

JDC-Brookdale Institute
of Gerontology and
Human Development

Ministry of Labor and Social Affairs
Division for Personal and Social Services
Services for the Aged

Surveillance of Institutions for the Semi-Independent and Frail Elderly

A Guide for Surveyors

Rachel Fleishman
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WHAT IS THE JDC-BROOKDALE INSTITUTE?

A national center for research on aging, human development, and social welfare in Israel, established in 1974.

An independent not-for-profit organization that operates under the auspices of the American Jewish Joint Distribution Committee (AJJDC) and the Government of Israel.

A team of professionals dedicated to applied research on high-priority social issues relevant to the national agenda.

A knowledge resource committed to promoting its findings and to assisting policymakers and service providers in the planning and implementation of effective social services.

The research involves an interdisciplinary approach with a focus on five main areas:

- ♦ **Gerontology**
- ♦ **Health Policy**
- ♦ **Immigrant Absorption**
- ♦ **Children and Youth with Special Needs**
- ♦ **Disability**

19.2.95
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BR-M-34-95 / 27034
c.1
Jerusalem

January 1995

This Guide is an English version of the revised Hebrew edition (M-20-91/95).

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Foreword

This Guide is the product of a multi-year collaboration between researchers at the JDC-Brookdale Institute, staff at the Service for the Aged in the Ministry of Labor and Social Affairs, and staff at the Public Health Services and Department of Chronic Diseases in the Ministry of Health. This collaborative effort between researchers and service providers has produced results, including the introduction of a new program - the RAF Method for regulation, assessment and follow-up - into the surveillance system of the Service for the Aged for institutions for the semi-independent and frail elderly. The introduction of this program has caused dramatic changes in the surveillance system and in the surveyors' work. These changes have had an immediate effect and have led to an improvement in the quality of care and the quality of life of the institutions' residents. The improvement of the surveillance system is an example of the strength inherent in cooperative efforts between researchers and fieldworkers.

The success of the cooperative program has led to the creation of a similar program, in cooperation with the Public Health Services in the Ministry of Health, to improve the effectiveness of the surveillance of hospitals for the chronically ill. In addition, efforts are currently underway to develop comparable programs, using the RAF Method, for the surveillance systems of other services in the Ministry of Labor and Social Affairs. Thus the JDC-Brookdale Institute continues its tradition of fostering cooperation between researchers and fieldworkers in an effort to promote the quality of care and the quality of life for the many populations who live in institutions in Israel. It is my sincere hope that this Guide will facilitate the implementation of the RAF Method in surveillance systems and that the fruitful collaboration which it represents will continue in the future.

Prof. Jack Habib
Director, JDC-Brookdale Institute

State of Israel
Ministry of Labor and Social Affairs
Division for Personal and Social Services

Jerusalem

17 November, 1994

To the Directors, Surveyors, Staff of the Service for the Aged, and Staff of the Brookdale Institute:

With the publication of this revised edition of the *Guide for Surveyors* and the implementation of the new, computerized surveillance system nationwide by the Ministry of Labor, we have taken a giant stride forward in assuring the quality of services for the semi-independent and frail elderly who reside in institutions.

Our current capability to clearly define minimal, acceptable and optimal standards will obligate service providers to act, at the very least, according to established criteria.

Our ability to evaluate *what we see* has improved dramatically as a result of the instruments used during the surveillance process, including examination of key personnel and records and interviews with elderly residents.

Concurrent with the publication of this Guide, we have reviewed and updated the regulations found in the Surveillance Law for Institutions for the Aged. As a result, there are now regulations for institutions of all sizes, both small (up to six residents) and large (more than six residents), with the requirements adjusted accordingly.

In order to achieve the objective we have set - to eliminate all old-age homes operating without a license - we must continue to make every effort towards:

- a. Authorization and publication of the revised regulations;
- b. Continuous improvement of the reporting system and its computerization;
- c. Improvement of our ability to use data to analyze problems and deficiencies and bring about their correction;
- d. The immediate closure, through administrative or legal means, of institutions that do not meet regulatory standards, and the punishment of their owners (to prevent them from opening another home under another name or framework);
- e. The involvement of outside agencies to help in the surveillance process, using the clear definitions contained in the surveillance method.

The foundation that has been laid will also serve to guarantee the quality of services in other settings: boarding institutions for children, sheltered housing, and so on.

I would like to take this opportunity to thank all those who have worked and are currently working in this area. We must remember that the publication of this Guide is not the final goal but only a stepping stone to the real work: implementation in the field. Our true reward is the satisfaction of assuring a life of dignity for our elderly. We will continue to strive to honor the precept:

Cast me not off in the time of old age; forsake me not when my strength fails me. *Proverbs*

Sincerely,
Haim Posner
Division Director

Abstract

The number of institutions for the semi-independent and frail elderly has increased significantly in recent years in response to the growth of Israel's elderly population. This increase has drawn attention to the need to find more efficient ways of regulating the quality of care provided by these institutions.

In 1985 the JDC-Brookdale Institute began its efforts to develop a method to evaluate and improve the quality of care in long-term care institutions. In 1988 an experimental five-year program using this method - the RAF Method* - was introduced into the surveillance system for institutions for the semi-independent and frail elderly in Israel, as a cooperative effort of the Service for the Aged of the Ministry of Labor and Social Affairs and the JDC-Brookdale Institute. In light of the experimental program's success in identifying and correcting deficiencies and in promoting the continuous improvement of the quality of care for residents in these institutions, the new surveillance system for these institutions was formally adopted nationwide in 1993 by the Ministry of Labor and Social Affairs.

This guide contains a description of the development and characteristics of this surveillance system and a detailed explanation of the entire surveillance process. The forms and questionnaires used during the surveillance process are included in the accompanying appendices.

The system makes use of the RAF Method for surveillance. This method is based on the principles of quality assurance and on the tracer approach which focuses on the examination of the quality of care given to a number of selected problems (tracers). In addition, other changes introduced by the RAF Method to improve the effectiveness of the regulatory system include: the use of structured surveillance instruments; data collection from multiple sources of information; emphasis on resident input; differentiation between surveillance stages; monitoring of compliance with regulatory requirements; creation of a nationwide data base to facilitate policymaking and research; and public access to surveillance instruments.

Under the newly adopted system, surveillance is conducted in cycles: A cycle begins when an institution requests renewal of its operating license. The staff of the institution completes a form

* A Method for Regulation, Assessment, Follow-up and Continuous Improvement of Quality of Care devised by Dr. Rachel Fleishman and her team at the JDC-Brookdale Institute, Jerusalem.

with demographic details about the residents of the institution and each resident's problems, according to a list of designated "tracers". The specific tracers are representative of different areas of care (Nursing/Medical - Psychosocial - Environmental/Operational) and were developed in consultation with specialists in each field.

On the basis of these data, a sample of ten residents, who represent the distribution of problems in the institution, is chosen. The treatment of these residents' problems is examined during a comprehensive inspection visit conducted once a year. During this visit, two surveyors - a social worker and a nurse - use a series of structured forms to gather information from multiple sources. These computerized data are then processed and compiled in a report of findings which describes in detail the quality of care in each of the areas.

The report of the findings is sent to the director of the institution who is requested to correct the deficiencies noted within a period of time determined during negotiations with the surveyors. During the course of the year, the surveyors conduct follow-up visits to check if the deficiencies have been corrected as requested. Once the deficiencies have been corrected to the surveyors' satisfaction, a recommendation for renewal of the operating license is filed. If the deficiencies noted are not corrected, progressive sanctions are taken which can lead to the revocation of the license and the closing of the institution.

This guide has been written with three goals in mind:

- a. To explain the development of the new surveillance system and describe its special characteristics;
- b. To describe the RAF Method for surveillance and the tools, including the forms, questionnaires and reports, used during the surveillance process;
- c. To provide clear, written guidelines for surveyors on how to implement the surveillance process.

While the guide is intended for the use of surveyors from the Service for the Aged in the Ministry of Labor and Social Affairs, it will also prove useful to senior staff and management in other social and health services and systems who wish to establish surveillance systems or use surveillance data in planning and policymaking. Researchers who work in quality of care will also find the methodology of interest.

The RAF Method for surveillance described in the guide can be adapted for use by other systems and organizations. Replications of the basic study on institutional care were carried out in Florida (USA) and in Cape Town, South Africa. In both cases, the use of the RAF Method was successful in evaluating the quality of care in long-term institutions.

At present, the method, after adaptation, is being implemented nationwide in the Ministry of Health's nursing surveillance system for institutions for the chronically ill. In addition, four

departments of the Ministry of Labor and Social Affairs responsible for the regulation of institutions for children "at risk", juvenile offenders, the mentally handicapped and rehabilitation have expressed a desire to improve the quality of care in the institutions under their supervision. Programs are currently being developed to improve the regulation of these institutions.

Acknowledgments

We would like to thank Haim Posner, Director of the Division for Personal and Social Services of the Ministry of Labor and Social Affairs, and Yitzhak Brick, Director of ESHEL (The Association for the Planning and Development of Service for the Aged in Israel); Shmuel Friedman, former Director of the Service for the Aged of the Ministry of Labor and Social Affairs; Ayala Shapira, former National Surveyor; and Jack Habib, Director of the JDC-Brookdale Institute and Director of JDC-Israel, for their unflagging support and encouragement. Our thanks to Ben-Zion Kerem, Deputy Director of the Service for the Aged, for emphasizing the importance of residents' rights.

Special thanks are due to the surveyors of the Service for the Aged throughout the country, whose willingness to change the system was behind the success of the program. We value highly their efforts to improve the quality of care in institutions for the elderly.

We would also like to thank the directors and staffs of institutions who cooperated in the program's implementation and who offered suggestions for its improvement. We thank the elderly who drew the surveyors' attention to various deficiencies, thereby contributing both to the crystallization of the new surveillance system and to the improvement of institutional quality of care.

We would like to thank our colleagues at the JDC-Brookdale Institute for their support and assistance during the course of our work. In particular, we would like to thank Moshe Nordheim and Hagit Samet for designing the surveillance system's software and for assisting with its implementation. Our thanks to Revital Ronen who participated in preparing the original Hebrew version and Dalia Ben-Rabi who assisted with the English version.

Finally, we would like to express our appreciation to members of the JDC-Brookdale Institute's Publication Unit who worked on this publication: Marsha Weinstein - translation, Leslie Klineman - production, and Galina Lane - proofreading. In particular, we would like to thank Terry Benninga for her thorough editing and many useful suggestions and Elana Shizgal for her skillful typesetting.

