

Dane County

Adult Family Home Quality Standards

QUALITY STANDARD #1: ADMISSION AND ASSESSMENT

The AFH conducts a comprehensive assessment of potential resident's needs and preferences, and carefully considers its ability to meet those needs and preferences prior to placement. # *

QUALITY STANDARD #2: INDIVIDUAL SERVICE PLAN

The AFH provider, in conjunction with the resident, the resident's guardian, if any, and the case manager, develops and maintains an Individualized Service Plan (ISP) for each resident, and uses the plan as a guide for ongoing resident care.#

QUALITY STANDARD #3: HEALTH AND MEDICAL

Residents receive appropriate medical and mental health treatment to maintain or achieve optimal health and functioning. # *

QUALITY STANDARD #4: EMOTIONAL WELL BEING

Residents' emotional needs are addressed; behavioral symptoms are appropriately evaluated and managed. # *

QUALITY STANDARD #5: ACTIVITY

Opportunities are provided daily for activity that is fun and meaningful, that promotes functional ability, and that connects residents to others and the community. # *

QUALITY STANDARD #6: FOOD

Residents are provided with varied, nutritious, tasty meals and snacks that meet individual needs while incorporating individual preferences.

QUALITY STANDARD #7: STAFFING LEVEL AND PERFORMANCE

An adequate number of staff are present to meet routine and emergency needs of the residents. In addition, staff have received adequate training and knowledge to be able to provide competent care to the residents of the adult family home. #

QUALITY STANDARD #8: PHYSICAL ENVIRONMENT

Adult Family Homes shall provide a safe, clean, accessible and home-like environment to residents. # *

QUALITY STANDARD #9: COMPLIANCE WITH HFS 88

The AFH complies with the standards and requirements for AFHs as set forth in HFS 88 of the Wisconsin Administration Code. # *

*Restatement of HFS 88 Administrative Code Provision

Relates to statutory quality mandates for COP and Waiver funding in AFHs

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Adult Family Home Quality Standards

QUALITY STANDARD #1: ADMISSIONS AND ASSESSMENT

The AFH conducts a comprehensive assessment of potential resident's needs and preferences, and carefully considers its ability to meet those needs and preferences prior to placement. *#

KEY INDICATORS FOR QUALITY STANDARD #1:

- (a) The pre-admission assessment should include information about the person's needs and abilities and preferences in the following areas: ADLs, IADLS, Medications, Current health status, level of supervision needed in the home or community, behavior supports needed, Work/Vocational program participation, Recreational/Social and Transportation. #
- (b) The AFH evaluates whether or not they can meet the prospective resident's needs, abilities and preferences. #
- (c) Prior to admission, the AFH provides an opportunity for the potential new resident, their families and case manager to observe, experience and evaluate everyday activities. #
- (d) Case managers will provide AFH with information about the resident's needs, preferences, routine, social history, behaviors, etc to the extent that they are aware in order to allow the AFH provider to make as complete of an assessment as possible. #
- (e) All prospective residents, family members, guardians, case managers, etc are provided with a copy of the AFH Program Statement. The program statement provides:
 - a brief description of the home
 - type of residents served
 - the home's location
 - services provided
 - any community resources available to residents. * #
- (f) An up to date and accurate record will be kept for each resident. The record will include the following:
 - resident's name & date of birth
 - guardian's name, address and phone number (if applicable)
 - the names and phone numbers of anyone who should be notified in an emergency including the placing agency and case manager
 - medical insurance information
 - ISP
 - health assessment
 - financial service agreement
 - evidence that resident has been provided with their rights
 - grievance procedure both verbally and in writing. *#

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SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #1

- (a) Incorporate a formal admission and assessment tool that is kept in the resident's record.
- (b) Incorporate an admission process check-off sheet to track completion of documents and other tasks related to the admission and assessment process.
- (c) Incorporate a Life Story as part of your admission process. A Life Story explores a resident's life accomplishments, achievements, likes / dislikes, relationships with family / friends, pet peeves, comforts, routines, culture, tradition or other rituals. It can help build trust, develop a feeling for the resident of being "at home" and help bring personal meaning to each day.
- (d) Request information about client's medical insurance, copy of cards, from case manager and/or family

