

Quality Standards for CBRF's

Quality Standard # 1: Assessment and Admission

Prior to admission, the facility completes a thorough assessment of a potential residents level of care, preferences and goals; carefully considering ifs ability to meet the identified needs and preferences and how that resident will fit in with the other residents currently in the home. * #

Key Indicators for Standard # 1

1. Prior to admission, the facility provides opportunity for potential new residents, their families and case managers to observe, experience and evaluate everyday activities.#
2. The scope of the initial assessment explores the following areas: Physical/Medical needs, Cognitive Issues, Emotional/Mental Health needs, Social/Spiritual preferences, Falls Risk, Elopement Concerns and Risk for Choking.
3. Residents life history information is gathered and recorded at time of admission, including information about interests and customary routines.
4. The facility's initial assessment includes input from resident, family, case manager, and physician. *
5. A written assessment report is prepared and retained in the resident's record. *
6. Potential residents and their families are provided with a program statement which identifies the services, supports and policies of the facility.

Monitoring Tools for Standard #1

1. A statement of the facility admission policy and procedure along with copies of the admission and assessment forms are submitted to the CBRF Quality Coordinator as part of the CBRF Questionnaire every three years.
2. At time of admission, all persons involved with the care of the new resident will be trained according to facility protocol regarding the expectation that the COP Waiver case manager be contacted in the event of a change in condition, fall, hospitalization, etc.
3. Case manager will provide a contact information form which will be shown to staff and placed in resident record.
4. Assessment and admission processes may be reviewed during CBRF Quality site visits.

* Restatement of HFS 83 Administrative Code provision

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

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Suggestions for Quality Improvement for Standard #1

1. A standardized written initial assessment form or format for compiling information.
2. An admission process check-off sheet to track completion of documents and tasks.
3. RN participation in the assessment process when potential residents require specialized medical or physical care.
4. Request a copy of the narrative / social history from the case manager for additional background information about the potential resident.
5. If a dementia specific facility, consider "assigning" one staff person to help support a new resident transition to the facility for the first day. It may provide an added sense of security to that resident.
6. At time of admission, case manager's contact information is added to any facility contact sheets, incident reports, etc to ensure staff are aware of their role and need for communication about any change in condition, hospitalization, etc.

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Quality Standard # 2: Individualized Service Plan

The facility develops and maintains an individualized, accurate and up to date service plan (ISP) for each resident, and uses the plan as a guide to ongoing resident care. Upon admission, the CBRF prepares and implements a written temporary service plan to meet the immediate needs of the resident. The Comprehensive Individual Service Plan is developed within 30 days after admission. It includes the following: 1) identification of the resident's needs and desired outcomes, 2) identification of program services, frequency and approaches the CBRF will provide and 3) establishment of measurable goals with specific time limits to attainment. * #

Key Indicators for Standard # 2

1. The temporary initial service plan is developed and formulated in writing upon admission.*
2. The Comprehensive Individual Service Plan (ISP) is developed within 30 days of admission. Development of the comprehensive ISP involves the resident and the resident's legal representative, as appropriate, and the resident or resident's legal representative signs the plan.*
3. The resident's case manager and service providers are invited to participate in developing the Comprehensive ISP.*
4. The ISP is reviewed thereafter **at least annually** and in response to a change in needs, abilities or physical or mental condition. *
All reviews include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate.*
5. The service plan identifies service needs in the areas of physical health, medications, presence and intensity of pain, risks, including choking, falling, and elopement, nursing procedures, mental health, harmful behavior patterns, personal care, and social participation. The ISP specifies which services will be provided to address the identified needs and the measurable goals that will be achieved. *
6. The facility collects and reviews resident satisfaction information in conjunction with the annual ISP review. *
7. The CBRF provides the case manager with adequate advance notice (5 days or more) of service planning conferences.
8. The information in the ISP is kept current and relevant.

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Monitoring Tools for Standard # 2

1. Case manager is invited to participate in development of the Comprehensive ISP.
2. Case manager is invited to provide input into all reviews of the ISP.
3. A copy of the resident ISP is submitted to the case manager initially, following annual review, and when a change in needs, abilities, or condition occur.
4. Case managers will be expected to contact CBRF Quality Coordinator regarding any concerns related to a resident's ISP.

