

### Assisted Living Facilities Checklist

Facility Name			Facility ID No.
Street Address			Inspection Exit Date
City	State	ZIP Code	Area Code and Telephone No.
Assisted Living Facility Type			
<input type="checkbox"/> Small A <input type="checkbox"/> Small B <input type="checkbox"/> Large A <input type="checkbox"/> Large B <input type="checkbox"/> Type C (use for abuse and neglect violations only) <input type="checkbox"/> Certified Alzheimer's			

The items on the following checklist represent 40 Texas Administrative Code (TAC), Chapter 92, Licensing Standards for Assisted Living Facilities. Violations of licensure standards are identified on the appropriate checklist by the requirements checked Not Met. When violations are cited, a copy of the appropriate checklist is left with the facility at the exit conference. If additional violations are cited after the initial exit conference, an additional exit conference will be conducted regarding the newly identified violations, with specific reference to the standard violated. Other violations in areas not checked still may be pending from previous inspections and are not reflected on this current report.

**Note:** This checklist contains a brief description of the requirements. Refer to the licensure standards for a complete description of the requirements. Refer to 40 TAC §92.3(d) for requirements that apply to a Type C facility.

40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter A. Introduction</b>		
<b>§92.3</b>	<b>Types of Assisted Living Facilities</b>	
<b>(b)</b>	<b>Type A</b> resident must:	
(b)(1)	Evacuate unassisted;	<input type="checkbox"/>
(b)(2)	Not require routine nighttime care; and	<input type="checkbox"/>
(b)(3)	Follow emergency directions.	<input type="checkbox"/>
<b>(c)</b>	<b>Type B</b>	
(c)(4)	Resident must not be permanently bedfast.	<input type="checkbox"/>
<b>(d)</b>	<b>Type C</b>	
(d)(1)	Requirements of this chapter must be met with the exception of <b>§92.41 and §§92.61-92.63</b> , in lieu of which the facility must meet §§48.8901-48.8907 of this title.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.5</b>	<b>Health Care Professional</b>	
<b>(a)</b>	Ongoing services comparable to services available in a nursing facility are not provided.	<input type="checkbox"/>
<b>(b)</b>	Residents may contract to have home health services delivered.	<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.6</b>	<b>General Characteristics of a Resident</b>	
	Assisted living residents – general characteristics include (1-13).	<input type="checkbox"/>
		<input type="checkbox"/>
<b>Subchapter B. Application Procedures</b>		
<b>§92.11</b>	<b>Criteria for Licensing</b>	
<b>(a)</b>	Must be licensed to establish or operate an assisted living facility.	<input type="checkbox"/>
(a)(1)(A)	Furnishes food and shelter to four or more persons.	<input type="checkbox"/>
(a)(1)(B)	Provides:	
(a)(1)(B)(i)	Personal care services;	<input type="checkbox"/>
(a)(1)(B)(ii)	Administration of medication; or	<input type="checkbox"/>
(a)(1)(B)(iii)	Services described in clauses (i) and (ii).	<input type="checkbox"/>
(a)(1)(C)	May assist with or supervise medications.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter B. Application Procedures</b>		
<b>§92.11</b>	<b>Criteria for Licensing – continued</b>	
(a)	Must be licensed to establish or operate an assisted living facility – continued	<input type="checkbox"/>
(a)(2)	Provide skilled nursing services for the following limited purposes:	<input type="checkbox"/>
(a)(2)(A)	Coordinate resident care with an outside home and community support services agency or health care professional;	<input type="checkbox"/>
(a)(2)(B)	Provide or delegate personal care services and medication administration;	<input type="checkbox"/>
(a)(2)(C)	Assess residents to determine the care required; and	<input type="checkbox"/>
(a)(2)(D)	Deliver, for a period not to exceed 30 days, temporary skilled nursing services for a minor illness, injury or emergency.	<input type="checkbox"/>
(a)(3)(A)	Common ownership;	<input type="checkbox"/>
(a)(3)(B)	Physical proximity;	<input type="checkbox"/>
(a)(3)(C)	Shared services, staff or equipment; and	<input type="checkbox"/>
(a)(3)(D)	Any public appearance of joint operations.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.15</b>	<b>Renewal Procedures and Qualifications</b>	
(a)	License must be renewed every two years.	<input type="checkbox"/>
(i)	Survey must include observation of resident care.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.16</b>	<b>Change of Ownership</b>	
(e)	License holder must continue to meet all requirements.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.17</b>	<b>Relocation</b>	
(b)	Facility may not be relocated without approval from the Department of Aging and Disability Services (DADS).	<input type="checkbox"/>
(d)	Residents may not be relocated until new building is inspected and approved.	<input type="checkbox"/>
