Elder Affairs Recertification Visit

What do you do once Elder Affairs arrives?
- Set up Elder Affairs Certification Unit staff in a private room (e.g., dining room) and collect the manuals and materials they will need.
- Activate your residence’s procedure to communicate to your managers that Elder Affairs staff are in the building. Conduct a thorough, last minute building check.
- Take the surveyors on a tour. Take your time and answer their questions calmly.

An Elder Affairs Recertification Visit may include the following:
- Examination of records and manuals
- Tour of the residence, including kitchen, a few resident apartments, and common areas
- Interview with service coordinator. Questions to expect:
  - Orientation to documentation systems
  - Explain policies re: service plans, introductory visits, evaluations, SAMM, resident safety procedures (e.g. evacuation in case of emergency)
- Interviews with personal care workers. Questions to expect:
  - Describe job
  - Explain procedures re: Orientation, In-Services, SAMM, Introductory Visits, Communications with Service Coordinator, Evaluations
  - Demonstrate SAMM; Expect EOEAs to shadow your personal care workers
- Interview with Residents
- Wrap-up discussions; This may include a discussion of findings, an opportunity to ask/answer questions and anticipated time frame for receipt of letter.

Below are the documents that the surveyors may request to review:
- Resident List
  - Their room numbers and move-in dates
  - Which residents receive assistance with medications and type of assistance they receive (i.e., SAMM or LMA)
  - If applicable, which residents live in the Special Care section of the building
  - If applicable, the date the resident moved into the Special Care section of the building
  - Participants in GAFC
- Employee List
  - The date of hire, position and title
  - Staff who are working on the day of the visit
  - If applicable, the date s/he first performed duties within any Special Care section of the building, if different from the original date of hire
- Personal care worker assignment/task sheets (i.e., a detailed description of personal care workers assigned residents and the tasks)
- Evidence that CORI is obtained for each staff prior to active employment
- Personal care staff skills evaluation
- Staff Orientation and On-going education
  - Policy Statement
  - Individual employee orientation documentation tracking sheets
    - NOTE: the regulations require counting and tracking orientation hours separately from on-going in-service hours
    - Document which orientation trainings were facilitated vs not facilitated
  - Individual employee on-going in-service education tracking sheets (which can be filled either in a separate binder or in employee files)
  - Sign-in sheets
- In-service schedule for the current year (including number of hours/topic)
- Expect surveyors to focus on SAMM and Dementia training requirements
- Training documentation for part-time staff (e.g., teenage kitchen staff)

- Resident Records
  - Disclosure documents (full documents, not just signature page)
  - Most recent version of residency agreement and any signed addenda (e.g., rate increases)
  - Assessments (i.e., resident assessment, physician assessment)
  - Service plan
  - Progress notes (i.e., significant involvements, changes in service plan)
  - Resident satisfaction survey results
  - Introductory Visit (e.g., document topics covered, nurse and staff signatures and dates match)

- Policy manuals that pertain to the Assisted Living regulations including:
  - Emergency Preparedness
  - Quality Improvement and Assurance
  - Communicable Disease
  - Any policies designed to ensure a safe environment for all residents

- Food Service
  - Menus, including a consistent system for identifying low fat, sugar and sodium restricted options (e.g., icons with explanations)

- SAMM
  - Policy
  - Medication sheets for each resident (if kept separate from Resident record)
  - Consistent systems for documenting missed or refused meds and PRN’s
  - Consistent form and system for assessing resident appropriateness for SAMM
  - If applicable, informed risk agreement regarding resident use of non-pharmacy filled medication cassettes, signed by resident and/or legal guardian

- Special Care Residence current month’s activity calendar
- Incident reports, including policies and procedures for provider follow-up on an incident
- Shift notes/communication logs
- Certificates, Permits, Reports
  - Occupancy Certificate
  - Resident Rights and Ombudsman Program postings (post in SCRs too)
  - Elder Affairs Certificate
  - Health Inspection Certificate(s)
  - Fire Alarm Report
  - Elevator Permit(s)
  - Certificate of Liability Insurance
  - ServSafe Certificates

- Any other records they request. Once it is in writing, it’s allowable. NOTE: Secure residents written consent to have surveyors review records

Other Tips
- Recertification visits are unannounced; be ready for a surveyor to walk in at any time
- Know the regulations
- Be prepared and organized at all times; use binders to help keep materials organized
- Be sure all your resident records are updated and in tip top shape
- Present as calm and cooperative
Ombudsman Visit

What do you do when an Ombudsman from Elder Affairs Arrives?

