## **DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance F-02634B (03/2020)

## STATE OF WISCONSIN

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## COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF) INITIAL SURVEY CHECKLIST

|  |   |       |      | INTIAL   | CONTROL CITEOTICIO              | •           |                       |                    |
|--|---|-------|------|--|---------------------------------|-------------|-----------------------|--------------------|
| Nam  | Name – Facility  Date Form Completed (MM/dd/yyyy, |       |      |  |                                 |             |                       |                    |
| Stre   | et Ado  | dress |      |  | City                            | County      |                       | Zip Code           |
| The  | follo   | wing  | item | s will be reviewed during the initial                                    | licensing survey and tour       | of the fac  | ility.                |                    |
| <b>Disclaimer:</b> The statements in this document paraphrase the cited administrative rules. Refer to the language of the Wisconsin Administrative Code for the exact wording of the cited rules. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.  |   |       |      |  |                                 |             |                       |                    |
| 5-8 BED CBRFs: Building plans submitted for 5-8 bed capacity are not required to involve a licensed design professional such as an architect or professional engineer to attest to the compliance of the given proposed building project. Compliance is required to be in accordance with the applicable administrative rules of Chapter DHS 83 and the one and two family building code (SPS 320-325).  |   |       |      |  |                                 |             |                       |                    |
| The Office of Plan Review and Inspection (OPRI) is the regulatory agency that works on behalf of the Bureau of Assisted Living to review and verify compliance with all applicable codes and standards. OPRI, as the regulatory agency, shall review submitted documents that demonstrate the physical environment complies with those codes and standards. Upon approval of plan documents, OPRI staff will conduct an inspection of the facility to verify compliance of the physical environment. Upon completion of the inspection, OPRI staff will inform the Bureau of Assisted Living with regards to compliance or not, which is one component of licensure. |   |       |      |  |                                 |             |                       |                    |
| Υ  | N   | N/A   |      |  |                                 |             |                       |                    |
| BUII   | LDING   | G MA  | INTE | NANCE AND SITE - DHS § 83.45   |                                 |             |                       |                    |
|  |   |       | 1.   | Maintain each building in good repai                                     | ir and free of hazards.         |             |                       |                    |
|  |   |       | 2.   | Maintain the yard, any fences, sidew hazards.                            | valks, driveways, and parking   | g areas of  | the CBRF in good r    | repair and free of |
|  |   |       | 3.   | Garbage and refuse in inside areas refuse in outside areas are in closed |                                 | bsorbent,   | closed containers.    | Garbage and        |
|  |   |       | 4.   | Cleaning compounds, polishes, inse                                       | ecticides, and toxic substance  | es are labe | eled and stored in a  | secure area.       |
| POSTINGS   |   |       |      |  |                                 |             |                       |                    |
|  |   |       | 1.   | Resident rights, grievance procedure residents, employees, and guest – E |                                 | d in a pror | minent public place   | available to       |
|  |   |       | 2.   | The poster provided by the board or location – DHS § 83.33(4).           | n aging and long term care or   | mbudsmar    | n program is posted   | l in a conspicuous |
|  |   |       | 3.   | Leisure time activities are posted in                                    | an area available to resident   | s – DHS §   | 83.38(1)(c).          |                    |
|  |   |       | 4.   | The exit diagram is posted on each residents – DHS § 83.47(2)(b).        | floor of the CBRF used by re    | sidents in  | a place where it ca   | n be seen by the   |
|  |   |       | 5.   | Emergency phone numbers are near   | r phones used by CBRF emp       | oloyees –   | DHS § 83.47(2)(h).    |                    |
| COMMON DINING AND LIVING SPACE – DHS § 83.52   |   |       |      |  |                                 |             |                       |                    |
|  |   |       | 1.   | Note to Surveyor: OPRI verified co (CHOW)                                | mpliance; skip to next sectio   | n. Surveyo  | ors to verify in Char | nge of Ownership   |
|  |   |       | 2.   | A minimum of 60 square feet per am per non-ambulatory resident or othe   |                                 | y resident  | or other occupant a   | and 90 square feet |
|  |   |       | 3.   | Egress paths through common-use  | areas are not be counted in t   | he commo    | on space calculation  | າ.                 |
|  |   |       | 4.   | Common dining space is large enou  | gh to accommodate all resid     | ents in no  | more than two shift   | ds.                |
|  |   |       | 5.   | Common dining and living space is i                                      | nternally accessible to all res | sidents.    |                       |                    |