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1. Introduction

This manual is a comprehensive guide to the surveillance system formally adopted in 1993 by the Service for the Aged of the Ministry of Labor and Social Affairs to regulate homes for the semi-independent and frail elderly. The system - based on the RAF Method* - was used nationwide for five years on an experimental basis, as a cooperative effort of the Service for the Aged and the JDC-Brookdale Institute. At the end of the five-year period an evaluation confirmed the experimental program's success in assisting surveyors to identify and correct a greater number of deficiencies and in promoting the continuous improvement of the quality of care in these institutions. It is hoped that this improvement in the effectiveness of the surveillance system will enhance the quality of life of institution residents.

This guide contains a description of the principles and characteristics of the RAF Method for surveillance and a detailed explanation of the entire surveillance process (Fleishman, Bar Giora et al., 1989; Fleishman, Mizrahi et al., 1994). The forms and questionnaires used during the surveillance process are included in the accompanying appendices.

This guide has been written with three goals in mind:

- a. To explain the development of the new surveillance system and describe its special characteristics;
- b. To describe the RAF Method for surveillance and the tools, including the forms, questionnaires and reports, used during the surveillance process;
- c. To provide clear, written guidelines for surveyors on how to implement the new surveillance process.

While the guide is intended for the use of surveyors from the Service for the Aged in the Ministry of Labor and Social Affairs, it will also prove useful to the staff and management in other social and health services and systems who wish to establish surveillance systems or use surveillance data in planning and policymaking. Researchers who work in quality of care will also find the methodology of interest.

* A Method for Regulation, Assessment, Follow-up and Continuous Improvement of Quality of Care devised by Dr. Rachel Fleishman and her team at the JDC-Brookdale Institute, Jerusalem.

The RAF Method for surveillance described in the guide can be adapted for use by other systems and organizations. At present, the method, after adaptation, is being implemented nationwide in the Ministry of Health's surveillance system for private institutions for the chronically ill. In addition, four departments of the Ministry of Labor and Social Affairs responsible for the regulation of institutions for children "at risk", juvenile offenders, the mentally handicapped and rehabilitation have expressed a desire to improve the quality of care in the institutions under their supervision. Programs are currently being developed to improve the regulation of these institutions.

2. Background

2.1 The Government Surveillance System for Institutions for the Semi-Independent and Frail Elderly

Institutions for the semi-independent and frail elderly are regulated by the Service for the Aged of the Ministry of Labor and Social Affairs. The purpose of government regulation is to ensure that the physical conditions, the services and the treatment of the elderly in these institutions comply with the Surveillance Law for Institutions for the Aged (1965), the Regulations on Staffing Ratios and Staff Qualifications in Institutions for the Semi-Independent and Frail Elderly (1977), and the Regulations for Surveillance of Institutions (1986) of the Ministry of Labor and Social Affairs. In addition, government regulation is intended to guarantee uniform standards of care and to guide staff in how to meet these standards.

In 1993 there were over 160 institutions for the semi-independent and frail elderly in the government surveillance system in Israel. The authority of the government surveillance system includes: making recommendations for licensing based on ongoing surveillance; guidance of senior staff in institutions; placement of elderly in institutions according to set criteria; reimbursement for those referred; proposing new regulations or amendments to existing ones; and determining criteria and standards for types of corrections in these institutions.

The surveillance staff is composed of national and regional surveyors who are either trained social workers or registered nurses. The national surveyors, while primarily concerned with determining policy, overseeing annual work programs, and training surveyors also engage in direct surveillance. The regional surveyors are primarily concerned with direct surveillance and referrals. Institutions are inspected with variable frequency according to the level of quality, but not less than two to three times a year.

In certain areas such as sanitation, fire prevention, medical care and nutrition, assistance with surveillance and regulation is provided, as needed, by the Ministry of Health.

2.2 The Development of the New Surveillance System

In 1985 a cooperative effort to improve the surveillance system for institutions for the semi-independent and frail elderly in Israel was begun between the Service for the Aged of the Ministry of Labor and Social Affairs and the JDC-Brookdale Institute of Gerontology and Human Development. This partnership was formed following two separate developments.

The staff of the Service for the Aged expressed the belief that institutional quality of care could be improved by introducing changes into the existing surveillance system. In 1985 the surveillance system was largely subjective. It was based on the professional judgement of each individual surveyor. The two surveyors (a general surveyor who is a social worker, and a nurse surveyor) paid separate visits to each institution and maintained a separate correspondence with its director. Each surveyor had his own method of recording findings and of following up the correction of deficiencies identified. The Service for the Aged felt that the surveillance system could become more effective if standard, objective instruments were introduced into the surveillance process.

At the same time, the JDC-Brookdale Institute completed a study in which tools for measuring the quality of care were developed (Fleishman, Tomer et al., 1985; Fleishman, Tomer et al., 1986; Fleishman, Tomer, and Schwartz, 1990).

Staff of the JDC-Brookdale Institute and surveyors from the Service for the Aged spent two years developing methods and instruments for ongoing surveillance of institutions for the semi-independent and frail elderly in Israel (Fleishman, Bar Giora et al., 1988; Fleishman, Bar Giora et al., 1989; Fleishman, Tomer et al., 1986). These instruments and methods were examined in a pre-test at six institutions. Following modification of the instruments based on analysis of the pre-test's findings, the new surveillance system was implemented nationwide in 1987 in a five-year, experimental program.

During these five years, a team from the JDC-Brookdale Institute was actively involved in an advisory capacity, assisting the surveyors in the use of the methodology, with the collection and analysis of the data, and in the operation of the program. During the first stage of the program's development, emphasis was placed on identifying and evaluating deficiencies. During the second stage, emphasis was focused on enforcing demands to correct deficiencies, strengthening the connection between surveillance findings and licensing, and developing standards of care in institutions for the elderly. Annual evaluations were conducted and the program was modified accordingly.

In addition, since the new program was designed in light of existing resources, in particular, limited surveillance time, it was important that the surveyor's time be used as efficiently as possible. Consequently, efforts were made to map out the annual surveillance task of each

surveyor and to develop criteria for differential allocation of surveillance time among institutions by building profiles of the quality of care in institutions, based on the surveillance findings (Ben-Rabi et al., 1992).

A final, comprehensive evaluation of the program, including processing of before and after measurements, was conducted at the end of the five years. In light of the evaluation's successful results, the new surveillance system was formally adopted nationwide in 1993 (Fleishman, Ronen et al., 1989; Fleishman, Mizrahi et al., 1994). In addition, the data gathered were used to compile summary reports on the residents and institutions, to be used in planning and policymaking by the Service for the Aged.

Also at the conclusion of the five years, the surveillance system's software and all the related information files were transferred to the Ministry of Labor and Social Affairs. During the first six months following the transfer, the Brookdale Institute continued to check the operation of the system and the reliability of the data generated.

2.3 The Tracer Approach and Quality Assurance Principles

The RAF Method used in the new surveillance system is based on the tracer approach and quality assurance principles (Donabedian, 1991). The use of tracers was first employed by Kessner (1973) to evaluate pediatric ambulatory medical services in the USA. During the last decade, the JDC-Brookdale Institute has developed a method based on this concept and expanded its applications.

According to the tracer approach as developed by the JDC-Brookdale Institute, an in-depth examination of a number of selected problems (tracers) from which a resident may suffer and which represent various areas of care, may serve as the basis for evaluating the overall quality of care in an institution. A problem (or illness) can serve as a tracer if it meets the following criteria: It is highly prevalent; it significantly affects the elderly individual's functional ability; its diagnosis is well-defined; there are standard procedures of care; and there is a treatment which is likely to have a positive effect on the natural course of the condition.

The care provided for each tracer (problem) is examined through multiple sources of information and by evaluating structure, process, and/or outcome indicators for each tracer condition. Data is collected on both institutional and individual levels. Evaluations are based on professional standards and expected outcomes. The tracer approach is based on the assumption that a given caregiver will consistently provide the same level of care for various conditions in the same area. For example, in the nursing area, it is assumed that the nursing staff, who provide a certain quality of care with respect to difficulty with washing, will provide the same level of care with respect to mobility problems, difficulty with dressing, and the rest of the ADL tracers. Therefore,

a few tracers examined in depth can provide the basis for assessing the overall quality of care provided by a specific service in a specific area (Fleishman et al., 1990).

The tracer approach for evaluating quality of care is particularly suited to surveillance systems because of its efficiency and flexibility. It is efficient because an overall picture of the quality of institutional care is provided by a small number of tracers. It is flexible because tracers may be changed according to changes in needs or priorities and may be examined in more or less depth, according to available resources and the goals of the examination. It is also possible to change the tracers used in the annual surveillance visit in order to emphasize different aspects of care each year. Thus, over time, a large number of areas will be inspected and the institution's staff will receive appropriate guidance.

The second major component of the RAF Method is the quality assurance model. The key element in this model is the promotion and evaluation of a continuous improvement of quality of care in the system. This objective is reached through four stages (the surveillance process):

- a. Systematic collection of data for detection of deficiencies;
- b. Analysis of data to determine deficient areas of care according to government regulations;
- c. Interventions with staff in the service system for correction of deficiencies;
- d. Follow-up and evaluation of correction of deficiencies (outcome).

2.4 Overview of the New Surveillance System

Under the newly adopted system, surveillance is conducted in cycles: A cycle begins when an institution requests renewal of its operating license. The staff of the institution completes a form with demographic details about the residents of the institution and each resident's problems, according to a list of designated "tracers". The specific tracers are representative of different areas of care (Nursing/Medical - Psychosocial - Environmental/Operational) and were developed in consultation with specialists in each field.

On the basis of these data, a sample of ten residents, who represent the distribution of problems in the institution, is chosen. The treatment of these residents' problems is examined during a comprehensive inspection visit conducted annually or biennially. During this visit, two surveyors - a social worker and a nurse - use a series of structured forms and questionnaires to gather information from multiple sources. These computerized data are then processed and compiled in a report of findings which describes in detail the quality of care in each of the areas. The data processing is based on criteria and algorithms derived from the Regulations and decisions made by the Service for the Aged.

The report of the findings is then sent to the director of the institution, who is requested to correct the deficiencies noted within a period of time determined during negotiations with the

surveyors. During the course of the year, the surveyors conduct follow-up visits to check if the deficiencies have been corrected as requested. Once the deficiencies have been corrected to the surveyors' satisfaction, a recommendation for renewal of the operating license is filed. If the deficiencies noted are not corrected, progressive sanctions are taken which can lead to the revocation of the license and the closing of the institution.