Suggestions for Quality Improvement for Standard # 2

1. Focus on keeping the ISP accurate and up to date so it can be the primary resource for resident care staff in knowing the needs, preferences, etc of residents.
2. Be knowledgeable regarding current standards of practice at: http://dhfs.wisconsin.gov/rl_DSL/Providers/resources.htm
3. Review information regarding person –centered planning: http://www.aamr.org/Policies/faq_planning.shtml
<http://www.ilr.cornell.edu/ped/tsal/pop/idex.html>
4. Consider reviewing Webcast on introduction to Person Directed Care: <http://dhfs.wisconsin.gov/aging/genage/alzfcgsp.htm>
5. If a dementia specific facility, consider reviewing: Applying Person-Directed Care to Dementia Care Planning.”: <http://dhfs.wisconsin.gov/aging/genage/alzfcgsp.htm>
6. See Appendix B: “Twenty Favorite Things” (developed by Luther Manor Adult Day Services as a way to identify some things that may be important or of interest to a resident.
7. If a dementia specific facility, considering reviewing resources at <http://dhfs.wisconsin.gov/aging/dementia/outcomes.htm> on “Dementia Quality of Life Outcomes Planning Tool”

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Quality Standard # 3: Health and Medical Care

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

Key Indicators for Standard # 3

1. Residents receive prescribed medications at appropriate times in the appropriate dosage.*
2. An up-to-date medication list is maintained by the facility for every resident, including those who administer their own medications. Physical orders are also on site and correspond with the medication list. *
3. Medication storage cabinets are secure and allow for separate and orderly storage of medications for each resident. *
4. . Accurate documentation on MAR for each medication, dosage, time administered, and who administered. Any refusal of a medication, use of a PRN medication and its effect is recorded on the MAR *
5. The CBRF carefully monitors and documents any changes in health status, the follow up that occurs to address the change and the result. Best practice is to have individual logs for each resident in which to document. The case manager is also kept up to date regarding any of these changes. *
6. The CBRF seeks immediate medical consultation/intervention for injury or adverse changes in physical or mental health status. *
7. The CBRF notifies family member or guardian, and case manager, of injury or adverse changes in physical or mental health status. Individual documentation is maintained regarding these contacts.*
8. The CBRF makes medical appointments and arranges or provides transportation when residents and their families are unable to do so. *
9. The CBRF follows up with the medical provider after clinic or hospital visits, and follows through promptly on new orders and recommendations. This information is also communicated to the case manager.
10. For those residents at high risk of falling, fall risk is reduced by completing a Falls Risk Assessment (see Appendix A), adapting the environment, providing an adequate level of supervision and assistance, securing PT evaluations and providing strength-training exercise as appropriate.

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It is suggested that a Falls Risk Assessment such as Appendix A be completed at time of admission, when a change of condition occurs and/or at the time of the 6 month ISP review.

11. Initial and ongoing health assessments include input from the resident, family, case manager and physician.
12. Residents are given the necessary education and information to participate in the monitoring and management of their health conditions to the extent that they are able.

Monitoring Tools for Standard # 3

1. A copy of the resident medication list is submitted every 6 months to the case manager along with a copy of the facility's ISP / Care Plan as part of the ISP review. CBRF Quality Coordinator
2. Case Managers are expected to inform CBRF Quality Coordinator with any concerns related to health issues, communication with CBRF re: changes in condition, hospitalization, etc.

Suggestions for Quality Improvement for Standard # 3

1. List of common side effects and the purpose of resident's prescribed and over the counter medications are noted on MAR and available to direct care staff.
2. Ensure that all staff members are properly trained in the provision of cares.
3. Maintain documentation of practitioner orders and any delegated acts conducted.
4. Develop a system to ensure residents cares are carried out as identified in the ISP and/or as ordered.
2. Pharmacist on call for immediate consultation regarding medication incidents and questions.
3. Nurse on staff or access to nurse consultation readily available.
4. Written protocol for evaluating and responding to health status changes, readily available to direct care staff. Staff are trained in recognizing and responding to changes in condition.
5. Daily log or progress notes, maintained separately for each resident, noting health concerns, communication with medical providers, case managers and any necessary follow up.