- The first greeter (e.g., receptionist) understand the rights of the Ombudsman to come into the residence, at any time, without an appointment
- The Ombudsman is not required to tell you the purpose of their visit or who may have called. The Ombudsman is following up on a concern which s/he has been informed about by two or more people at your community
- Ombudsman’s visits are unannounced
- Activate your residence’s internal procedure to communicate to your mangers that the Elder Affairs Assisted Living Ombudsman Program staff are in the building
- Remain calm, cooperative, pleasant and upbeat. Do not personalize their visit

An Ombudsman visit may include, but not be limited to:

- Examination of records and manuals
- Tour of the residence
- Interview with staff
- Interview with Residents, with their consent and in private
- A wrap-up conversation:
  - The Ombudsman will offer the Executive Director or other designated manager the opportunity to talk about the visit and review their findings. If it is not offered, you can ask for such a conversation. If a staff member is not available, call to follow up.
  - At this time, they may reveal the concern but will not necessarily tell you who it came from or give you details as to the purpose of their visit
  - Be open and honest with your answers but respond simply to questions asked
  - Inquire if the issue/s is/are resolved; if not, are there further steps or actions needed? Focus on what can be done to resolve any remaining issues

Depending on the issue under exploration, below are some of the documents the Ombudsman may request to review:

- A list of all Residents
- A list of all Employees
- Personal care worker assignment and/or task sheet
- Resident records
- Policy manuals that pertain to the Assisted Living regulations
- NOTE: Secure resident’s written consent to have Ombudsman review records

Other tips:

- Educate staff, especially receptionist about the rights and role of the AL Ombudsman
- Be prepared and organized at all times; Binders help keep systems organized
- Know the regulations
- Be sure all your resident records are updated, organized and in tip top shape
- Strive to be ready for a regulator to walk through your door at any time
- Consider taking a proactive approach and notify the Ombudsman office when you have a situation that may get to their level. Even if you have a concerning situation occur in your community and feel that the family will not call, consider calling the Ombudsman anyway to give them a ‘heads-up’ so this information is not seen in a negative way.
EOEA Recertification Book

EOEA Recertification Book

The Executive Office of Elder Affairs (EOEA) provides Assisted Living communities with a site visit check list that helps to make the recertification site visit effective and efficient. To this end, each community can demonstrate its organizational skills and preparation for the site by developing a binder of this information that is readily available to all.

Updating of this binder should be done on a progressively increasing time table as a re-cert visit is coming closer. The last few weeks prior to the recertification date, the binder should be reviewed daily for accuracy. Attention to this detail can result in a quicker, more effective site visit.

A sample table of contents is as follows:

I. Copy of the AL regulations and the FAQs and ALR site visit checklist
II. List of Employees: with hire date/title/position and if/when assigned to a Memory Support Program
III. Work Schedules: current for resident care, nursing, kitchen, and other departments
IV. Staff Education: policy statement, sample orientation sheet, sample ongoing education sheet, in-service programs for current year
V. Certificates, permits, reports: occupancy permit, health inspection certificate, fire alarm report, elevator permits, certificate of liability insurance, Serve Safe certifications
VI. Food Service: menu cycle, residents on special diets, dietary policy statements as well as dietician’s review and sign-off on each 6-month menu/meal plan.
VII. Resident List: with move-in dates, A1/IL designation, apartment number, GAFC, and resident assistance needed for evacuation list
VIII. SAMM: Policy, list of residents on SAMM
IX. Recreation: activity calendar, current newsletter, sample of special events, memory support calendar
X. Quality assurance programs and documentation: This includes the QA meetings, QA summary reports, SAMM and service plan audit tool sheets. Documentation of Special Care Residence operations if applicable
XI. Residency Agreement: Adjunct material, resident orientation
XII. Customer Satisfaction Survey Results: Results of the annual surveys conducted since last visit
XIII. Marketing Materials: Including copy of EOA guidelines, disclosure statement

As EOA’s recertification process changes, add more categories to this book to make recertification preparation more efficient and easier to go through.
APPLICATION FORM FOR ASSISTED LIVING CERTIFICATION

Initial: _________   Renewal* _________    Other:  ______________

* 651 CMR 12.03(2)(g), Applications for renewal Certification must also include a statement that the data required by 651 CMR 12.04(13), information documenting all substantial changes to the operating plan prior to the effective date, and all other information required by EOEA, have been submitted.

