Assisted Living Community Accreditation

Organization Survey Activity Guide

2025

Issue Date: December 23, 2024

What's New for Assisted Living Community

Survey Process 2025

New or revised content for 2025 is identified by underlined text.

Changes effective January 1, 2025

Infection Control chapter rewrite – Survey process guidance revised or in some cases deleted based on the chapter rewrite. Affected sections: Requested Document List, Individual Tracer Activity, and Leadership and Data Use.

NEW! Infection Prevention and Control Program Assessment Tool – Guide for evaluating compliance with the Assisted Living Community standards.

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Assisted Living Community (ALC) Accreditation Survey Activity Guide (SAG)

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How to Use this Guide

The Joint Commission's Survey Activity Guide for Assisted Living Communities is available on your organization's extranet site.

This guide contains:

- Information to help you prepare for survey
- An abstract of each survey activity that includes logistical needs, session objectives, an overview of the session, and suggested participants
- Sessions are listed in the general order that they are conducted.

A template agenda and a list of survey activities that occur during an onsite visit are posted to your organization's *Joint Commission Connect* extranet site in proximity to the time your application is received and reviewed. When the template agenda and survey activity list is available, please download and review the activities and think about the people you might like to have involved. The activity list includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Consider including possible meeting locations and surveyor workspace in your planning documents. Reference the sessions in this Survey Activity Guide and learn more about what you can expect to occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the activities. On the first day of survey, there will be an opportunity for you to collaborate with the surveyor in preparing an agenda for the visit that is considerate of your day-to-day operations.

Please Note: Not all the activities described in this guide are included in the activity list or on the agenda template. Many of the accreditation program-specific activities are designed to take place during individual tracer activity. The surveyor will incorporate these into the onsite survey when they are applicable to your organization.

Please contact your Account Executive if you have any questions about the onsite survey process.

Preparing for Surveyor Arrival

Overview

An Assisted Living Community will receive a 30-day notice for the initial accreditation survey. On all subsequent surveys the surveyor will arrive unannounced or with short notice. Please consult the Assisted Living Community program accreditation manual, "The Accreditation Process chapter", "Survey Notification" section, for more information about survey notice. Changes to these accreditation policies and procedures may occur at any time and are published in the Joint Commission monthly newsletter, *Perspectives*.

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor's arrival allows them to feel calmer and more synchronized with the survey. This page and the next few pages will help orient your organization staff to the accreditation survey and provide them with preparation guidance.

Preparing for Survey

Prepare a plan for staff to follow when the surveyor arrives. The plan should include:

- Greeting the surveyor: Identify the staff usually at the main entrance of your organization. Tell them about The Joint Commission and educate them about what to do upon the arrival of the surveyor. Explain the importance of verifying any surveyor's identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Directions to have the surveyor wait in the lobby until an organization contact person is available.
- Who to notify upon surveyor arrival: Identify leaders and staff who must be notified when the surveyor arrives. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in the event that leaders and staff are unavailable.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of the surveyor. Identify the steps to be taken for this process. (See Surveyor Arrival Session for these steps.)
- A working location for the surveyor: The surveyor will need a location that they will call their "base" throughout the survey. This location should have a desk or table, electrical outlet, phone access**, and internet access**.
- Readiness Guide and Document List: The Guide is created for you to use as a planning tool and can be included with your survey plan. Whether surveyor arrival is announced or unannounced, the first 30 minutes of the surveyor's day is devoted to brief introductions and planning for your survey activities. Your organization should be prepared to have the items on the Document List available for the surveyor as soon as your organization validates their identity. **If this information is not immediately available for the surveyor at the Surveyor Arrival and Preliminary Planning Session, they will begin the survey with an individual tracer.**
- Identifying who will provide the Safety Briefing for the surveyor(s)
    - The purpose of the Safety Briefing is for your organization to inform surveyors about any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.
    - **The briefing is informal, five minutes or less**, and should take place once the surveyors are settled in the "base" location reserved for their use throughout the survey.

- Situations that should be covered include fire, smoke or other emergencies; workplace violence events (including active shooter scenarios); any contemporary issues the surveyors may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

- Identifying who will serve as escorts for the surveyor.
- Identifying who will assist the surveyor with review of electronic records of care, if applicable to your organization. The surveyor may ask to print some components of the record to facilitate tracer activity and subsequent record review.
- Identifying your organization's expectations for the on-site survey and who is responsible for sharing these with the surveyor(s).

Note: When a situation is identified that could be a threat to health and safety, surveyors contact the Joint Commission administrative team. The Joint Commission either sends a different surveyor to investigate the issue or the surveyor on site will be assigned to conduct the investigation. Investigations include interviews, observation of care, treatment, and service delivery and document review. Your cooperation is an important part of this process. Surveyors collaborate with the Joint Commission administrative team and outcomes will be communicated to your organization when a determination is reached.

ALC Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:
Greet surveyor		
Verify identity		Look at picture ID to ensure they are from the Joint Commission
Ask them to wait		Location:
Validate authenticity of survey		Contact: _____ (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone number:_____

Note:

Survey Planning and Readiness Notes

Please download this entire **Survey Activity Guide** and refer to it for details on how to prepare for survey. Everything you need to know about the survey event is provided in this guide.

Refer to the **Assisted Living Community Document List** on the next page and begin to gather these items together or identify where they are in the organization so that they can be easily located at the start of the survey.

Please review the **Assisted Living Community Survey Activity List** to assist you in preparing for your survey. The list includes the survey activities that occur on an accreditation survey, including the suggested duration, and suggested timing for these activities. Use this information to begin identifying participants that need to be involved in the survey. The activity list includes a column for your use in recording participant names, possible meeting locations, times that could conflict with participant availability, or any other notes.

Please work with your surveyor to confirm the best day and time for specific survey activities to take place.

Contact your Account Executive with any questions related to this information.

Assisted Living Community Requested Document List

As an Assisted Living Community, you will need the following information and documents available for the surveyor to review during the Surveyor Arrival and Preliminary Planning and Document Review sessions, which occur on the first day of survey.