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6. Develop and implement a written procedure for reporting and responding to unusual / emergency situations. Include contact information for case manager on any types of these procedures as appropriate.
7. Written communication form and med list sent with resident to medical appointments.
8. At time of admission, case manager's contact information is added to any facility contact sheets, incident reports, etc to ensure staff are aware of their role and need for communication about any change in condition, hospitalization, etc to the case manager.
9. Consider utilizing the process of a "trend summary" during which all incident reports are reviewed on a regular basis. This process may help determine if there is a pattern or specific concern that needs to be addressed by changing a policy, providing additional staff education, etc.

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Quality Standard # 4: Personal Care

Residents personal care needs are met in a manner that promotes functioning, respects privacy, preferences and customary routines within a manner that can be reasonably met by the facility. * #

Key indicators for Standard # 4

1. The Staff provides individualized care to meet the particular needs of the resident. * #
2. The individualized service plan (ISP) delineates the specific personal care needs, abilities, and preferences of the individual resident. The plan for personal care is developed, implemented, and reviewed*
3. Residents are encouraged to participate in their own personal care and Activities of Daily Living (ADLs) to the extent they are able. *
4. The staff provides appropriate care to minimize the occurrence of preventable conditions such as skin breakdown, tooth and gum disease, and diabetic foot problems.
5. The scheduling of bathing and personal care assistance is responsive to individual resident need and preference. #
6. The privacy and dignity of residents is respected in the provision of personal care. #

Monitoring Tools for Standard # 4

1. A copy of the resident ISP is submitted to the case manager initially, following 6 month review, and when significant changes occur.
2. Case Managers are expected to contact CBRF Quality Coordinator regarding any concerns related to their client's personal care needs.

Suggestions for Quality Improvement for Standard # 4

1. ISP is updated as needed in a timely manner so that it most accurately reflects resident's current needs.

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2. A process (resident interview, or satisfaction survey) by which residents and their agents are asked for feedback about the personal care assistance received.
3. Direct care staff are encouraged to give input about a resident preferences regarding personal care assistance, successful strategies, etc so that the ISP can updated accordingly.
4. Consider reviewing "Activity Based Care" info at www.alz.org/professionals_and_researchers_activity_based_care.asp

Quality Standards for CBRF's

Quality Standard # 5: Emotional Well-Being

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

Key Indicators for Standard # 5

1. Residents are treated with good humor and respect.
2. Residents are helped to develop connections and a sense of belonging within the facility and the community as able.
3. Residents are helped to continue with familiar routines, interests, and meaningful pursuits.
4. Resident rights are fully protected; residents retain as much control as possible over their daily life and care at the facility, and are provided with the information needed for self-advocacy. #
5. The staff makes an effort to understand the causes of particular challenging behaviors and to problem-solve around potential causes for the individual resident.
6. The staff is alert for possible physical health and environmental causes of behavior changes. *
7. The CBRF notifies the case manager, family member or guardian, and medical provider of any sudden change in behavior occurring with a resident.*
8. The CBRF seeks advice and assistance from outside resources (case manager, family member, mental health provider, physician, Alzheimer's Association, ombudsman), as appropriate, in the management of ongoing challenging behaviors.

Monitoring Tools for Standard # 5

1. Case Managers will be expected to contact CBRF Quality Coordinator regarding any concerns related to the emotional well being of their client.

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Suggestions for Quality Improvement for Standard # 5

1. Staff in-service training that focuses on: creating a positive facility climate, effective communication with residents, strategies for addressing challenging behaviors.
2. Use of 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.) See Appendix C: Behavior Tracking Sheet, available at <http://dhs.wisconsin.gov/aging/genage/alzfcgsp.htm> - Index for Alzheimer's disease and Dementia Care Resources
3. Noting successful interventions/approaches to problematic behaviors as they are identified for an individual, on the ISP.
4. A protocol for determining when a resident is no longer behaviorally appropriate for the facility.

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Quality Standard # 6: Activity

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

Key Indicators for Standard # 6

1. The CBRF makes individual and group activity programming a priority.
2. Individualized activity goals and preferences, and relevant data from life history, are recorded in the ISP and utilized to plan activities.
3. Activity offerings are age appropriate.
4. Activity offerings promote physical and cognitive functioning.
5. Residents are given opportunities as they are able to get outdoors and into the surrounding community.
6. Some activity offerings bring people from the community (volunteers, children, family members) into the facility.
7. Resident participation in structured group activity is voluntary, but is actively encouraged by staff.
8. Interaction and engagement with the residents is a priority for staff. These day to day interactions can be seen as opportunities for activity.
9. In dementia-specific facilities, structured programming occurs throughout each day, and encompasses opportunities for productive, leisure, and self-care activity.