A. GENERAL INFORMATION

The Applicant hereby submits this notarized Application for Certification to advertise, operate and maintain an Assisted Living Residence in accordance with Chapter 354 of the Acts of 1994 (M.G.L. c. 19D, s. 4 et seq.). An Applicant as defined in 651 CMR 12.02 is any person or a legal entity applying to Elder Affairs for original Certification or for renewal of Certification as a Sponsor of an Assisted Living Residence. A person applying on behalf of an entity shall answer on behalf of the entity.

1. Assisted Living Residence for Which Renewal of Certification is sought

________________________________________________________________________
Name of Assisted Living Residence:
________________________________________________________________________
Address of Assisted Living Residence
________________________________________________________________________
Executive Director/Manager’s Name
________________________________________________________________________
Executive Director/Manager’s Email Address

(____)__________________________  (____)__________________________
Telephone Number of Assisted Living Residence  Fax Number

Name of the Management Company & Address, (if applicable):
________________________________________________________________________
Beginning and ending dates of the Sponsor’s fiscal year:  ___________ to ___________
UNIT CONFIGURATION

Total number of Units proposed: * __________
* Note: this number should equal the total of A and B below

A. Traditional AL Units: ________
   Single occupancy Units: ________  Double occupancy Units: ________

B. Special Care Residence (SCR) Units: ________
   Single occupancy SCR: ________  Double occupancy SCR Units: ________

2. Certification Registration (Choose one: Individual or Co-Owners, Corporation, Partnership or Other Entity, or Trust)

☐ Individual or Co-Owners

____________________________________________________________
Owner’s Name: First, Initial (if used), Last

____________________________________________________________
Owner’s Address

____________________________________________________________
Name of the Leasee or Mortgagee, if applicable

____________________________________________________________
Leasee’s or Mortgagee’s Address

(____)__________________________  _____-____-_______
Owner’s Telephone #  Owner’s Social Security #

____________________________________________________________
Co-Owner’s Name: First, Initial (if used), Last

____________________________________________________________
Co-Owner’s Address

____________________________________________________________
Co-Owner’s Telephone #  Co-Owner’s Social Security #
Corporation, Partnership or Other Entity

☐ Corporation  ☐ Non-Profit  ☐ Profit
☐ Un-incorporated Assoc.  ☐ Partnership  ☐ Other _______________

(Please Identify)

____________________________________________________________
Name of Corporation or other Entity

____________________________________________________________
Address of Entity

(____)________________________
Entity Telephone #

____________________________________________________________
Date and Place of Incorporation or Formation of Entity

____________________________________________________________
Federal Taxpayer Identification #

____________________________________________________________
Name of person making Application on behalf of Entity

____________________________________________________________
Address of person making Application on behalf of Entity

(____)_____________________________
Telephone # of person making Application

☐ Trust

____________________________________________________________
Name of Trust Agreement  Federal Taxpayer Identification #

____________________________________________________________
Trustee’s Name

____________________________________________________________
Trustee’s Address

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B. SUITABILITY STANDARDS:

Any Applicant for initial Certification or for renewal of Certification as a Sponsor who knowingly or willfully makes or causes to be made a false statement or representation on this statement may be prosecuted under applicable state laws. If you need additional space, please attach additional sheets to the Application and reference the Application section and sub-section.

1. List the names and addresses of each officer, director or trustee of the Applicant.

2. List the names, and addresses of limited partners or shareholders of the Applicant or Sponsor with more than twenty five percent interest in the Assisted Living Residence being certified.