- Organization Chart
- Contact person who will assist the surveyor during survey: Name and phone extension
- Map of your organization, if necessary and available
- List of residents and the scope of assistance they are receiving
- Performance Improvement data including your proactive risk assessment
- Infection risk assessment, i.e., the identified risks for infection, contamination, and exposure that pose a risk to residents and staff
- Latest fire safety inspection report from local fire marshal or other authority
- Environment of Care Plan
- Emergency management hazard vulnerability analysis (HVA)
- Emergency Operations Plan and evaluations of exercises and responses to actual emergencies
- Evaluations and results of the organization's culture of person-centered care
- ORYX data – an organization should be prepared to share ORYX Performance Measurement data and/or Accelerate PI Dashboard reports when available. Reporting ORYX performance measures is optional for calendar year (CY) 2022 and CY2023 and required beginning January 1, 2024.

Available policies and procedures that guide the following activities and situations:

- Smoking
- Residents' rights and responsibilities
- Restraint use prohibition
- Psychotropic medications
- CLIA waiver, if applicable and list of waived tests provided

For Assisted Living Communities that elect the Memory Care Certification option
The following additional documents will need to be available for the surveyor:

- Performance Improvement data from the past 12 months related to psychotropic medication use
- Activity calendar for past 3 months
- Nurse staffing schedule (RN, LPN, CNA) for past 3 months

Please note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

ALC Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide descriptions to plan)
Surveyor Arrival and Preliminary Planning, includes the Safety Briefing	30 minutes	1st day, upon arrival	
Opening Conference and Orientation to Organization	45-60 minutes	1st day, as early as possible	
Life Safety Building Tour	45 minutes	At a time negotiated with the organization	
Environment of Care and Emergency Management	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Dining service, food preparation, meal assistance, and kitchen sanitation	30-60 minutes	1st day, prior to and during lunch service	
Lunch	30 minutes	At a time negotiated with the organization	
Individual Tracer Activity	45-90 minutes each	Individual tracer activity occurs each day throughout the survey; the number of individuals that surveyors trace varies by organization	
Document Review	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Special Issue Resolution or Surveyor Planning	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	30-45 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Leadership and Data Use (Includes discussion of infection control, medication management and culture transformation)	90 minutes	Towards the middle or end of survey at a time negotiated with the organization	
Competence Assessment & Credentialing Session	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing and Organization Exit Conference	30 minutes	Last day, final activity of survey	
Activity Specific to Optional Memory Care Certification			
Memory Care Programming	60 minutes	Day 2 of survey, late morning or at a time negotiated with the organization	

Surveyor Arrival

Organization Participants
Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process.

Logistical Needs
Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their "base" throughout the survey.

Overview
On day one the surveyor will arrive at approximately 8:45-8:50 a.m. unless business hours, as provided in the application, indicate that your organization opens later. The surveyor will check in at the front desk, identifying themselves as a Joint Commission surveyor.

Surveyor Arrival Activities
- Implement your Readiness Guide as discussed in the Preparing for Surveyor Arrival section.
- Notify key organization members as identified in the pre-survey planning session of the surveyor's arrival.
- Validate that the survey is legitimate by accessing your Joint Commission extranet site. A staff member in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
    - Accessing the Joint Commission's website at www.jointcommission.org
    - Click on "the Joint Commission Connect" logo.
    - Enter a login and password.
    - If you cannot access the extranet site to validate the survey or surveyors, call your Account Executive.
- Your organization's extranet site contains the following information:
    - Notification of scheduled Joint Commission event authorizing the surveyor's presence for the unannounced survey
    - Surveyor name(s), picture, and biographical sketch
    - Survey agenda template
- If you have not already downloaded a copy of your survey agenda, do so at this time.
- Begin gathering and presenting documents as identified in the Document List. The surveyor(s) will start reviewing this information immediately.

Surveyor Preliminary Planning Session

Organization Participants
Suggested participants include the staff responsible for coordinating The Joint Commission survey, individual or individuals that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator, and others as needed and identified by surveyors.

Logistical Needs
The suggested duration of this session is approximately 30 minutes, with only a few minutes of this time designated for the Safety Briefing.

Surveyors need:

- A work area they can use as their "base" for the duration of the survey with a desk or table, telephone, **internet access,** and access to an electrical outlet, if possible.
- A means to secure their belongings.
- The name and phone number of a key contact person to assist them in survey planning and tracer selection.
- As much information and material noted on the ALC Documentation List as possible.

Objectives
The surveyor will:

- Learn about any current organization safety or security concerns and how they should respond if organization safety plans are implemented.
- Review organization documents to become acquainted with your organization
- Plan for tracer activity

Overview
After the surveyor arrives and their identification has been verified, the surveyor immediately begins planning for tracer activity by reviewing the documents you provide them. If documents are not available for the surveyor to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

The organization is requested to provide surveyors with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the surveyors of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:

- Fire, smoke, or other emergencies
- Workplace violence events (including active shooter scenarios)
- Any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

Opening Conference

Organization Participants
Suggested participants include members of senior leadership (representing all accredited programs/services). Members of the governing body (in single-owner organizations, this individual may also be the Administrator) are welcome to participate if available. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs
The duration of this session is approximately 15 minutes and will immediately transition into the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform the surveyor at this time of any agenda considerations that may affect the activities for the day.

Objectives
The surveyor will:
- Describe the structure of the survey.
- Answer questions your organization has about the survey.
- Review your organization's expectations for the survey.

Overview
The surveyor introduces him- or herself and describes each component of the survey agenda. He or she will describe the tracer activity they will conduct. It is important for you to discuss and review your organization's expectations for the on-site survey with the surveyor. Questions about the on-site visit, schedule of activities, availability of documents or people and any other related topics should be raised at this time. The surveyor will also take time to introduce your organization to the Clarification procedures and new SAFER™ reporting process.

Additionally, the surveyor will explain the resident-centered approach to the survey process and the need to interview residents privately. If your organization has chosen the Assisted Living Community optional Memory Care Certification the surveyor will also give a brief overview of how these programs are evaluated during the survey.

IMPORTANT
Your organization should ask questions and seek clarification from the surveyor about anything that you do not understand throughout the onsite event. Depending on the question, issue, or concern, the surveyor may suggest addressing them during a Special Issue Resolution session later in the day. It is important for you to request clarification at any time you do not understand the surveyor's questions, actions, or discussions.

Orientation to Your Organization

Organization Participants
Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the senior leadership (representing all accredited programs/services). Members of the governing body are welcome to participate if available. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee (in single-owner organizations, this individual may also be the Administrator) and leaders of nursing and the medical staff, when applicable.