Monitoring Tools for Standard # 6

1. A copy of the resident ISP is submitted to the case manager initially, following 6 month reviews, and when significant changes occur.
2. Case Managers will be expected to contact CBRF Quality Coordinator regarding any concerns related to activity programming, etc.

Suggestions for Quality Improvement for Standard # 6

1. In-service training for all staff focused on activity programming. Consider contacting the Alzheimer's Association (www.alz.org/scwisc) or the Wisconsin Representatives for Activity Professionals (WRAP) (www.wrap-wi.org) for ideas regarding training.
2. Developing an activity calendar driven by resident interests.
3. Use a activity participation log.

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4. ISP updated every six months or as needed to reflect resident's interests
5. Systems for facilitating and tracking individual activity away from the facility for more independent residents.
6. See Appendix B: "Twenty Favorite Things" (developed by Luther Manor Adult Day Services) as one way to identify some things that may be important or of interest to a resident.
7. Consider exploring information available through UW Milwaukee Center on Age and Community including the *Time Slips* creative story telling project located at <http://www.timeslips.org/>. Process can be used with all ages and disabilities to create stories through imagination.
8. Consider exploring resources for activity programming through NASCO at www.enasco.com or through Creative Forecasting at www.creativeforecasting.net

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Quality Standard # 7: Food

Residents are provided with varied, nutritious and good tasting meals and snacks that meet individual needs and incorporate individual preferences. *#

Key Indicators for Standard # 7

1. Meals incorporate fresh seasonal ingredients and do not rely heavily on prepackaged, highly processed foods.
2. Daily meals and snacks are nutritionally balanced. *
3. 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. Documentation of these orders are on file.*
4. Individual food preferences are respected and honored within reason. Alternative foods of good nutritional quality are offered. *
5. Beverages and nutritious snacks are available and offered between meals.
6. Breakfast is served on a flexible schedule to accommodate different rising times.
7. At time of admission, residents are evaluated for any choking risk and staff receives appropriate training to address any choking risk identified.
8. Family members, involved others are encouraged to join residents for meals. CBRF will make visitors aware if there will be a cost for the meal. if they will be joining resident for meals on a frequent and/or ongoing basis.
9. Menu for each meal is posted daily.

Monitoring Tools for Standard # 7

1. A copy of the resident ISP is submitted to the case manager after 30 days, following 6 month review, and when significant changes occur.
2. Case Managers are expected to report to the CBRF Quality Coordinator with any concerns related to food.

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Suggestions for Quality Improvement for Standard # 7

1. Staff informs residents of menu prior to the meal in order to plan in advance for alternative food requests.
2. Food preferences and specialized dietary needs are clearly noted on ISP and posted or readily available to staff preparing/serving food.
3. Consultation with dietician or nutritionist for help with menu planning.
4. A process to solicit resident input into meal planning.
5. ISP is updated as needed to reflect any changes in a resident's eating habits, preferences, etc and family, physician, and/or case manager is made aware.
6. Residents are encouraged and allowed to participate in menu planning and with meal preparation, as appropriate and within reason.
7. System is developed that allows food intake to be documented.

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Quality Standard # 8: Staffing Level

An adequate number of staff is present to meet routine and emergency needs of residents. *

Key Indicators for Standard # 8

1. The staff is easily accessible to the residents.
2. There is enough scheduled staff to ensure that residents' needs are met in a timely manner.*
3. There is a good plan in place for qualified back-up staffing in the event of unscheduled staff absences or unanticipated resident needs.
4. Staffing patterns are responsive to the varied task and resident need levels occurring at various times of day.
5. Staffing levels are responsive to changes in the acuity or level of care of current residents.

Monitoring Tools for Standard # 8

1. A statement of the facility staffing plan, identifying the number of staff and their responsibilities for each shift, is submitted to the CBRF Quality Coordinator as requested.
2. Case Managers will be expected to contact the CBRF Quality Coordinator if there are concerns related to the staffing levels, etc in a given facility.