6. There is adequate space and equipment to meet the needs of the residents for social and recreational activities.

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| Υ                               | N  | N/A |     |  |  |  |  |
|---------------------------------|--|-----|-----|--|--|--|--|
|                                 |  |     | 7.  | All common use rooms have a ceiling height of at least seven feet.   |  |  |  |
|                                 |  |     | 8.  | For each resident apartment, the CBRF may apply 25% of the total floor space of the habitable rooms in the apartment, not including bedroom or bathroom floor space, toward the required congregate dining and living area requirement under par. (a), but may not exceed 30 square feet per resident. |  |  |  |
| RESIDENT BEDROOMS – DHS § 83.54 |  |     |     |  |  |  |  |
|                                 |  |     | 1.  | Note to Surveyor: OPRI verified compliance, skip to next section. Surveyors to verify in CHOW.   |  |  |  |
|                                 |  |     | 2.  | Bedrooms are designed and equipped to allow residents to achieve the highest level of independent functioning and be fully accessible to the resident  |  |  |  |
|                                 |  |     | 3.  | Floor to ceiling walls with rigid construction swing-type doors.   |  |  |  |
|                                 |  |     | 4.  | Bedrooms open directly into a corridor, the resident's private living area, or common living space.  |  |  |  |
|                                 |  |     | 5.  | Within each bedroom, each resident is provided a closet or wardrobe with clothes hanging rods and shelves, and drawer space adequate to reasonably meet the needs of the resident.   |  |  |  |
|                                 |  |     | 6.  | Ceiling height is at least seven feet.   |  |  |  |
|                                 |  |     | 7.  | Each resident bedroom accommodates no more than two residents per room.  |  |  |  |
|                                 |  |     | 8.  | Resident bedrooms are located near toilet and bathing facilities and provide internal access to congregate dining and living areas.  |  |  |  |
|                                 |  |     | 9.  | In existing class AA and class CA CBRFs, single occupancy bedrooms have a minimum of 80 square feet per resident and 60 square feet per resident in multiple occupancy bedrooms.   |  |  |  |
|                                 |  |     | 10. | In existing class AS, class CS, class ANA, class CNA CBRFs, and all newly constructed CBRFs, single occupancy bedrooms will have a minimum of 100 square feet per resident and 80 square feet per resident in multiple occupancy bedrooms.   |  |  |  |
|                                 |  |     | 11. | Each resident bed is at least 18 inches from a heat source or a distance that is recommended by the heat source manufacturer.  |  |  |  |
|                                 |  |     | 12. | Beds do not block a forced air register. There is a deflector on the register when the bed is located less than 18 inches from a forced air register.  |  |  |  |
|                                 |  |     | 13. | Basement bedrooms have at least two means of exiting that provide unobstructed egress to the outside or grade level. Windows in the basement are not considered exits.   |  |  |  |
|                                 |  |     | 14. | If a resident does not provide the resident's own bedroom furnishings, the CBRF shall provide all of the following – DHS § 83.43:  |  |  |  |
| П                               | П  | П   |     | A bed of proper size to ensure the resident's comfort  |  |  |  |
|                                 |  |     |     | A clean and comfortable mattress covered with a mattress pad and, when necessary, waterproof covering  A clean appropriately pillow, hadaprood, and blankets adaptive for the accept.  |  |  |  |
|                                 |  |     |     | <ul> <li>A clean, comfortable pillow, bedspread, and blankets adequate for the season</li> <li>Clean sheets, pillowcases, towels, and washcloths adequate to meet the needs of the resident</li> </ul>   |  |  |  |
| RES                             | RESIDENT BATH AND TOILET AREAS – DHS § 83.55 |     |     |  |  |  |  |
|                                 |  |     | 1.  | Toilet rooms and bathing areas are accessible and available to residents on each floor in class AS, ANA, CS, and CNA facilities.   |  |  |  |
|                                 |  |     | 2.  | At least one toilet, one sink, and one bath or shower for every 10 residents and other occupants or fraction thereof   |  |  |  |
|                                 |  |     | 3.  | The fixtures at sinks used by residents are the single nozzle, lever-handled, mixing type fixtures or the single nozzle, two-handled, mixing type fixtures which are easy for all residents to control.  |  |  |  |
|                                 |  |     | 4.  | All sink areas have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled, or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom.              |  |  |  |
|                                 |  |     | 5.  | Grab bars are provided at toilet and bath fixtures as necessary to meet the needs of the residents.  |  |  |  |