(g)	License holder must maintain license at current location and continue to meet all requirements.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.18</b>	<b>Increase in Capacity</b>	
(a)	Increase in capacity approved by DADS.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.54</b>	<b>Advertisements must use facility identification number.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter C. Standards for Licensure</b>		
<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(a)</b>	<b>Employees</b>	
<b>(a)(1)</b>	<b>Manager – designated in writing</b>	<input type="checkbox"/>
(a)(1)(A)	Manager's qualifications in small facilities.	<input type="checkbox"/>
	Manager's qualifications in large facilities include (i), (ii) or (iii).	<input type="checkbox"/>
(a)(1)(B)	Manager's training course.	<input type="checkbox"/>
(a)(1)(B)(i)	Course must be at least 24 hours in length.	<input type="checkbox"/>
(a)(1)(B)(i)(I)	Eight hours of training within first three months.	<input type="checkbox"/>
(a)(1)(B)(i)(II)	24-hour training requirements.	<input type="checkbox"/>
(a)(1)(B)(i)(III)	Evidence of training.	<input type="checkbox"/>
(a)(1)(B)(iii)	Course must be completed by first employment anniversary date.	<input type="checkbox"/>
(a)(1)(C)	Manager's continuing education – 12 hours annually includes at least two of (i)-(viii).	<input type="checkbox"/>
(a)(1)(D)	Manager's responsibilities – on duty 40 hours per week managing only one facility (does not apply to managers of small Type A facilities).	<input type="checkbox"/>
	Manager's responsibilities – managers of small Type A facilities have no more than 16 residents in no more than four facilities and are available by phone or pager when off site.	<input type="checkbox"/>
(a)(1)(E)	Employee is designated in writing to act in the manager's absence.	<input type="checkbox"/>
		<input type="checkbox"/>
<b>(a)(2)</b>	<b>Attendants – full-time attendants are 18 or a high school graduate.</b>	<input type="checkbox"/>
(a)(2)(A)	An attendant must be in the facility at all times when residents are in the facility.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(a)(3)</b>	<b>Staffing</b>	
(a)(3)(A)	Staffing policies require staffing ratios.	<input type="checkbox"/>
(a)(3)(B)	Normal 24-hour staffing pattern disclosed prior to admission and posted monthly.	<input type="checkbox"/>
(a)(3)(C)	Facility must have sufficient staff to:	
(a)(3)(C)(i)	Maintain order, safety, cleanliness;	<input type="checkbox"/>
(a)(3)(C)(ii)	Assist with medication regimens;	<input type="checkbox"/>
(a)(3)(C)(iii)	Prepare and serve meals that meet dietary needs of residents;	<input type="checkbox"/>
(a)(3)(C)(iv)	Assist with laundry;	<input type="checkbox"/>
(a)(3)(C)(v)	Provide the kind and amount of supervision and care required to meet basic needs; and	<input type="checkbox"/>
(a)(3)(C)(vi)	Ensure safe evacuation in event of emergency.	<input type="checkbox"/>
(a)(3)(D)	Night shift staff requirement:	
(a)(3)(D)(i)	Type A small facilities – immediately available.	<input type="checkbox"/>
	Type A large facilities – immediately available and awake.	<input type="checkbox"/>
(a)(3)(D)(ii)	Type B facilities – immediately available and awake.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(a)(4)</b>	<b>Staff training – document competence and training prior to assuming responsibilities.</b>	<input type="checkbox"/>
(a)(4)(A)	All staff must complete four hours of orientation prior to assuming any job responsibilities. Training must cover:	<input type="checkbox"/>
(a)(4)(A)(i)	Reporting abuse and neglect;	<input type="checkbox"/>
(a)(4)(A)(ii)	Confidentiality of resident information;	<input type="checkbox"/>
(a)(4)(A)(iii)	Universal precautions;	<input type="checkbox"/>
(a)(4)(A)(iv)	Conditions about which to notify the manager;	<input type="checkbox"/>

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<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(a)</b>	<b>Employees – continued</b>	
<b>(a)(4)</b>	<b>Staff training – continued</b>	
(a)(4)(A)(v)	Residents' rights; and	<input type="checkbox"/>
(a)(4)(A)(vi)	Emergency and evacuation procedures.	<input type="checkbox"/>
(a)(4)(B)	Attendants must complete 16 hours of on-the-job training within first 16 hours of employment after orientation. Training must include:	<input type="checkbox"/>
(a)(4)(B)(i)	In Type A and B facilities – activities of daily living;	<input type="checkbox"/>
(a)(4)(B)(ii)	Resident's health conditions and how they affect provision of tasks;	<input type="checkbox"/>
(a)(4)(B)(iii)	Safety measures to prevent accidents/injuries;	<input type="checkbox"/>
(a)(4)(B)(iv)	Emergency first aid procedures;	<input type="checkbox"/>
(a)(4)(B)(v)	Managing disruptive behavior;	<input type="checkbox"/>
(a)(4)(B)(vi)	Behavior management, including prevention of aggressive behavior and de-escalation techniques, practices to decrease frequency of restraint use, or alternatives to restraints; and	<input type="checkbox"/>
(a)(4)(B)(vii)	Fall prevention.	<input type="checkbox"/>
(a)(4)(C)	Education of direct care staff – six hours annually. Suggested topics include (i)-(xi).	<input type="checkbox"/>