3. Characteristics of the New Surveillance System

In the past, the evaluation of quality of institutional care by regulatory systems has been subject to a number of deficiencies which include lack of consistent, reliable and structured instruments, over-emphasis on the structural aspects of care and failure to take into account the opinion of residents. The recently adopted surveillance system is based on a systematic method - the RAF Method - which has been developed to address these deficiencies. It integrates process and outcome measures and leads to an understanding not only of the nature of the deficiencies but also of their causes.

This method combines a number of important characteristics: It uses the tracer approach, relies on multiple sources of information and combines a structured surveillance system with the surveyor's professional judgement. Other characteristics include: The use of a team of surveyors, interviews with residents, an annual comprehensive inspection and several follow-up visits during the year, distinct surveillance stages, public access to surveillance criteria and instruments, and the creation of a national, computerized data base. Each of these characteristics will now be described in more detail (Fleishman, Mizrahi et al., 1994; Fleishman, Bar-Giora et al., 1986).

Use of the Tracer Approach in Surveillance

Under the new surveillance system, a relatively small number of tracer conditions from the medical-nursing, psychosocial, and environmental-operational areas of care are examined in depth:

Nursing-Medical Area - vision problems, hearing problems, mobility problems, difficulty washing, difficulty dressing, urinary incontinence.

Psychosocial Area - feeling of loneliness, adjustment problems, admission process, residents' involvement in institutional life, residents' rights.

Environmental-Operational Area - deficiencies in preparation and serving of food, laundry, storage and dispensing of medication.

A number of indicators, primarily related to the structural dimension, are also extensively examined: social and nursing records, medical and nursing equipment, personnel, safety and comfort, room furnishings, food and kitchen equipment and services, regulations related to the residents' rights and their implementation, facilities for social activity, regulations for health

preventive measures, and facilities for social and nursing services. General and personal cleanliness, one of the outcomes of care, is also examined. While the structural indicators cannot be used to measure quality of care, they can be used to explain the causes of some of the deficiencies in care.

Use of Multiple Sources of Information

Surveyors rely on multiple sources of information when collecting data on an institution:

- a. Interviews with, and examination of, residents in the sample;
- b. Examination of the medical, nursing, and social records of each resident in the sample;
- c. Interview with the caregivers responsible for each resident in the sample (social worker and nurse);
- d. Observation and interviews with the housemother and director.

Multiple sources complement and compensate for one another, since each source of information has limitations. For example:

- Sometimes interviews with, and examination of, residents are incomplete: Some residents are hard of hearing, have difficulty understanding Hebrew, or suffer from some level of cognitive impairment. The interview therefore does not always provide a complete picture.
- At some institutions, medical, nursing, or social records are incomplete, and provide only a partial picture.
- Caregivers can be unaware of some of the problems suffered by elderly residents; also, caregivers can be wary of the surveillance staff.
- Observation has limitations since it only takes place during visiting hours, is prearranged, and is very brief.

Multiple sources of information provide several perspectives on an institution and can be used to verify the validity of each source.

Combines a Structured Surveillance Process with the Surveyor's Professional Judgement

The system combines a standardized surveillance process based on structured tools and a uniform method with the opportunity for surveyors to use their expertise and exercise their judgement.

The surveyors must exercise judgement:

- a. In determining when and where a deficiency exists, and whether it is minor or severe;
- b. In identifying additional deficiencies in a given institution which were not detected by the surveillance instruments;
- c. In setting priorities when making surveillance demands on an institution, and in negotiating with the director about which deficiencies will be corrected and the timetable for their correction;
- d. In planning and performing the follow-up of correction of deficiencies;
- e. In imposing sanctions on institutions when deficiencies have not been corrected.

Surveillance by a Team of Surveyors

Government surveillance is carried out by a team comprising a social worker and a nurse who operate on a regional level. In the Service for the Aged, the social worker surveyor is referred to as a general surveyor. In addition to the regional general surveyors (social workers) and the regional nurse surveyors, there is one national general surveyor (social worker) and one national nurse surveyor. The national surveyors establish standards, criteria and work procedures in their areas of responsibility and are responsible for training their regional surveyors, offering guidance to the institutions and solving problems in their respective areas of responsibility.

In addition, the national general surveyor is in charge of the entire surveillance process from a legal standpoint.

Surveillance by a team makes it possible to:

- a. Include most service areas found in an institution, despite limited manpower in the surveillance system;
- b. Examine in depth social and medical-nursing care - two of the most important areas of care in institutions for the elderly;
- c. Arrive at a unified set of findings through the exchange of opinions and impressions;
- d. Create a supportive framework for the surveyors since the surveillance visit may create tension;
- e. Reach agreement on the demands to be made of an institution, avoiding friction and conflict between the surveyors.

Teamwork maximizes the use of manpower resources:

- a. Surveyors visit an institution on the same day and conduct parallel inspections, including interviews with the same sample of residents;
- b. Following the visit, the surveyors discuss their findings and reach their conclusions about the institution.

The Resident as a Source of Information

The active integration of residents into the surveillance process has proven to be an important input. The resident is an important source of information about quality of care in general, and subjects related to quality of life including residents' rights, satisfaction, and involvement in institutional life (Vladeck, 1985).

The resident interview provides a direct and authentic measure of personal care and direct service parameters (Dyonia et al., 1992). The resident is the only source of information about his feelings or satisfaction with food services, nursing and medical care, and social and emergency services, which are important measures for evaluating the care he receives. The resident is also asked about his involvement in the decisionmaking process at the institution, and his influence on

various aspects of quality of life, including whether his rights to privacy, autonomy, and respect are being preserved.

The surveyor and the resident have a common interest in assuring that appropriate care is provided and deficiencies are corrected. In addition, residents do not belong to the "formal" sources of information - such as an institution's staff or director - who may wish to conceal deficiencies.

Comprehensive Inspection and Periodic Follow-up Visits

Under the new system, surveillance of an institution is conducted in cycles, beginning with the request for license renewal and ending with the license's expiration. The surveillance cycle includes a comprehensive visit and a number of follow-up visits. The comprehensive visit is meant to provide an in-depth picture of the areas of care in an institution and of its operation, as well as to identify deficiencies. A comprehensive inspection visit also enables the surveillance system to continuously update its information on each institution. In some cases, the Service for the Aged can decide to give an institution a license for more than one year based on predetermined criteria (for example, high marks on quality of care).

Follow-up visits are devoted to the examination of the correction of deficiencies, according to a timetable agreed upon by the institution's director and the surveyors.

Distinct Surveillance Stages

The surveillance process is composed of four stages which are conducted separately:

- a. Search for and identification of deficiencies.
- b. Evaluation of deficiencies' severity and setting priorities for their correction.
- c. Determining and taking steps to correct deficiencies.
- d. Follow-up of correction of deficiencies.

The separation of the surveillance stages helps to assure that each stage's goals are met: Deficiencies are evaluated and priorities for correction are set only after the entire identification process has been completed; corrections are carried out only after general evaluation has been completed; corrections are monitored three months after the demand for correction has been issued; a license is issued or sanctions imposed only after follow-up has been completed.

In order to further facilitate the surveillance process, different parts of the process take place in different locations: The search for and identification of deficiencies, and the evaluation of their severity, are conducted at the institution. Planning of the inspection visit and formulation of the demands to be made to an institution must take place in the surveyors' offices.

Public Access to Surveillance Instruments and Criteria for Defining Deficiencies

The various questionnaires, forms, and surveillance criteria used to define deficiencies and determine the plan for their correction are clear and available to institution directors. The surveillance process aspires to be rational and uniform, and the criteria must be clear both to the surveyors and those under surveillance.

Computerization of Surveillance Data

One of the outstanding components of the new system is the computerization of surveillance data and the creation of a national data base. This facilitates the monitoring of changes in quality of care over time and provides feedback on institutions and the correction of deficiencies.

Computerized data on the quality of care in institutions and on residents' characteristics provide an overview of these institutions throughout the country and play a part in determining policy and setting priorities. The existence of a national data base makes it possible to define precise procedures for processes of care and standards for outcomes, promising a continuous improvement in the surveillance system and the institutions it regulates and a basis for planning and policymaking.

4. The Licensing Process

The surveillance process begins with the assessment of an institution's eligibility to receive an operating license. Reassessments for the purpose of license renewal are made every one to two years, according to criteria set by the Service for the Aged. If deficiencies are detected during reassessments, the institution is required to correct them. Follow-up inspections are made to check the correction of deficiencies. When an institution meets the regulatory requirements its license is renewed. When an institution does not comply with these requirements a conditional license is issued until all deficiencies have been corrected. Progressive sanctions are taken against an institution that fails to comply with regulations. These include sending warning letters, desisting from giving referrals, prohibiting applications for public funds and legal action which may result in payment of fines, a court order to correct deficiencies and even closing the institution.

In addition to the comprehensive inspection and follow-up visits mentioned above, surveyors may visit institutions for special purposes, for example, to investigate complaints, to discuss specific problems, and to spot check.

4.1 Obtaining a License for a New Institution

New institutions are of two types:

- a. Structures originally planned and built to be institutions for the elderly;
- b. Structures built for some other purpose that are converted into institutions for the elderly.

The licensing process is different for each of these types.

In the case of structures originally built to be institutions for the elderly, the project's initiator must contact the national general surveyor for information on the policies of the Service for the Aged and on the laws, regulations, and practices regarding operation of an institution for the aged. After studying the Statutes for Regulation of an Institution, the initiator is required to present a detailed proposal and construction plan to the national general surveyor and to obtain written approval to proceed. A copy of this approval is sent to the regional general surveyor and to the department of social services of the local municipality. Either the national general surveyor

or the regional general surveyor follows the project, as determined by the management of the Service for the Aged.

Three months before the projected opening of the institution, its director must submit a request for an operating license to the regional general surveyor.

In the case of existing structures that are to be converted into institutions for the elderly, the initiator of the project is first required to acquire information from the regional director or general surveyor of the Service for the Aged. Next, either the regional director or the general surveyor visits the structure to check its suitability for conversion or expansion and to see the construction plan. He reports his assessment to the Service for the Aged, after which the initiator is required to submit a request for an operating license to the regional director or general surveyor (see Appendix 1).

Once a request for an operating license for a new institution has been submitted, the general surveyor and a nurse surveyor (generally, the national head nurse) from the Service for the Aged visit the institution. The visit is coordinated with the institution's director, and includes a tour of all the wards; an examination of the physical structure to see whether it complies with regulations; and a discussion with the director about the institution's operations (e.g. admission of residents, hiring and training of personnel, provision of services in accordance with regulations, etc.). A report of the visit and the surveyors' recommendations are sent to the institution's director, and a copy is sent to the Service for the Aged.