Logistical Needs
The suggested duration of this session is approximately 45 minutes. This session is an interactive discussion and is combined with the Opening Conference. The organization may share information such as brochures, annual reports, or a brief presentation.

Objective
The surveyor will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

Overview
During this session the surveyor will become acquainted with your organization. They begin to learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Any change in ownership, leadership, control, location, capacity, or services offered since application or last survey.
  Note: Organizations located in Georgia must comply with written notice requirements for bankruptcy, eviction, or change of ownership under 111-8-63-07(10)(a) and (b).
- Operational management structure
- Assisted Living-based physicians (for example, the Medical Director)
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring
- Health care error reduction and/or resident safety initiatives
- Community involvement
- Leader's role in emergency management planning
- Organization activities related to risk awareness, detection and response as it relates to cybersecurity
- Culture transformation, initiatives for resident-centered care

- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing, when applicable

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leader's approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only). More information can be found in The Accreditation Process chapter of the Assisted Living Community accreditation manual.
- Management and leadership's oversight and other responsibilities

Senior Leadership Role in Improving Performance discussion topics may include:

- How leaders set expectations, plan, assess, and measure initiatives to improve the quality of services
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board/Governance involvement in safety issues
- Provision of personnel and resources including time, information systems, data management, and staff training
  Note: Surveyors will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

Life Safety Code® Building Assessment

Organization Participants
Suggested participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization.

Logistical Needs
The suggested duration for this activity is 45 minutes.

The following documentation should be available for surveyor review:

- Latest fire safety inspection report from the local fire marshal or other authority.
- Available plans and drawings that display the layout of the building, including building fire safety features (arrangement of smoke compartments, location of suites, age of building additions, areas with automatic sprinklers, areas under construction).
- Processes for Interim Life Safety Measures (ILSMs).

An escort who has keys or tools necessary to open locked rooms, closets, or compartments to allow the surveyor access.

Objectives
The surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*® or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power system*s*
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems, if applicable
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® problems

Facility Orientation
The surveyor will meet with appropriate organization staff to become oriented to the:

- Latest fire safety inspection report from the local fire marshal or other authority
- Layout of the building and building fire safety features
- Organization processes for Interim Life Safety Measures (ILSMs)

Overview of Building Tour
The surveyor will:

- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

Documentation of Findings
A *Life Safety Code*® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

Environment of Care and Emergency Management

Organization Participants

- Suggested participants include individuals familiar with the management of the environment of care, that is, maintaining a safe, functional, and supportive environment including building space and equipment. Also include individuals responsible for emergency management planning and activities in all areas of your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, housekeeping and environmental services manager, and the person(s) responsible for information technology (IT).

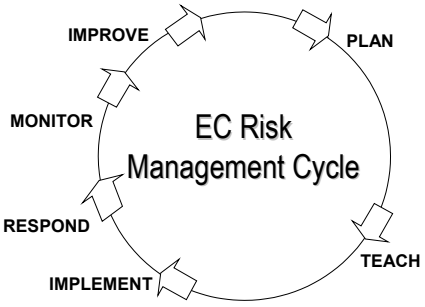
Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's management of the environment of care and emergency management processes.

Overview

The duration of this session is approximately 60 minutes depending on the type of organization, services provided, and facilities. Activity is divided into two parts: Environment of Care/Emergency Management group discussion and an Environment of Care tracer.

Environment of Care and Emergency Management Discussion (Approximately 70% of session time) – Be prepared to discuss how the various Environment of Care risk categories[1] and construction activities, when applicable, are addressed in each of the following six management processes.



Plan

- What specific risks related to the environment of care have been identified by your organization?

Teach

- How have roles/responsibilities for staff/volunteers been communicated by your organization.

Implement

- What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to residents, visitors, and staff?

Respond

1 The environment of care risk categories include: General safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities.

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

Monitor

- How is environment of care performance (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months (on re-surveys)?

Improve

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.

	SAFETY and SECURITY	HAZARDOUS MATERIALS	EMERGENCY MANGAGEMENT	FIRE	MED/LAB. EQUIPMENT	UTILITIES	CONSTRUCTION
PLAN							
TEACH							
IMPLEMENT							
RESPOND							
MONITOR							
IMPROVE							

If your organization wants to conduct a mock Environment of Care Session:

1. Identify a high-risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column of the matrix: Planning, teaching, implementing, responding, monitoring, and improving
4. Note any gaps between what exists and what should be in place
5. Modify the process, as needed

Be prepared to discuss your organization's performance addressing the **emergency management requirements** including:

- Identifying potential emergencies that could affect demand for organization services or the organization's ability to provide services (sometimes referred to as a, Hazard Vulnerability Analysis)
- Risk detection and response to cyber securities, including leadership support for IT system resilience, and IT representation in or informing emergency management planning and activities
- Determining response strategies and how the Emergency Management Plan supports these strategies
- Identifying your role in relation to the emergency management program of the community, county, or region
- Identifying an "all hazards" command structure that links with the community's command structure and
- Making any necessary improvements to your emergency management plan based on critiques of emergency management drills

Environment of Care Tracer (Approximately 30% of session time)

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those management processes determined to be potentially vulnerable or trace a risk(s) in one or more of the environment of care risk categories your organization manages by:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a safety or security incident occurs, a piece of medical equipment is used, or a hazardous material enters your organization)
- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features)
- Assessing the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency
- Assess the emergency plan for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)
- If equipment, alarms, or building features are present for controlling the risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- If others in your organization have a role in responding to the problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk.

Individual Tracer Activity

Organization Participants
Suggested participants include staff and management involved in the resident's care, treatment, and services.

Logistical Needs
The suggested duration of individual tracer activity varies but typically is 90-120 minutes. Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort. Surveyors may use multiple resident records of care, treatment, or services during an individual tracer. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the resident.

A surveyor may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor will use this time to observe the environment of care or observe the care, treatment, or services being rendered.

Objective
The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to residents.

Overview
Most of the survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a resident. Most of this survey activity occurs at the point where care, treatment, or services are taking place.