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QUALITY STANDARD #2: INDIVIDUAL SERVICE PLAN

The AFH provider, in conjunction with the resident, the resident's guardian, if any, and the case manager, develops and maintains an Individualized Service Plan (ISP) for each resident, and uses the plan as a guide for ongoing resident care.#

KEY INDICATORS FOR QUALITY STANDARD #2

- (a) Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, independence and quality of life *
- (b) The resident, guardian, if any, case manager and any other involved parties were given the opportunity to provide input during the development of the ISP and are also invited to the initial ISP review (within first 30 days) and each 6 month reviews of the ISP thereafter. *
- (c) The first ISP is based on the initial assessment and reflects an accurate and current description of a resident's needs in the following areas:
 - physical health,
 - medications
 - nursing procedures
 - mental health, behaviors
 - personal care
 - social participation

The ISP will also include an indication of which services will be provided and by whom, to address those identified needs. The ISP is then updated on a regular basis to reflect any changes in the identified areas. *

- (d) All involved parties including the resident, guardian (if any), family members, case manager, AFH provider, etc have an opportunity to review the ISP and share feedback regarding their satisfaction as to how the identified needs are being met and if any changes need to be made.
- (e) The ISP clearly identifies the areas in which a resident's preferences and independence are to be respected as they relate to service provision. For example, resident may need help from staff to step into the tub but wants to be able to wash those areas he or she can safely reach by themselves. The role of the AFH provider and staff in encouraging and allowing a resident to do those tasks which they are safely able is also identified.
- (f) The ISP identifies how a resident's personal care needs are met in a manner that promotes functioning while respecting privacy and preferences.

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #2

- (a) Develop shortened, one page version of the ISP to which staff have easy access and can quickly review as needed to better understand resident needs
- (b) Incorporate the use of a Life Story as part of your ISP development process.

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QUALITY STANDARD #3: HEALTH AND MEDICAL CARE

Residents receive appropriate medical and mental health treatment to maintain or achieve optimal health and functioning. # *

KEY INDICATORS FOR QUALITY STANDARD #3

- (a) Services are directed toward the goal of supporting resident in such a way as to promote his or her overall health, well-being, independence and quality of life. *#
- (b) Initial and ongoing health assessments include input from the resident, family, case manager, guardian (if applicable), and physician.
- (c) A current record is kept of all medical visits, reports, orders, etc for each resident. *
- (d) Medications are administered and documented in a timely, accurate manner according to a list of current physician orders. # * Information regarding the side effects of each of the medications and their purpose is also available.
- (e) An order from the physician must be on file allowing AFH staff to administer and supervise medications to any given resident. A current medication list must also be on file for those residents who administer their own medications. *#
- (f) Any medications controlled by the licensee shall be kept in a locked place and stored appropriately. *
- (g) Changes in a resident's health status are observed and documented. Appropriate referrals are made to health care providers for further consultation. *
- (h) AFH provider seeks immediate medical consultation/intervention for any injury or adverse changes in physical or mental health status.
- (i) The provider notifies a resident's case manager, guardian, if any, and family members of changes in a resident's physical or mental health status. #
- (j) The AFH makes medical appointments and arranges or provides transportation when resident and their families are unable to do so. *
- (k) There is prompt follow up with medical providers after clinic visits, hospital stays, etc to follow through on any new orders or recommendations.
- (l) Case manager will provide AFH with contact information so that they can be called as needed regarding changes in health status, etc.
- (m) Efforts are made by the AFH to minimize the risk of falls by assessing for falls risk and adapting the physical environment, providing an adequate level of supervision and assistance.

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #3

- (a) Request a MAR (Medication Administration Record) from the pharmacy for medication administration. Ask that the diagnosis that each medication addresses be included so that staff and be aware what the medication is being used to treat.
- (b) Create a written protocol for staff to follow when evaluating and responding to health status changes – make this readily available to staff.

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- (c) Create daily logs or progress notes that are maintained separately for each resident which note health concerns.
- (d) Written communication form and med list sent with resident to medical appointments if AFH provider not able to attend with resident.
- (e) Utilize a Falls Risk Assessment tool to determine level of falls risk for residents.