After the visit to the institution, the surveyors prepare a licensing file and an evaluation form, which details the general conditions for fulfillment of regulations (see Appendix 2).

The first comprehensive inspection of a new institution is conducted approximately six months after it has begun operation in order to examine its operation with full occupancy.

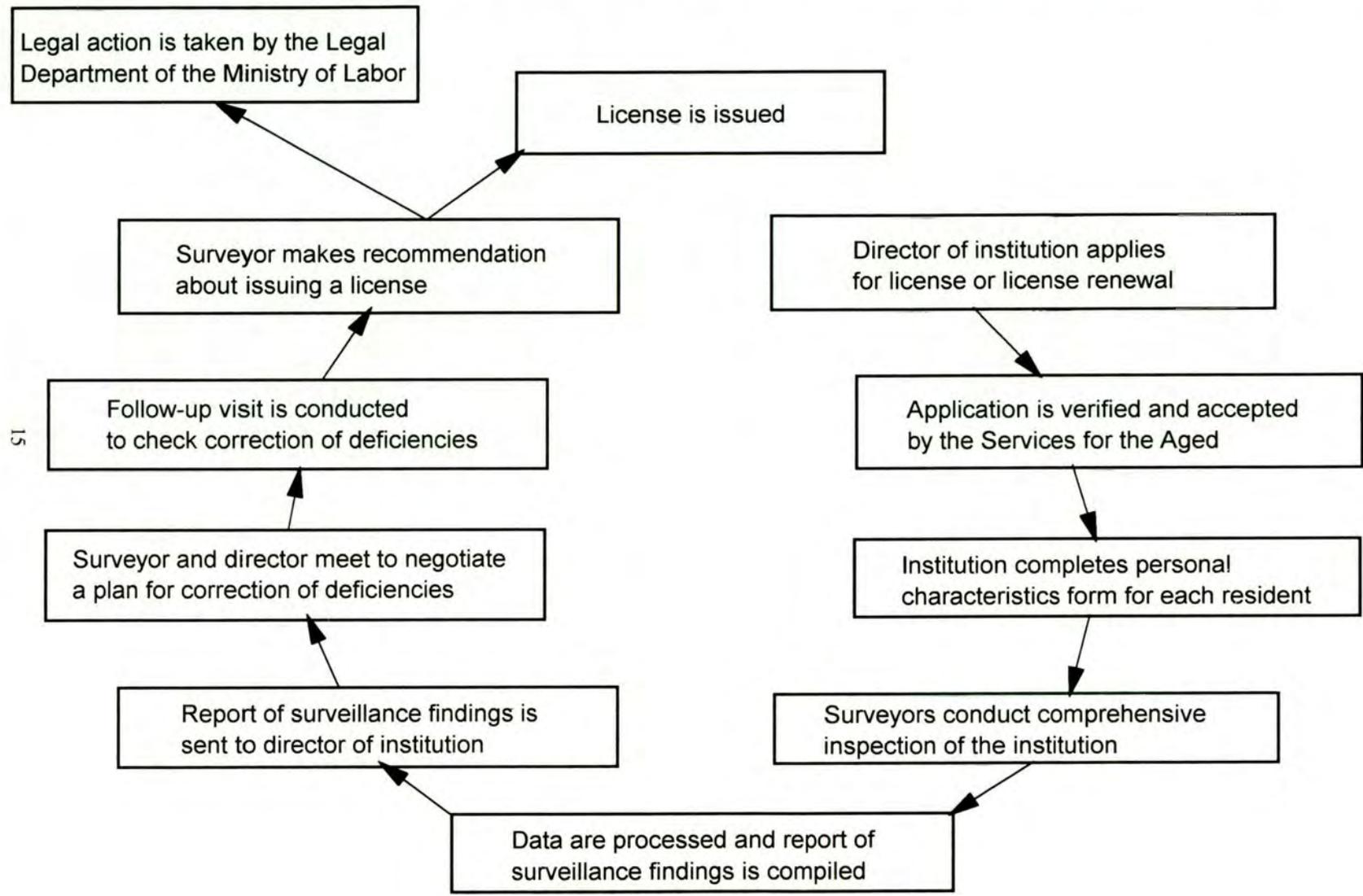
4.2 Renewing a License

Surveillance for the purpose of renewing a license is conducted after an institution has submitted a request for license renewal (see Appendix 1). The surveillance process begins with a comprehensive inspection visit and continues with follow-up visits. (For a detailed description of the stages of the surveillance process for the purpose of renewing a license, see Figure 1.)

Surveillance for the purpose of renewing a license has three goals:

- a. To examine all areas of institutional life, including structural factors, the provision of care, and the outcomes of care;

Figure 1: Stages of the Surveillance Process for Renewing an Operating License



- b. To determine whether an institution complies with regulations, that is, to detect deficiencies and to determine a timetable for their correction;
- c. To collect uniform data on the operation of each institution for purposes of comparison among institutions and the setting of national policy.

5. The Surveillance Process

5.1 Steps Prior to the Inspection Visit

Preparation for Inspection by the Institution

The staff of an institution is informed in advance about the comprehensive surveillance inspection. The entire staff must be present during inspection; they must also prepare, in advance, all materials needed by the surveyor.

The staff's presence is important because it gives the surveyor maximum access to institutional information - whether through observation of teamwork, discussions with staff and residents, or examination of records.

Preparation for Inspection by the Surveyor

Advance preparation for the inspection visit is essential to the continuity and consistency of surveillance. Prior to surveying an institution for the purpose of renewing a license, the surveyor must study previous inspection reports and correspondence with the institution, as well as data on the residents sent to the surveyor by the director of the institution prior to the inspection visit (see Appendices 3 and 4).

Providing Data on Institution Residents

Once an institution has submitted a request for renewal of its operating license, it is sent a form for recording data on its residents (see Appendix 3). This form includes demographic data on the resident as well as date of admission to the institution, functional status, cognitive impairment, and whether or not the resident suffers from one of the tracer conditions (eating problems, urinary incontinence, vision problems, difficulty in washing, mobility problems, feelings of loneliness). The form must be promptly filled out and returned to the Service for the Aged. The director is responsible for the completion of the form, although different sections of the form are filled out by the appropriate staff member (i.e., medical tracers are filled out by the physician, nursing tracers by the nurse, and psychosocial tracers by the social worker).

These data on the residents are entered into the computer. During the next surveillance cycle, the institution is only required to supply data that has changed during the past year (functional status, cognitive impairment, tracer conditions), data on new residents, and data on the departure or death of any residents.

This form is the basis for choosing the sample of residents, as well as a source of general background information on the status of residents in an institution (see Appendix 4). The summary of data on tracers facilitates long-term monitoring of their prevalence among the residents of institutions.

Sampling the Residents

On the basis of the data supplied by an institution, a sample of 15 residents is chosen (see Appendix 5), based on two criteria - the distribution of tracers among them and their functional status. The care and satisfaction of ten of these residents will be examined in depth by the surveyors during inspection. The other five residents will be used as "alternates" - in the event that one of the residents chosen for the sample is not present, one of the alternatives will be examined instead.

The resident sample is determined by a computer program which ranks the residents according to the number of tracers they suffer from and their functional status. The program selects the first eight residents on the list, i.e. those who suffer from the greatest number of tracers and are defined as frail, plus two residents who do not suffer from any of the tracers and are semi-independent. This is the sample of ten residents who will be examined in depth. The number of residents to be included in the sample (ten) was determined by the regulatory system as the maximum number considering their actual manpower capacity. The residents who are ranked numbers 9 through 13 on the list are selected as alternatives.

The sample is representative of the distribution of tracers in the institution, i.e., the proportion of residents in the sample who suffer from each tracer is determined by the prevalence of that tracer at the institution. For example, if one-third of the residents at a given institution have difficulty washing, there will be an identical proportion of those who have difficulty washing in the sample.

5.2 The Comprehensive Inspection Visit

The comprehensive inspection visit for the purpose of renewing a license has six components (approximate duration of inspection visit - six and a half hours):

Discussion with the Director upon Entering the Institution

It is necessary for the surveyors to meet with the director in order to receive an update of the events and changes that have taken place at the institution since the previous inspection. This is also an opportunity for the director to discuss any special problems that may have arisen. During the meeting, the surveyors outline the goals of their visit, the course of inspection, and the assistance they will require. The director may consider asking staff to attend this meeting. (Approximate duration: 30 minutes)

Interviews with Residents

The general surveyor and the nurse surveyor each interview the ten residents in the sample about matters related to their areas of expertise, the social and nursing areas of care, respectively. If a resident included in the sample is not present during inspection, one of the "alternates" is interviewed. In the event that it is impossible to interview the resident (due to aphasia, deafness, lack of a common language, severe cognitive impairment), the reason is recorded at the top of the questionnaire, and the other sections of the questionnaire - interview with social worker/nurse responsible for the care of the resident - are completed. In this way, the care of residents whom it is difficult to interview is also evaluated.

The residents are interviewed alone (without the presence of a staff member), preferably in their rooms. The sample is the same for both surveyors; it is therefore recommended that they interview residents in a different order, so as not to disturb one another. It is recommended that this stage be completed before lunch.

Due to personnel and time constraints, and in order not to disturb residents unduly by interviewing them twice, it is possible to divide the residents such that each surveyor interviews only five residents on both areas of care (the social and nursing areas). To facilitate this, general surveyors (social workers) receive training on matters that are related to the nursing area, and vice versa. (Approximate duration: three hours)

Interviews with Attending Caregiver

The general surveyor and the nurse surveyor separately interview the attending caregivers from their areas: The nurse surveyor interviews the responsible nurse(s), and the general surveyor interviews the responsible social worker(s) who attend personally to the residents in the sample. Interviews with the caregivers check their awareness of the problems of the residents in the sample, as well as the treatment of these problems. The attending caregiver (social worker/nurse) is interviewed alone (without the presence of other staff members, the director, or elderly residents). The caregiver is allowed to refer to the records when answering questions.

It must be remembered that if the surveyors have divided the interviewing work between them, each surveyor must receive and read all the questionnaires completed during the resident interviews which he did not conduct, prior to interviewing the attending caregiver in his area. This stage is coordinated with the staff of the institution at the beginning of the inspection visit. (Approximate duration: one and a half hours)

Examination of Records for Each Resident

Each of the surveyors examines the records in his area of expertise for each of the residents in the sample: The general surveyor examines the social records, and the nurse surveyor examines the nursing and medical records. This is completed in conjunction with the caregiver interviews.