Initially, the selection of individual tracer candidates is based on your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program. On subsequent re-surveys, the surveyor will also consider any organization-specific risk areas listed in the Intracycle Monitoring (ICM) Profile. As the survey progresses, the surveyor may select residents with more complex situations. The surveyor will ask for your assistance in identifying residents for tracer activity that will allow for focus on the scope of services provided by your organization that are addressed in the standards. This includes:

• Resident receiving assistance with activities of daily living	• Resident receiving multimodal medication assistance and administration
• Resident receiving psychotropic medication(s) or other high risk medications	• Resident previously or currently positive for a contagious infection
• Resident at risk for or with existing pressure injury	• Resident with dietary or swallow restrictions
• Resident with dementia diagnosis	• Resident receiving rehabilitation services
• Resident receiving palliative or hospice care	• Resident at risk for falls

The individual tracer begins in the setting/unit/program/service/location where the resident and their record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the resident from before acceptance into the community through after they move out
- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided
- Identifying issues that will lead to further exploration in the system tracers or other survey activities

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- Care, treatment, or services being provided to residents by clinicians, including physicians
- The medication process (e.g., preparation, dispensing, assistance or administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, disinfection of surfaces and equipment, food sanitation, and housekeeping). For further details, see the Infection Prevention and Control Program Assessment Tool Infection Control Assessment Tool
- The process for planning care, treatment, or services
- The environment as it relates to the safety of residents and staff

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards
- Intradepartmental and interdepartmental communication for the coordination of care, treatment, or services, for example, hand-offs
- The use of data in the care of residents, and for improving organization performance
- Resident flow through the organization
- Resident education
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; resources available to staff on this topic
- Staff member orientation, education, and competence assessment
- The information systems they use for care, treatment, and services (paper, fully electronic or a combination of the two) and about any procedures they must take to protect the confidentiality and integrity of the health information they collect
    - Back-up procedures they've been instructed to use if the primary electronic system is unavailable
    - If internet-connected health information, equipment, or devices are used in care, treatment, or services, staff may be asked to describe their access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures

    - How they approach risk awareness, detection and/or response as it relates to potential cyber emergencies
- Other issues

During the individual tracer, the surveyor may speak with available physicians and other licensed practitioners about:

- Organization processes that support or may be a barrier to resident care, treatment, and services
- Communications and coordination with other licensed practitioners (consulting physicians, primary care practitioners, etc.)
- Discharge planning, or other transition-related resources and processes available through the organization
- Awareness of roles and responsibilities related to the environment of care, including prevention of, and response to incidents and reporting of events that occurred
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; Prescription Drug Monitoring Database and criteria for accessing

During the individual tracer, the surveyor interviews residents, and their families about:

- Coordination and timeliness of services provided
- Education
- Perception of care, treatment, or services
- Staff observance of handwashing and verifying their identity
- Understanding of instructions (e.g., diet or movement restrictions, medications, provider follow-up), as applicable
- Rights of residents
- Other issues

Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their own services. If you choose to conduct your own individual tracer activity, in addition to clinical services, consider the following criteria in selecting residents:

- Residents with infections and complicated, multi-medication regimens or who are receiving high-risk medications, which allow a focused look at organization systems for infection prevention and control and medication management
- Residents who move between programs, services and settings, for example, residents who transition from independent living to a higher level of service, or residents who transition from assisted living to memory care units.
- New resident
- Residents who recently transferred or moved out
- Resident receiving health services coordination, for example, medication management, skin integrity, other medical services)
- Resident with limited mobility

- Resident who smokes
- Resident with a dementia diagnosis
- Resident on an antipsychotic medication
- Resident residing in the organization’s distinct dementia or memory care unit, if applicable
- Resident receiving supervised assistance with one or more Activities of Daily Living
- Resident who receives or received point of care testing
- Resident receiving rehabilitation therapy
- Resident representative of the organization’s performance on quality indicators, if available

Program Specific Tracer – Staffing

Organization Participants
The surveyor will suggest participants. This may include resident aids or nursing assistants, as applicable; agency staff; non-nursing ancillary staff; administrator; family council members, if available (may be telephonic); and other leaders.

Logistical Needs
This focused tracer occurs during time designated for Individual Tracer Activity. Requested documents for this activity include staffing plans, staff variance reports, and meeting minutes.

Objectives
The surveyor will:

- Evaluate actions taken by your organization during staff turnover to ensure positive outcomes to resident care.
- Identify processes and system issues contributing to negative resident outcomes related to staff or administrative turnover.

Overview
The focus of this session is to identify breaches in continuity of care and explore operational processes in the presence of staff or administrative turnover.

The surveyor conducts individual interviews with staff that includes the following discussions:

- Processes pertaining to the care of residents to prevent negative outcomes
- Barriers to those processes
- Staff's knowledge of the residents for which they are assigned
- Perception of issues leading to turnover
- Staff communication
- Recruitment and hiring practices
- Orientation and training
- Changes in policy, procedure, vision, expectations

The surveyor also conducts interviews with residents and/or their family members (family interviews can be conducted telephonically) to ask questions about:

- The care received and the perceived barriers to that care.
- Communication regarding administrative and staff turnover.
- Changes in the provision of care when there is administrative or staff turnover.

The surveyor conducts individual interviews with leadership (for example, governing body member, administrator, director of nursing, etc.) to discuss their knowledge regarding:

- Association of negative outcomes with staff issues
- Follow-up actions taken
- Monitoring of actions taken
- Communication of changes in mission, vision, process, etc.
- Methods used to stabilize or prevent turnover

Special Issue Resolution

Organization Participants
None, unless otherwise requested by the surveyor.

Logistical Needs
Thirty minutes is scheduled toward the end of each day except the last for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning activity. The surveyor will inform your organization's contact person what activity they will be conducting.

The surveyor will inform your organization's contact person of what documentation, if any, is needed for the Issue Resolution activity if being conducted and any staff who they would like to speak with or locations they want to visit.

Overview
The surveyor explores issues that surfaced throughout the survey that could not be resolved at the time they were identified (staff unavailable for interview, visit to another location required, additional file review required, etc.). Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional resident records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results

Surveyor Planning

Organization Participants
None

Logistical Needs
Thirty minutes is scheduled toward the end of each day except the last for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning activity. The surveyor will inform your organization's contact person of the activity they will be conducting.

