**CHECKLIST FOR**

**MEMORY CARE UNITS OE HOMES**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Survey Date: \_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surveyor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check “YES” or “NO” to determine if facility meets the requirements for a Memory Care Unit or Home.

| **Item** | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- |
| **.20(1)****A. Written Description Contains the following**1. Statement of philosophy and mission2. Description of differences in services provided in the Memory Care Unit or Home3. Staffing to includei. job titlesii. staff trainingIli. continuing education requirements4. Admission procedures including screening criteria5. Assessment and service planning protocoli. criteria that triggers a reassessmentii. quarterly reviews6. Staffing patternsi. ratio of direct care staff to residentsii. description of the differences7. Physical environment including safety features8. Activities including frequency and type, how the activities meet residents' needs and the differences in other activities9. Fees and fee structure10.Discharge criteria and procedures11. Emergency procedures12. Family involvement and family support programs |  |  | Also use Policies & Procedures Checklist for all facilities |
| **B. Description is disclosed to**1. Persons upon request
2. Resident’s family or representative prior to admission to the unit
 |  |  |  |
| **C. Physical Design, Environment and Safety include the following**1. Appropriately furnished multipurpose rooms
2. Secured outdoor spaces and walkways that are wheel chair accessible
3. High visual contrasts indoors except for exits
4. Adequate lighting
5. One or two persons per bedroom and free movement from the bedroom to facility common space
6. Individually identified entrances to residents’ rooms
7. An automated device or system to alert staff to unauthorized exits
8. Communication system for emergencies
9. Complies with “Guidelines for Design and Construction of Healthcare Facilities” for facilities renovated or constructed.
 |  |  |  |
| **D. The following staffing is required:**1. Sufficient specially trained staff to meet resident needs.
2. A Licensed RN or LPN if the facility administers medications
3. At Least one awake staff member at all times
4. Staff who have completed an Orientation Program that consists of the following

i. the facility’s philosophyii. the facility’s policies and proceduresiii. Common behavior problems characteristic of residents with dementia and recommended behavior management techniques |  |  |  |
| **E. Initial Staff Training shall be completed within the first 6 months of employment and shall**1. The nature of Alzheimer’s Disease and other dementias
2. Common behavior problems and recommended behavior management techniques
3. Communication skills
4. Positive therapeutic interventions and activities
5. The role of the family and support needed by families
6. Environmental modifications
7. Individual service plans including requirements for updates, treatment goals and out comes
8. New developments in diagnosis and therapy
9. Skills for recognizing physical or cognitive changes that warrant seeking medical attention
10. Skills for maintaining resident safety
 |  |  |  |
| **F. Admission Requirements shall include:**1. A physician’s report of physical examination completed within 30 days prior to admission on HFR forms
2. Physical exam reflects a diagnosis or probably diagnosis of Alzheimer’s Disease or other dementia- unless resident is a companion of a resident with dementia
3. Physical exam reflects that 24 hour skilled nursing care is not required
 |  |  |  |
| **G. Post –Admission Assessment contains the following:**1. Residents’ family supports
2. Level of activities of daily living
3. Physical care needs
4. Behavior impairment(s)
 |  |  |  |
| **H. Individual Service Plans shall be developed after the post-admission assessment, within 14 days of admission, and shall contain the following:**1. A description of the resident’s care and social needs
2. Frequency of services to be provided
3. Resident’s preferences
4. Specific behaviors to be addressed and interventions to be used
5. Identification of staff with primary responsibility for implementing the service plan
6. Evidence of family involvement in the plan
7. Evidence of at least quarterly updates or when the resident’s needs change substantially
 |  |  |  |
| **I. Therapeutic Activities shall be provided daily to meet the individual needs of the residents.**1. There is evidence that activities have been adapted to encourage participation of residents
2. The following activities must occur at least weekly

i. gross motor activitiesii. self care activities iii. social activities iv. craftsv. sensory enhancement activitiesvi. outdoor activities |  |  |  |
| .20(2)If the facility holds itself out as providing specialized care for residents with dementia, it meets the requirements of .20(1). |  |  | Check marketing materials. |

**Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**