



IDAHO DEPARTMENT OF
HEALTH & WELFARE

ASSISTED LIVING MOCK SURVEY TOOL

Division of Licensing & Certification
Residential Assisted Living Facilities Program
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“A customer is the most important visitor on our premises, he is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so.”

- *Mahatma Gandhi*

Customer service, quality assurance and compliance with the Idaho assisted living regulations coincide together. The goal is that all residents receive quality care in a safe, humane, home-like environment where their rights are protected.

If possible, work with another assisted living facility. Invite a few of the staff to come to your facility and play surveyor for a day. What items do they bring to your attention? Return the favor, ask if your staff can drop in for a surprise inspection. Often, a fresh set of eyes can spot potential issues you may not notice. Working together can benefit both facilities.

The following mock survey is our attempt to help you experience what your residents, family members, surveyors and visitors see, smell, feel, hear and touch when they are at your facility. Hopefully, it will help you increase your customer service, quality assurance and compliance with the rules (Please check the RALF website <https://assistedliving.dhw.idaho.gov> to review IDAPA 16.03.22 (RALF rules) for updates or changes.)

Mock Survey/Customer Service Checklist:

- ❑ 1. **Observations** – Be aware of your senses. What is it that you see, smell, hear, and touch.
 - Observe the residents (at least 2-3 hours):
 - ❑ How do residents look?
 - ❑ Clean, well-groomed? - hair/teeth/nails/eyes/glasses?
 - ❑ Hair combed, styled?
 - ❑ Skin - dry/bruises/tears/wounds?
 - ❑ Do residents have odors/do their rooms have any odors?
 - ❑ Clothing - clean/worn/ill-fitting?
 - ❑ Transferring/ambulating/eating assistance required?
 - ❑ Using assistive devices - eye glasses, hearing aids, walkers, other assistive devices with resident always?
 - ❑ If the resident is on O2, are staff aware of the 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?
 - ❑ Observe staff interactions with resident especially if resident requires assist with transferring/ambulation/toileting/repositioning/eating/behaviors
 - ❑ Are resident rights being respected? (review your policy)
 - ❑ Are residents treated with dignity and respect?
 - Observe meals:
 - ❑ Are residents receiving their MD ordered diet?
 - ❑ Are residents being assisted per their NSA? Is the level of assistance appropriate?
 - ❑ Are residents using assistive devices?
 - If not, should they be?
 - Does the NSA reflect this?
 - ❑ Are residents assisted getting to the table/positioned correctly/periodically repositioned, 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 happened if a resident did not eat?
 - Observe activities:
 - ❑ Are they occurring in compliance with state rules? (151)
 - ❑ Are all residents invited to attend? If not, why?
 - ❑ Offered to residents that stay in their room? (Promote individualized activity/socialization)
 - ❑ Note: “snacks” and “leisure time” **are not** activities

- Observe medication assistance:
 - ❑ Are all medications available (including PRN/as-needed medications)?
 - ❑ Does the caregiver observe the 6 rights? (Right: resident, med, dose, time, route, documentation)
 - ❑ Does the caregiver WATCH the resident SWALLOW the medication?
 - ❑ Do the staff inform the residents there are medications mixed in the food/drink?
 - ❑ PRNs –
 - Are they used appropriately?
 - Is the reason documented?
 - Is the effectiveness documented?
 - If the resident cannot request the PRN, is the nurse notification/instruction documented?
 - ❑ If a resident is complaining of pain or appears to be in some type of physical or emotional distress, does the caregiver notice, document and notify facility nurse?
 - ❑ Are medications left unsecured in resident rooms or elsewhere in the facility?
 - ❑ Are narcotics being tracked and documented appropriately? (310.03)
 - ❑ Do the caregivers observe infection control measures during medication assistance?
 - ❑ Do the caregivers preserve the resident’s dignity during medication assistance? (e.g. Not pulling up the resident’s shirt in a public area to give an insulin injection.)
 - ❑ Are discontinued and expired medications disposed of appropriately? (310.02)

- Observe caregivers (at least 2-3 hours):
 - ❑ Are they providing supervision?
 - ❑ Are they aware of what the residents are doing?
 - ❑ Are they aware if residents need assistance, even if they do not ask for it?
 - ❑ Are they assisting residents who need help? (Especially for eating, drinking, repositioning, transferring, ambulating, and with behaviors)
 - ❑ Are they practicing proper infection control, including good handwashing?
 - ❑ Are they skilled at providing assistance?
 - ❑ Are they advocates for the residents?