Overview
The surveyor uses this session to review their observations for the day and plan for upcoming survey activities.

Before leaving the organization, the surveyor will return organization documents to the survey coordinator / liaison. If the surveyor has not returned documentation, your organization is encouraged to ask for the documents prior to their leaving.

Daily Briefing

Organization Participants
Suggested participants include representative(s) from governance (if available), CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders

Logistical Needs
The suggested duration for this session is approximately 15 to 30 minutes and occurs every morning of a multi-day survey, except for the first day. The surveyor may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances.

Objective
The surveyor will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings.

Overview
The surveyor briefly summarizes the survey activities completed the previous day. During this session the surveyor makes general comments regarding significant issues from the previous day, notes potential non-compliance, and emphasizes performance patterns or trends of concern that could lead to findings of non-compliance. The surveyor will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present the surveyor with information related to corrective actions being implemented for any issues of non-compliance. The surveyor will still record the observations and findings but will include a statement that corrective actions were implemented by the organization during the on-site survey.

Your organization should seek clarification from the surveyor about anything that you do not understand. Note that the surveyor may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyor discusses.

Leadership and Data Use

Organization Participants
Suggested participants include leaders with responsibility and accountability for design, planning, organizational processes, and data management. Typically, participants include the following:

- At least one member of the governing body or an organization trustee (in single-owner organizations, this individual may also be the Administrator)
- Senior organization leaders (Administrator, COO, CFO, VP for Clinical Services, Director of Nursing Services, Director of Resident Services or Branch Manager)
- Other organization leaders (Director of Human Resources, and Performance Improvement).

Logistical Needs
The suggested duration of this session is approximately 90 minutes.

Objective
The surveyor will explore and evaluate how leaders of the organization oversee the collection and use of data to evaluate the safety and quality of care being provided to residents, where the organization is on its journey to high reliability, and to understand and assess the organization's performance improvement process.

Overview
During this session, the surveyor will facilitate discussion with staff to understand the organization's adoption of performance improvement fundamental principles for the following topics:

- Medication monitoring through data including medication errors, adverse events, utilization, pain management and prescribing practices including use of opioids
    - Leadership involvement in pain assessment, pain management
- Risk assessment/management activities National Patient Safety Goals, including monitoring of CDC or WHO hand hygiene compliance
- Monitoring performance of contracted services
- Monitoring staff compliance with employee health screening requirements
- The culture transformation planning process, evaluation of culture transformation efforts, and the quality of person-centered care being provided to residents

Competence Assessment and Credentialing

Organization Participants
Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner competency. There should be someone with authority to access information contained in personal and credential files.

Logistical Needs
The suggested duration for this session is 30-60 minutes. To plan for a file review, inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel and credential files. The surveyor identifies specific staff, physicians, and other licensed practitioners whose files they would like to review.

Objectives
The surveyor will want to learn about your organization's:
- Competence assessment process for staff, physicians, and other licensed practitioners
- Credentialing process (license verification, background checks)
- Orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners encountered during individual tracers

Overview
The surveyor discusses the following topics:
- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, physicians, and other licensed practitioners
- Orientation of staff, physicians, and other licensed practitioners to your organization, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- Other topics and issues discovered during the tracer activity

Surveyor Report Preparation

Organization Participants
None

Logistical Needs
The suggested duration of this session is approximately 60-90 minutes. The surveyor needs a room that includes a conference table, power outlets, telephone, and internet access.

Overview
The surveyor uses this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. He or she will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present from the last day of survey activity. The surveyor may also ask organization representatives for additional information during this session.

CEO Exit Briefing

Organization Participants
Suggested participants include the Chief Executive Officer (CEO) or Administrator

Logistical Needs
The suggested duration of this session is approximately 10 to 15 minutes, but this time may be extended if additional time is needed to ensure all questions or concerns related to the survey and report are addressed.

Objectives
The surveyor will:

- Review the survey findings as represented in the Summary of Survey Findings Report
- Discuss any concerns about the report with the CEO/Administrator
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the report privately to your organization

Overview
The surveyor will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader and discuss any patterns or trends in performance. The surveyor will also discuss with the most senior leader if they would like the Summary of Survey Findings Report copied and distributed to staff attending the Organization Exit Conference.

Organization Exit Conference

Organization Participants
Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

Logistical Needs
The suggested duration of this session is approximately 20-30 minutes and takes place immediately following the Exit Briefing.

Objectives
The surveyor will:
- Verbally review the Summary of Survey Findings Report, if desired by the CEO/Administrator
- Review identified standards compliance issues

Overview
The surveyor will verify with participants that all documents have been returned to the organization. You are encouraged to question the surveyor about the location of documents if you are unsure.

The surveyor will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process.

Note: The surveyor will direct you to information on your extranet site that explains "What Happens after Your Survey."

The Joint Commission

Infection Prevention and Control Program Assessment Tool for the Assisted Living Community Program

Required Documents:

- Assessment of infection risks
  Note: Performed at least annually, the format is determined by the organization.
- Infection prevention and control policies and procedures
- Documentation of completed job-specific staff education on infection prevention and control
- A corrective action plan(s) (see below)

Infection Prevention and Control Program Leader
Standard/EP: IC.04.01.01 EP 1

- ✓ The organization assigns responsibility for the infection prevention and control program to one or more individuals.
- ✓ The responsible individual(s) oversees implementation of infection prevention and control activities and staff education and training, and maintains program documentation, including policies and procedures.
- ✓ The responsible individual(s) is qualified according to the criteria defined by the organization (See also HR.01.01.01 EP 1)
  Note: Qualifications for infection control may be met through education, training/coaching, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
- ✓ The responsible individual(s) follows an established process for communicating with local health or public health authorities on the matters of infection prevention and control, including reporting of communicable diseases and outbreaks as required by law and regulations.

