

# Assisted Living Survey

Updated 08/07/17

Current census: \_\_\_\_\_

1. List of all current residents and discharged residents for past year

Specify resident's receiving-

- Home Health
- Hospice
- Waiver (FLEX, MOLINA, New Choices, WEBER MAX Etc.)

And/or who have-

- Wounds
- Side Rails on Bed
- Insulin Dependent Diabetes
- Therapeutic Diets

2. List of all current employees (including job title, hire date and who does medications)
3. Location of resident records and service plans
4. Significant Change Log
5. Inservice records or log
6. Incident reports and medication errors for previous 6 months
7. Quality Assurance Committee minutes for previous 12 months
8. Fire and Disaster drills for previous 12 months
9. Current Fire Sprinkler Inspection (if applicable)
10. Current Fire Alarm System tests (if applicable)
11. Maintenance Log/Schedules and Equipment Test Logs
12. Pest Control contract and documentation
13. Boiler Certificates (if applicable)
14. Local Health Department Food Service Inspection Reports
15. Current Menus and Substitution Log
16. Diet Manual
17. Abuse investigations for previous 6 months
18. Policies for medication storage and disposal
19. Policies for infection control
20. Facility disaster plan