- Other items to observe:
 - ❑ Wounds/dressings
 - ❑ Devices (Catheters/gastric tubes/colostomy bags)
 - ❑ Bedrails

- Call system – does the resident have access? Is it working?
- Extension cords, multi-adapters in use?
- O2 tanks unsecured properly?
- Fire extinguishers checked each month?
- Are all chemicals secured?
- Does each resident room have a locking drawer or cabinet?
- Is the Residents' Rights poster displayed?
- Facility secured (doors and yard)? (If appropriate)
- Facility - basic cleanliness, orderly, uncluttered
- Are snacks and fluids being offered in between meals and prior to bedtime?

2. Interviews:

- Interview the resident (or guardian):
 - How do they like the facility?
 - What do they like about the facility?
 - What changes would they make?
 - Which care needs do staff assist them with? (Bathing, eating, medications, ambulation, repositioning, etc.)
 - Are they using ambulatory-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 consistently offered snacks and fluids between meals?
 - What activities are offered, and do they participate?
 - Who would they go to if they had a concern/complaint?
 - How often are they evaluated by the facility R.N.?
 - Does the facility always have their medications available, including as-needed medications?
 - How many staff members are available to help them each shift?

- Interview staff regarding resident needs/assistance levels/assistive devices/facility policies and procedures:
 - Do they know what each resident's needs are?
 - Can they access the Negotiated Service Agreement (NSA)/care plan if they need guidance for a resident?
 - Do they have adequate knowledge/training for each resident's level of care? (Including how to care for residents with traumatic brain injury, developmental disabilities, mental illness and Alzheimer's/dementia if applicable)
 - Are they aware of facility policies (e.g. regarding emergencies, medications, resident rights and notification of administrator and Adult Protection of any suspected abuse)?

- ❑ Are they aware that they are a Mandatory Reporter for incidents of abuse/neglect/exploitation and know what to do if they witness these?
 - ❑ Can they give examples of times when they would contact the facility nurse?
 - ❑ Where do they document in the residents' records? (e.g. cares, unusual events/observations, etc.)
 - ❑ Do they care for any residents with behaviors? If so, do they know where to find the Behavior Plan for guidance? Where do they document behaviors/interventions, etc.?
- Interview families and outside providers to collect their impressions and concerns with the facility.

❑ 3. **Review:**

- Resident's records:
 - ❑ Are the following items complete, up to date, and in the resident's record? Admission agreement/resident rights/advance directives/Comprehensive Assessment/NSA (Negotiated Service Agreement) including interim plan of care/BMP (Behavior Management Plan)
 - ❑ Are the admission agreement and NSA signed and dated by the resident/legal representative and facility administrator or designated staff?
 - ❑ H&P within 6 months prior to admission?
 - ❑ Read care notes/nursing notes
 - ❑ If applicable, review notes from outside services/incident reports/MD notes
 - ❑ Are there 90-day nurse assessments and change of condition assessments (e.g. for medical events, weight loss, falls, medication changes, etc.)?
 - Are assistive devices included? (e.g. positioning devices, hearing aids, walkers, etc.)
 - Do they include assessment for residents who self-administer medications?
 - Does each assessment include a physical examination of the resident by the facility nurse (not just the outside service nurse)?
 - Are wounds being monitored/documentated by the facility nurse bi-weekly? Are any of the wounds greater than stage II, unstageable or not improving bi-weekly?
 - ❑ MD orders/MAR/label MUST match for each medication
 - ❑ Is there a special diet order, and is it being followed?

