MOCK SURVEYS

- Highly recommended
- See handout
 - FAQ's
 - List of RALF related websites
 - Q & A checklists (available on the website)
 - Staff Record checklist
 - Medication Review form
 - Food Establishment Inspection Form
 - Idaho Food Code CD

- A mock survey is an internal survey completed by a facility to identify possible non-compliance issues
- Possible limitations:
 - Surveys include interviews of residents, family members and staff. The interview participant answers may be different if asked the same questions by a state surveyor opposed to a known staff person
 - Observations of resident care and staff interaction with residents also have the potential for bias when being conducted by persons the residents/staff are familiar with
- L&C is available to offer technical assistance with non-compliance issues discovered

Mock Survey Cont. - identified resident

■ 1.Choose a resident

- Interview the resident (or guardian):
 - how do they like living at the facility
 - what do they like about the facility
 - what would they change if they could
 - what things do they need the staff to assist them with (ADL's, medications, ambulation, repositioning)
 - are they ambulatory/use assistive devices
 - if they call for help, how long does it take for staff to assist them
 - how do they like the food/are they on a special diet
 - are they offered snacks/fluids besides meals/how often
 - what activities are offered and do they participate
 - who would they go to if they had a concern/complaint

Observe the resident (at least 2-3 hours)

- how does the resident look
- grooming hair/teeth/nails/eyes/glasses
- hair combed, styled
- skin dry/bruises/tears
- do they have an odor/does their room have an odor
- clothing clean/worn/ill-fitting
- transferring/ambulating/eating
- using assistive devices eye glasses, hearing aids, walkers, other assistive devices with resident at all times
- □ if the resident is on O2/staff aware of MD order
 - is the resident wearing it properly
 - is the flow set correctly per current MD order
- observe the resident ambulating, repositioning
 - do they need help, are they getting it

- observe staff interactions with resident especially if resident requires assist with transferring/ambulation/ toileting/repositioning/eating
- are resident rights being respected
- are residents treated with dignity/respect

- Interview staff regarding resident needs/assistance levels/assistive devices/facility policies and procedures
 - do they know what the resident's needs are
 - Do they have adequate knowledge/training for the level of care of the resident's
 - are they aware of facility policies emergencies, medications, resident's rights

- Review resident record:
 - Admission agreement/resident's rights/ advanced directives/NSA (interim plan of care)/ BMP/UAI
 - Completed, <u>signed and dated</u> by the resident/guardian and facility Adm or designated staff
 - H&P within 6 months prior to admission
 - 90 day RN assessment (and PRN with change of condition, i.e. medical/wt loss/falls/med SE)
 - Includes assistive devices side rails, heating pads, heating blankets
 - Includes self-medicators
 - MD orders/MAR/Label MUST match

- Review resident record cont:
 - Read care notes/nursing notes
 - if applicable: notes from outside services/ incident reports/MD notes
 - Compare each NSA section (i.e. bathing) with care observed, resident/family/staff interviews, and other documentation
 - Question any inconsistencies in observations, interviews and record review

Mock Survey Cont. – facility records

- 2. Review the following facility documentation:
 - Incident reports
 - How is facility responding, are staff acting appropriately, is administrator completing a through follow-up, are preventive measures being put in place and followed up on, are facility policies and procedures being followed, are reportable incidents being forwarded to L&C. Look for any trends (falls)
 - Admission and Discharge register
 - Activity calendar are you observing these
 - Menus signed by a registered dietitian/ special or therapeutic diets/ snacks. Are substitutions being documented.
 - Complaint tracking Adm investigation, written report to complainant with-in 30 days

■ 3. Observe

- Meals
 - are residents receiving the diet their MD ordered
 - are residents being assisted <u>PER NSA</u>
 - is level of assistance appropriate
 - are residents using assistive devices/ should they be
 - does NSA reflect this
 - are residents assisted <u>getting to the table/positioned</u> <u>correctly/ periodically repositioned</u> if needed
 - are residents being offered/encouraged to drink fluids
 - if med pass is occurring at the same time are residents being distracted and not eating
 - are staff observing meds being taken
 - what % of the meal did the resident consume
 - what happens if the resident did not eat