Policies and Procedures
Standard/EP: IC.04.01.01 EP 3

- ✓ The organization has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions.
  Relevant topics in federal, state, and local law and regulations include but are not limited to the following:
  1. Occupational Safety and Health Administration's (OSHA) standards
  2. Food code/food sanitation and handling regulations
  3. Linen and laundry regulations
  4. Health care worker immunization requirements
  5. Requirements for reporting of communicable diseases and outbreaks
  6. Requirements for handling, storage, transportation, and disposal of infectious waste

  Nationally recognized guidelines and standards of practice include but are not limited to the following:
  1. CDC *Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings* (including standard precautions, occupational health, and transmission-based precautions)
  2. CDC guidelines for environmental infection control
  3. CDC or WHO hand hygiene guidelines

Staff Infection Control Training and Education
Standard/EP: IC.04.01.01 EP 8

- ✓ The organization provides job-specific training and education on infection prevention and control, including the following, at a minimum:
  - Standard precautions
  - Education and training required by law and regulations, for example, OSHA Bloodborne Pathogens Standard.
  - Practical applications of organization infection prevention and control policies and procedures

  Note: Job-specific means that education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff are trained in the methods and procedures for surface disinfection.
- ✓ Training occurs before individuals are allowed to perform their duties and periodically thereafter, as designated by organization policy. Additional training is provided in response to recognized lapses in adherence and to address newly recognized infection transmission threats (for example, introduction of new procedures).
- ✓ The organization defines and assesses staff competency in infection prevention and control.

Note: Competency must be job specific. For example, food and dietetic services staff demonstrate proper cleaning and sanitation of hands and surfaces.

Risk assessment
Standard/EP: IC.06.01.01 EP 1

- ✓ The organization has a written assessment of its identified risks for infection, contamination, and exposure that pose a risk to residents and staff. Assessment of risk is based on the following:
  - Population served by the organization
  - Care, treatment, and services the organization provides
  - Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the organization

  Note: Risks may include organisms with a propensity for transmission within residential facilities based on published reports and the occurrence of clusters of residents (for example, COVID-19, influenza, norovirus).
- ✓ The organization includes risks relevant to construction, renovation, maintenance, demolition, and repair (See also EC.02.06.05, EP 2).

Implementation of Infection Prevention and Control Activities
Standard/EP: IC.06.01.01 EP 3

- ✓ **Hand hygiene** is performed, at a minimum, as follows:
  - Before contact with a resident
  - Before performing an aseptic task (for example, preparing an injection)
  - After contact with a resident or objects in the immediate vicinity of a resident
  - After contact with blood, body fluids, or contaminated surfaces
  - Moving from a contaminated body site to a clean body site during resident care
  - After removal of personal protective equipment (PPE)
- ✓ Staff adhere to **safe injection practices,** including the following:
  - Not reusing needles, lancets, or syringes for more than one resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens and fingerstick devices)
  - Disposing of sharps in accordance with applicable state and local laws and regulations and organization policies.

Environmental cleaning and disinfection

- ✓ The organization uses EPA-registered disinfectants, including disposable wipes, in accordance with manufacturers' instructions (for example, dilution, storage, shelf-life, contact time, and method of application).

  Note: If environmental services are performed by contract staff, the organization verifies that appropriate EPA-registered products are provided by contracting company.

Personal protective equipment (PPE)

- ✓ Staff have access to PPE and can select, put on, remove, and dispose of PPE in a manner that protects themselves, the resident, and others.
- ✓ Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, potentially contaminated skin, or contaminated equipment could occur.
- ✓ Staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.
- ✓ Staff wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.
- ✓ PPE is removed and discarded upon completing a task before leaving the resident's room or care area.

Minimizing potential exposures

- ✓ The organization prompts residents and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies, and instructional signage or handouts at points of entry and throughout the organization.

Cleaning and disinfection

- ✓ Reusable equipment that is shared among residents (for example, blood glucose meters, blood pressure cuffs, oximeter probes) is cleaned and disinfected prior to use on another resident and when soiled, in accordance with manufacturers' instruction for use and organization policies and procedures.

  Note: Staff can verbalize who is responsible for cleaning and disinfection of shared equipment.
- ✓ Staff maintain separation between clean and soiled equipment to prevent cross contamination.

- ✓ Single-use equipment is discarded after use (that is, not reprocessed by the organization) unless reprocessing is performed by an entity that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question.

Corrective Action Plans
Standard/EP: IC.06.01.01 EP 6

- ✓ The organization develops a corrective action plan to address lapses in infection control practices or to mitigate infection control risks identified in the organization. Such plan is based on monitoring of adherence to policies and procedures and any identified root causes of infection or disease transmission. The organization evaluates and revises the plan as needed.
  Actions to facilitate improvements and disease prevention may include the following:
  - Policy, procedure, or practice changes
  - Education for residents, caregivers, and staff to prevent infections and transmission of communicable diseases
  - Development of process measures that could be used to monitor and address identified issues

Laundry Linen
Standard/EP: IC.06.01.01 EP 8

- ✓ Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants and as required by local or state law and regulations.

Supplies
Standard/EP: IC.04.01.01 EP 9

- ✓ The organization provides supplies to support infection prevention and control activities.
- ✓ Note: Examples of supplies include alcohol-based hand sanitizers, hand soap, personal protective equipment, and cleaning and disinfection supplies.

Guide for OPTIONAL Memory Care Certification (MCC)

Joint Commission Participants:
Surveyor

Organization Participants:
Staff involved in resident care, support staff, clinical management staff, and interdisciplinary team.

Objective:
To evaluate the memory care services provided by assisted living communities that choose to take part in this optional certification.

Logistical Needs:
During the surveyor planning session, your organization will need to provide information related to its memory care services. This information will help the surveyor determine the areas of focus for evaluating these services.

Profile of memory care services:

- Number of residents with dementia
- Varying cognitive levels or stages of dementia
- Services provided in distinct specialized memory care unit or throughout the organization.

Overview:
Memory Care certification is optional and can be obtained initially through an extension survey or as part of your triennial Assisted Living Community (ALC) accreditation survey. Once Memory Care certification is achieved, recertification will always occur at the time of the triennial ALC survey. If an extension survey is chosen as the route for initially obtaining Memory Care certification, then only the unique memory care requirements are evaluated during this survey. When seeking Memory Care certification as part of the ALC accreditation survey, organizations will be evaluated for compliance with all ALC standards as well as the unique Memory Care certification requirements during the same survey event.

Documents to have available:

The following additional documents will need to be available for the surveyor:

- Performance improvement data from the past 12 months related to psychotropic medication use.
- Activity calendar for past 3 months
- Nurse staffing schedule (RN, LPN, CNA) for past 3 months

Scope of Memory Care Certification survey:

The MCC survey will focus on evaluating the organization's provision of care needed for residents diagnosed with memory-impacting conditions such as Alzheimer's disease or dementia. The survey will include an evaluation of how the organization:

- Coordinates care through collaborative assessment and planning.