3. For each individual listed in paragraph (a) or (b) above, list all multifamily housing or health care facilities or providers in the Commonwealth or in other states in which he or she has been or is an officer, director, trustee, or general partner.
4. For each individual listed in paragraph 1 or 2 above, list the names and addresses of those who have, within the five years before the date of this application, directly or indirectly had an ownership interest in one or more of the following entities:

   a. Hospital, clinic, long term care facility, mammography facility, institutions for unwed mothers, out of hospital dialysis unit, hospice program, bacteriological laboratory, blood bank, or other entity licensed by the Massachusetts Department of Public Health under M.G.L. c. 111;

   b. Medical provider licensed under other applicable state statutes; including facility, halfway house or treatment program unit for alcoholism licensed under M.G.L. c. 111B, ambulance service licensed under M.G.L. c. 111C, clinical laboratory licensed under M.G.L. c. 111D, and drug rehabilitation facility licensed under M.G.L. c. 111E; or,

   c. Home health agency in Massachusetts certified under Title XVIII of the Social Security Act, as amended.

5. For each individual listed in paragraph 4 above, list the name and address of the applicable entities in which there was an ownership interest during the applicable period.

6. With respect to each licensed or certified entity named in paragraph 5 above and within such five year period, the Applicant shall furnish a written statement from the Massachusetts Department of Public Health that such licensed or certified entity has:
   
   a. Substantially met applicable criteria for licensure or certification; and,
   
   b. If applicable, has corrected all cited deficiencies without delicensure or decertification being imposed.
C. STATEMENT

Each Applicant shall respond to the following questions. If the answer to any of the following questions is yes, please explain in the space provided below or attach a statement explaining the issue and the current status with any state, local or federal agency or court of law. If additional information concerning the matter is necessary, you will be so notified in writing.

1. Has the Applicant ever directly or indirectly had an ownership interest in an entity licensed by the Massachusetts Department of Public Health under M.G.L. c. 111, or a medical provider licensed under M.G.L. c. 111B, 111C, 111D or 111E or a home health agency certified under Title XVIII of the Social Security Act, as amended, that:

a. Has been the subject of a patient care receivership action?

Response: Yes____ No____

b. Has ceased to operate such an entity as a result of a settlement agreement arising from a decertification action?

Response: Yes____ No____

c. Has ceased to operate such an entity as a result of a settlement agreement in lieu of a patient care receivership?

Response: Yes____ No____

d. Has ceased to operate such an entity as a result of a delicensure action or involuntary termination of participation in either the Medical Assistance program under Title XIX of the Social Security Act, as amended, or the Medicare Program under Title XVIII of the Social Security Act?

Response: Yes____ No____

e. Has been the subject of a substantiated case of patient abuse or neglect involving material failure to provide adequate protection or services for the Resident in order to prevent such abuse or neglect?

Response: Yes____ No____

f. Has over the course of its operation been cited for repeated, serious and willful violations of rules and regulations governing the operation of said health care facility that indicate a disregard for Resident safety and an inability to responsibly operate an Assisted Living Residence?

Response: Yes____ No____
2. Has the Applicant ever been found in violation of any local, state or federal statute, regulation, ordinance or other law by reason of that individual’s relationship to an Assisted Living Residence?

Response: Yes_____ No_____  If response is yes, please explain:

3. I (We), the Applicant have sufficient personal knowledge and information to affirm that the ownership entity governing the Assisted Living Residence for which I (we) seek certification is in sound fiscal condition and is maintaining sufficient cash flows and reserves to operate and maintain the Assisted Living Residence and all Resident service expenses at this time and upon commencement of operations.

Response: Yes _____ No_____

If response is no, please explain:

4. I (We), the Applicant affirm that the Assisted Living Residence for which certification is sought meets all applicable local, state, and federal statutes, regulations, ordinances or other laws including, but not limited to, the federal Americans with Disabilities Act and the Fair Housing Amendments Act, the Massachusetts Architectural Access Board regulations, State Sanitary Code, State Building Code, fire safety regulations, and other regulations affecting the health, safety or welfare of Residents and staff.

Response: Yes _____ No_____

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D. CHECK LIST

1. Application Form:  

2. $200 Application Fee: made payable to “The Commonwealth of Massachusetts”  

