

SENIOR/ASSISTED LIVING FACILITY SPECIFIC QUESTIONNAIRE

(please provide the following for each facility)

Corporate/Parent Name: _____

Facility Specific Questionnaire

Facility Description

1. Facility name: _____ Location #: _____
Full Address: _____
2. Name of facility owner(s): _____ Years of Ownership: _____
3. Who operates the facility? _____ How long have they operated the facility? _____
4. Does the facility ever use physical restraints? _____
5. Does the facility have Medicare/Medicaid Certification? Yes No
 - a. Has the facility ever filed for bankruptcy? Yes No
 - b. Has the facility had its license suspended, revoked, or been placed on probation? Yes No
 - c. Has the facility had an incident that resulted in an allegation or sexual abuse or bodily injury? Yes No

Classification

1. Select only the level of care reflected in the facility license.

Independent Living	<p>a. Residents are retirement age, live self-sufficiently, occupy apartment / dwelling units equipped with cooking or laundry appliances; Home Care, Home Health Care, or Housing with Services are not provided by the facilities, or contracted by facilities with a third party for resident service.</p> <p>b. Total number of units: _____</p> <p>c. Is there a common dining facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Residents may have private home health-care aides? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the aides contracted by resident client directly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Assisted Living	<p>Residents are ambulatory (not bedridden).</p> <p>Facility is a combination of housing, personalized supportive services, health care services designed for persons who are mostly able to care for themselves. Provides protective environment, meals, assistance with medications, group socials, spiritual activities, etc.</p> <p>Total Number of units: _____</p>

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Assisted Living with Memory Care	<p>Residents are ambulatory (<i>not bedridden</i>).</p> <p>Same as Assisted Living, but with a locked-secured 24 hour attended Memory Care area or building section.</p> <p># of Memory Care units: _____</p>												
Skilled Nursing	<p>Licensed medical staff that provides: injections, catheter insertion and sterile irrigation, physical and occupational therapy, oxygen/inhalation therapy, routine changing of dressings, tube feeding, etc.</p> <p># of Licensed beds/units: _____</p>												
Home & Community Based Services	<p>Facility or operations staff providing <u>off-site</u>, handyman/weatherization services, durable medical equipment installation/service, home care aides, hospice care, home health services such as, rehabilitation therapy, respiratory services, pharmacy, oxygen supplier, prosthetic/orthotic, skilled nursing care, etc.</p> <p># of annual visits: _____ Annual receipts: \$_____</p> <p>What services are provided? _____</p>												
Adult Day Care or Respite Care	<p>Facilities that provide care for seniors who need assistance or supervision during the day while family members or caregivers go to work or handle personal business.</p> <table border="1" data-bbox="479 976 1409 1350"> <thead> <tr> <th data-bbox="479 976 657 1039">Avg # of Daily Clients</th> <th data-bbox="657 976 1409 1039">Type of Adult Day Care</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1039 657 1102"></td> <td data-bbox="657 1039 1409 1102">Adult Social Day Care: offering social activities, meals, recreation.</td> </tr> <tr> <td data-bbox="479 1102 657 1165"></td> <td data-bbox="657 1102 1409 1165">Limited-Adult Day Health Care: offering health care services as defined by Assisted Living above.</td> </tr> <tr> <td data-bbox="479 1165 657 1228"></td> <td data-bbox="657 1165 1409 1228">Nursing Home-Adult Day Health Care: offering health care services as defined by Skilled Nursing above.</td> </tr> <tr> <td data-bbox="479 1228 657 1291"></td> <td data-bbox="657 1228 1409 1291">Respite Care (Assisted Living): offering limited health care needs as defined by Assisted Living.</td> </tr> <tr> <td data-bbox="479 1291 657 1350"></td> <td data-bbox="657 1291 1409 1350">Respite Care (Nursing Home): offering health care services as defined by Skilled Nursing above.</td> </tr> </tbody> </table>	Avg # of Daily Clients	Type of Adult Day Care		Adult Social Day Care: offering social activities, meals, recreation.		Limited-Adult Day Health Care: offering health care services as defined by Assisted Living above.		Nursing Home-Adult Day Health Care: offering health care services as defined by Skilled Nursing above.		Respite Care (Assisted Living): offering limited health care needs as defined by Assisted Living.		Respite Care (Nursing Home): offering health care services as defined by Skilled Nursing above.
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Child Day Care	<p>Licensed # of Children: _____ Average Daily Attendance: _____</p> <p>Hours of Operation: _____ Number of Employees: _____</p> <p>Do you provide any transportation for children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", describe: _____</p>												

2. Percentage of residents by age range:

(% < 30) (% = 30-64) (% = 65-74) (% = 75-84) (% = 85-94) (% > 94)