- Provides care that is consistent with current advances in dementia care practices.
- Ensures staff possess the knowledge and competency to assess and provide care for a resident population with memory impairment.
- Provides activity programming matched with the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.
- Manages resident behaviors with emphasis on the use of non-pharmacological interventions as an alternative to antipsychotic medication use.
- Provides a safe and supportive physical environment to promote safety and minimize confusion and overstimulation.
- Conducts performance improvement activities related to memory care services.

Assisted Living Community Accreditation – Sample Agenda

Note: Times are approximate. Work with the surveyor to adjust the schedule, if necessary.

DAY 1

Time	Activity	Suggested ALC Participants
9:00 – 9:30 a.m.	**Surveyor Arrival and Preliminary Planning, including 3–5-minute Safety Briefing**	• Accreditation contact • Administrator or another leader

9:30 –10:15 a.m.	**Opening Conference and Orientation to Organization**
	
	Discussion topics will include:
	• Brief orientation to the organization
	  ○ Size of facility, number of apartments
	  ○ Scope of services offered
	  ○ Population-served
	  ○ Staffing
		• Administrator
		• Director of Nursing or Asst. Director of Nursing
		• Other senior leaders

10:15-11:00 p.m.	**Life Safety Building Tour** Document review, observation, and discussion topics will include: • Latest fire safety inspection report from local fire marshal or other authority • Integrity of egress • Is building sprinklered • Door locking • Smoke detection and fire alarm systems • Fire extinguishing systems • Linen and waste chutes • Combustible and flammable materials	Individual(s) responsible for environment of care • Maintenance staff • Facilities staff • Environmental services staff

11:00-12:00 p.m.	**Environment of Care and Emergency Management**
	
	Discussion topics, observation, and document review will include:
	• Fire response plan, fire alarm requirements and documentation, fire drills
	• Portable fire extinguisher inspection and results
	• Security, resident elopement policies
	• Medical equipment inspection and testing
	• Utility systems
	• Emergency Management/Operations Plan and Hazard Vulnerability Analysis
		• Individual(s) responsible for the environment of care
		• As applicable, representatives of:
		  ○ Maintenance/ Facilities
		  ○ Housekeeping/ environmental services
		  ○ Security
		• Individual(s) responsible for emergency management

12:00 – 12:30 p.m.	**Dining service, food preparation, meal assistance, and kitchen sanitation**	• Dietitian • Dietary staff
12:30 – 1:00 p.m.	**Surveyor Lunch**	

Time	Activity	Suggested ALC Participants
1:00 – 2:00 p.m.	**Document Review** Resident record review for the following: • Care plan • Contracted healthcare services forms • Intake and resident assessment forms • Resident agreements, contract forms, and informed consent • Disclosure forms	Organization representatives as requested
2:00 – 5:00 p.m.	**Individual Tracer Activity** Topics that will be addressed through interview of staff, resident record review, observation, and interview with residents include but are not limited to: • Admission process, initial assessment, and preliminary support/service plan • Resident rights • Service and care plan development and updates • Provision of service and care • Medication administration, medication assistance, and resident self-administration • Infection Control practices • Process to communication changes in resident's condition • Access to health care professionals and preventive care services • Coordination of specialty care • End of life care • Waived testing, if performed (fingerstick blood sugar checks before lunch) • Transfer, move-out, and discharge • Medication storage (current and discontinued) • Resident assessment(s) • Assistance with ADLs • Resident activities • Wound care	• Nursing staff (licensed and non-licensed) • Resident Care Associate • Medication Associate • Other service and support providers
5:00 – 5:30 p.m.	**Special Issue Resolution** *(as needed/or requested)* **or Surveyor Planning**	Organization representatives as requested

DAY 2

Please note earlier start time.

Time	Activity	Suggested ALC Participants
8:00 – 8:30 a.m.	**Daily Briefing**	• Accreditation contact • Administrator • Other leaders
8:30 –10:00 a.m.	**Leadership and Data Use Session** Discussion in this session will focus on: ▪ Leadership's role and use of data in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident care ▪ Leadership's use of data and related activities for evaluating and improving the organization's culture of providing person-centered care ▪ The organization's performance improvement process ▪ The use of data in providing safe and quality care such as the following: - Infection control - Medication management - Resident and staff perceptions regarding the provision of person-centered care	• Organization leaders • Individuals with knowledge and responsibility for quality management and performance improvement • Individuals responsible for infection control and medication management processes
10:00 – 11:00 a.m.	**Competence Assessment and Credentialing Session** Discussion topics and document review will include: • Staff recruiting, hiring, and onboarding processes • Primary source verification of licensure and conducting background checks • Orientation for staff, physicians, podiatrists, advanced practice nurses, physician assistants and others • Competence assessment and ongoing education/training on the following: - Medication administration - Resident assessment - Recognizing and reporting changes in resident condition - Waived testing - Signs of abuse, neglect, exploitation, and reporting - Specialty training - Dementia care - End of life care • Performance evaluation process	• Human resources representatives • Individual(s) authorized to access and assist with the review of personnel and credentials files • Individual(s) responsible for: recruitment, orientation to the organization and job responsibilities • Individual(s) responsible for primary source verification of licensure, and conducting background checks
11:00-12:30 a.m.	**Individual Tracer Activity**	

Time	Activity	Suggested ALC Participants
12:30 – 1:00 p.m.	**Surveyor Lunch**	
1:00 – 2:30 p.m.	**Individual Tracer Activity**	
2:30 – 4:00 p.m.	**Surveyor Report Preparation**	None
4:00 – 4:30 p.m.	**CEO Exit Briefing and Organization Exit Conference**	• Accreditation contact • Administrator • Director of Nursing or Asst. Director of Nursing • Other leaders

Assisted Living Community Accreditation with Memory Care Certification – Sample Agenda

Note: Times are approximate. Work with the surveyor to adjust the schedule, if necessary.