Suggestions for Quality Improvement for Standard # 8

1. Written plan for staff coverage when scheduled staff members are absent or extra staff are needed.

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Quality Standard # 9: Staff Performance and Training

Staff has adequate knowledge and training to provide competent care to the residents of the facility.*

Key Indicators for Standard # 9

1. Staff members complete all initial and ongoing training requirements as specified in HFS 83.14 and documentation of training is available upon request.
2. Communication skills, responding to challenging behaviors, health monitoring, and activity programming are adequately addressed in training.
3. Management and staff have knowledge and experience caring for the CBRF target population.
4. Management has sufficient administrative knowledge and experience to ensure quality care.
5. Staff members in facilities that care for residents with dementia receive adequate training in the specialized care needs of this group including attendance at the Alzheimer's Association training "Dementia Specific, Best Practices for Direct Care Staff" or comparable training. *
6. Staff performance is carefully monitored. Individual training needs and deficiencies are identified and corrected. Staff members who are unable to attain competence are not retained.
7. Staff members are treated with consideration and respect.
8. All necessary caregiver background checks are completed as specified in HFS 83.13. Documentation of background checks are maintained in each staff persons file.

Monitoring Tools for Standard # 9

1. A statement of the facility plan for staff training and evaluation is submitted to the CBRF Quality Coordinator as part of the CBRF Questionnaire every 3 years.
2. Case Managers are expected to contact the CBRF Quality Coordinator if they have concerns related to training of staff in a given facility.

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3. Staff is trained according to facility policy regarding the county expectations that the CBRF informs the case manager whenever there is a change in condition, fall, hospitalization, etc. In addition, the appropriate Staff is aware of where to find the case manager's contact information in the resident's file.

Suggestions for Quality Improvement for Standard # 9

1. Regular staff performance evaluations.
2. Regularly scheduled in-service training sessions for staff.
3. Training includes a hands-on practice and coaching component to apply and reinforce learning.
4. Develop a systematic tracking method to ensure all staff meet the necessary initial and ongoing training requirements.
5. Staff are encouraged to express areas of interest regarding training and are given opportunities to attend training in those areas when possible.
6. Review CBRF Quality Newsletter for free or low cost "train the trainer" sessions.
7. If possible, staff are encouraged to attend the free CBRF Quality training sessions sponsored by Dane County Human Services and South Madison Coalition of the Elderly three times per year.

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Quality Standard # 10: Physical Environment and Safety

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

Key Indicators for Standard # 10

1. The facility is clean and in good repair. *
2. Facility design and furnishings allow for safe ambulation and exiting.*
3. The facility has formal, written emergency plans and regularly conducts drills including a simulated night time evacuation annually. The emergency plan is communicated to residents as part of the admission process. *
4. Common areas have a comfortable, non-institutional appearance.
5. Facility furnishings, decorations, and design are appropriate to the age and functional abilities of residents. #
6. In facilities for residents with dementia, the environment includes cues to help residents function as independently as possible and provides opportunities for purposeful self-directed activity.
7. The facility is free of excessive noise and objectionable odors. *
8. Residents are permitted to furnish and decorate their rooms as they wish.*
9. Spaces where private visiting can occur are available. #
10. Pleasing outside spaces are available and easily accessible to residents.
11. All employees have completed training HFS 83 required training.

Monitoring Tools for Standard # 10

1. Case Managers are expected to contact CBRF Quality Coordinator if they have concerns related to maintenance and safety issues.
2. Documentation of required maintenance of heating/cooling checks, water temperature checks, testing of smoke detectors, etc may be reviewed during CBRF Quality Visits

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Suggestions for Quality Improvement for Standard # 10

1. Use a "Fresh Eyes" approach: have someone who is not familiar with the building/environment make observations to help identify hazards that may be overlooked by a person who is familiar with the environment/building.
2. Routinely audit facility records to ensure compliance with HFS 83.42 (3)(f) – Night Time Evacuation Drill and HFS 83.42 (3)(e) Quarterly Fire Drills. Use results of the audit to institute quality improvement activities.

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Quality Standard # 11: Compliance with HFS 83

The facility complies with the standards and requirements for CBRF's as set down in HFS 83 of the Wisconsin Administrative Code. *#

Key Indicators for Standard # 11

1. The facility corrects any sanction, penalty, or deficiency imposed by the Bureau of Quality Assurance in accordance with HFS 83. *#

Monitoring Tools For Standard # 11

1. When requested, the facility submits a copy of any required Plan of Correction to the CBRF Quality Coordinator.

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