- Observe cont.
 - Activities
 - are they occurring in compliance with state rules (151, 210)
 - are all residents invited to attend
 - if not, why
 - offered to residents that stay in their room
 - Individualized activity/socialization

□ Note: "snacks" are not an activity

- Observe cont.
 - Medication Assistance
 - does the caregiver observe the rights:
 - resident, med, dose, time, route + document
 - Is the resident <u>able to take meds with assistance</u>
 - Administration vs assistance
 - Injections resident must be independent
 - UAP (unlicensed assistive personnel) are not to give
 - UAP's cannot "dial" insulin pens
 - Does the CG WATCH the resident SWALLOW the med
 - PRN's are they used appropriately
 - If a resident is complaining of pain or appears to be in some type of physical or emotional distress, do CG's notice and address. Is RN/LN contacted as needed
 - Are meds left in resident rooms or unsecured in the facility
 - □ Do CG's observe infection control measures during med assist

- Observe cont.
 - Observe caregivers
 - are they providing "supervision"
 - are they aware of what the residents are doing
 - are they aware if residents need help, whether or not they ask for it
 - are they assisting residents that need help
 - especially eating, drinking, repositioning, transferring, ambulating, etc.
 - are they skilled at providing assistance
 - are they practicing infection control
 - are they patient advocates

- Observe cont.
 - Other
 - wounds/dressings
 - devices (Foley's/G-tubes/colostomy bags)
 - bedrails
 - call system does the resident have access to
 - extension cords, multi-adapters
 - O2 tanks unsecured
 - fire extinguishers checked each month
 - chemicals secured
 - facility secured if appropriate (doors and yard)

Idaho Food Code (kitchen inspection)

- Observe Kitchen Cleanliness
 - Microwave
 - Stovetop/Oven
 - Refrigerator/Freezer
 - Food storage areas
 - Food preparation areas
 - General kitchen cleanliness

Idaho Food Code (kitchen inspection) continued

Monitor Foods

- Are foods stored correctly to avoid cross contamination (refrigerator/pantry)
- Are foods stored in the refrigerator at the correct temperature
- Are frozen foods being thawed correctly
- Are foods stored in approved containers

Idaho Food Code (kitchen inspection) continued

Observe Food Preparation

- Are staff dressed appropriately (clean apron, hair restrained)
- Do staff wash their hands
- Are they avoiding cross contamination
- Proper glove usage
- Monitoring of food temperatures

Mock Survey Cont. – general staff/resident/family interviews

If any questions have developed during the general facility observations or review of facility records, interview resident/ family/adm/staff/outside services, etc. to clarify

Summarize ALL information gathered

Review the rules

MOCK SURVEY Conclusion

- was all the information gathered during interviews, observations, and record reviews congruent?
 - if not, this is your problem list
- are all resident needs being attended to
- does the NSA reflect what the resident looks like at this time
- could a caregiver that is not familiar with this resident adequately care for this resident with all ADL's including toileting, transferring, repositioning, medication assistance and eating by referring to the NSA

Mock Survey Conclusion cont.

- is the facility interior and exterior a safe environment for the residents
- are resident rights being respected
- are infectious control measures in place
- is there enough staff and are they skilled, knowledgeable and qualified to adequately care for the residents
- is the facility in compliance with the Idaho Assisted Living state rules - IDAPA 16.03.22
- review Q&A checklists

CONCLUSION

- Make a list of the discrepancies found
- Review the rules regarding those discrepancies

- Correct discrepancies
- Determine a way to avoid reoccurrence

Questions????

Licensing and Certification

ALC@dhw.idaho.gov

208-334-6626