SENIOR/ASSISTED LIVING QUESTIONNAIRE

A. Corporate/Parent Information

1. Corporate/Parent Name: _____
   Corporate Address: _____
   City: _____ State: _____ Zip: _____

2. Description of Corporate/Parent (check all that apply)

☐ For-Profit ☐ Not-For-Profit ☐ Individual ☐ Religious Affiliated
☐ Individual ☐ Partnership ☐ Corporation ☐ Hospital Affiliated
☐ JCAHO Accredited ☐ CARF-CCAC Accredited

3. Years under present ownership: _____

4. Total number of facilities owned: _____

5. Are facilities managed by a management company? ☐ Yes ☐ No

   If "Yes", please provide the name of the management company: _____

   Number of years with this management company: _____

6. List the Officers of the Operating Corporation or General Partners:

Name	Title	Status
		☐ Active ☐ Inactive
		☐ Active ☐ Inactive
		☐ Active ☐ Inactive
		☐ Active ☐ Inactive
		☐ Active ☐ Inactive

B. Applicant Information

1. Applicant Name: _____

2. Facility Names & Addresses

Facility Name	Facility Address

3. Contact Person for Berkley Human Services Risk Control Survey:

Name	Phone Number	Email Address

4. Is applicant aware of any recent circumstance which may result in any claim or suit being made and not recorded on loss runs provided? ☐ Yes ☐ No

   If "Yes", explain: _____

5. Please provide five years of currently valued, prior carrier loss information for all lines of coverage for which you are applying.

C. Administration

1. Name of Administrator: _____

   License Number: _____ State: _____

2. Length of time at this facility: _____

   Number of hours at this facility per week: _____

D. Nurse Staffing

1. Name of Director of Nursing (DON): _____

   Professional credentials: ☐ RN ☐ LPN

   a. Total # of nurse staff employees: _____

   b. By category:

Category	1st shift	2nd shift	3rd shift	Turnover %
RN				%
LPN/LVN				%
Certified Nursing Assistant (CNA) or Personal Caregiver				%
Agency				%
Staffing Pool				%

   a. Do you require nurses to carry malpractice coverage? ☐ Yes ☐ No

   b. Do you obtain and review nurses' certificates of malpractice insurance? ☐ Yes ☐ No

   c. Do you verify nursing licenses upon hire and annually thereafter? ☐ Yes ☐ No

   d. Do you verify CNA certificates upon hire and annually thereafter? ☐ Yes ☐ No

e. Do pool staffing agencies provide certificates of insurance naming your Organization and Facilities as an additional insured, with limits equal to or greater than your own for:

- General Liability? ☐ Yes ☐ No
- Abuse & Molestation? ☐ Yes ☐ No
- Professional Liability? ☐ Yes ☐ No
- Do you formally review at least annually? ☐ Yes ☐ No

E. Staff/Employee Selection and Hiring

1. Is there a formal, documented assessment process to measure staff competency skills? ☐ Yes ☐ No

2. Do you conduct an orientation and regularly scheduled in-service education programs for all staff/employees per state guidelines? ☐ Yes ☐ No

3. How are employees recruited? _____

4. Do background checks on new employees include verification of the following?
   a. Work history? ☐ Yes ☐ No
   b. Education? ☐ Yes ☐ No
   c. Criminal record? ☐ Yes ☐ No
   d. Credit history? ☐ Yes ☐ No
   e. Driving record – Motor Vehicle Record (MVR) when appropriate? ☐ Yes ☐ No
   f. Drug testing? ☐ Yes ☐ No
   g. Abuse registry? ☐ Yes ☐ No
   h. Other, please describe: _____

Please indicate the total number of Employees/Volunteers/Independent Contractors, which fall into the following categories in the table below OR provide a separate LIST OF ALL CURRENT STAFF, whether considered a "professional" or not, with names, degrees, field of study, positions, and indicate if each is an employee, volunteer or independent contractor:

	Employees	Volunteers	Independent Contractors
Administrators			
Case Managers (Master's Degree)			
Case Managers (all other)			
Child Care Workers			
Clergy			
Counselors (Master's Degree)			
Counselors (all other)			
Dentists (DDS)			
Dental Hygienists			
Home Health/Personal Care Attendants			
Nurse - CNA			
Nurse – LPN			
Nurse – RN			
Nurse Practitioner			
Nutritionists / Dieticians			
Optometrists			
Paramedics / EMT's			
Pharmacists			
Psychologists (Masters or PhD's)			
Psychologists (all other)			
Physicians (MD's)			
Physicians' Assistants			
Psychiatrists (MD's)			
Residential Care Managers			
Residential Care Workers			
Social Workers (Masters' Degree)			
Social Workers (all other)			
Teachers / Teaching Assistants / Tutors			
Therapists – Occupational			
Therapists – Physical			
Therapists – Speech / Hearing			
Other Professionals			
Remaining Staff			
Total			

F. Consultant/Independent Contractors and Services

1. Indicate which of the following services are contracted to you, if a contract is in place, and limits of liability carried by the contractor:

Services	Is Service Provided?	Is a Contract in Place?	Limits of Liability
Physicians Medical	☐ Yes ☐ No	☐ Yes ☐ No	$
Dental	☐ Yes ☐ No	☐ Yes ☐ No	$
Nursing	☐ Yes ☐ No	☐ Yes ☐ No	$
Mental Health	☐ Yes ☐ No	☐ Yes ☐ No	$
Pharmaceutical	☐ Yes ☐ No	☐ Yes ☐ No	$
Physical Therapy	☐ Yes ☐ No	☐ Yes ☐ No	$
Speech Therapy	☐ Yes ☐ No	☐ Yes ☐ No	$
Dietary	☐ Yes ☐ No	☐ Yes ☐ No	$
X-Ray	☐ Yes ☐ No	☐ Yes ☐ No	$
Medical Records	☐ Yes ☐ No	☐ Yes ☐ No	$
Laboratory	☐ Yes ☐ No	☐ Yes ☐ No	$
Social Services	☐ Yes ☐ No	☐ Yes ☐ No	$
Recreational Services	☐ Yes ☐ No	☐ Yes ☐ No	$
Transportation	☐ Yes ☐ No	☐ Yes ☐ No	$
Barber/Beautician	☐ Yes ☐ No	☐ Yes ☐ No	$
Food	☐ Yes ☐ No	☐ Yes ☐ No	$
Laundry	☐ Yes ☐ No	☐ Yes ☐ No	$
Home Health	☐ Yes ☐ No	☐ Yes ☐ No	$
Other:	☐ Yes ☐ No	☐ Yes ☐ No	$
Other:	☐ Yes ☐ No	☐ Yes ☐ No	$
Other:	☐ Yes ☐ No	☐ Yes ☐ No	$
Other:	☐ Yes ☐ No	☐ Yes ☐ No	$

2. Do Independent Contractors provide certificates of insurance naming your facilities as an additional insured, with limits equal to or greater than the limits of coverage you carry for:

a. General Liability? ☐ Yes ☐ No
b. Abuse & Molestation? ☐ Yes ☐ No
c. Professional Liability? ☐ Yes ☐ No
d. Do you formally review at least annually? ☐ Yes ☐ No

G. Volunteers

1. Average number of daily volunteers: _____

2. Is there a formal screening and orientation process for volunteers? ☐ Yes ☐ No
Explain: _____

3. Are roles & responsibilities of volunteers clearly communicated to staff and volunteers? ☐ Yes ☐ No

4. Do volunteers assist with resident feeding? ☐ Yes ☐ No

5. Are criminal background checks run on volunteers? ☐ Yes ☐ No

H. Risk Management

1. Is there a risk management program implemented throughout your facilities? ☐ Yes ☐ No

2. Is there a designated risk manager? ☐ Yes ☐ No
   If "Yes", risk manager's name: _____
   Years at current position: _____

3. Incident Reporting
   a. Is there an incident reporting policy? ☐ Yes ☐ No
   b. Are all incident reports reviewed by the DON, Facility Director and Risk Manager? ☐ Yes ☐ No
   c. Are incidents trended and reviewed by a quality/risk management team? ☐ Yes ☐ No

4. Is there a formal Safety Program that includes:
   a. Life Safety? ☐ Yes ☐ No
   b. Fire Prevention? ☐ Yes ☐ No
   c. Food Safety? ☐ Yes ☐ No
   d. Vehicle Safety? ☐ Yes ☐ No