(a)(4)(D)	Appropriate annual in-service training for licensed nurses, certified nurse aides (CNAs) or certified medication aides (CMAs), includes one of (i)-(vi).	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(b)</b>	<b>Social services – weekly program</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(c)</b>	<b>Resident assessment – comprehensive assessment and service plan completed within 14 days of admission; comprehensive assessment completed by appropriate staff and documented on facility form; attempts to obtain information documented.</b>	<input type="checkbox"/>
(c)(1)	Comprehensive assessment must include:	
(c)(1)(A)	The location from which the resident was admitted;	<input type="checkbox"/>
(c)(1)(B)	Primary language;	<input type="checkbox"/>
(c)(1)(C)	Sleep-cycle issues;	<input type="checkbox"/>
(c)(1)(D)	Behavioral symptoms;	<input type="checkbox"/>
(c)(1)(E)	Psychosocial issues;	<input type="checkbox"/>
(c)(1)(F)	Alzheimer's/dementia history;	<input type="checkbox"/>
(c)(1)(G)	Activities of daily living patterns;	<input type="checkbox"/>
(c)(1)(H)	Involvement patterns and preferred activity pursuits;	<input type="checkbox"/>
(c)(1)(I)	Cognitive skills for daily decision-making;	<input type="checkbox"/>
(c)(1)(J)	Communications;	<input type="checkbox"/>
(c)(1)(K)	Physical functioning;	<input type="checkbox"/>
(c)(1)(L)	Continence status;	<input type="checkbox"/>
(c)(1)(M)	Nutritional status;	<input type="checkbox"/>
(c)(1)(N)	Oral/dental status;	<input type="checkbox"/>
(c)(1)(O)	Diagnoses;	<input type="checkbox"/>
(c)(1)(P)	Medications;	<input type="checkbox"/>
(c)(1)(Q)	Health conditions and possible medication side effects;	<input type="checkbox"/>
(c)(1)(R)	Special treatments and procedures;	<input type="checkbox"/>

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<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(c)</b>	<b>Resident assessment – continued</b>	
(c)(1)(S)	Hospital admissions within the past six months or since last assessment; and	<input type="checkbox"/>
(c)(1)(T)	Preventative health needs.	<input type="checkbox"/>
(c)(2)	Service plan approved, signed and followed; service plan updated annually and upon significant change in condition.	<input type="checkbox"/>
(c)(3)	Service plan for respite clients.	<input type="checkbox"/>
(c)(4)	Service plan for emergency admissions.	<input type="checkbox"/>
		<input type="checkbox"/>
<b>(d)</b>	<b>Resident policies</b>	
(d)(1)	Explain and provide copy of disclosure statement prior to admission; document receipt.	<input type="checkbox"/>
(d)(2)	Provide copy of Resident Bill of Rights.	<input type="checkbox"/>
(d)(3)	Provide resident's immediate family with DADS telephone hotline number to report suspected abuse, neglect or exploitation; document receipt.	<input type="checkbox"/>
(d)(4)	Written resident policies.	<input type="checkbox"/>
(d)(5)	Copies of resident policies made available at admission; advance written notice of changes.	<input type="checkbox"/>
(d)(6)	Notify resident of DADS rules and the facility's policies related to restraint and seclusion.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(e)</b>	<b>Admission policies</b>	
(e)(1)	A facility does not admit or retain residents whose needs cannot be met by the facility or who cannot secure the necessary services from an outside resource.	<input type="checkbox"/>
(e)(2)	Written admission agreement.	<input type="checkbox"/>
(e)(3)	Facility and outside resources share copy of their care plan; outside resources document, at the facility, any services provided, on the day provided.	<input type="checkbox"/>
(e)(4)	Health exam by physician – 30 days prior to admission or 14 days after, unless transferring entity has exam in medical record.	<input type="checkbox"/>
(e)(5)	Secure, at the time of admission, the following resident information:	
(e)(5)(A)	Full name of resident;	<input type="checkbox"/>
(e)(5)(B)	Social Security number;	<input type="checkbox"/>
(e)(5)(C)	Usual residence (where resident lived before admission);	<input type="checkbox"/>
(e)(5)(D)	Sex;	<input type="checkbox"/>
(e)(5)(E)	Marital status;	<input type="checkbox"/>
(e)(5)(F)	Date of birth;	<input type="checkbox"/>
(e)(5)(G)	Place of birth;	<input type="checkbox"/>
(e)(5)(H)	Usual occupation (during most of working life);	<input type="checkbox"/>
(e)(5)(I)	Family, other persons named by the resident and physician for emergency notification;	<input type="checkbox"/>
(e)(5)(J)	Pharmacy preferences; and	<input type="checkbox"/>
(e)(5)(K)	Medicaid/Medicare number, if available.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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<b>Subchapter C. Standards for Licensure</b>		
<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(f)</b>	<b>Inappropriate placement in Type A or Type B facilities</b>	
<b>(f)(1)(A)</b>	<b>Placement information submitted within 10 business days of the date the facility is notified resident is inappropriately placed. Submit:</b>	<input type="checkbox"/>