- ❑ Compare each NSA section (i.e. eating) with assistance/care observed, resident/family/staff interviews, and other documentation
 - ❑ Is there a 6-month psychotropic medication review (including for anti-depressants)?
 - ❑ Behavior plan(s), including interventions/tracking sheets
 - ❑ Question any inconsistencies in observations, interviews and record review
 - ❑ Are the NSA and Comprehensive Assessment updated when there has been a change in the resident's condition, or at least every 12 months?
- Review the following:
- ❑ Incident reports
 - How is the facility responding to incidents/accidents?
 - Are staff acting appropriately?
 - Is the administrator notified immediately for abuse/neglect/exploitation, and incident/accidents?
 - Is the administrator completing a thorough follow-up?
 - Are preventive measures being put into place? Reviewed?
 - Are facility policies and procedures being followed?
 - Are reportable incidents being sent to L&C within one business day?
 - Are incidents being reported to AP and/or law enforcement as applicable? (215.07)
 - How is the facility trending and tracking incidents/accidents?
 - ❑ Admission and discharge register – Is it complete and up to date?
 - ❑ Activity calendar – Are you observing these activities take place?
 - ❑ Menus – Is there a regular menu signed by a Registered Dietitian (RD)? Are there therapeutic menus available that have been approved by an RD? Are substitutions being documented and kept for 3 months? Is the weekly menu posted in facility common area? (451.01.c)
 - ❑ Complaint tracking:
 - Was the administrator notified of the complaint within one business day?
 - Are administrator investigations completed, and a written report provided to complainant, within 30 days?
 - ❑ Does Abuse/Neglect/Exploitation policy contain all the components necessary to meet the rules?
 - ❑ Do the as-worked schedules meet the rule? (330.14)
 - ❑ Are the residents' financial records maintained according to rules 153, 216, 330.05, 550.05 and 550.06?
 - ❑ Is the temperature of the refrigerator(s) that stores resident medications being monitored and recorded daily? Have the temperatures been 38-45°F? If not, what action was taken?

- Staff files: Are all items required in rule up-to-date? (i.e. CPR/1st aid, background check, training requirements, etc.)
- Discharge records/notices – Do they contain all the necessary components? (217, 330.07)

4. **Idaho Food Code - Kitchen Inspection:**

- Is there a person in charge who can demonstrate knowledge and perform duties in the kitchen?
- Does the facility have a Certified Food Protection Manager?
- Is the consumer advisory notice posted in the dining area?
- Is there a policy for vomiting/diarrhea in the food prep area?
- Observe kitchen cleanliness:
 - Microwave
 - Stovetop/oven
 - Ice machine
 - Juice/coffee dispensers
 - Can opener
 - Refrigerator/freezer
 - Food storage areas
 - Food preparation areas
 - General kitchen cleanliness
 - All equipment used in food prep and service (including, but not limited to: dirty utensils/equipment, cutting boards that are gouged or fuzzy, Teflon flaking off pans, etc.)
 - Monitor food storage and services:
 - Are foods stored correctly to avoid cross contamination? (in the refrigerator, pantry, etc.)
 - Are foods stored in cold holding (refrigerator) at the correct temperature?
 - Are frozen foods being thawed correctly?
 - Are foods stored in approved containers?
 - Are all foods properly date marked?
 - Are foods cooked to the correct temperature?
 - Are foods cooled correctly?
- Observe staff in the kitchen:
 - Do staff follow proper handwashing practices?
 - Do staff come to work ill?
 - Are staff actively preventing the cross contamination of foods?
 - Are utensils and food surface areas cleaned and sanitized properly?
 - Are staff actively monitoring food temperatures?
 - Are staff dressed appropriately? (e.g. clean apron, hair restraints, etc.)
 - Are staff using gloves properly?
- See attached kitchen form