Examination of Recording Process and Observation

Each surveyor carries out observations at the institution and examines the accuracy of the recording process in his area of expertise. The surveyor must bear in mind that part of the observation should take place in the dining room during lunch time. (Approximate duration: one hour)

Summary of Inspection Visit

At the end of the visit, the surveyors have a summary meeting with the director. The surveyors tell the director that a detailed report of the findings and any demands for correction of deficiencies will be sent to him in writing. In addition, those deficiencies whose correction requires immediate attention and cannot be delayed are reported orally at this time. (Approximate duration: 30 minutes)

5.3 Completion of Surveillance Questionnaires

Each surveyor must complete two types of questionnaire during his visit to the institution, according to the area of inspection: questionnaires related to the personal care of residents in the sample and questionnaires related to the institution (see Appendices 6 - 9).

Institution directors have access to the surveillance questionnaires and to the criteria used to define deficiencies and determine their correction. As the surveillance method is meant to be rational and uniform, the regulatory criteria must be clear to both the surveyors and those under surveillance.

Questionnaires to be Completed by the General Surveyor

Questionnaire No. 2: Evaluation of Personal Care of the Residents in the Sample (see Appendix 6).

This questionnaire is for institutions of 40 beds or more only, and must be filled out by the general surveyor for each of the residents in the sample. It includes:

- An interview with each resident in the sample
- An interview with the attending social worker
- Examination of the resident's social records
- Evaluation of the severity of the deficiencies

The questionnaire is intended to evaluate the following:

- a. How the institution's staff handles problems of loneliness
- b. Treatment of adjustment difficulties
- c. Resident's involvement in institutional life
- d. Preservation of resident's rights
- e. Resident's satisfaction with care related to social work issues
- f. Resident's personal hygiene and room cleanliness
- g. Accuracy and updating of social records

Questionnaire No. 3: Observation, Examination of Records, Interview of Residents and General Questionnaire for Director, Social Worker and Housemother (see Appendix 7).

This questionnaire is to be completed by the general surveyor. It is for institutions of all sizes.

It is meant to examine the following subjects:

- a. Management of personnel
- b. Accuracy and updating of the recording process for social records
- c. Admission process
- d. Resident's involvement in institutional life
- e. Treatment of adjustment difficulties
- f. Safety and comfort
- g. Cleanliness and maintenance
- h. Laundry services
- i. Dining hall and kitchen
- j. Appropriate equipment in resident's room
- k. Existence of social activities
- l. Preservation of resident's rights

For institutions with less than 40 beds, an additional section which replaces Questionnaire No. 2, is included in this questionnaire.

Questionnaires to be Completed by the Nurse Surveyor

Questionnaire No. 4: Evaluation of Personal Care of the Residents in the Sample (see Appendix 8).

This questionnaire is for institutions of 40 beds or more only, and is to be completed by the nurse surveyor for each of the residents in the sample. It includes:

- An interview with each resident in the sample
- An interview with the attending nurse
- Examination of the resident's medical file and nursing record
- Evaluation of the severity of the deficiencies

The questionnaire is intended to evaluate the following subjects:

- a. Treatment of vision problems
- b. Treatment of hearing problems
- c. Treatment of mobility problems
- d. Treatment of difficulty in washing
- e. Treatment of urinary incontinence
- f. Distribution of medications
- g. Resident's satisfaction with the medical and nursing care
- h. Accuracy and updating of the nursing chart for each resident in the sample
- i. Performance of preventive measures

Questionnaire No. 5: Observation, Examination of Records, Interview of Residents and General Questionnaire for Director and Nurse (see Appendix 9).

This questionnaire is to be completed by the nurse surveyor. It is for institutions of all sizes. It is meant to examine the following subjects:

- a. Accuracy and updating of the recording process for medical and nursing records
- b. Examination of specific treatments
- c. Follow-up of hospitalized residents
- d. Medical and nursing equipment in working condition
- e. Nursing and medical personnel
- f. Examination of new residents by a nurse and physician upon admission

For institutions with less than 40 beds, an additional section which replaces Questionnaire No. 4, was added to this questionnaire.

Questionnaires should be completed in the following order:

- a. Interviews with the residents in the sample (first column in Questionnaires 2 and 4);
- b. Interviews with the attending caregivers for each resident in the sample: nurse and social worker (second column in Questionnaires 2 and 4);
- c. Examination of the records for each resident in the sample: nursing-medical and social (third column in Questionnaires 2 and 4);
- d. After data have been collected from the three information sources (residents, caregivers, and records), the severity of deficiencies is evaluated (fourth column in Questionnaires 2 and 4);
- e. Examination of the recording process and observation (Questionnaires 3 and 5).

How to Complete the Questionnaires

The answers to questions appear in one of two forms:

- a. There are a number of empty boxes which must be filled in with the appropriate numbers. No box may be left empty. For example, in the case of the date April 7, 1993, the boxes would be filled in |0|7|0|4|9|3|. A single-digit answer must always be preceded by a zero.
- b. Numbers appear next to the possible answers. The number appearing next to the most appropriate answer should be circled.
 - 1 - Yes
 - 2 - No
 - 9 - Doesn't know

The answer "9" (Doesn't know) is circled only when **there is no possibility** of receiving the required information. This option should be used as little as possible. The remaining answers relate to compliance with regulations (Yes), or failure to comply, fully or partially, with regulations (No).

The answers available for evaluating the severity of deficiencies are:

8 - No deficiency

1 - Minor deficiency

2 - Severe deficiency

A deficiency is considered severe when there is a clear departure from the regulations, according to the Surveillance Law for Institutions for the Aged, 1986. A deficiency is considered minor when, although there is a clear departure from the regulations, the institution is not responsible for it and there is a justification for its presence. An example would be a resident who exhibits unsatisfactory cleanliness because he refuses to bathe three times a week as stipulated in the regulations, and bathes only once a month. If the surveyor has evaluated a deficiency as being minor, he must write the reason for this assessment in the comments column for evaluation of deficiencies.

Some of the questions are informative only, and do not require evaluation of the severity of the deficiency. In any case, whenever there has been a failure to comply with regulations in a certain area (i.e., the answer "No"), evaluation of the severity of the deficiency must be filled in (1 - minor; 2 - severe).

In the questionnaires on the evaluation of personal care of the residents in the sample (Questionnaires 2 and 4), each subject is evaluated by a number of questions and a number of sources of information. The surveyor must take all the questions and all the sources of information into account when determining, according to the established criteria, if there is a deficiency and its seriousness.

In the space left for additional comments at the end of the questionnaire, the surveyor must record deficiencies that are specific to a given institution and which were not covered in the questionnaires.

5.4 Processing the Data from the Questionnaires

After an institution has been inspected, each surveyor reviews the questionnaires he has completed to verify that no question has remained unanswered, and that he has recorded all of his comments. The completed questionnaires are then sent for processing, preferably within two days.

At the processing stage, the raw data from the questionnaires undergo logical checks to ascertain that they have been properly completed and punched.

This stage should take no longer than a week. At the conclusion of this process, the raw data are processed as follows:

- Classification of the information according to areas;
- Integration of the information on each sampled resident from the various sources;
- Transformation, according to established criteria (algorithms), of the data on deficiencies and their severity at the individual level to deficiencies and their severity at the institutional level.

In general terms the care relating to a specific subject is considered deficient at the institutional level if at least a third of the examined sample of residents exhibited deficiencies relating to this specific subject. At the individual level, if according to one of the sources of information the care relating to a specific subject is deficient, then the care of a resident relating to this subject is considered deficient.

The report of the findings (see Appendix 10) which is compiled following these stages, lists the deficiencies found by area and subject and indicates the degree of severity. This report is updated after each follow-up visit.

As part of the development of the new surveillance program, national surveyors ranked the type of deficiencies in the system of institutional care for the elderly according to criteria set by the Service for the Aged (see Appendix 13). The deficiencies were weighted from one to three, depending on how seriously they impaired the residents' quality of life. The most severe deficiencies were given a score of three. These comprise deficiencies whose correction is a condition for receipt of a licence (such as the lack of a nurse or social worker).

The second group (given a score of two) comprises deficiencies, such as maintenance deficiencies, that require correction; however, a conditional license can be issued for a period, usually three to six months, depending on the type of correction. The third group (given a score of one) comprises deficiencies whose correction is strongly recommended, but not required for receipt of a licence (such as a lack of decoration in the residents' rooms, or the lack of a resident's committee). The surveyors determine their policy toward an institution based on the report of the findings.

When data on deficiencies are being transformed from the individual to the institutional level, the weighted deficiencies are used.

5.5 Using the Findings of the Comprehensive Inspection Visit

Once the two surveyors have received the computerized report of the findings, they meet to discuss the deficiencies, demands, and conditions for the renewal of the institution's license.

The general surveyor sends the report of the findings to the director, along with any special remarks concerning the institution. At the same time, the surveyor will discuss the report with the director by telephone. If either the surveyor or the director feels it necessary, the surveyor will present the report to the director in person. At this time, the surveyor informs the director that he has a week to prepare, together with his staff, a plan for the correction of deficiencies. This plan and its timetable will form the basis for the follow-up process.

The director has to discuss the deficiencies and their correction with the staff of the institution, sign at the end of the report that he is aware of the deficiencies' existence and add his comments. A week later the surveyor comes to the institution for a meeting with the director. During their discussion, the plan of corrections to be made and the deadlines for making them are negotiated (see Appendix 11).

The director gives a signed copy of the correction plan to the surveyor. The surveyor files this copy at the regional social welfare bureau and sends a copy for computer processing to the central processing office of the Service for the Aged. The general surveyor will assist the staff in following the plan for correction of deficiencies.

5.6 Surveillance of Small Institutions

For small institutions of less than 40 residents, the process of surveillance for renewing a license is also based on the four principles listed above (identification of deficiencies during comprehensive inspection visit, demand to correct deficiencies, follow-up, issuing a license).

In order to ease the burden on surveyors and on residents and directors of small institutions, shortened versions of the instruments used during the annual inspection visit were developed. The inspection of a small institution does not include interviews with 10 residents; instead two to three residents are examined. Therefore, surveyors do not use Questionnaires No. 2 and No. 4 (Appendices 6 and 8). The general questionnaires - Nos. 3 and 5 (Appendices 7 and 9) - have been expanded to include additional questions for the housemother, the social worker, and the nurse, as well as observation and examination of the two or three residents and their records. Also in the case of these questionnaires, multiple sources of information are used to examine most of the subjects.