(f)(1)(A)(i)	Written assessment from a physician that states resident is appropriately placed;	<input type="checkbox"/>
(f)(1)(A)(ii)	Written statement from resident, a family member or guardian regarding desire to remain in the facility; and	<input type="checkbox"/>
(f)(1)(A)(iii)	Statement from facility that indicates the facility's wish for resident to remain in the facility.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(f)(2)(A)</b>	<b>Evacuation waiver documentation submitted within 10 business days of the date the facility is notified resident does not meet all evacuation requirements.</b>	<input type="checkbox"/>
<b>(f)(2)(C)</b>	Documentation. In addition to the documentation required in subsection (f)(1)(A)(i)-(iii) of this section, submit:	
(f)(2)(C)(iv)	A detailed plan that explains how the facility will meet the evacuation needs of the resident. Plan includes:	<input type="checkbox"/>
(f)(2)(C)(iv)(I)	Specific staff positions that will be on duty to assist with evacuation and their shift times;	<input type="checkbox"/>
(f)(2)(C)(iv)(II)	Specific staff positions that will be on duty and awake at night; and	<input type="checkbox"/>
(f)(2)(C)(iv)(III)	Specific staff training that relates to resident evacuation;	<input type="checkbox"/>
(f)(2)(C)(v)	Copy of facility floor plan that indicates the specific resident's room;	<input type="checkbox"/>
(f)(2)(C)(vi)	Copy of facility's emergency evacuation plan;	<input type="checkbox"/>
(f)(2)(C)(vii)	Copies of facility fire drills for last 12-month period;	<input type="checkbox"/>
(f)(2)(C)(viii)	Copy of the DADS notice form to the local fire marshal or state fire marshal (authority having jurisdiction);	<input type="checkbox"/>
(f)(2)(C)(ix)	Copy of the DADS notice form to the local fire suppression authority;	<input type="checkbox"/>
(f)(2)(C)(x)	Copy of a comprehensive assessment of the resident, completed within the last 60 days;	<input type="checkbox"/>
(f)(2)(C)(xi)	Copy of the resident's service plan;	<input type="checkbox"/>
(f)(2)(C)(xii)	Any other information that relates to the required fire safety features of the facility that will ensure evacuation; and	<input type="checkbox"/>
(f)(2)(C)(xiii)	Service plans of other residents, if requested by DADS.	<input type="checkbox"/>
<b>(f)(2)(D)</b>	<b>Criteria facility must meet to receive a waiver from DADS:</b>	
(f)(2)(D)(i)	Emergency plan must meet the evacuation needs of the resident. The emergency plan must ensure:	<input type="checkbox"/>
(f)(2)(D)(i)(I)	Staff is adequately trained;	<input type="checkbox"/>
(f)(2)(D)(i)(II)	Sufficient number of staff is on all shifts to move all residents to a place of safety;	<input type="checkbox"/>
(f)(2)(D)(i)(III)	Residents will be moved to appropriate locations, given health and safety issues;	<input type="checkbox"/>
(f)(2)(D)(i)(IV)	All possible locations of fire origin areas and the necessity for full evacuation of the building are addressed;	<input type="checkbox"/>
(f)(2)(D)(i)(V)	Fire alarm signal is adequate;	<input type="checkbox"/>
(f)(2)(D)(i)(VI)	Effective method for warning residents and staff during malfunction of the building fire alarm system;	<input type="checkbox"/>
(f)(2)(D)(i)(VII)	Plan is effective for communicating the actual location of the fire; and	<input type="checkbox"/>
(f)(2)(D)(i)(VIII)	Plan satisfies any other safety concerns.	<input type="checkbox"/>
(f)(2)(D)(ii)	Emergency plan will not have adverse effect on other residents with evacuation waivers or special needs.	<input type="checkbox"/>
		<input type="checkbox"/>
<b>(f)(2)(F)</b>	<b>Plan of action immediately initiated upon notice of approved evacuation waiver.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
<b>(f)(3)</b>	<b>If facility agrees with determination of inappropriate placement or fails to obtain the written statements or waiver required in subsection (f) of this section, the facility must discharge the resident and:</b>	<input type="checkbox"/>
(f)(3)(A)	Allow the resident 30 days after the date of discharge to move from the facility.	<input type="checkbox"/>
(f)(3)(B)	Take into consideration:	
(f)(3)(B)(i)	Any other law and any obligations imposed under the Property Code; and	<input type="checkbox"/>
(f)(3)(B)(ii)	The terms of any contract.	<input type="checkbox"/>

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<b>Subchapter C. Standards for Licensure</b>		
<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(f)</b>	<b>Inappropriate placement in Type A or Type B facilities – continued</b>	
(f)(5)	Facility's disclosure statement must notify resident and resident's legally authorized representative of waiver process and facility's policies and procedures for aging in place.	<input type="checkbox"/>
(f)(6)	Manager must show evidence of annual completion of DADS training on aging in place and retaliation.	<input type="checkbox"/>
<b>(g)</b>	<b>Advance directives</b>	
(g)(1)	Written policies regarding advance directives.	<input type="checkbox"/>