DAY 1

Time	Activity	Suggested ALC Participants
9:00 – 9:30 a.m.	**Surveyor Arrival and Preliminary Planning**	• Accreditation contact • Administrator or another leader

9:30 –10:15 a.m.	**Opening Conference and Orientation to Organization**
	
	Discussion topics will include:
	• Brief orientation to the organization
	  ○ Size of facility, number of apartments
	  ○ Scope of services offered
	  ○ Population-served
	  ○ Staffing
	  ○ Rehabilitation and advanced care services
		• Administrator
		• Director of Nursing or Asst. Director of Nursing
		• Other senior leaders

10:15-11:00 p.m.	**Life Safety Building Tour** Document review, observation, and discussion topics will include: • Latest fire safety inspection report from local fire marshal or other authority • Integrity of egress • Is building sprinklered? • Door locking • Smoke detection and fire alarm systems • Fire extinguishing systems • Linen and waste chutes • Combustible and flammable materials	Individual(s) responsible for environment of care • Maintenance staff • Facilities staff • Environmental services staff

11:00-12:00 p.m.	**Environment of Care and Emergency Management**
	
	Discussion topics, observation, and document review will include:
	• Fire response plan, fire alarm requirements and documentation, fire drills
	• Portable fire extinguisher inspection and results
	• Security, resident elopement policies
	• Medical equipment inspection and testing
	• Utility systems
	• Emergency Management/Operations Plan and Hazard Vulnerability Analysis
		• Individual(s) responsible for the environment of care
		• As applicable, representatives of:
		  ○ Maintenance/ Facilities
		  ○ Housekeeping/ environmental services
		  ○ Security
		• Individual(s) responsible for emergency management

12:00 – 12:30 p.m.	**Dining service, food preparation, meal assistance, and kitchen sanitation**	• Dietary staff

Time	Activity	Suggested ALC Participants
12:30 – 1:00 p.m.	**Surveyor Lunch**	
1:00 - 2:00 p.m.	**Document Review** Resident record review for the following: • Care plan • Contracted healthcare services forms • Intake and resident assessment forms • Resident agreements, contract forms, and informed consent • Disclosure forms	• Organization representatives as requested
2:00 – 5:00 p.m.	**Individual Tracer Activity** Topics that will be addressed through interview of staff, resident record review, observation, and interview with residents include but are not limited to: • Admission process, initial assessment, and preliminary support/service plan • Resident rights • Service and care plan development and updates • Provision of service and care • Medication administration, medication assistance, and resident self-administration • Infection Control practices • Process to communication changes in resident's condition • Access to health care professionals and preventive care services • Coordination of specialty care • End of life care • Waived testing, if performed (fingerstick blood sugar checks before lunch) • Transfer, move-out, and discharge • Medication storage (current and discontinued) • Resident assessment(s) • Assistance with ADLs • Resident activities • Wound care	• Nursing staff (licensed and non-licensed) • Resident Care Associate • Medication Associate • Other service and support providers
5:00 – 5:30 p.m.	**Special Issue Resolution** *(as needed/requested)* **or Surveyor Planning**	Organization representatives as requested

DAY 2

Please note earlier start time.

Time	Activity	Suggested ALC Participants
8:00 – 8:30 a.m.	**Daily Briefing**	• Accreditation contact • Administrator • Other leaders
8:30 –11:00 a.m.	**Individual Tracer Activity**	
11:00 – 12:00	**Memory Care Programming** This session will focus on the organization's: • Medical Director or other physician oversight. • Activities performed when a resident is initially admitted for memory care services. • Preventing overuse or misuse of psychotropic medications. • Communication methods between care providers. • Preparing memory care residents transitioning to a higher level of care. • Approach to advanced care planning.	
12:00 – 12:30 p.m.	**Surveyor Lunch**	
12:30 – 2:30 p.m.	**Individual Tracer Activity - Medication Management** • Medication carts, • Medication rooms • Observations of staff passing medications	• Nurses • Medication Associate
2:30 – 4:00 p.m.	**Individual Tracer Activity** • Resident and staff individual interviews	• Selected staff • Selected residents
4:00 – 4:30 p.m.	**Special Issue Resolution** *(as needed/requested)* **or Surveyor Planning**	Organization representatives as requested

DAY 3

Time	Activity	Suggested ALC Participants
8:00 – 8:30 a.m.	**Daily Briefing**	• Accreditation contact • Administrator • Other leaders

Time	Activity	Suggested ALC Participants
8:30 –10:00 a.m.	**Leadership and Data Use Session** Discussion in this session will focus on: ▪ Leadership's role and use of data in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care ▪ Leadership's use of data and related activities for evaluating and improving the organization's culture of providing person-centered care ▪ The organization's performance improvement process ▪ The use of data in providing safe and quality care such as the following: - Infection control - Medication management - MDS performance - Resident and staff perceptions regarding the provision of person-centered care - Residents receiving rehabilitation and advanced care that are readmitted to the hospital or emergency department - Opportunities for improvement identified following the discharge of patient who received rehabilitation and advanced care	• Organization leaders • Individuals with knowledge and responsibility for quality management and performance improvement • Individuals responsible for infection control and medication management processes
10:00 – 11:00 a.m.	**Competence Assessment and Credentialing Session** Discussion topics and document review will include: • Staff recruiting, hiring, and onboarding processes • Primary source verification of licensure and conducting background checks • Orientation for staff, physicians, podiatrists, advanced practice nurses, physician assistants and others • Competence assessment and ongoing education/training on the following: - Medication administration - Resident assessment - Recognizing and reporting changes in resident condition - Waived testing - Signs of abuse, neglect, exploitation, and reporting - Specialty training - Dementia care - End of life care • Performance evaluation process	• Human resources representatives • Individual(s) authorized to access and assist with the review of personnel and credentials files • Individual(s) responsible for: recruitment, orientation to the organization and job responsibilities • Individual(s) responsible for primary source verification of licensure, and conducting background checks
11:00-12:30 p.m.	**Individual Tracer Activity**	

Time	Activity	Suggested ALC Participants
12:30 – 1:00 p.m.	**Surveyor Lunch**	
1:00 – 2:30 p.m.	**Individual Tracer Activity**	
2:30 – 4:00 p.m.	**Surveyor Report Preparation**	None
4:00 – 4:30 p.m.	**CEO Exit Briefing and Organization Exit Conference**	• Accreditation contact • Administrator • Director of Nursing or Asst. Director of Nursing • Other leaders

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