5.7 Follow-up Visits

Follow-up visits are a direct continuation of the comprehensive inspection of each institution. Surveyors meet with the director and the senior staff in areas of care where deficiencies have

been identified to discuss deficiencies that have not yet been corrected and to advise them on making corrections. The follow-up visit may be a surprise visit, or may be prearranged by the surveyor, according to the special needs of the institution.

There are five goals of the follow-up visit:

- a. To check that an acceptable standard is being maintained with respect to personnel (examination of the weekly work roster); general cleanliness; personal hygiene and dress of the residents; weekly menu and the meal served on the day of the visit; and the degree of care given the residents vis-a-vis their functional status. The visit is summarized in the presence of the director, social worker, or head nurse.
- b. To inspect correction of deficiencies as specified in the plan of correction negotiated between the surveyor and the director.
- c. To provide guidance and advice, as deemed necessary by the surveyor.
- d. To look out for any deficiencies that were not noticed during the annual inspection.
- e. To re-examine those areas where a change has occurred since the annual inspection.

Preparation for the Follow-up Visit

To prepare for the follow-up visit, the surveyors use the report of the findings of the comprehensive inspection visit, reports from the most recent follow-up visits of both surveyors, and updates of decisions of the Service for the Aged.

During the follow-up visit, the surveyor refers to the plan of correction of deficiencies drawn up by the institution.

Sources of Information for Checking Correction of Deficiencies

It is also recommended that multiple sources of information be used during the follow-up visit, depending on the type of deficiency to be corrected, and on the surveyor's judgement. These sources include:

- a. Conversations with residents, direct caregivers who work in the areas where deficiencies have been identified, or others (such as family members);
- b. Examination of files and records;
- c. Observation of procedures and treatments and examinations of residents.

Frequency of Follow-up Visits

It is recommended that follow-up visits be made once every two to three months, and at least twice a year. The frequency of these visits is determined by the type and severity of deficiencies identified during the comprehensive inspection visit and previous follow-up visits, and by the length of time required for the correction of each deficiency.

Coordination Between the Surveyors

- a. Follow-up visits are made by both surveyors, either together or separately, or by the general surveyor only, as determined by both surveyors.
- b. Each surveyor examines the deficiencies in his area of expertise, unless exceptional irregularities have been identified in additional areas. If only the general surveyor conducts the follow-up visit, he also has to examine the nursing areas.
- c. Whenever there are separate follow-up visits, the surveyor must immediately send the information and his conclusions to the other surveyor. If only the nurse surveyor makes a follow-up visit, his report is sent to the general surveyor who sends it on to the institution.
- d. The regional or national general surveyor sends the license to the institution at the conclusion of the follow-up process, on the basis of the follow-up visits made by the two surveyors.
- e. The recommendation for licensing is written jointly by both surveyors and sent to the national surveyor. The national surveyor examines the recommendation and, upon approving it, sends the license to the General Director of the Ministry of Labor and Social Affairs for his signature.

Report and Computerization of the Follow-up Visit

The follow-up visit is summarized in a follow-up report (see Appendix 12) which must address all the deficiencies identified in the comprehensive visit and included in the correction plan by the director. Newly identified deficiencies and decisions made by the surveyor - such as cancellation of a demand - must be noted in the section for additional comments. Copies of the follow-up report are sent by the general surveyor to the national general surveyor and to the nurse surveyor and for computer processing.

After each follow-up visit, the report signed by both surveyors (the general and the nurse surveyors) is sent to the institution. The follow-up findings are entered into the computer and are used to learn about the degree of compliance of institutions to the demands made by the surveillance system.

5.8 Visits for Special Purposes

Sometimes it is necessary to visit an institution to clarify a specific problem or complaint, examine an institution and its operation at an unconventional hour, or discuss specific problems, such as setting or raising fees, collecting information in preparation for a legal trial, expanding the institution, etc. At institutions that have received a license for a period of more than one year, at least two visits of this type will take place during the year in which no comprehensive visit is made. These visits take place as necessitated by circumstances.

Following such a visit, a form for reporting additional visits (see Appendix 14) is filled out. The form is sent for computer processing and a copy is sent to the Service for the Aged.

If the findings of the visit are essential to the functioning of the institution and the welfare of its residents, or if uncommon occurrences are discovered - such as an epidemic, an emergency, or abuse of residents - the Service for the Aged must be notified immediately by telephone and a detailed report must be written. At the same time, the surveyor must consult with the management of the Service for the Aged about the future course of action.

5.9 Verbal and Written Complaints

A family or resident with a complaint will be asked to turn in a written complaint. Each complaint must be examined individually. Complaints regarding medical or nursing care are handled by the national nurse surveyor. Complaints about medical-nursing care at institutions with nursing wards will be passed on to a surveyor at a regional office of the Ministry of Health. All other complaints will be handled by the regional general surveyor. When a complaint is received, the complainant is sent a receipt and, following an investigation, a written answer. The surveyor himself must check the veracity of the complaint (either through observation or clarification with the staff or residents involved in the matter), and also clarify it with the director. In sensitive cases, the identity of the complainant must not be revealed to the director or staff. A report about complaints against an institution must be sent to the director of the Service for the Aged, and a copy sent to the second surveyor (social worker or nurse).

For a variety of reasons, complainants sometimes refuse to make a written complaint or to reveal their identities. Complaints of this sort must be examined during visits to the institution, and a report of the findings made. This report will be put in the file, and a copy sent to the director of the Service for the Aged.

5.10 Visits for Screening Institutions Operating Without a License

In recent years, the number of small institutions which have begun operations without requesting a license has grown. The surveyors are asked to locate such institutions and recommend future action - either to take legal steps in order to close them or to include them in the regular process of surveillance leading to a license. A decision is made for each institution on the basis of defined criteria related to the institution's potential to reach an acceptable level of quality of care. For this purpose a "screening" questionnaire was developed for institutions without a license (see Appendix 15).

This questionnaire includes basic questions about structure, equipment, manpower and care. At the end of the inspection visit (which is usually a surprise visit) the surveyors are asked to make a recommendation concerning the future of the institution. The options are: including the institution in the regular process of surveillance; taking legal action to have the institution closed; transferring surveillance of the institution to the Ministry of Health when the majority of residents are nursing or mentally frail elderly; or making an additional surveillance visit within a set amount of time, to determine whether the institution has begun correction of basic deficiencies so that it may be included in the regular process of surveillance. The visit's findings are processed and a report of the findings is produced.

When legal steps are taken, the report serves as a basis for prosecution. When a decision is made to include the institution in the standard regulatory process, the institution is sent a form for recording the residents' characteristics (see Appendix 3) and a form for requesting a license (see Appendix 1). A date is then set for a comprehensive inspection visit.

6. Concluding Remarks

The RAF Method for surveillance developed by the JDC-Brookdale Institute has in effect revolutionized the regulation of long-term care in Israel. It has increased the effectiveness of the government regulatory system by producing significant changes in both the attitudes and behavior of surveillance personnel and the system's structural organization. As a result, there has been a general improvement in the quality of institutional care; moreover, the new surveillance system is designed to promote a continuing improvement.

The changes introduced into the Service for the Aged, one department in the Ministry of Labor and Social Affairs, have had far-reaching repercussions. They have influenced a second government ministry, the Ministry of Health, to improve its regulatory system. The original program, adapted for the regulatory system in hospitals for the chronically ill supervised by the Ministry of Health, will soon be extended to cover all long-term care institutions for the elderly in Israel, including public nursing homes and psychogeriatric units, supervised by the Ministry of Health (Peleg-Olevsky et al., 1990; Fleishman, Peleg-Olevsky et al., 1991).

Replications of the basic study on institutional care were carried out in Florida (USA) (Fleishman, Ross and Feierstein, 1992) and in Cape Town, South Africa (Whittaker, 1991). In both cases, the use of the RAF Method was successful in evaluating the quality of care in long-term care institutions.

The success of the new surveillance systems have affected four departments in the Ministry of Labor and Social Affairs responsible for the regulation of institutions for children. These departments, employing some 60 surveillance personnel, have expressed a desire to introduce changes which will improve their surveillance system. Programs are currently being developed to improve the regulation of institutions for children "at risk", juvenile offenders, the mentally handicapped and rehabilitation. With the establishment of these programs, most of the residential institutions in Israel will benefit from improved regulation and continually improving quality of care.

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Appendices

APPENDIX 1: Application for a License/Renewal of a License to Operate an Institution for the Elderly

To: Regional Bureau Director/Director of the Service for the Aged
The Ministry of Labor and Social Affairs
Jerusalem/Tel Aviv/Haifa

FOR OFFICE USE

To be completed by the Ministry of Labor and Social Affairs:

Region: Tel Aviv and Center _____ Jerusalem and South _____ Haifa and North _____

Institution code: |_|_|_|_|

Type of institution: Old age home ___ Combined facility ___ Up to 3 elderly living with a family ___ Sheltered housing ___

I, the undersigned, hereby request a license/renewal of my license to operate an institution for the aged as described below:

Name of institution _____

Telephone _____

Fax _____

Address:

Street No. City Zip Code

Director's name:

First name Last name Identity No.

Director's home address:

Street No. City Zip Code

Ownership

1. Public

Name of Organization _____

Address of executive offices:

Street _____ No. _____ City _____ Zip Code _____

Telephone _____

Director of the institution _____

Telephone _____

Association Registration No.

at Ministry of the Interior _____ VAT Registration No. _____

2. Private - limited company VAT Registration No. _____

Name of company _____

Address of head office:

Street _____ No. _____ City _____ Zip Code _____

Telephone _____

3. Private - single owner or partnership VAT Registration No. _____

Name of owner/partner _____ Identity No. _____

Street _____ No. _____ City _____ Zip Code _____

Telephone _____

Name of second partner _____ Identity No. _____

Street _____ No. _____ City _____ Zip Code _____

Telephone _____

Name of third partner

Identity No.

Street

No.

City

Zip Code

Telephone _____

The building in which the institution is located is: (circle appropriate number)

1. Owned by the institution's owners

2. Rented from a private individual. Name _____

Street

No.

City

Zip Code

3. Rented from a company. Name _____

Street

No.