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QUALITY STANDARD #4: EMOTIONAL WELL BEING

Residents' emotional needs are addressed; behavioral symptoms are appropriately evaluated and managed. # *

KEY INDICATORS FOR QUALITY STANDARD #4

- (a) Residents are treated with good humor and respect.
- (b) Residents are helped to develop connections and a sense of belonging within the AFH
- (c) Residents are helped and encouraged to continue familiar routines, interests and meaningful pursuits.
- (d) Residents are given the opportunity to make decisions related to care, activities and other aspects of life in the AFH to help promote self-direction and independence as appropriate. #
- (e) AFH provider and other staff makes an effort to understand the causes of particular challenging behaviors and to problem-solve around potential causes and solutions for the individual resident by consulting with the case manager and any other involved parties as appropriate.
- (f) The AFH provider and staff are alert for possible physical and environmental causes of behavior changes. #
- (g) The AFH provider notifies the case manager, family member or guardian and medical provider of any sudden changes in behavior occurring with a resident. #
- (h) The AFH seeks advice and assistance from outside resources (Case Manager, Family Member, Mental Health Provider, Physician, Alzheimer's Association, Ombudsman, etc) as appropriate, in the management of ongoing, challenging behaviors. This includes trying to understand the underlying meaning behind symptoms or behaviors.

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #4

- (a) Utilize a behavior tracking sheet to identify patterns and possible causes of recurring problematic behaviors (noting the behavior, time it occurred, who was present, location of the resident, intervention used, level of success of intervention)
- (b) Note successful interventions / approaches to problematic behaviors on the ISP and/or in a daily communication log so that all staff / caregivers are aware.
- (c) Create a protocol for determining when a resident is no longer behaviorally appropriate for the AFH.

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QUALITY STANDARD #5: ACTIVITY

Opportunities are provided daily for activity that is fun and meaningful, that promotes functional ability, and that connects residents to others and the community. # *

KEY INDICATORS FOR QUALITY STANDARD #5

- (a) The sponsor shall plan activities and services for the residents to accommodate individual resident needs and preferences and shall provide opportunities for the residents to participate in cultural, religious, political, social and intellectual activities of their choice within the home and community. #
- (b) Interaction and engagement with residents is a priority for the AFH provider and staff – incorporating both formal and informal activities.
- (c) An effort is made by the AFH provider to utilize existing community resources (ie senior centers, day care centers, libraries, etc) to help residents remain integrated with their community outside the AFH
- (d) Individuals and volunteers are brought into the AFH to help with activities (ie volunteers, family members, church groups, etc)
- (e) A Life Story is gathered for each resident with the information obtained, activity goals and preferences are noted on the ISP..
- (f) Activities offered are age appropriate promoting both physical and cognitive functioning. Residents are activity encouraged but not required to participate in activities. # *

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #5

- (a) Use a Life Story at time of assessment to get further information about a resident's past interests, hobbies, etc
- (b) Hold monthly planning meetings with residents, as appropriate, to help create the activity calendar for the next month
- (c) Utilize an activity participation log
- (d) Create a brief note card for each resident that quickly identifies activity goals and interests to which staff / provider can quickly refer
- (e) As appropriate, residents are encouraged to participate in the day to day activities of running an AFH such as grocery shopping, dusting, folding laundry, etc .
- (f) Ask family, other informal supports at time of admission if there are ways that they would like to get involved in the AFH. For example, help with an activity, come to help with a special meal, play the piano, etc.
- (g) Encourage family, other informal supports to participate in any activity that may be going on when they visit with the resident.

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QUALITY STANDARD #6: FOOD

Residents are provided with varied, nutritious, tasty meals and snacks that meet individual needs while incorporating individual preferences.

KEY INDICATORS FOR QUALITY STANDARD #6

- (a) Meals incorporate fresh seasonal ingredients and do not rely heavily on prepackaged, highly processed foods.
- (b) Daily meals and snacks are nutritionally balanced. Beverages and nutritious snacks are available and offered between meals as appropriate. #
- (c) Specialized dietary needs (example: soft foods, diabetic, no salt, dietary supplements) are met on an individualized basis on order from/in consultation with a resident's health care provider. #
- (d) Individual food preferences are respected. Alternative foods of good nutritional quality are offered. #
- (e) Breakfast is served on a flexible schedule to accommodate different rising times.
- (f) AFH engages residents in menu planning so as to accommodate alternative preferences in advance, if possible
- (g) Residents are encouraged to eat together so as to promote a sense of community and family within the AFH. However, accommodations as made if residents need to eat at a later time, etc.

