the resident and other vulnerable adults or minors and risk of self-abuse.

Date of most current IAPP: _____ [144G.42, Subd.6 (b)]

Resident assessments by a registered nurse (RN) were completed as required. [144G.70, Subd. 2 (b)(c)(d)]

☐ Initial RN assessment completed prior to contract signing or move in date. Date: _____

☐Initial Review of residents needs/preferences completed within 30 days of start of services.

☐ RN Reassessment no more than 14 days of starting services. Date: _____

☐ Ongoing resident reassessments or reviews at least every 90 days. Dates: _____, _____, _____ or with a change in client's condition. Date(s): _____, _____

Assisted Living Providers Service Plan/Contract:

☐ A signed Assisted Living Contract prior to providing services, including required content [144G.50 Subd. 1,2] Date: _____

☐ Temporary Service Plan created prior to move in date. (shall not be in effect more than 72 hours). Date: _____ [144G.70, Subd. 3]

☐ Service plan was completed within 14 days of start of services and revised as needed. Date (s): _____,_____ [144G.70, Subd. 4 (a),(b)]

☐ Service plan had all required content [144G.70, Subd. 4 (f)]

All services were provided and documented (ADLs, IADLs, medications and treatments) as noted in the resident's service plan. [144G.70, Subd. 4 (c)]

Resident-specific written instructions were present for delegated nursing procedures. [144G.62, Subd. 2 (b) and 144G.61, Subd. 1, 2] Date: _____

☐ Documentation of resident's receipt (date and signature) and review of:
☐ Minnesota bill of rights _____ [144G.90 Subd. 1, (d)]
☐ Statement of services _____ [144G.40, Subd. 2]
☐ Written complaint notice _____ [144G.90 Subd. 1 (b) (c)]

Documentation of complaints received, if applicable, and resolution.
☐ Resident records were kept confidential and secure. [144G.43 Subd. 1 (b)]
☐ Entries in the resident's record were current, authenticated and legible. [144G.43 Subd. 1 (a)]
☐ Significant changes or incident(s) and the actions taken in response were documented, (e.g. resident falls, post-hospital, ER visits, any resident deterioration) [144G.43 Subd. 3 (9)]

Medication Management Services

[144G.71 Subd.1-23]

Surveyors review resident's record for compliance related to medication administration including all prescribed, non-prescribed, over-the-counter and dietary supplements taken by the resident.
☐ RN developed and implemented an individual medication management plan prior to provision of services. [144G.71, Subd. 2-5]
Initial individual medication management plan date: _____
☐ Individualized medication monitoring occurred when resident had symptoms/issues related to medication.
☐ Reassessment occurred when the resident presented with symptoms/issues that were medication related.
☐ Medication plan was current and the service plan was updated (if needed).
☐ Annual reassessment occurred. Date: _____
☐ Individual medication management plan included descriptions of:

- ☐ Medication management services provided by nurse and unlicensed personnel (ULP) (included PRN).
- ☐ Type of medication storage system, based on resident needs.
- ☐ Specific written instructions for resident's medication administration.
- ☐ Person responsible for monitoring medication supplies and refills.
- ☐ Medication management tasks that may be delegated to ULPs.
- ☐ Procedures for staff to notify an RN when problems arose.
- ☐ Any resident-specific requirements (e.g., parameters: blood sugar, blood pressure, pulse, etc.)

☐ Medication administration records were complete; medications were administered as ordered and documented correctly, or if not administered reasons were documented.
(Record includes reasons to use PRN medications and their effectiveness.) [144G.71, Subd. 8]
☐ Medication set-up and administration were documented. [144G.71, Subd. 9]
☐ Documentation of medication administration was completed for resident who was away from home. [144G.71, Subd. 10]
☐ Prescriber's orders were written and dated for medications administered and orders were complete. [144G.71, Subd. 13]
☐ Medication orders were renewed at least every twelve months. [144G.71, Subd. 14]

☐ Verbal orders were received only by a nurse or pharmacist, were entered into the resident record and forwarded for signature by licensed prescriber. [144G.71, Subd. 15]

☐ Electronically transmitted orders were recorded, communicated to the RN and placed in resident record. [144G.71, Subd. 16]

Treatment and Therapy Management Services

[144G.72, Subd. 1-7]
Resident's record (including the service plan and treatment administration records) was reviewed for all prescribed treatments and therapies administered by the provider's employee(s).

Examples of treatments and therapies include but are not limited to using oxygen or a breathing apparatus or pulse oximetry, doing blood glucose checks or tube feedings, applying TED hose or splints, providing physical/occupational/speech-language therapy exercises, or wound care. Surveyors will also review maintenance procedures for equipment used in treatments and therapies.

Individual treatment and therapy management plan

☐ Service plan was current and updated with any changes. Date: _____ [144G.72, Subd. 3]

☐ RN or appropriate LHP developed a treatment and/or therapy plan (before services were provided). Date: _____ [144G.72, Subd. 3] Plan included the following items:

- ☐ Written statement of treatments and therapies to provide. [144G.72, Subd. 3 (1)]
- ☐ Written instructions for each treatment or therapy. [144G.72, Subd. 3 (2)]
- ☐ A list of the treatment or therapy tasks delegated to ULPs. [144G.72, Subd. 3 (3)]
- ☐ Procedures to notify an RN or other LHP professional when problems arose with treatments or therapies. [144G.72, Subd. 3 (4)]
- ☐ Resident-specific instructions related to documentation of all treatments and/or therapies administered, or reason not administered, verified as administered and monitored to prevent complications or adverse reactions. [144G.72, Subd. 3 (5)]

☐ Documentation of treatments and therapies was completed as required. [144G.72, Subd. 5]

☐ Prescriber's orders were written, complete and dated for treatments or therapies administered. [144G.72, Subd. 6]

State Evaluations
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Assisted Living (https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html

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To obtain this information in a different format, call: 651-201-4200.