City

Zip Code

Information about the structure(s) used as an institution:

Number of buildings _____ Number of floors in the tallest building in the complex _____

Elevator (circle appropriate number)

1. There is an elevator in every building of more than one storey.

2. There is an elevator in some of these buildings.

3. There are no elevators.

4. Not relevant.

Number of wards for:

Semi-independent _____ Frail _____ Semi-independent and frail _____

Nursing _____ Mentally frail _____

Specifications by type of ward:

	No. of living units	No. of beds	No. of toilets	No. of showers
Semi-independent Ward	_____	_____	_____	_____
Frail Ward	_____	_____	_____	_____
Semi-independent/Frail Ward	_____	_____	_____	_____
Nursing Ward	_____	_____	_____	_____
Mentally Frail Ward	_____	_____	_____	_____

No. of residents currently in institution:

Semi-independent _____ Nursing _____ Frail _____ Mentally frail _____
Total: _____

Manpower

Type of position	Total hours on a weekly basis	Number of employees
Director		
Housemother/father		
Physician		
Nurse		
Social worker		
Social relations and/or recreation counsellor		
Physiotherapist		
Occupational therapist		
Aides		
Cleaning		
Kitchen		
Security		
Maintenance (laundry, grounds, equipment, etc.)		
Office workers (secretaries, bookkeepers, etc.)		
Night workers (from 7pm to 7am) out of all employees		

Does the institution employ advisors in the following fields: (Place X where appropriate)

Medical-nursing Personal-social Nutrition Other

Professional employees at the Institution:

KEY FOR COMPLETION

Job codes:

01 - Director	02 - Housemother	03 - Physician
04 - Nurse	05 - Social worker	06 - Recreational therapist
07 - Physiotherapist	08 - Occupational therapist	

Education:

1 Elementary	2 High school	3 University
--------------	---------------	--------------

Training Course:

1 Completed vocational course	2 Did not complete course
-------------------------------	---------------------------

Job code	No. of weekly work hours	Employee's name	Education	Training	Date of start of employment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Notes:**
- a) If there is not enough room on this page to report on all the employees, xerox this page and continue. Attach any additional page(s).
 - b) Employees with positions not found among the Job Codes should be listed at the end. Their positions should be described in words.

Terms of Payment: (in NIS)

Fees for private residents. (If there is no payment, enter zeros (0)).

For the semi-independent: Entrance fee _____ Monthly payment _____

For the frail elderly: Entrance fee _____ Monthly payment _____

Religious affiliation of the institution: (circle appropriate number)

- 1 - Jewish/orthodox
- 2 - Jewish/traditional
- 3 - Jewish/secular
- 4 - Moslem
- 5 - Christian
- 6 - Other/ _____

The kitchen:

- 1 - Is kosher, under the supervision of _____
- 2 - Is not kosher
- 3 - Not relevant

Ethnic origin of residents: (Put X in appropriate place)

- Asian African European N. or S. American Israeli
- Other _____

Languages spoken by residents:

- English German Spanish Russian Yiddish
- Arabic Hebrew Other(s) _____

Conditions for admission to the institution: (Place X where appropriate)

- Semi-independent/frail Frail in separate ward
- Nursing Mentally frail

This section must be completed as part of first-time applications for a license. Any changes must be noted on the application for license renewal.

Data on public rooms:

	Number of rooms	Total area (in meters)
Offices	_____	_____
Recreation/day rooms	_____	_____
Dining rooms	_____	_____
Dispensing kitchens	_____	_____
Public bathrooms	_____	_____

Total area (in meters)

Physician's office	_____
Physiotherapy room	_____
Sanitary instruments room	_____
Laundry collection room	_____
Food products storeroom	_____
Lounge and library	_____
Nurse/treatment room	_____
Central kitchen	_____
Cleaning materials storeroom	_____
Laundry room	_____
Cultural activities room	_____
Lobby	_____

Data on living units:

Number of units/rooms

Living units without attached bathroom	_____
Living units with attached bathroom	_____
Living units equipped with emergency call device	_____
Bathrooms equipped with emergency call device	_____

Number of living units with the option of a single occupant:

For semi-independent _____ For frail _____ For nursing _____

Mark X where appropriate:

- In all the living units the doors can be opened from the outside.
- There is a heating system in all the living units and public spaces.
- There is a cooling/ventilating system in all the living units and public spaces.
- There is convenient public transportation to the institution.

Declaration:

I hereby accept the obligation to operate the institution in accordance with the Surveillance Law for Institutions for the Aged of 1965 and its regulations. I hereby swear that the information I have provided herein is correct, and accept the obligation to notify the General Surveyor in the event of any change.

Name of applicant: _____

I.D. No.: _____ Signature: _____

Date: _____ Stamp: _____

Enclosures:

For applications for a license or license renewal, please enclose the following:

- A. Certificate of approval from the District Office of the Ministry of Health regarding the sanitary conditions.
Valid until (date): _____
- B. Certificate of approval from the Fire Department regarding safety standards.
Valid until (date): _____
- C. A copy of the contract between residents and the institution.

In addition, for first-time applications for a license or if there have been structural changes since the current license was received, please enclose the following:

- A. Certificate of approval from the Emergency Services.
- B. Safety and hygiene certificate from the Institute for Safety and Hygiene.
- C. Non-profit association registration.
- D. VAT registration.

B. Surveyor's Recommendations (Mark X in appropriate space)

I do not recommend issuing an operating license.

To the Surveyor: In this case, you must send the form directly to the National Surveyor at the Service for the Aged in Jerusalem.

I recommend issuing an operating license to this institution for a period of _____ months.

To the Surveyor: The period of license validity recommended may be from 12-24 months.

Conditions for Issuing a License:

Item No. in Report of Findings	Regulation No.	Precise Description of the Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other:	_____	_____

Reasons for Not Issuing an Operating License:

Item No. in Report of Findings	Regulation No.	Precise Description of the Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other:	_____	_____

General Surveyor's Signature:

_____ |_____|_____|_____|_____|_____|_____|
Name Signature Date

C. Recommendation of the Director of the Regional Welfare Bureau

(Place X in appropriate space)

I do not agree with the Surveyor's assessment and cannot concur with his recommendation to issue a license for the following reasons:

I agree with the Surveyor's assessment and concur with his recommendation to issue a license.

_____ |_____|_____|_____|_____|_____|_____|
Regional Director (name) Signature Date

D. Recommendation of the National Surveyor of Institutions at the Service for the Aged

(Place X in appropriate space)

I do not concur with the Surveyor's recommendation to issue an operating license for the following reasons: _____

I concur with the Surveyor's recommendation to issue an operating license to this institution for a period of _____ months.

Conditions which will appear on the license that will be issued to the institution:

Item No. in Report of Findings	Regulation No.	Precise Description and Schedule for Corrections
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other:	_____	_____

Standard requirements: Any license issued for more than 12 months is only valid if accompanied by licenses from the:

- 1) Fire Department
- 2) Sanitation Department of the Ministry of Health

National Surveyor (name)

Signature

Date

APPENDIX 3: Residents' Personal Characteristics Form and Guidelines for its Completion

Dear Director,

With the help of your institution's nurse and social worker, you are requested to complete the attached form for all residents in the semi-independent and frail wards of your institution. Each resident should receive one line of the form. Please fill in the information for each resident according to the guidelines listed below and the attached key.

Guidelines for Completing Residents' Personal Characteristics Form

1. In the column **identity card**, fill in the resident's identity card number (8 digits). If the number is less than 8 digits, put zeroes in the empty spaces before the number.
 2. Fill in the **name of the resident** and his **year of birth**.
 3. Fill in the resident's **sex** according to the attached key.
 4. In the column **country of origin**, fill in 1 to 5 according to the attached key. For example, if the resident was born in Morocco, fill in 2 (Africa).
 5. In the column **admission date**, fill in the date on which the resident entered the institution.
 6. The column **departed or died** is only to be completed beginning with the second surveillance cycle for residents who have died or left the institution. The **reason for leaving** should be filled in according to the attached key. There is no need to fill in additional items for these residents. Do not erase their names from the form.
 7. Fill in the column **functional classification** according to the attached key and the following definitions:
 - (1) **Semi-independent** - an elderly individual who can perform activities of daily living (washing, dressing, etc.) without assistance.
 - (2) **Frail** - an elderly individual who needs some assistance with activities of daily living because of reduced functional ability.
 - (3) **Nursing** - an elderly individual whose health and functional ability have deteriorated because of a chronic illness or a permanent problem, or who suffers from complex, unstable medical problems that require skilled medical follow-up in a hospital-type framework, 24 hours a day for an extended period of time, and who fulfills one or more of the following conditions: confined to bed or wheelchair-bound; urinary and/or fecal incontinence; needs full or partial assistance with activities of daily living; walks with extreme difficulty due to pathology or complications from various illness.
- Note:** Include only those nursing residents living in semi-independent or frail wards!

8. Complete the column **cognitive status**, according to the attached key and the following definitions:

(1) **No cognitive impairment** - has temporal and spatial orientation; cooperates; has no short-term memory loss.

(2) **Slight cognitive impairment** - slight deterioration in temporal and spatial orientation; usually cooperates; or slight loss of short-term memory (forgets some things, or sometimes forgets).

(3) **Mild cognitive impairment** - significant deterioration in spatial and temporal orientation; cooperates only when given simple instructions (e.g., if required to undress, must be told, 'take off your shirt', 'take off your pants', etc.); or drastic reduction in short-term memory.

(4) **Severe cognitive impairment** - no spatial or temporal orientation; does not cooperate (e.g., doesn't understand when asked to take off his shirt); suffers serious loss of short-term memory.

Note: Differentiate between hearing problems and cognitive dysfunction!

9. Fill in the columns for **eating, urinary incontinence, vision, washing, and mobility** with the number from the attached key which most closely matches the resident's status and functioning.

10. For the column **loneliness**, fill in 2 for residents whom the staff knows to be lonely and isolated.

11. In the column **number of hospitalizations**, fill in the number of times during the past year the resident has been hospitalized.

12. For the column **referred by**, fill in 1 if the resident was referred by the Ministry of Labor and Social Affairs and 2 if he was not referred by the Ministry.

13. In the column **room number**, the resident's room number should be entered in four digits: the first number is the floor number; the second number is the ward; and the last two numbers are his room number. For example, for a resident who lives on the second floor, in Ward 3, room 14, enter 2314.

14. At the end of the form there are blank lines for recording the personal characteristics of all new residents who have entered the institution since the form was last completed. **All the columns** should be completed for each new resident.

15. At the end of the form, fill in the day, month and year that the form was completed. For example: If the form was completed on March 19, 1992, write 19/03/92.

Guidelines for Completing Residents' Personal Characteristics Form after the First Time (beginning with the first license renewal application)

When applying for license renewal, please correct any erroneous entries and update the information on the veteran residents, according to any changes in their status. Use the guidelines and the key. Any new residents should be added on the blank lines.