3. Operating Plan
   * Applicants for re-certification are required to submit the following operating plan documents only if if they have not been previously been submitted in accordance with requirements of 651 CMR 12.04(13),

   a. The location of Units and Special Care Units, common spaces, and egresses by floor (may attach a floor plan);  
   
   b. The fee structure for lodging, meals and services;  
   
   c. The type and extent of services to be offered, arrangements for providing such services, including third party contracts, and linkages with hospital and nursing facilities;  
   
   d. Medications: A Policy for each of the following:  
      a. Self-Administered Medication Management (SAMM):  
      b. Limited Medication Administration; (LMA):  
      c. As needed medication (PRN):  
      d. Controlled Substance Policy (651CMR 12.04(14)  
   
   e. A means for Residents to communicate urgent or emergency needs, and a plan to provide timely assistance to them;  
   
   f. The number of staff to be employed in the operation of the Assisted Living Residence and their minimum qualifications and responsibilities;  
   
   g. A copy of the Residency Agreement;  
   
   h. A copy of all required current building, fire safety, and locally approved state sanitary code certificates and permits;  
   
   i. Procedures for notification of a Resident and his or her representative when, due to changes in the Resident’s service needs, the Assisted Living Residence is no longer an appropriate environment;  
   
   j. A copy of the quality improvement and assurance program required under 651 CMR 12.04(10);  
   
   k. A copy of the disaster and emergency preparedness plan required under 651 CMR 12.04(11);
1. A copy of the communicable disease control plan required under 651 CMR 12.04(12); and, 

m. Policies and procedures designed to ensure a safe environment for all Residents.

4. Individual Service Plan Form

5. Assessment Form

6. Resident Satisfaction Survey Form

7. Printed Marketing Materials *
   * Prior to receiving certification, all advertisements must disclose “Pending EOEA certification” in a minimum 14 point font size.

8. Disclosure of Rights and Services (see 651 CMR 12.08(3))

9. Resident Handbook (if applicable)

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Applicants proposing a Special Care Residence (SCR) must submit the following additional information

**The SCR Operating Plan must include the following:**

10. A brief description of type of Special Care Residence or the population characteristics to be served by the SCR;

11. A floor plan of the building indicating which area(s) comprise the SCR (if the entire building will be a SCR, indicates “N/A” here);

12. A description of how the Special Care Residence will meet the specialized needs of its Resident population, including those who may need assistance in directing care due to cognitive or other impairments. The description must include the following elements:
   a. Physical design of the structure and the units;
   b. Physical environment;
   c. Specialized safety features, including the Residence’s policy on ensuring Resident safety during power outages or other situations when the locking or unlocking mechanisms of the doors may not work;
   d. Enrichment activities;
   e. Staff training; and,
   f. 24-hour emergency preparedness plan based upon the anticipated needs of the occupants of the Special Care Residence.

13. A copy of all policies and procedures related to the design and operation of a Special Care Residence required under 651 CMR 12.04(5) including, at a minimum, the following:
   a. Policies and procedures to assess and reduce the risk of potential hazards in the physical environment related to the special characteristics of the population;
   b. Policies and procedures for the Special Care Residence that address unsafe Resident behaviors such as wandering, and verbally or physically aggressive behavior including coercive or inappropriate sexual behavior;
   c. Policies and procedures governing the transition of Residents moving in or out of the Special Care Residence; and,
   d. A 24-hour preparedness plan based on the assessed needs of each occupant of the Special Care Residence for emergency assistance. This plan must also include appropriate method(s) to provide the necessary assistance.
E. SIGNATURE AND SEAL

1. I, ______________________________________, being first duly sworn on oath depose and say that the statements contained in this Application are true, complete and correct to the best of my knowledge.

2. Pursuant to M.G.L. c. 62C, s. 49A, I hereby certify under the penalties of perjury that I, and the entity on behalf of which I am signing, have complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

__________________________________
Type or Print Name of Applicant
(Individual, Corporation, or Trust)

__________________________________
Signature of Person Authorized to sign for
Applicant (Officer, Trustee or Individual)

__________________________________
Print Name & Title of Person Authorized

Subscribed and sworn to before me on this ________day of ____________ 20_________.

My Commission expires: _______________________________________ 20_________.

_________________________ (Seal)
Notary Public

This Application for Renewal of Certification will not be issued unless this certification clause is signed and notarized by the Applicant, and the Application includes all required information, attachments and statements, and fee payments.

Your Social Security number/Federal Taxpayer identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct any non-filing or delinquency will be subject to suspension or revocation of Certification. This request is made under the authority of M.G.L. c. 62C s. 49A.