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| Υ                          | N  | N/A   |      |  |  |  |
|----------------------------|--|-------|------|--|--|--|
|                            |  |       | 6.   | Bath and toilet rooms have door locks to ensure privacy, except where the toilet, bath, or shower room is accessed only from a resident room that is occupied by one person. All door locks are operable from both sides.                            |  |  |
|                            |  |       | 7.   | The temperature of all water heaters connected to sinks, showers, and tubs used by residents is set at a temperature of at least 140°F.  |  |  |
|                            |  |       | 8.   | The temperature of water at fixtures used by residents is automatically regulated by valves and does not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. |  |  |
| FUF                        | RNISH  | INGS  | ANI  | D EQUIPMENT – DHS § 83.43  |  |  |
|                            |  |       | 1.   | The CBRF provides a living environment that is safe, clean, comfortable, and homelike.   |  |  |
|                            |  |       | 2.   | All common dining and living areas contain furnishings appropriate to the intended use of the room.  |  |  |
| WIN                        | DOW  | S – D | HS § | § 83.60  |  |  |
|                            |  |       | 1.   | Every habitable room has at least one outside window with a total window area of at least 8% of the floor area in the room.  |  |  |
|                            |  |       | 2.   | The window shall be openable from the inside without the use of tools or keys.   |  |  |
|                            |  |       | 3.   | All required openable windows have insect-proof screens.   |  |  |
|                            |  |       | 4.   | Every habitable room shall have shades, drapes, or other covering material or device that affords privacy and light control.   |  |  |
| FIRI                       | FIRE SAFETY REQUIREMENTS AND FIRE PROTECTION SYSTEMS |       |      |  |  |  |
|                            |  |       | 1.   | Note to Surveyor: OPRI verified compliance, skip to next section. Surveyors to verify in CHOW.   |  |  |
|                            |  |       | 2.   | Have a written plan for responding to emergencies and disasters that is readily available to all employees – DHS § 83.47(2)(a).  |  |  |
|                            |  |       | 3.   | Fire extinguisher(s) shall comply with requirements specified in DHS § 83.47(4)(a)-(b).  |  |  |
|                            |  |       | 4.   | Shall have at least one smoke detector located at each of the locations specified in DHS § 83.48(4)(a)-(h)   |  |  |
|                            |  |       | 5.   | Shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the head detector manufacturer's specifications specified in DHS § 83.48(6)(a)-(e).                         |  |  |
| LAUNDRY - DHS § 83.44(1)   |  |       |      |  |  |  |
|                            |  |       | 1.   | There is a laundry area to sort, process, and store clean and soiled laundry.  |  |  |
|                            |  |       | 2.   | Each clothes dryer vent tubing is constructed of rigid material with a fire rating that exceeds the temperature rating of the dryer.   |  |  |
| FOOD SERVICE – DHS § 83.41 |  |       |      |  |  |  |
|                            |  |       | 1.   | The CBRF provides hand-washing facilities in the kitchen for use by food handlers. Use of a common towel is prohibited.  |  |  |
|                            |  |       | 2.   | Each refrigeration unit is maintained at or below 40°F. Food is covered and stored in a sanitary manner.   |  |  |
|                            |  |       | 3.   | Each freezing unit is maintained at 0°F or below. Frozen food is packaged, labeled, and dated.   |  |  |
|                            |  |       | 4.   | Menus available to residents.  |  |  |
| MEDICATIONS – DHS § 83.37  |  |       |      |  |  |  |
|                            |  |       | 1.   | Medicine storage is locked and the key available only to personnel identified by the CBRF.   |  |  |
|                            |  |       | 2.   | Medications stored in a common refrigerator are properly labeled and stored in a locked box.   |  |  |
|                            |  |       | 3.   | Prescription and over-the-counter medications or dietary supplements are not stored next to chemicals or other contaminants.   |  |  |
|                            |  |       | 4.   | Medications for internal consumption are kept physically separate from medications for external application.   |  |  |

