ASSISTED LIVING COMPREHENSIVE HOME CARE AGENCY SELF-ASSESSMENT (MOCK SURVEY)

Introduction

Assisted living home care providers strive to meet regulatory requirements and be survey-ready year round to demonstrate compliance. In order to achieve that level of performance it is essential to conduct on-going monitoring, periodic audits and internal mock surveys. A mock survey conducted by internal staff serves several purposes. It is an opportunity for focused examination of systems, procedures and processes of care in targeted formalized manner. It can reveal how staff will function under stressful circumstances. It is also a great education opportunity for staff to understand the magnitude of standards and expectations for providing services that meet the regulatory and current professional standards of practice.

Pre-survey preparation and risk management are effective methods to stay current with today's regulatory climate. Mock surveys and on-going monitoring are proven methods of identifying an organization's non-compliance and expectations prior to an unannounced Minnesota Department of Health Survey.

The self-survey checklist has been designed to incorporate the survey process used by the Minnesota Department of Health Surveyors including the tools utilized by the surveyors. It will guide you in designing and conducting a mock survey, providing ample time to identify and address any gaps in performance.

Note:

The Minnesota Department of Health is currently in the updating process of making the minor modifications in updating the Class F Survey Forms. When the Forms are completed the new forms will be incorporated into this Self Assessment Mock Survey Checklist.

June 2014

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Background

Assisted Living Home Care more than ever, must be prepared to show evidence of compliance with the Minnesota Department of Health Licensure regulations. It is important to operate in the mind-set of day-to-day compliance and not just when the MDH survey team arrives. Because conducting a mock survey is time intensive the Assisted Living Comprehensive Home Care Agency Self Assessment checklist is presented in such a way that the self assessment can be done in phases or focused on a particular aspect of the operation.

The self assessment of operations serves as a hands-on learning tool as well as an opportunity to look at systems, procedures, process of care and performance for efficiencies and effectiveness with an objective "fresh look." And it identifies potential survey-risk areas as well as areas of excellence. The assessment sometimes referred to as a mock survey should be performed on a scheduled basis and results shared with all personnel. The findings should be presented as a report to the quality assurance and improvement (QAQI) committee and acted upon as this is the most important aspect of the survey process. The periodic self- assessment mock surveys should become an integral feature of the agencies quality assurance and improvement process.

The internal mock survey is not only an excellent way to prepare staff to succeed during a survey but to also ensure compliance with regulations and current standards of practice. There are several ways in which the "facility self-assessment (mock survey) checklist" can be performed by facility staff, peer reviewer from another home care provider, external experienced well informed professionals, corporate consultants or by contracted consultants. Keep in mind it is important to include participants who have a "fresh eye" -- which could include new employees, family member (if the area of focus is on a nonconfidential aspect), or employees from another area of the assisted living. And lastly the survey should replicate as closely as possible an "actual Minnesota Department of Health survey." For that reason the Aging Services of Minnesota's Agency Self Assessment – Mock Survey includes the use of the Minnesota Department of Health Assisted Living Comprehensive Home Care Services survey forms.

By utilizing the Minnesota Department of Health survey forms the home care agency staff will become familiar with the survey procedures, care observations, interview questions and record reviews. Therefore the staff will be better prepared to demonstrate their knowledge and skills.

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Phase 1. Acquiring and sustaining knowledge

The Housing director and the Home Care director should be fully informed and have a clear understanding of the Minnesota Laws (rules) that define the minimum requirements for the Comprehensive Home Care Agency.

_	e of Minnesota Laws (and rules) Knowledge of the 2013 Home Care Law (09-003) §144A.474 and §144A.475
<u> </u>	Knowledge of the Vulnerable Adult Act (09-004)
<u></u>	Knowledge of the Assisted Living Law (144G)
4.	Knowledge of the Housing-with-Services Contract Act (144D) Link to the Minnesota Laws (and rules) https://www.revisor.mn.gov/statutes/
<u> </u>	Minnesota Nurse Practice Act http://mn.gov/health-licensing-boards/nursing/laws-and-rules/nurse-practice-act/
_	e of Surveyor Training and Protocols Be informed of the Surveyor's Pre-Survey discoveries regarding your agency prior to arrival at your facility http://www.health.state.mn.us/divs/fpc/profinfo/lic/presurveycheck.pdf
<u> </u>	Familiarize yourself with the Provider Survey Introductory letter http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCintroletter.pdf
8.	Understand the Minnesota Department of Health surveyors expectations of providers during the survey process by reading the <i>Guide to the Survey Process for Home Care Providers</i> at: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCproviderguide0810.pdf (Anticipate updated guide from MDH with the NEW Comprehensive license)
9.	Review surveyor materials and protocols at: http://www.health.state.mn.us/divs/fpc/surveyortraining/index.html
10.	Familiarize self with documentation of surveyor findings http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurveyresults.htm

Keep informed of changes and interpretation of the requirements
11. Sign up to receive notice from the MDH of new internet postings of answers to frequently asked questions (FAQ).
http://www.health.state.mn.us/divs/fpc/homecarelic2013faq.html
12. Sign up to receive notice from the MDH when ever completed survey results are posted.

