Assisted Living Provider Entrance Conference Guide Chapter 2800

Name of Legal Entity: _____

Name of Inspector(s):_____ Date:_____

1 (dill)			Date:			
		ographics				
The following are the demographics that will be requested at the entrance conference						
A list of current residents with dates of admission will be requested						
License Capacity		Number with a Mental Health Diagnosis				
Number Residents Served		Number on SSI				
Number with an Intellectual Disability		Number with a Physical Disability				
Number of current Hospice		60 + years old				
Number with	h a Mobility Need	· · · ·				
Basic Information						
This is a partial list of questions that will be asked at the entrance conference and throughout the inspection process						
	have a copy of the residence rules?	<i>.</i>				
	en any reported abuse since the last inspection	on?				
	lents have restraints, side rails or enablers?					
Have there been any resident deaths in the home?						
Does the home provide any financial assistance to residents?						
	y off site services provided by the home?					
	Have there been any written complaints?					
	ne last verbal complaint?					
	lents work for the home?					
	y waivers for the home?					
	e residents with Diabetic needs? Any diabetic	cs on a sliding	scale for medications?			
Does the local Area Agency on Aging/Ombudsman/Other(s) caseworkers visit the home?						
	e residents that have Home Health Services?					
Do you allow		(net occupatio				
	owed in the home?					
	y residents assessed unsafe around poisons?					
	e residents self-administer medication?					
		st inspection?				
Are there any structural changes to the home since the last inspection? When is trash removed from the home?						
	e any residents with an altered diet?					
What are the meal times/medication administration times?						
what are the	Requested Doc		nlicable)			
,	The following is a partial list of documents the					
		iui wili be revi	ewed during the inspection process.			
General Re		25	Resident-home contract			
14 16(b)	Certificate of Occupancy (copy)	$\frac{25}{26(a)}$				
16(b) Stoffing 4	Reportable incident policies staff list with hire dates and at least 2 weeks	26(a)-(c)	The quality management plan			
U		0 00	1			
51	Criminal history checks	<u>63</u>	First aid, CPR, obstructed airway training			
52	Staff hiring, retention, utilization	64(a)	Administrator qualifications			
53(a)-(b)	Qualifications/responsibilities of administrator	64(f)	Record of administrator training			
54(a)-(b)	Qualification of direct care staff person	65(i)	Record of staff training			
57	Direct care staffing	66(a)-(c)	Staff training plan			

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62	List of staff person contact information				
Physical Sit	te				
85(f)	Written sanitation approval	106(2)	Swimming area		
88(c)	Asbestos documentation	107(a)(b)(d)	Emergency preparedness		
89(c)-(e)	Private water system documents	108	Fire arms and weapons		
97	Elevator and stair glide certificate	109(b)	Cat and dog vaccination certificates		
Fire Safety					
123(b)-(d)	Emergency procedures	128(b)	Wood/coal stove documents		
124	Notification of local fire officials	130	Smoke detectors and fire alarms		
126	Furnace cleaning documents	132	Fire drill documents (copy)		
Resident Health					
143	Emergency medical plan	144(b)-(c)	Use of tobacco		
Transportation					
171(c)	Transportation documents				
Medication	Medications				
182(b)	Medication administration	190	Medication administration training		
185	Accountability of medication and	191	Resident education		
185	controlled substances				
188(d)-(e)	System to identify medication errors				
Services					
221(a)-(b)	Activity program	224	Initial assessment and preliminary support plant		
223	Written description of services	228(b)	Notification of termination (contract)		
Special Care Units					
231	Admission	234	Resident care		
233(a)-(b)	Doors, locks and alarms	234	Training		
Resident Records					
251	Resident records		Resident record storage, security,		
		254(b)	accessibility		
252	Content of resident records				