- ❑ 5. **Environment**: See attached exterior and interior environment forms

- ❑ 6. **Mock Survey Conclusion**:
 - Clarify any questions that have developed during your mock survey
 - Summarize ALL information gathered
 - Review the rules
 - Was the information gathered during interviews, observations, and record reviews congruent? If not, are there problems you need to address?
 - Are all resident needs being met?
 - Does the NSA reflect what each resident's care looks like during observations?
 - Could a new caregiver adequately care for this resident with all ADLs, including toileting, transferring, repositioning, medication assistance and eating, by referring to the NSA?
 - Is the facility interior and exterior a clean, safe environment for the residents?
 - Are resident rights being respected?
 - Are infection 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 all Idaho rules for Resident Assisted Living Facilities- IDAPA 16.03.22?

- ADDITIONAL NOTES:

Environmental Assessment

Facility: _____

Date: _____

Interior	Comments
Floors: carpet soiled, stained, worn, torn. Loose rugs. Excessive clutter. Cleanable surface? (250.04, 260.06, 430.05.j, 550.03.a.iii)	
Walls/Doors/Ceilings: stains, marks, holes. (250.04, 260.06, 430.05.j, 550.03.a.iii)	
Furniture: soiled, broken, torn fabric, scratched, gouged, appropriate size, type. Are there lamps, tables? (156.07, 260.06, 430.01, 430.02, 430.03, 430.08, 550.03.a.iii)	
Linens: adequate amount, stained, good quality, contamination prevention, resident's personal laundry not done with general facility linens? (260.05, 430.05.h)	
Laundry Room: adequate for proper/sanitary washing/drying, separate/apart from food prep & storage, lighted, ventilated, dust/lint buildup behind dryer, improper linen storage. (260.05, 260.06)	
Restroom/Shower/Bath: clean, toilet leaks, shared towels/bar soap, caulking intact, correct water temp, ventilated, handicap accessible (250.05, 250.06, 250.08, 250.09, 260.06, 430.05.j, 550.03.a.iii)	
Safety: blocked hallways, exits, suitable hand rails, grab bars, ramps, barrier around wood stove, portable heaters? Facility maintained to ensure safety? (250.06, 250.07, 250.10.a, 250.10.b, 260.06, 405, 550.03.a.iii)	
Lighting: burned/missing bulbs, adequate light in resident rooms, living & dining rooms, hallways. (250.07, 260.06, 430.05.j)	
Odors: offensive odor in any rooms? (250.08, 260.06, 430.05.j)	

<p>Electrical: No extension cords, multi-plug adapters, or bare wires; covers on electrical outlets; correct Relocatable Power Tap use (405.01, 405.02)</p>	
<p>Heating/Cooling: Comfortable room temperature for residents? (Day temp: 70-78°F; night temp: 62-75°F) (250.10)</p>	
<p>Call System: working, appropriate (250.14, 430.05)</p>	
<p>Telephone: emergency #s posted next to staff phone (405.06); phone for residents offers privacy (430.04, 550.02)</p>	
<p>Resident Rooms: clean, garbage emptied, orderly, odors, furnishings in good repair, springs & mattress clean/odor free, adequate light, blinds/curtains in good repair, screens on windows, oxygen restrained, heaters, extension cords, adapters, outlet covers, bathrooms clean, grab bars in bathroom if needed, closet doors, 2 person closet divider (250.06, 250.07, 250.10, 250.12, 260.03, 260.06, 430.02, 430.03, 430.08, 550.03.a.iii)</p>	
<p>Water: Temperature: between 105 & 120°F (250.09); adequate, safe, sanitary supply (260.01)</p>	<p>Sampled water temps:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p>
<p>Pest Control: program in effect, signs of rodents, insects (260.04, 550.03.a.iii)</p>	
<p>Smoking Area: clean, noncombustible ashtrays, ashtrays emptied frequently, noncombustible receptacle with tight fitting lids for cigarette butts, smoking policy followed. (161)</p>	