5. Maintenance
   a. Is there a formal, Preventive Maintenance (PM) program? ☐ Yes ☐ No
   b. Are there annual facility audits that include PM program evaluations of:
      - Electrical devices/equipment inspections? ☐ Yes ☐ No
      - Primary and backup electrical supply inspection and testing? ☐ Yes ☐ No
      - Fire Protection inspection and testing? ☐ Yes ☐ No
      - Quality & Retention of inspection and testing records? ☐ Yes ☐ No

6. What security measures are used to control unauthorized entrances and exits from the facility?

_____

7. Client Locating Devices
   a. Are client locating devices used as part of elopement prevention practices? ☐ Yes ☐ No
   b. Are these devices for residents and building maintained and inspected according to manufacturer's specifications? ☐ Yes ☐ No
   c. Number of elopements in past three years: _____
   d. If elopement(s) occurred, was harm caused to the resident(s) involved? ☐ Yes ☐ No

8. Are nursing assessment protocols in place to identify residents at risk for:
   a. Elopement? ☐ Yes ☐ No
   b. Falls? ☐ Yes ☐ No
   c. Cognitive Impairment? ☐ Yes ☐ No
   d. Nutritional Deficiency? ☐ Yes ☐ No

9. Are monthly reviews of drug regimens performed? ☐ Yes ☐ No

10. Medication Management
    a. How are medications stored and distributed? _____
    b. Are records kept on drug supplies and dispersal? ☐ Yes ☐ No
    c. What is the maximum value of medications on hand? $ _____

11. Pharmacist
    a. Is a licensed pharmacist on staff? ☐ Yes ☐ No
    b. Is an outside pharmacy used? ☐ Yes ☐ No
    c. Is an onsite pharmacy used? ☐ Yes ☐ No
    If "Yes", revenue per year: $ _____

12. Admission/Discharge/Transfer
    a. Are admission, discharge and transfer criteria established? ☐ Yes ☐ No
    b. Who ensures compliance with these criteria? _____

13. Do facilities have advance written consent from resident or guardian that allows medical care be provided when necessary? ☐ Yes ☐ No

14. Do facilities have a written policy addressing abuse? ☐ Yes ☐ No
    a. If "Yes", does the policy include procedures for reporting and investigating alleged incidents of abuse? ☐ Yes ☐ No
    b. Are employees and volunteers educated about these procedures? ☐ Yes ☐ No
    c. Are policies and procedures reviewed and updated as required by State guidelines? ☐ Yes ☐ No
    d. Has the organization (including any employees or volunteers) had a claim or suit brought against them as a result of abuse within the last ten years? ☐ Yes ☐ No
    If "Yes", please explain the claim, the depth of the investigation and the outcome, including any corrective actions taken:

15. Do the facilities have a formal grievance procedure in place to address resident/family complaints? ☐ Yes ☐ No

16. Are facilities equipped with AED's ☐ Yes ☐ No
    What is the procedure for use?

I. Auto

1. Do you contract with an outside service (e.g. ambulance, bus, van) to transport residents? ☐ Yes ☐ No
   If "Yes", what is the name of the transport service? _____

2. Do employees transport residents in their personal vehicles (non-owned vehicles)? ☐ Yes ☐ No
   If "Yes", for what reason: _____
   Average # of trips per week? _____ Average distance? _____

3. Do you require employees to carry minimum insurance limits? ☐ Yes ☐ No

4. Do you have any commercial rated vehicles? ☐ Yes ☐ No
   Please describe: _____

5. Do volunteers operate any facility owned vehicles? ☐ Yes ☐ No

6. Please advise if the following are conducted on all staff and volunteers who are authorized to transport clients:
   a. MVR's screened against rigid driving standards ☐ Yes ☐ No
   b. Vehicle specific, hands-on driver training ☐ Yes ☐ No
   c. Driver training includes rules about passenger safety restraint use ☐ Yes ☐ No
   d. Sign a policy restricting the use of hand held electronic devices when operating facility or non-owned vehicles ☐ Yes ☐ No
   e. Wheelchair lift equipment operator training ☐ Yes ☐ No
   f. Attend annual Defensive Driver Training ☐ Yes ☐ No