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| Υ  | Ν     | N/A   |           |   |  |
|--|-------|-------|-----------|---|--|
|  |       |       | 5.        | Controlled substances are stored in separately locked and securely fastened boxes or drawers or permanently fixed compartment with in locked medications area for storage of Schedule II drugs.   |  |
| EXITS AND PASSAGEWAYS – DHS § 83.59  |       |       |           |   |  |
|  |       |       | 1.        | All habitable floors have at least two exits providing unobstructed travel to the outside.  |  |
|  |       |       | 2.        | There is a clear and unobstructed pathway to a safe distance away from the building.  |  |
|  |       |       | 3.        | Class AS, ANA, CS, and CNA CBRFs have at least two grade level or ramped exits to grade.  |  |
|  |       |       | 4.        | If exits are ramped, the ramps comply with requirements – DHS § 83.59(6).   |  |
|  |       |       | 5.        | Exit doors and doors in exit passageways have a clear opening of at least 32 inches in width and 76 inches in height.   |  |
|  |       |       | 6.        | Exit passageways, stairways, and doors in class AA facilities are at least 30 inches clear opening in width.  |  |
|  |       |       | 7.        | Exit passageways and stairways to outside exits are at least 36 inches in width and maintained clear and unobstructed at all times.   |  |
|  |       |       | 8.        | An exit path from the CBRF through the garage to the outside is clear, safe, and unobstructed.  |  |
|  |       |       | 9.        | Furniture and other obstacles are not placed in front of the patio door.  |  |
|  |       |       | 10.       | No exit passageway is through areas such as a resident room, bath or toilet room, closet, or furnace rooms.   |  |
|  |       |       | 11.       | Delayed egress door lock has been approved by department and a sign is posted adjacent to the locking device indicating how the door may be opened.   |  |
| DOC  | ORS - | - DHS | § 83      | 3.59(2)   |  |
|  |       |       | 1.        | All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool.  |  |
|  |       |       | 2.        | A solid core wood door or an equivalent fire resistive door, equipped with a positive latch and an automatic closing device is provided at any interior stair between the basement and the first floor.   |  |
|  |       |       | 3.        | Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms.   |  |
|  |       |       | 4.        | All interior doors equipped with locks shall be designed to unlock from either side in case of emergency.   |  |
| STAIRS AND SHAFTS – DHS § 83.59(5)   |       |       |           |   |  |
|  |       |       | lev<br>be | y shaft, such as a dumbwaiter or laundry chute leading to the basement, shall be provided with a door on each el above the lowest floor. The door shall have a positive latch and an automatic closing device and shall normally kept closed. A spring of sufficient strength to close the door and activate the door latch is acceptable for meeting automatic closing device portion of this requirement. |  |
| HOME AND COMMUNITY-BASED SERVICES (HCBS)   |       |       |           |   |  |
| Surveyor is to verify the following if facility is requesting an HCBS compliance review to be eligible to serve individuals receiving Medicaid waiver funding:   |       |       |           |   |  |
|  |       |       | 1.        | If facility is not requesting an HCBS compliance review, skip to the next section.  |  |
|  |       |       | 2.        | Provide lockable key entry doors on all resident rooms and individual keys to all residents – 42 CFR 441.301(c)(4)(vi)(B)(1).   |  |
| If any of the following conditions exist, the facility meets the definition of heightened scrutiny and notification will be made to the Division of Medicaid Services (DMS). DMS will complete the HCBS compliance review working with the Centers for Medicare & Medicaid Services (CMS). |       |       |           |   |  |
|  |       |       | A.        | The facility is within (under the same roof as) a building that houses a publicly or privately operated facility which provides inpatient institutional care [skilled nursing facility (SNF), intermediate care facility for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), hospital] – 42 CFR 441.301(c)(5)(v).   |  |