(g)(2)	Written notice of these policies provided to residents at admission.	<input type="checkbox"/>
(g)(2)(A)	For residents unable to receive notice, written notice is provided to surrogate decision maker (i)-(vi), in order of preference.	<input type="checkbox"/>
(g)(2)(B)	Diligent search for surrogate decision maker.	<input type="checkbox"/>
(g)(3)	Written notice of policies provided to residents who later become able to receive notice.	<input type="checkbox"/>
(g)(4)	Administrative penalty (\$500) for failing to inform resident of policies.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(h)</b>	<b>Resident records</b>	
(h)(1)	Confidential and properly safeguarded.	<input type="checkbox"/>
(h)(2)	Resident records must contain:	
(h)(2)(A)	Information contained in admission form;	<input type="checkbox"/>
(h)(2)(B)	A record of the resident's assessments;	<input type="checkbox"/>
(h)(2)(C)	The resident's service plan;	<input type="checkbox"/>
(h)(2)(D)	Physician's orders, if any;	<input type="checkbox"/>
(h)(2)(E)	Any advance directives;	<input type="checkbox"/>
(h)(2)(F)	Documentation of health exam; and	<input type="checkbox"/>
(h)(2)(G)	Documentation by health care professionals of services delivered.	<input type="checkbox"/>
(h)(3)	Records must be available.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(i)</b>	<b>Personnel records – kept on all staff in a central location.</b>	<input type="checkbox"/>
(i)(1)	Documentation that the facility performed a criminal history check.	<input type="checkbox"/>
(i)(2)	Annual employee misconduct registry check.	<input type="checkbox"/>
(i)(3)	Annual nurse aide registry check.	<input type="checkbox"/>
(i)(4)	Documentation of initial tuberculosis (TB) screenings.	<input type="checkbox"/>
(i)(5)	Documentation of employee compliance with or exemption from facility vaccination policy.	<input type="checkbox"/>
(i)(6)	Signed acknowledgement that employees may be criminally liable for failure to report abuse, neglect and exploitation.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)</b>	<b>Medications</b>	
<b>(j)(1)</b>	<b>Administration – according to physician's orders</b>	<input type="checkbox"/>
(j)(1)(A)	Medications administered by:	
(j)(1)(A)(i)	Person licensed to administer medications;	<input type="checkbox"/>
(j)(1)(A)(ii)	Medication aide (acts under the authority of a person who holds a current nursing license); or	<input type="checkbox"/>
(j)(1)(A)(iii)	Facility employee delegated and trained by a registered nurse.	<input type="checkbox"/>

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<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(j)</b>	<b>Medications – continued</b>	
<b>(j)(1)</b>	<b>Administration – continued</b>	
(j)(1)(B)	Prescribed medications dispensed through pharmacy, physician or dentist.	<input type="checkbox"/>
(j)(1)(C)	Physician sample medications may be given with dosage instructions.	<input type="checkbox"/>
(j)(1)(D)	Each resident’s medications listed on medication profile record.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)(2)</b>	<b>Supervision is limited to:</b>	
(j)(2)(A)	Reminders;	<input type="checkbox"/>
(j)(2)(B)	Opening containers and replacing lids;	<input type="checkbox"/>
(j)(2)(C)	Pouring prescribed dosage;	<input type="checkbox"/>
(j)(2)(D)	Returning medications to proper locked areas;	<input type="checkbox"/>
(j)(2)(E)	Obtaining medications from pharmacy; and	<input type="checkbox"/>
(j)(2)(F)	Listing information in (i)-(ix) on medication profile record.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)(3)</b>	<b>Self-administration of medication</b>	
(j)(3)(A)	Monthly written counseling record for residents that self-administer their medications and lock their medications in their room.	<input type="checkbox"/>
(j)(3)(B)	Residents who self-administer may access central medication storage area with staff present.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)(4)</b>	<b>General – medications/treatments</b>	
(j)(4)(A)	Reporting unusual reactions.	<input type="checkbox"/>
(j)(4)(B)	Written record of missed doses.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)(5)</b>	<b>Storage area</b>	
(j)(5)(A)	Locked area for all medications (i)-(iii).	<input type="checkbox"/>
(j)(5)(B)	Each resident's medication stored separately within storage area.	<input type="checkbox"/>
(j)(5)(C)	Medications requiring refrigeration.	<input type="checkbox"/>
(j)(5)(D)	Poisonous substances and “external use only” medications stored separately within locked area.	<input type="checkbox"/>
(j)(5)(E)	Policies to prevent drug diversion, if facility stores controlled drugs.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(j)(6)</b>	<b>Disposal</b>	
(j)(6)(A)	Medications listed below are kept separate and disposed of by registered pharmacist:	<input type="checkbox"/>
(j)(6)(A)(i)	Discontinued medications;	<input type="checkbox"/>
(j)(6)(A)(ii)	Medications remaining after death; or	<input type="checkbox"/>
(j)(6)(A)(iii)	Expired medications.	<input type="checkbox"/>
(j)(6)(B)	Disposal of needles.	<input type="checkbox"/>