Building Secured (if needed): alarms working, effective, keys available (250.01, 250.02, 250.03, 250.13)	
Exterior	Comments
Sidewalks/stairs: ramps, uneven, loose, cluttered, slippery (250.06.a, 250.06.f, 260.06, 405.05, 430.05.j, 550.03.a.iii)	
Maintenance: scattered rubbish, pet droppings, accumulation of weeds, broken/missing vent covers {prevents entry of insects/rodents}, fence in good repair (260.03, 260.04, 260.06, 430.05.j, 550.03.a.iii)	
Handrails: missing, loose (250.06.f, 260.06, 430.05.j, 550.03.a.iii)	
Garbage/Sewage: adequate garbage containers w/ tight-fitting lids, leaking containers, storage area clean & sanitary, septic problems, sewer odors (250.08, 250.09, 260.01, 260.02, 260.03, 260.06, 430.05.j, 550.03.a.iii)	
Yard: secure (if needed), maintained in a safe manner, natural/man-made hazards protected by suitable fence/railings etc., no accumulation of weeds (250.13, 260.06, 405.05, 430.05.j, 550.03.a.iii)	
Porch/Patio: burned/missing bulbs, trip/fall hazards, snow/ice buildup, needs ramp (250.06.a, 250.06.f, 260.06, 405.05, 430.05.j, 550.03.a.iii)	
Exterior Surfaces: well-maintained, safety hazards (260.06, 405.05, 430.05.j, 550.03.a.iii)	
Roof/Gutters: gutters cleared of built up rubbish & in good repair, roof appears in good condition - no leaks noted inside (260.06, 430.05.j, 550.03.a.iii)	
Storage: materials not related to maintenance not stored at facility, toxic chemicals labeled & locked (260.06, 260.07, 550.03.a.iii)	

Kitchen Assessment

Facility: _____

Date: _____

Tour:	Comments
Handwashing Sink: accessible, soap & paper towels available, no food products, water temp	
General Observations: no pets in prep/cook area, uncovered beverage containers, staff eating in prep/cook area, air gap at least 1" above flood level rim	
General Cleanliness: counter tops, floors, walls, ceilings, sanitizers in use, wipe buckets, uncovered beverage containers, appropriate storage of utensils, chipped dishes, storage containers, safety concerns, signs of rodents (look for traps, droppings), insect activity (traps, remains)	
Staff Cleanliness: clean clothing, hair restrained, apron, ill (nausea, vomiting, diarrhea, fever, jaundice, sore throat w/fever, abdominal pain), sores/cuts on hands/arms, long/false fingernails, rings, hand washing/glove use when appropriate	
Appliances: cleanliness, working condition, food debris, microwave, oven, stove top, grill, exhaust vent screen, steam tables, salad bar, can opener, food mixers, food processors, meat slicers, toaster, juice/soda dispensers, coffee/hot chocolate dispensers, ice machines, any other appliances used to prepare or store food	

<p>Refrigerator: clean, thermometer, food temps, appropriate containers, raw meats commingled with RTE, date marking TCS (Time/Temperature Control for Safety), correct stacking order of TCS (top to bottom: plant foods, roasts, commercially raised game, pork, fish, raw shell eggs, ground meats, stuffed pastas/meats, poultry), commingling of thawing meats, inappropriate cooling (container too deep, tightly covered, length of time, etc.), pasteurized products, unapproved foods, foods received put away in a timely manner</p>	
<p>Freezer: clean, food frozen, signs of freeze/thaw, thermometer, foods from an approved source</p>	
<p>Commercial Dishwasher: <i>heat sanitizing</i>, use thermometer, must reach 165°F. <i>Chemical sanitizing</i> - follow the tubes to chemicals, run dishwasher & test water with strips (quat or bleach). If unable to obtain a reading, ask how they test for chemicals. They should have strips or a log.</p>	
<p>Pantry: clean, foods stored 6" off the floor unless on pallets or in waterproof containers, dented cans, signs of rodent/insect activity, approved containers (labeled, approved source, no chemicals stored near food)</p>	