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #6

- (a) Note food preferences and any specialized dietary needs on ISP and in a way that is readily available to any caregiver other than the provider who may be helping to prepare meals.
- (b) Residents are encouraged to participate in meal preparation.

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QUALITY STANDARD #7: STAFFING LEVEL AND PERFORMANCE

An adequate number of staff are present to meet routine and emergency needs of the residents. In addition, staff have received adequate training and knowledge to be able to provide competent care to the residents of the adult family home. #

KEY INDICATORS FOR QUALITY STANDARD #7

- (a) The AFH Provider meets the Medicaid Waiver Standards for Wisconsin Adult Family Homes under SPC 202.01 and HFS 88.03 Administrative Code regarding background checks, and has made the necessary arrangements for a background check to be completed for any substitute providers.
- (b) AFH provider and staff have met the initial 15 hours of training requirements in the areas of health, safety, welfare, rights and treatment of residents and 8 hours yearly thereafter in the same areas. # *
- (c) AFH provider and staff **must** attend the Alzheimer's Association "Dementia Specialist Training: Best Practices for Direct Care Staff" if have a resident with signs of dementia or early stage Alzheimer's.
- (d) The AFH provider and/or staff are easily accessible to the residents. In additional if an AFH provider is away, there is adequate coverage to respond to resident's needs. *
- (e) AFH provider and staff are treated with consideration and respect.
- (f) Communication skills, responding to challenging behaviors, health monitoring and activity programming are addressed in training process.
- (g) AFH provider will ensure there is a trained staff person available to resident at any time when they are out of the facility. Any substitute staff needs to meet the training and background checks required. # *

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #7

- (a) Attend the Assisted Living Forum every other month to learn about updates from the state Office of Quality Assurance.
- (b) Attend Informational / Support Group offered through the Dane County Long Term Support Unit (when it is available) as another opportunity to network and learn about training opportunities.
- (c) The AFH must receive a minimum of 15 hours of training, and 8 hours yearly thereafter. A copy of the training certificates, letters or a list of trainings completed must be provided to the AFH Coordinator.
- (d) The AFH owner and any staff must attend the Alzheimer's Association "Dementia Specialist Training: Best Practices for Direct Care Starr" if have a resident with signs of dementia or early stage Alzheimer's. A copy of the training certificate must be provided to the AFH Coordinator.
- (e) Implement regular staff performance evaluations if there are substitute care providers used to meet staffing levels in the AFH.
- (f) Review monthly newsletter from Dane County Long Term Support Unit regarding training opportunities in the area.

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QUALITY STANDARD #8: ENVIRONMENT

Adult Family Homes shall provide a safe, clean, accessible and home-like environment to residents. #

KEY INDICATORS FOR QUALITY STANDARD #8

- (a) The AFH is clean and in good repair. # *
- (b) Common areas are comfortable, accessible and provide adequate space for resident to sit together, if desired.
- (c) Spaces where private visiting can occur are available. # *
- (d) Residents are encouraged to furnish and decorate their rooms as they wish.
- (e) Pleasing outside spaces are available and easily accessible to residents.

SUGGESTIONS FOR BEST PRACTICE FOR QUALITY STANDARD #8

- (a) If needed, ISP is utilized to define resident's role in the upkeep and cleanliness of his or her personal space and /or common spaces.
- (b) Program statement provides information to potential residents about the physical environment of the AFH

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QUALITY STANDARD #9: COMPLIANCE WITH HFS 88

The AFH complies with the standards and requirements for AFHs as set forth in HFS 88 of the Wisconsin Administration Code. # *

KEY INDICATORS FOR QUALITY STANDARD #9:

- (a) Dane County AFH Coordinator will monitor BQA licensing survey results.
- (b) The facility corrects any sanction, penalty or deficiency imposed by the Office of Quality Assurance in accordance with HFS 88. #
- (c) The facility submits a copy of any required Plan of Correction to the Dane County AFH Quality Coordinator.
- (d) For non-compliance citations, the County does have a right to withhold funding or stop placement of individuals enrolled in the Community Options Program.

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