(j)(6)(C)	Medications released to discharged residents with signed receipt by resident or responsible party.	<input type="checkbox"/>
		<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter C. Standards for Licensure</b>		
<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(k)</b>	<b>Accident, injury or acute illness</b>	
(k)(1)	For death or emergency care the facility will:	
(k)(1)(A)	Arrange for emergency care and/or transfer to appropriate place for treatment;	<input type="checkbox"/>
(k)(1)(B)	Immediately notify physician and next of kin, etc.; and	<input type="checkbox"/>
(k)(1)(C)	Document on separate report; maintain file.	<input type="checkbox"/>
(k)(2)	First aid supplies maintained in single location.	<input type="checkbox"/>
(k)(3)	Residents with temporary illness or injury may have qualified person deliver professional services.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(l)</b>	<b>Resident finances – simple financial records of charges, receipts and expenditures</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(m)</b>	<b>Food and nutrition services</b>	
(m)(1)	Designated person responsible for food service.	<input type="checkbox"/>
(m)(2)	Three meals served daily at regular times; no more than a 16-hour time span between meals.	<input type="checkbox"/>
(m)(3)	Menus planned, followed, posted and kept for 30 days; variations from posted menu documented; menus provide balanced and nutritious diet; food is palatable and varied.	<input type="checkbox"/>
(m)(4)	Therapeutic diets ordered, provided, calculated, prepared, served.	<input type="checkbox"/>
(m)(5)	Four-day supply of staple foods and one-day supply of perishable foods.	<input type="checkbox"/>
(m)(6)	Food is obtained from sources that comply with laws; food subject to spoilage, if removed from original container, must be kept sealed, labeled and dated.	<input type="checkbox"/>
(m)(7)	Plastic containers with tight-fitting lids may be used for storage of staple foods in pantry.	<input type="checkbox"/>
(m)(8)	Temperatures for potentially hazardous food: Cold food kept at 45 F or below; hot food kept at 140 F or above; food reheated to at least 165 F.	<input type="checkbox"/>
(m)(9)	Freezer temperature – 0 F or below; Refrigerator temperature – 41 F or below; thermometers must be used.	<input type="checkbox"/>
(m)(10)	Food prepared and served with least manual contact; surfaces cleaned, rinsed and sanitized.	<input type="checkbox"/>
(m)(11)	Food prepared according to established practices and safety techniques.	<input type="checkbox"/>
(m)(12)	Infected employee must not work in food service area if likely to transmit disease.	<input type="checkbox"/>
(m)(13)	Effective hair restraints worn.	<input type="checkbox"/>
(m)(14)	Tobacco products prohibited in food preparation and service areas.	<input type="checkbox"/>
(m)(15)	Kitchen workers must wash hands.	<input type="checkbox"/>
(m)(16)	Dishwashing chemicals may be stored in original manufacturer plastic containers.	<input type="checkbox"/>
(m)(17)	Sanitary dishwashing procedures and techniques.	<input type="checkbox"/>
(m)(18)	Facilities housing 17 or more residents must comply with Texas Food Establishment rules and local health ordinances.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(n)</b>	<b>Infection Control</b>	
(n)(1)	Infection control policy and procedure.	<input type="checkbox"/>
(n)(2)	Compliance with rules regarding special waste.	<input type="checkbox"/>
(n)(3)	Communicable diseases reported and appropriate procedures started.	<input type="checkbox"/>
(n)(4)	Written policies to control communicable disease, which include TB screening.	<input type="checkbox"/>
(n)(4)(A)	Employee with communicable disease is excluded from providing certain services.	<input type="checkbox"/>
(n)(4)(B)	Evidence of compliance with local and/or state health codes or ordinances.	<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter C. Standards for Licensure</b>		
<b>§92.41</b>	<b>Standards for Type A and Type B Assisted Living Facilities</b>	
<b>(n)</b>	<b>Infection Control – continued</b>	
(n)(4)(C)	Employee TB screening – within two weeks of employment and annually; evidence of compliance from all persons providing services.	<input type="checkbox"/>
(n)(4)(D)	Resident TB screening – <b>should</b> be screened upon admission and after exposure.	<input type="checkbox"/>
(n)(5)	Linens handled, stored, processed and transported to prevent infection.	<input type="checkbox"/>
(n)(6)	Universal precautions used.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(o)</b>	<b>Access to residents – facility must allow DADS employees or the local authority serving as the point of entry for publicly funded intellectual and developmental disability (IDD) programs, whether the program is provided by a public or private entity, to provide services.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(p)</b>	<b>Restraints for purposes of behavioral management, staff convenience or resident discipline are prohibited. Seclusion is prohibited.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(r)</b>	<b>Develop and implement vaccine preventable disease policy.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Subchapter E. Inspections, Surveys and Visits</b>		