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|  |  |  | B. | The facility is located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care [skilled nursing facility (SNF), intermediate care facility for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), hospital] – 42 CFR 441.301(c)(5)(v). |
|--|--|--|----|---|
|--|--|--|----|---|

## MISCELLANEOUS INITIAL LICENSING REVIEW AND DISCUSSION ITEMS

1. Other relevant code or statute requirements (e.g., Chapters DHS 12, DHS 13, DHS 94 and Wis. Stat. Chapter 50)

DHS 12 requirements: Criminal background checks on service providers

- a. Background Information Disclosure (BID) (DHS form F-82064)
- b. Employee and Contractor Background Check Process

DHS 13 requirements: Misconduct reporting and investigations

- a. Wisconsin Caregiver Program Manual (DQA publication P-00038)
- b. Wisconsin Caregiver Program: Misconduct Reporting Requirements (DQA publication P-63158)
- Reporting requirements DHS § 83.12

Reporting Requirements for Assisted Living Facilities (DQA publication P-02007)

- 3. Employee: Must be 18 years of age DHS § 83.16(2)
  - a. Employees have been screened for clinically apparent communicable disease, including TB, within 90 days DHS § 83.17(2).
  - b. Orientation and Training Subchapter IV: Staff orientation DHS § 83.19, Department-approved training DHS § 83.20, Employee training – DHS § 83.21, Task-specific training – DHS § 83.22, Training exemptions – DHS § 83.24, Continuing education – DHS § 83.25, Training documentation – DHS § 83.26
  - c. Employee Records: A separate record for each employee shall be maintained, kept current, and --- at a minimum --- include: A written job description including duties, responsibilities and qualifications required for the employee, beginning date of employment, educational qualifications for administrators, a completed caregiver background check following procedures under Wis. Stat. § 50.065 and Chapter DHS 12, and documentation of training or exemption verification DHS § 83.18.
- 4. Resident record: Pre-admission assessment, individual service plan, documentation of physician's orders, and visits, health screening, medication administration record, resident evacuation assessment, admission agreement, and annual satisfaction evaluation DHS § 83.42
- 5. Management of resident funds DHS § 83.34
- Evaluation of Resident Evacuation Limitations DHS § 83.35(5)
   Resident Evacuation Assessment (DQA form F-62373)
- 7. Drills: Fire and other evacuation drill requirements, including simulated nighttime drill DHS §§ 83.47(2)(d) and (e)
- 8. Physical plant: Smoke and heat detection system testing requirements, sprinkler system testing requirements (if applicable), and annual fire inspection DHS §§ 83.48(1)(b) and (3); 83.48(8)(b)1.; and 83.47(3)
- DHS 83 is available for review DHS § 83.14(2)(f)
- 10. Health monitoring and behavior management DHS §§ 83.38(1)(g) and 83.38(1)(i)
- 11. Hospice and respite care requirements DHS §§ 83.38(2) and 83.35
- 12. Restrictive measures or restraints (Department approval required) DHS § 83.32(3)(g)
- 13. Electronic Statement of Deficiencies (E-sod)/Electronic Plan of Correction (E-poc) Process
- 14. Online License and Certification Continuations via e-Licensure (DQA publication P-01731)
- Communicating with the Bureau of Assisted Living
   Division of Quality Assurance Bureau of Assisted Living Regional Offices
- 16. DQA Email Subscription Service