3. Additional general liability exposures:

- a. Are there swimming pools? Yes No
 If "Yes", how many? _____
 Is there a sign of pool safety rules posted as required by the State? Yes No
 Is the pool open to the public? Yes No
 Is the pool locked when not in use? Yes No
 Is the pool fenced? Yes No
 Is a full-time lifeguard on duty? Yes No
 Posted sign stating "No lifeguard on duty"? Yes No
 Staff supervised when used by resident clients? Yes No
 Is there a diving board/sliding board? Yes No
 Are there depth markings and "No Diving" signs and markers around shallow areas? Yes No
 Is there a daily maintenance procedure in place? Yes No
 Is it an indoor or outdoor pool? _____
- b. Are there other bodies of water present around the facility? Yes No
 If "Yes", how many? _____
- c. Are there saunas and/or hot tubs? Yes No
 If "Yes", how many? _____
 Is there an attendant on duty? Yes No
 If "Yes", how many hours per day is the attendant on duty? _____
 Is the area secured when not in use? Yes No
 Is there a sign of safety rules posted per State guidelines? Yes No
- d. Are there tennis/racquetball/handball courts? Yes No
 If "Yes", how many? _____
- e. Are there exercise/weight rooms? Yes No
 If "Yes", how many? _____
 Is there an attendant on duty? Yes No
 If "Yes", how many hours per day is the attendant on duty? _____
 Are there treadmills? Yes No
- f. Are there indoor parking facilities? Yes No
 How many parking spaces? _____
 Are there hard wired CO detectors & alarms? Yes No
- g. Are outside parties allowed to use facilities? Yes No
 If "Yes", describe: _____
- h. Is food service open to the public? Yes No

Property / Life Safety Information

1. Facility

Year Built: _____

Number of Stories (w/o basement) _____ Total Area (w/o basement) _____ square feet

Number of Basement Levels _____ Total Basement Area _____ square feet

Construction Type:

Frame _____ % Masonry-Joisted _____ % Non-Combustible _____ %

Masonry Non-Combustible _____ % Fire Resistive _____ %

Building Updates:

	<u>Roof</u>	<u>Electricals</u>	<u>Heating</u>	<u>Plumbing</u>
Date last inspected:				
Date last updated:				

- a. Was the building constructed for this occupancy? Yes No
If "No", please explain: _____
- b. Have there been any water damage incidents in the past five years? Yes No
If "Yes", have they been corrected? Yes No
Please describe: _____
- c. Are all vertical openings (stairwells, elevators, trash chutes, electrical/plumbing chases, etc.) protected and enclosed with self-enclosing doors and wall structures having a minimum of 1-hour fire rating? Yes No
If "No", please explain: _____
- d. Type of wiring (copper or aluminum): _____
- e. Type of roof: _____
- f. Has your building ever sustained foundation damage? Yes No
- g. Duct Cleaning
Is there a scheduled service to clean heating and ventilation ducts? Yes No
How often are ducts cleaned? _____

2. Occupancy

- a. Are there other occupancies in the building not related to resident care? Yes No
If "Yes", describe: _____
- b. Does the facility have a "No Smoking" policy in effect? Yes No
- c. Is there a designated smoking area available with approved cigarette butt dispensers? Yes No
- d. How many exits (excluding the front door) in the building? _____
- e. Are exits equipped with panic alarms? Yes No
- f. Do alarms ring into a central security desk or attended nurses' station? Yes No
- g. Are there at least two remote exits on each floor? Yes No

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3. Protection

- a. Is your facility 100% sprinkler protected including concealed spaces (e.g. attic, trash chutes, and storage areas)? Yes No
- b. Is sprinkler protection inspected and tested by a licensed and insured automatic sprinkler protection company? Yes No
- c. Are alarm signals monitored by a UL-Approved Central Station Alarm Company or responding fire department? Yes No
- d. Is there a written emergency plan covering fire, natural disasters and threats? Yes No
- e. Does the fire department have an emergency plan in place for your facility? Yes No
 - If "Yes", indicate the last date these procedures were updated: _____
 - Last date emergency plan was practiced with the fire department: _____
- f. Are commercial kitchens equipped with an approved fire suppression system? Yes No
 - Is there a hood and grease filter? Yes No
 - What is the frequency of cleaning (e.g. monthly/quarterly)? : _____
 - Do you use an outside contractor for cleaning exhaust stack? Yes No
 - Is there an automatic fuel shutoff? Yes No
- g. Are there hardwired smoke detectors in resident rooms/apartments? Yes No
- h. Are doors equipped with approved self-closing devices where required? Yes No
 - Are there formal security measures to control unauthorized entrance to your facility? Yes No
 - Are there alarms on exit doors to alert staff that residents may be leaving the building? Yes No
 - Are there regularly documented security checks throughout each day? Yes No
 - Is the building equipped with hardwired emergency lighting with emergency power redundancies? Yes No
- i. Are fire protection and alarms tested regularly? Yes No
Is testing documented? Yes No
- j. Are corridors, doors, ramps, stairs, etc. free and clear of obstructions? Yes No
- k. Is there video surveillance, or only recorded video? Yes No
- l. Do you have video surveillance signs posted? Yes No
Please describe extent of use: _____
- m. Are fire drills conducted regularly? Yes No
- n. Are there emergency call buttons / pullcords in each room/unit? Yes No
How often are they inspected? _____
Are inspections documented? Yes No
- o. Are handrails provided in hallways and bathrooms? Yes No
- p. Are bathtubs/showers equipped with non-slip surfaces and approved commercial handrails? Yes No
- q. Is there an active, facility-wide Slip, Trip, and Fall prevention program? Yes No
 - Is this documented? Yes No