<b>§92.81</b>	<b>Inspections and Surveys</b>	
<b>(f)</b>	Books, records and documents accessible to DADS.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Subchapter F. Abuse, Neglect and Exploitation; Complaint and Incident Reports and Investigations</b>		
<b>§92.102</b>	<b>Abuse, Neglect or Exploitation Reportable to DADS by Facilities</b>	
<b>(a)</b>	Staff must report incidents to DADS state office and one of the law enforcement agencies in (a)(2)(A)-(B).	<input type="checkbox"/>
<b>(b)</b>	Facility must follow its internal policies regarding prevention, detection and reporting.	<input type="checkbox"/>
<b>(c)</b>	The following information must be reported to DADS:	
(c)(1)	Name, age and address of the resident;	<input type="checkbox"/>
(c)(2)	Name and address of person responsible for resident’s care, if available;	<input type="checkbox"/>
(c)(3)	Nature and extent of person’s condition;	<input type="checkbox"/>
(c)(4)	Basis of the reporter’s knowledge; and	<input type="checkbox"/>
(c)(5)	Any other relevant information.	<input type="checkbox"/>
<b>(d)</b>	Facility must investigate and send written report of investigation to DADS state office no later than fifth calendar day after the oral report.	<input type="checkbox"/>
<b>(e)</b>	A facility may not retaliate.	<input type="checkbox"/>
<b>(f)</b>	Staff required to sign statement acknowledging employees may be criminally liable for failure to report abuse, neglect or exploitation.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter F. Abuse, Neglect and Exploitation; Complaint and Incident Reports and Investigations</b>		
<b>§92.105</b>	<b>Investigations of Complaints</b>	
<b>(c)</b>	<b>Must admit DADS staff for investigation.</b>	<input type="checkbox"/>
		<input type="checkbox"/>
<b>Subchapter G. Miscellaneous Provisions</b>		
<b>§92.123</b>	<b>Investigation of Facility Employees</b>	
<b>(a)</b>	Comply with Chapter 250 of the Health and Safety Code.	<input type="checkbox"/>
<b>(b)</b>	Before hiring, search the Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR).	<input type="checkbox"/>
<b>(c)</b>	Prohibited from hiring or continuing to employ person listed on EMR or NAR as unemployable.	<input type="checkbox"/>
<b>(d)</b>	Notify employee about EMR.	<input type="checkbox"/>
<b>(e)(1)</b>	Conduct EMR and NAR search annually for an employee hired before Sept. 1, 2009.	<input type="checkbox"/>
<b>(e)(2)</b>	Conduct EMR and NAR search annually for an employee hired on or after Sept. 1, 2009.	<input type="checkbox"/>
<b>(e)(3)</b>	Keep copy of results.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.125</b>	<b>Resident's Bill of Rights and Provider Bill of Rights</b>	
<b>(a)</b>	<b>Resident's bill of rights</b>	
<b>(a)(1)</b>	Post and provide copy of resident's bill of rights.	<input type="checkbox"/>
<b>(a)(2)</b>	Resident has right to be free of interference, coercion, discrimination and reprisal.	<input type="checkbox"/>
<b>(a)(3)</b>	Each resident has the right to:	
(a)(3)(A)	Be free from abuse and unnecessary restraints;	<input type="checkbox"/>
(a)(3)(B)	Activities;	<input type="checkbox"/>
(a)(3)(C)	Religion of choice;	<input type="checkbox"/>
(a)(3)(D)	Participate in behavior modification program, if resident has an intellectual disability, only with consent;	<input type="checkbox"/>
(a)(3)(E)	Be treated with respect, consideration and dignity, including the right to;	<input type="checkbox"/>
(a)(3)(E)(i)	Make choices about personal affairs, care, benefits and services;	<input type="checkbox"/>
(a)(3)(E)(ii)	Be free from abuse, neglect and exploitation; and	<input type="checkbox"/>
(a)(3)(E)(iii)	Designate a guardian or representative;	<input type="checkbox"/>
(a)(3)(F)	A safe and decent living environment;	<input type="checkbox"/>
(a)(3)(G)	Communicate in native language;	<input type="checkbox"/>
(a)(3)(H)	Complain without reprisal about care; provider must promptly respond to resolve grievances;	<input type="checkbox"/>
(a)(3)(I)	Receive and send unopened mail;	<input type="checkbox"/>
(a)(3)(J)	Communicate and visit with person of choice at any reasonable hour;	<input type="checkbox"/>
(a)(3)(K)	Make contact with the community;	<input type="checkbox"/>
(a)(3)(L)	Manage own financial affairs; receive quarterly accounting of financial transactions;	<input type="checkbox"/>
(a)(3)(M)	Access resident's records; records not released without consent, except:	<input type="checkbox"/>
(a)(3)(M)(i)	To another provider, if resident transfers; or	<input type="checkbox"/>
(a)(3)(M)(ii)	If the release is required by another law;	<input type="checkbox"/>
(a)(3)(N)	Choose and retain physician, and be fully informed in advance about treatment or care;	<input type="checkbox"/>
(a)(3)(O)	Participate in developing service plan;	<input type="checkbox"/>
