



## Provider Setting Final Rule Checklist-Assisted Living Facility

| <b>ONSITE VISIT INFORMATION</b> |  |                          |                          |                          |
|---------------------------------|--|--------------------------|--------------------------|--------------------------|
| Assisted Living name:           |  |                          |                          |                          |
| Resource Developer:             |  |                          |                          |                          |
| Onsite Visit Date:              |  |                          |                          |                          |
| <b>POLICY REVIEW</b>            |  | <b>YES</b>               | <b>NO</b>                | <b>DESCRIBE EVIDENCE</b> |
| 1.                              | Are the individuals able to independently enter and leave the building at any time? <i>Guidance: Are any doors locked that prevent entry/exit, are there any rules in place that limit hours/time residents can leave?</i>               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2.                              | Are the individuals able to choose to come and go without a required scheduled return? <i>Guidance: Is there a curfew?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3.                              | Are the individuals able to have visitors at a time of their choosing?<br><i>Guidance: Can visitors be there any time of day, early/late as long as it's not infringing on the rights and safety of other residents in the facility?</i> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 4.                              | Are visitors allowed to stay overnight without restrictions?<br><i>Guidance: Does the ALF have restrictions on visitors? Can visitors stay overnight in the individuals apartments?</i>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 5.                              | Do the individuals have a choice in where they sit in the dining room?<br><i>Guidance: Can the individuals choose where and who they sit with? Is there a seating chart?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6.                              | Are individuals able to eat privately, if they choose? <i>Guidance: Can individuals eat alone or at different times than others?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 7.                              | Are the individuals able to choose their own provider?<br><i>Guidance: Can individuals choose their own hairdresser or physician? Do they have to use providers the ALF provides?</i>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 8.                              | Do the individuals choose their wake/sleep times? <i>Guidance: Are individuals required to get up at a certain time/or go to bed at a certain time?</i>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |

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| 9.  | Do the individuals choose their bath times and frequency?<br><i>Guidance: Can individuals bathe when and how often as they would like?</i>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 10. | Does the assisted living follow the HCBS policy which provides for multiple occupancy only on an exceptional basis?<br><i>Guidance: Are individuals allowed to share a room with a person of that residents choosing, upon consent of that person?</i> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 11. | If the individual would like to work, is there activity that ensures that the option is pursued?<br><i>Guidance: Are individuals encouraged to work in the community if they desire to do so?</i>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |

| <b>OBSERVATION REVIEW</b> |   | <b>YES</b>               | <b>NO</b>                | <b>DESCRIBE EVIDENCE</b> |
|---------------------------|---|--------------------------|--------------------------|--------------------------|
| 1.                        | No gates, Velcro strips, locked doors, or other barriers are preventing individuals' entrance to or exit from certain areas of the setting?<br><i>Guidance: The common areas of the assisted living facility are accessible to all individuals. The only locked doors are rooms such as the nurse's station, mechanical closet, etc.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2.                        | Are appliances accessible to individuals and are they able to use them?<br><i>Guidance: Refrigerator/microwave available in room or easily accessible? Are there any restrictions on usage?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3.                        | Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?<br><i>Guidance: The height of appliances, tables and chairs are at appropriate heights so all individuals can easily access and use them.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 4.                        | Do staff protect information about the individuals' care by not posting their information and/or discussing their services in public?<br><i>Guidance: Identifying information is not posted in public areas; private and health matters are discussed in a confidential manner.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 5.                        | Are the individuals' privacy protected during medication distribution?<br><i>Guidance: All information is kept private, names are not used if distributing medications in common areas with others around (such as at mealtimes).</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6.                        | Do individuals have a means of private conversation, including the use of a facility phone or computer in a private area, for those without their own means of communication?<br><i>Guidance: There is privacy in written communication, including sending and receiving mail and email. There is a telephone with auxiliary aides where calls can be made without being overheard.</i> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 7.                        | Are individuals' nails trimmed and clean?<br><i>Guidance: Are there any concerns with the individual's hygiene?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |                          |

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| 8.  | Does the setting provide opportunities for regular, meaningful activities in integrated community settings for the period of time desired by the participant? <i>Guidance: What are the regular activities and how are activities planned?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.  | Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences? <i>Guidance: Was the individual the key decision maker with their attire?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10. | Do the individuals have access to materials to learn of activities in the community? <i>Guidance: Community activities are posted on bulletin boards, calendar of activities in monthly newsletter, access to newspaper, internet access, etc.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11. | Do staff converse with individuals in the setting while aiding and during the regular course of daily activities? <i>Guidance: Does staff engage in meaningful conversations with the individuals?</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12. | Does staff address individuals in a manner in which the person would like to be addressed as opposed to routinely addressing individuals as “hon” or “sweetie”? <i>Guidance: Staff interact with individuals in a respectful manner and call them by their preferred/chosen name.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13. | Does the participant have full access to the common areas of the ALF? <i>Guidance: All common areas should be physically accessible to all participants. If there are common areas not physically accessible to the participant, and the participant wishes to access these areas, accommodations must be made for access</i>                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14. | Are bus and other transportation schedules and telephone numbers posted in a convenient location (where applicable)? <i>Guidance: Public transportation contact numbers and schedules in the area should be posted in a common area. Rural communities might not have public transport, so transportation should be available in other ways.</i> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 15. | Is information about filing a complaint posted in an obvious location and in an understandable format? <i>Guidance: Information is posted or given to residents when moving in/annually.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 16. | Do the individuals in the setting have different haircut/hairstyle and hair color? <i>Guidance: Individuals choose their hairstyle/color, as well as where to have this done. They are not limited to an in-house stylist.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 17. | Does the individual converse with others during meal times? <i>Guidance: If individuals want to engage with others during mealtimes, they feel comfortable and free to do so.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 18. | Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates, and cups? <i>Guidance: Dignity is afforded to residents in the dining room. Food is presented on reusable dinnerware.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| 19. | Are the individuals able to furnish and decorate their apartments as they choose? <i>Guidance: Individuals have personal possessions, including furniture, and decorate their apartment as desired.</i> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 20. | Are the apartment doors lockable by the individual? <i>Guidance: Individuals have a key to their apartment and are able to use the key to lock and unlock their room freely.</i>                        | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 21. | Are apartments for Medicaid individuals distributed throughout the assisted living? <i>Guidance: Are waiver participants integrated within the rest of the individuals residential areas?</i>           | <input type="checkbox"/> | <input type="checkbox"/> |  |

| Comments |
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Resource Developer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_