APPLICATION SUBMISSION:

In accordance with the regulations (651 CMR 12.03(2), Every Application shall be notarized and signed under the pains and penalties of perjury by the Applicant. Except as set forth in 651 CMR 12.03(8)(Change of Ownership shall be submitted to EOEA at least 60 days prior to the date the Applicant plans to commence operation of the Assisted Living Residence.
A completed application and $200.00 Application fee, made payable to the Commonwealth of Massachusetts to:

The Executive Office of Elder Affairs  
Assisted Living Certification Unit  
One Ashburton Place 5th Floor  
Boston, MA 02108

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RENEWAL CERTIFICATION

Each ALR must first submit a completed Application for Re-Certification with payment in the amount of $200. An application may be downloaded from the Elder Affairs web site (http://www.mass.gov/elders/housing/more/providers/assistedlivingproviders). Elder Affairs will conduct a site visit and complete a compliance review before Certification is renewed.

The ALR must also submit with their application employee and resident rosters from which Elder Affairs’ will select individuals whose records will be examined during the site visit.

☐ 1. With recertification application, please submit a current list of residents indicating -
   - Each Resident’s move-in date and room number and noting any assistance they receive with medications (i.e., SAMM, LMA or both), and
   - If applicable, note the date s/he moved into a Special Care Residence.

☐ 2. Please also submit with your application a current list of employees indicating -
   - Each employee’s title/position and a corresponding date of hire
   - If applicable, note the date when first assigned to a Special Care Residence.

SITE VISIT CHECKLIST

TO BE COMPLETED BY THE ASSISTED LIVING RESIDENCE

It is strongly recommended that the Residence review the Site Visit Checklist before the site visit. The Checklist below enumerates all the records (and related documents from the prior two years) that the ALR must provide to Elder Affairs during the site visit. If the ALR fails to provide timely access to any of the records itemized on this Checklist, this finding will be included in written notice given to the Residence in accordance with 651 CMR 12.09(1) & (2)(b).

☐ The residents’ clinical files, including each resident’s assessments; service plans; introductory visits; progress notes; SAMM/LMA documentation and personal care worker assignments sheets (i.e., schedules of detailed, assigned personal care tasks).

☐ The residents’ business files, including legal instruments (e.g., guardianship orders, health proxies etc.), complete copies of signed and dated lease agreements and disclosure statements (original and current instruments), and all applicable receipts for consumer guides or other required disclosures as set forth under 651 CMR 12.08.

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1 The date of hire means the date when the employee came under the direction and control of the AL sponsor or a separate manager of operations, whichever is later.
2 If any records are deleted from files or exclusively created in electronic format only, the hard copy provided to Elder Affairs for review must be conspicuously flagged to indicate the hard-copy record itself is incomplete.
TO BE COMPLETED BY THE ASSISTED LIVING RESIDENCE

ELD Site Visit Checklist (continued)

☐ **The employees’ personnel records** including evidence that CORI was obtained prior to employment; a detailed summary of employee orientation; signed and dated job descriptions; copies of required licenses or certificates evidencing minimum pre-employment training; bi-annual PCA skills and SAMM awareness evaluations for all personal care staff; annual in-service education documentation and records of disciplinary actions.

☐ **The administrative record of corroborating documentation for annual in-service education and training** (i.e., annual summaries for each employee; event-specific attendance sheets and related curricula or materials distributed for the training).

☐ **Quality Assurance record documentation** for each required QA activity, including reviews of medication administration control sheets, service plans, and AL safety polices, and the Special Care Residence operations reviews, if applicable (see below).

☐ **Quarterly staffing analysis**

☐ **Communication logs/shift notes**

☐ **Incident reports** (all reports, plus the incidents reported to Elder Affairs)

☐ **A dietitian’s menu plan review** (including signature and attestation of dietitian)

☐ **Resident satisfaction survey results**

**Special Care Residence only**

☐ The current month’s activity calendar as prepared for the residents

☐ 24-hour preparedness plan based upon the assessed needs of each resident for emergency assistance

☐ Semi-annual Operations review covering individual service plans, resident safety, medication administration and resident satisfaction

**IMPORTANT**

During the site visit, elder affairs needs to shadow staff assisting residents with medication administration, whether SAMM or LMA.

**PLEASE INSTRUCT YOUR STAFF TO COORDINATE SAMM OR LMA WITH ELDER AFFAIRS DURING THE SITE VISIT. WE WILL ACCOMPANY THEM ACCORDING TO THEIR ASSIGNED SCHEDULE.**