(a)(3)(P)	Refuse treatment or services after the resident:	<input type="checkbox"/>
(a)(3)(P)(i)	Is advised of the consequences; and	<input type="checkbox"/>
(a)(3)(P)(ii)	Acknowledges understanding of the consequences;	<input type="checkbox"/>
(a)(3)(Q)	Unaccompanied access to a telephone at a reasonable hour or in an emergency or personal crisis;	<input type="checkbox"/>
(a)(3)(R)	Privacy;	<input type="checkbox"/>
(a)(3)(S)	Retain and use personal possessions;	<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter G. Miscellaneous Provisions</b>		
<b>§92.125</b>	<b>Resident's Bill of Rights and Provider Bill of Rights</b>	
<b>(a)</b>	<b>Resident's bill of rights – continued</b>	
<b>(a)(3)</b>	<b>Each resident has the right to: – continued</b>	
(a)(3)(T)	Determine individual preferences (e.g., dress);	<input type="checkbox"/>
(a)(3)(U)	An individual, locked area in immediate living quarters;	<input type="checkbox"/>
(a)(3)(V)	Refuse to perform services for the facility;	<input type="checkbox"/>
(a)(3)(W)	Be informed by the 30th day after admission about:	
(a)(3)(W)(i)	Medicare or Medicaid benefits; and	<input type="checkbox"/>
(a)(3)(W)(ii)	Items and services covered;	<input type="checkbox"/>
(a)(3)(X)	Not be transferred or discharged unless:	
(a)(3)(X)(i)	Needs cannot be met;	<input type="checkbox"/>
(a)(3)(X)(ii)	Services are no longer needed;	<input type="checkbox"/>
(a)(3)(X)(iii)	Health and safety of other is endangered;	<input type="checkbox"/>
(a)(3)(X)(iv)	Provider ceases to operate/participate; or	<input type="checkbox"/>
(a)(3)(X)(v)	Resident fails to pay after reasonable notice;	<input type="checkbox"/>
(a)(3)(Y)	30-day written notice of transfer or discharge that states:	<input type="checkbox"/>
(a)(3)(Y)(i)	Intent to transfer or discharge;	<input type="checkbox"/>
(a)(3)(Y)(ii)	Reason for transfer or discharge;	<input type="checkbox"/>
(a)(3)(Y)(iii)	Effective date of transfer/discharge;	<input type="checkbox"/>
(a)(3)(Y)(iv)	If transfer, location of transfer; and	<input type="checkbox"/>
(a)(3)(Y)(v)	Any appeal rights available;	<input type="checkbox"/>
(a)(3)(Z)	Leave the facility;	<input type="checkbox"/>
(a)(3)(AA)	Have access to the Ombudsman Program; and	<input type="checkbox"/>
(a)(3)(BB)	Execute an advance directive.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>(b)</b>	<b>Provider's bill of rights</b>	
<b>(b)(1)</b>	<b>Post provider's bill of rights</b>	<input type="checkbox"/>
<b>(b)(2)</b>	Provider has the right to:	
(b)(2)(B)	Terminate resident's contract for just cause after a written 30-day notice;	<input type="checkbox"/>
(b)(2)(C)	Terminate contract immediately, after notice to DADS, if resident creates serious threat;	<input type="checkbox"/>
(b)(2)(E)	Refuse to perform services, unless in contract;	<input type="checkbox"/>
(b)(2)(F)	Contract with the community to achieve highest level of independence, interaction and services to residents;	<input type="checkbox"/>
(b)(2)(G)	Access patient information, which must remain confidential; and	<input type="checkbox"/>
(b)(2)(I)	Maintain environment free of weapons and drugs.	<input type="checkbox"/>
		<input type="checkbox"/>
<b>§92.127</b>	<b>Required Postings</b>	
(1)	The license.	<input type="checkbox"/>
(2)	Sign that specifies complaint procedures.	<input type="checkbox"/>
(3)	Notice about inspection and related reports.	<input type="checkbox"/>
(4)	Most recent inspection report.	<input type="checkbox"/>
(5)	Resident's Bill of Rights.	<input type="checkbox"/>
(6)	Provider's Bill of Rights.	<input type="checkbox"/>
(7)	Office of the State Long-term Care Ombudsman telephone number.	<input type="checkbox"/>

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40 TAC Chapter 92	Assisted Living Facilities Checklist	Not Met
<b>Subchapter G. Miscellaneous Provisions</b>		
<b>§92.127</b>	<b>Required Postings</b>	
(8)	Normal 24-hour staffing patterns.	<input type="checkbox"/>
(9)	DADS telephone hotline number to report suspected abuse, neglect or exploitation.	<input type="checkbox"/>
<b>§92.129</b>	<b>Authorized Electronic Monitoring (AEM)</b>	
(a)	Facility must permit a resident, or the resident's guardian or legal representative, to monitor the resident's room through the use of electronic monitoring devices.	<input type="checkbox"/>
(b)	Facility may not refuse to admit and may not discharge an individual because of a request to conduct AEM.	<input type="checkbox"/>
(c)	All residents, upon admission, must complete and sign a DHS Information Regarding Authorized Electronic Monitoring form. Maintain copy in active portion of resident's clinical record.	<input type="checkbox"/>
(g)	All facilities must post an 8.5 by 11-inch notice at the main facility entrance entitled "Electronic Monitoring."	<input type="checkbox"/>
<b>If additional violations are cited during this inspection, document the specific violation cited below:</b>		
40 TAC Chapter 92	Brief description of the requirement	Not Met
		<input type="checkbox"/>

\_\_\_\_\_  
Signature – Inspection Team Member

\_\_\_\_\_  
Date