Because st available t binder sho	Assemble a Survey Readiness 3 Ring Binder urveys are unannounced it is a good practice to have as much information to reduce the stress in having to find information in such a short notice. The ould include all the basic information surveyors will request upon arrival at the iving Home Care.
<u> </u>	Photocopy of the Home Care Licensure Application. Review annually if the services designated on the application are still the same.
<u> </u>	Photocopy of the CLIA certificate of waiver if appropriate to your practice: http://www.health.state.mn.us/divs/fpc/profinfo/20120912cliawaiverinfo.pdf .
3.	Review annually the Home Care Provider Entrance Conference Form for information surveyors will ask about. And add accordingly to the 3-ring binder any missing information that should be readily available upon arrival of the surveyor(s). http://www.health.state.mn.us/divs/fpc/profinfo/lic/entranceconferencefrm.pdf
4.	A roster of current clients with start date, primary diagnosis and types of services provided. If at all possible arrange to have this information available as an electronic printed report upon demand with instructions on how to print. Following is a link to the actual surveyor form: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCclientroster.pdf .
<u></u>	A roster of discharged/expired clients with start/end date and details about what happened to the client. If at all possible arrange to have this information available as an electronic printed report upon demand with instructions on how to print. Following is a link to the actual surveyor form: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCdischargeclientroster.pdf .
<u> </u>	Maintain a list of names of: owner/manager, supervisory personnel, professional and paraprofessional staff, including RNs, LPNs and unlicensed staff. As of June 2014 there is not a specific MDH form for this information.
	All of the marketing materials of the Agency.

8.	Cli	ent Admission packet – SAMPLE.		
9.	Hours of operation.			
<u> </u>	Но	ome Care Services		
	0	List of all the services provided directly by your agency and does the list of current services match the licensure application.		
	0	List of services provided by contract, along with the name of the contracted agency/provider and a copy of the contract to review (PT, OT, Speech Therapist, etc). And evidence of current license and /or registration.		
	0	System for tracking mandated client monitoring for example but not limited to: i.e. treatments, vital signs, location, etc.		
11.		prepared to assemble a schedule for all home visits to be completed with e and time during the days the MDH survey team is on-site.		
<u> </u>		ocess for assuring 24 hour RN coverage with either on duty or on-call for isultation.		
<u> </u>	fac req Ser Ma pro	pies of Policies and Procedures or a list of where to locate the mandated by 13 law policies and procedures for home care – which may be in the ilities hard copy policy procedure manual or electronic version. These quired and recommended policies and procedures are listed in the <i>Aging vices of Minnesota Comprehensive Home Care Policy and Procedures mual</i> , 1 st edition. The agency may choose to have additional policies and ocedures which are needed to promote performance, consistency and impliance with standards of practice.		
<u> </u>	it n did be sch	idence the Policy and Procedure Manual is annually reviewed and current – naybe a document that shows the date the review was completed and who the review. Recommend this task of reviewing the policies and procedures broken up into smaller segments on an established perpetual calendar redule to be reviewed quarterly or monthly. For instance certain policies diprocedures could be assigned to be reviewed each month.		

help abse	the locations of all the following documents and information. This is a ful practice should the MDH surveyors arrive to conduct the survey in the nee of the director and the personnel in charge are relatively new to their tion and to the agency.
a) l	Home Care License.
- - - - - - -	Personnel files that show completion and presence of Job description TB screening Background checks (and soon to be with finger printing) Home Care Orientation Current Professional Licenses and/or Certifications Completed Annual In-service Training for all staff Information on any contracted staff System for tracking mandates for education, licensure, etc.
c) l	List of staff employed in previous 3 years but no longer employed.
d) l	Policy and Procedure Manual hard copy or access to electronic versions
16. Curi	rent copies of home care personnel job descriptions.
17. Faci	lity Quality Assurance Program.

Phase 3. Mock Survey Client Review

The selection process used by the MDH surveyors for determining how many clients to review is dependent on the number of clients served by the provider. And the site visit numbers of housing with services is dependent on the number of establishments of an organization. It is also possible the number of clients could be expanded beyond the guideline as the number really depends on whether or not concerns are identified during the interviews and observation. Following is the link to the minimum guideline for the numbers.

http://www.health.state.mn.us/divs/fpc/profinfo/lic/20120913classfvisitselection.pdf

шф.//	www.nearth.state.hiii.us/divs/ipe/profilifo/ne/20120913efassivisitsefection.pur
Instruc	etions for conducting the client review:
1.	Utilize the MDH Surveyor Client Review Form at the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCclientreviewfrm.pdf
2.	The same team should proceed with conducting the Home Visit Client/Family Interview utilizing the MDH form that follows by clicking on the link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HChomevisitinterview.pdf
<u>3</u> .	At least 4 client reviews should be conducted annually.
4.	Selecting clients for the mock survey review will be most beneficial to the facility performance if the client receives or has a combination of the following: extensive services, episodic health status, hospitalized, new admission, the care giver is a newer employee, family involvement, some services are contracted (therapy, hospice, etc)
5.	The person or a team of 2 conducting the client daily life review , client record review and client drug therapy review should have "fresh eyes" and not be totally familiar with the client. This can be a good learning experience if the team combination is a licensed nurse and unlicensed personnel.
6.	Conduct the client reviews at various times of the day or shifts.
7.	If findings are not in compliance with any of the following: the service plan, following facility policy or procedure, the regulations, current practice standards take immediate steps to correct.
8.	Record the review findings and any immediate actions that were taken. Prepare a report and submit to (<u>a suggestion would be for the director of the home care agency</u>) and the Quality Assurance committee.

Phase 4. Mock Survey Client / Family Interview

Instruction	ns:
1.	Utilize the MDH Client / Family interview form. To access the form click on the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HChomevisitinterview.pdf
2.	Review the client/family interview form and become familiar with the questions.
<u></u> 3.	Additional questions may be added to the MDH form interview questions as directed by the Quality Assurance committee.
4.	Practice conducting an interview with a co-worker if not familiar with interview skills.
<u> </u>	The interviews may be in person or by telephone.
6.	The interviewer must introduce themselves.
7.	Develop a rapport with the client or family by explaining the purpose of the interview. The purpose should be based on the Quality Committee's reasons for doing the interviews and there is a plan of what to do with the rich collected information.
8.	Check to make sure the client or family can easily hear the conversation.
9.	At the end of the interview thank the interviewee for taking time to respond to the questions.

Consent Form

As employees of the Home Care Agency mock survey observers or interviewees you will not need to get consent. But you may want to familiarize yourself with it and know the MDH surveyors must utilize it to obtain consent prior to conducting the home visit. Click on the following link for the Consent for Home Visit:

http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCconsentforhomevisit.pdf

i muse stations survey observation	Phase 5.	Mock	Survey	Observatio	n
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Step 1. Medication Administration Observation / Drug Storage

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Instruc 1.	
2.	When possible the observations of the medication administration should be done with the intent of verifying that the staff administers medications using the proper technique and medications are administered as ordered.
3.	The observation should consist of: o 10 medications being administered, o three or more different staff administering the medications, and o include medications administered via three or more different routes and o at different medication administration times.
4.	Utilize the MDH Medication Administration Observation / Drug Storage form which provides a very useful and easy check list for the mock survey. It has 26 key observations to be made and can be downloaded from the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCmedicationadminfrm.pdf
Step 2	. Treatment Observation
Instruc 1.	when possible, the mock survey observation should be of clients receiving at least three different treatments – for example: blood glucose checks, tube feedings, wound cares, administration of oxygen therapy, etc.
2.	The observation sample should include performance of seasoned employees as well as of the new employee.
3.	Utilize the MDH Treatment Observation Form as it provides an excellent format for identifying services being provided to clients, capture and record the type of treatment, the time the observation was made, the employee who provided the treatment and space for comment regarding observation. The form can be downloaded from the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCtreatmentobservationfrm.pdf

Phase 6. Personnel Record Review

Prior to delivering any service to clients a new employee must have completed their TB screening, the criminal background check, training related to each client, met the annual education requirements and have knowledge of where and how to access the policies and procedures.

Instruction	ns:
<u> </u>	Utilize the MDH Personnel Record Review form. To download the form click on the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCpersonnelrecordrev.pdf
2.	To do a personnel record review select from two of the unlicensed staff that were observed providing services such as the treatments, medication pass, or cares.
<u></u>	Include in the sample for the personnel record review – at least one that has been employed less than a year.
4.	Verify the recorded information in the personnel record review by asking the staff whose record being reviewed regarding the education received, timing of the education, when and how they received training, and if a return demonstration was part of the training.
<u> </u>	Conduct section B of the record review regardless if there were no issues identified during the observations and interviews.
6.	Utilize the MDH TB Prevention and Control – Surveyor Checklist to evaluate if the home care agency's policy, procedure and practice for TB screening are met for the health care workers by clicking on the following link: http://www.health.state.mn.us/divs/fpc/profinfo/lic/HCTBsurveyorchecklist.pdf
	Please note the TB checklist includes additional requirements for other care settings which involves their residents and not just the health care worker:

Phase 7.	Cli	ient Record: Documentation		
1.	All ser	rvices provided to clients is documented in the client record.		
2.	All inc	cidents involving clients is documented in the client record.		
<u></u> 3.	Standa	ards of health care records are met.		
4.	arrang	The content of the client record (if hard copy) has a consistent order and arranged preferably with the various sections organized from the most recent to the oldest.		
5.	Servic	e Plan		
	0	Needs to be current.		
	0	For original and all succeeding revisions and modifications the signature of the client and or client's representative must be present. If unable to get the signature – documentation must summarize the attempts to get the signature as well as any verbal agreement with time date and name of contact.		
	0	Identifies the services, treatments and or therapy services that agency staff will provide.		
	0	The services to be provided are specific for example: rather than "a.m. cares" the plan should read "a.m. cares with dressing, assist with morning oral cares and grooming, etc."		
	0	The physician orders are up-to-dated and changes made timely.		
	0	All medication and treatment orders are in the client record for any medication management services, treatments or therapy services that agency staff will provide.		

Phase 8. Review of Education Record

1. Verification and documentation of orientation. Each home care provider s retain evidence in the employee record of each staff person having comple orientation required by this section.	
 Content of the education; Who the instructor is; Date, time and duration of the program; How learning is verified – if competency is by a test what is the ac passing score or identify other methods for used to test competence define what is passing; Attendance roll-call identifies which attendees received credit; Annual infection control; Annual behavior management; Attendees are given a copy of any training they successfully computer own personal records. 	y and
 Orientation Training of staff and supervisors to home care requirements: All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients; 	
 The orientation need only be completed once for each staff person not transferable to another home care provider; 	on and is
Training needs to be completed before providing home care se clients (compare hiring date with date education was completed.	rvices to
Content shall include	
 An overview of sections <u>144A.43</u> to <u>144A.4798</u>; 	
 Introduction and review of all the provider's policies and procedur related to the provision of home care services; 	es
☐ ○ Handling of emergencies and use of emergency services;	
 Compliance with and reporting of the maltreatment of minors or vulnerable adults under sections <u>626.556</u> and <u>626.557</u>; 	
O Home care bill of rights under section <u>144A.44</u> ;	

	0	Handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;
	0	Consumer advocacy services of the Office of Ombudsman for Long- Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and
	0	Review of the types of home care services the employee will be providing and the provider's scope of licensure.
3.	Orienta	tion to client.
	0	Staff providing home care services must be oriented specifically to each individual client and the services to be provided;
	0	This orientation may be provided in person, orally, in writing, or electronically.
4.		g required related to Alzheimer's disease and other related disorders. If working with Alzheimer clients the care giver must receive training that includes a current <u>explanation of Alzheimer's disease</u> and related disorders;
		Effective approaches to use to problem-solve the challenging behaviors when working with Alzheimer's or related disorders;
	0	How to communicate with clients who have Alzheimer's or related disorders.
5.	Require	ed annual training.
	0	All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:
	0	Training on reporting of maltreatment of minors under section <u>626.556</u> and maltreatment of vulnerable adults under section <u>626.557</u> , whichever is applicable to the services provided;
	•	Review of the home care bill of rights in section <u>144A.44</u> ;

0	Review of infection control techniques used in the home and
	implementation of infection control standards including a review of hand-
	washing techniques; the need for and use of protective gloves, gowns,
	and masks; appropriate disposal of contaminated materials and
	equipment, such as dressings, needles, syringes, and razor blades;
	disinfecting reusable equipment; disinfecting environmental surfaces; and
	reporting of communicable diseases; and
0	Review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and
	procedures.

ASSISTED LIVING COMPREHENSIVE HOME CARE SELF SURVEY ASSESSMENT – MOCK SURVEY **AUDIT RESULTS**

Phase 1. Knowledgeable of Requirements Met: Yes ______No _____ Action to be taken: Phase 2. The Survey Readiness 3 Ring Binder is current Met: Yes_____ No _____ Action to be taken:

Phase 3. Mock Survey Client review

Met:	Yes	No				
Action	n to be taken	:				
Pha	se 4 Moc	k Survey C	lient / Fam	ily Intervie	w	
		k Survey C	lient / Fam	ily Intervie	W	
				ily Intervie	W	
				ily Intervie	W	
				ily Intervie	W	
				ily Intervie	W	
				ily Intervie	W	
				ily Intervie	W	

Phase 5. Mock Survey Medication and Treatment Observations Met: Yes _____ No ____ Phase 6. Review of the Personnel Record Met: Yes _____ No ____

Phase 7. Client Record Review					
Met: Yes	No				
Phase 8. Educ	cation Review				
Met: Yes	No				