Key for Completing Residents' Personal Characteristics Form

Sex

- (1) Male
- (2) Female

Country of Origin

(Country of Birth)

- (1) Asia
- (2) Africa
- (3) Europe
- (4) America
- (5) Israel

Departure/Death

- (1) Returned home/to home of relatives
- (2) Hospitalized (in acute hospital)
- (3) Moved to another institution
- (4) Move to nursing ward of this institution
- (5) Died

Functional Classification

- (1) Semi-independent
- (2) Frail
- (3) Nursing

Cognitive Status

- (1) No cognitive deterioration
 - (2) Slight cognitive deterioration
 - (3) Mild cognitive deterioration
 - (4) Severe cognitive deterioration
- (for definitions see Guidelines)

Urinary Incontinence and Use of Bathroom

- (1) Continent, can use bathroom independently
- (2) Continent, but needs some help using the bathroom
- (3) Continent, but needs full help using the bathroom
- (4) Only partially continent (and needs some/full help using the bathroom)
- (5) Incontinent, and uses diapers, penrose or catheter

Eating

- (1) Needs no help eating
- (2) Needs some help eating
- (3) Needs full help eating
- (4) Fed by IV or injection

Vision

- (1) No difficulty seeing, or wears suitable glasses
- (2) Has difficulty seeing, but does not need help
- (3) Has difficulty seeing and needs help/Blind

Washing

- (1) Needs no help washing
- (2) Needs supervision only when washing
- (3) Needs some help washing (help lathering, drying off)
- (4) Needs full help washing

Mobility

- (1) Walks without help (may use a cane)
- (2) Walks with partial supervision
- (3) Walks with constant help close at hand
- (4) Mobile almost exclusively in a wheelchair - but without the help of another
- (5) Mobile only in a wheelchair pushed by another, or confined to bed

Feelings of Loneliness

- (1) Does not suffer from feelings of loneliness
- (2) Suffers from feelings of loneliness (according to staff evaluation)

Referred by

- (1) Referred by the Ministry of Labor and Social Affairs
- (2) Other

APPENDIX 4: Report of Summary Data on Institution's Residents: An Example of Surveillance Findings from Wards for the Semi-Independent and Frail Elderly at One of the Institutions

Data on Residents	Number	Percentage (rounded)
Number of Residents in the Institution	83	100
Date the Residents' Personal Characteristics Form was filled out by the Institution: 10/92		
Age		
74 and under	3	3
75-84	33	40
85 and over	47	57
Sex		
Women	66	80
Men	17	21
Country of Origin		
Asia-Africa	1	1
Europe-America	81	98
Israel	1	1
Length of Residency		
5 years or more	34	41
3-4 years	14	17
1-2 years	18	22
Less than 1 year	17	21
Functional Status (According to the Labor and Social Affairs Ministry's definition)		
Semi-independent	72	87
Frail	4	5
Nursing	7	8

Data on Residents	Number	Percentage (rounded)
Cognitive Status		
Suffers from cognitive impairment	4	5
Does not suffer from cognitive impairment	79	95
Turnover (since 10/91)		
New residents	17	21
Entry date unknown	0	0
Departures	0	0
Deaths	11	13
Proportion of Turnover		34
Prevalence of Tracers		
Urinary incontinence	3	4
Vision problems	3	4
Difficulty in washing	13	16
Difficulty in mobility	3	4
Loneliness	24	29
Residents not suffering from any tracer condition	49	59
Residents referred by the Ministry of Labor and Social Affairs	28	34
Residents who were hospitalized during the year	17	20
Number of hospitalizations	25	

APPENDIX 5: An Example of a Sample of Residents

Last Name	First Name	Case No.	Entry Date	Urinary Incontinence	Vision Problems	Difficulty in Washing	Mobility Problems	Loneliness	Healthy
		25	4.85	*		*	*	*	
		35	2.83	*		*	*	*	
		3	11.74			*	*	*	
		24	2.87	*			*	*	
		41	12.86	*		*	*		
		51	2.83	*		*		*	
		26	6.84			*	*		
		31	12.87			*		*	
		7	7.86						*
		17	11.87					*	
		20	1.88					*	
		23	12.84		*				
		29	1.83						*
		38	5.75			*			
		46	12.84						*
		47	7.81					*	
		49	7.74			*			
		55	5.85						*
		58	4.87						*
		61	2.85						*
		64	9.04						*

APPENDIX 6: Evaluation of Personal Care of the Residents in the Sample: Interviews with the Residents and Social Worker and Examination of Records (for Institutions of 40 Beds or More) *Questionnaire No. 2*

To be completed by the General Surveyor

Directions for completing the questionnaire:

1. A separate copy of this form is to be completed for each resident in the sample.
2. If one of the residents chosen for the sample is not present at the time of the interview, one of the "alternates" from the sample will be interviewed. If it is difficult to communicate with the resident, this should be noted at the top of the questionnaire and the rest of the questionnaire (interview with the social worker and examination of records) should be completed.
3. The interview with the resident should be held in private, without the presence of any staff members, preferably in the resident's room.
4. Information about the institution, the resident, the surveyor, and the date and time of the interview should be filled in on the first page.
5. The correct answer should be circled for each question and care should be taken that all the questions are answered. In the resident interview, the option to answer "Doesn't know" is given. This option should be used if the resident answers that he doesn't know or if he is unable to answer the surveyor.
6. The interview with the resident is to be conducted first (left-hand column). When the interview is over, the time of its completion should be filled in.
7. Following the conclusion of the resident interview, an interview with the social worker (second column from the left) should be conducted and at the same time, the information in the records should be examined (third column from the left).
8. Some of the questions are accompanied by notes called "Guide to the Surveyor". These are intended to direct the surveyor to specific items that need to be checked prior to answering the question. These "guides" should be read carefully and carried out as directed.
9. Evaluation of the deficiency (right-hand column) should be completed later, after all of the information has been collected.

Region: Tel Aviv and Center _____ Jerusalem and South _____ Haifa and North _____

Name of Institution

Institution's Code No.

Resident's Name

I.D. No.

Resident's Code No.

Name of Surveyor

I.D. No.

Date of inspection visit _____
Day Month Year

Time resident interview begun _____ : _____

FEELING OF LONELINESS

1. Does the resident take part in social activities at least once a day?

(Regulation No. 47)

Resident's Answer	Social Worker's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	8 Recorded - participates 1 Recorded - does not participate 2 Not recorded	8 No deficiency 1 Minor 2 Severe

2. Does the resident feel lonely (has no one to talk to and confide in)?

(Regulation No. 47)

Resident's Answer	Social Worker's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	8 Recorded - does not feel lonely 1 Recorded - feels lonely 2 Not recorded	8 No deficiency 1 Minor 2 Severe

3. Does the resident who feels lonely meet and talk with the social worker at least once every 3 months?

(Regulation No. 46[7])

Resident's Answer	Social Worker's Answer	Examination of Records	Evaluation of Deficiency
8 Doesn't feel lonely 1 Yes 2 No 9 Doesn't know	8 Doesn't feel lonely 1 Yes 2 No	8 Doesn't feel lonely 1 Recorded - meets 2 Recorded - does not meet 3 Not recorded	8 No deficiency 1 Minor 2 Severe

4. Is the resident visited by people from outside the institution at least once a week? (Regulation No. 46[4])

Guide to Surveyor: In the case of no visitors, it is recorded that the social worker has looked into this.

Resident's Answer
1 Yes
2 No
9 Doesn't know

Social Worker's Answer	Examination of Records
1 Yes	8 Recorded - there are visits
2 No	1 Recorded - there are no visits and this is being looked into
	2 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

Questions 5-8 are for new residents (less than one year in the institution).

For veteran residents - skip to Question 9.

ADJUSTMENT DIFFICULTIES

5. Does the resident suffer from adjustment difficulties as indicated by any of the following symptoms: crying; depression; anger; aggression; apathy, withdrawal? (Regulation No. 46[3])

Resident's Answer
1 Yes
2 No
9 Doesn't know

Social Worker's Answer	Examination of Records
1 Yes	8 Recorded - no difficulties
2 No	1 Recorded - there are difficulties
	2 Not recorded

Evaluation of Deficiency

6. Did the resident meet with the social worker at least once every two weeks during the initial period of residence? (Regulation 46[2])

Resident's Answer
1 Yes
2 No
9 Doesn't know

Social Worker's Answer	Examination of Records
1 Yes	1 Recorded - meeting was held
2 No	2 No record of a meeting

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

7. Did the resident receive guidance during his first days at the institution, from either the social worker or another staff member? (Regulation No. 46[3])

Resident's Answer	Social Worker's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - there was a conversation 2 No record of a conversation	8 No deficiency 1 Minor 2 Severe

8. Was the resident accompanied by either a staff member or another resident during his first days at the institution? (Regulation No. 46[3])

Resident's Answer	Social Worker's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - was accompanied 2 No record of being accompanied	8 No deficiency 1 Minor 2 Severe

RESIDENTS' RIGHTS

9. Are you allowed to close the door of your own room? (Regulation No. 36[6])

Resident's Answer			Evaluation of Deficiency
8 Not possible due to resident's functional condition 1 Yes 2 No 9 Doesn't know			8 No deficiency 1 Minor 2 Severe

10. Do staff members usually knock on the door and wait for a response before entering your room?

(Regulation No. 36[6])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

11. If any of your furniture or belongings break, are they fixed? (Regulation No. 36[6])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

12. Do the clothes you wear belong to you? (Regulation No. 36[6])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

SATISFACTION

Are you satisfied with:

13. The amount of food you receive? (Regulation No. 37[A])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

Are you satisfied with:

14. The taste and variety of the food? (Regulation No. 37[D])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

15. The types of food served at meals? (Regulation No. 37[D])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

16. The staff's attitude? (Regulation No. 36[6])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

17. The heating? (Regulation No. 43[A])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

Are you satisfied with:

18. The lighting in the evening? (Regulation No. 10[G])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

19. Hot water for washing and bathing? (Regulation No. 10[B])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

20. The social and cultural activities? (Regulation No. 47)

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

21. The cleanliness of the public areas and rooms? (Regulation No. 42[A])

Resident's Answer
1 Yes 2 No or partially 9 Doesn't know

Are you satisfied with:

22. The possibilities for keeping your personal belongings? (Regulation No. 40[A])

Resident's Answer			
1 Yes 2 No or partially 9 Doesn't know			

23. The preparations made prior to entering the institution by staff, in general, and the social worker, in particular? (Regulation No. 46[2])

Resident's Answer			
8 Not relevant - Long-time resident 1 Yes 2 No or partially 9 Doesn't know			

24. The information you received prior to entering the institution? (Regulation No. 46[1])

Resident's Answer			
8 Not relevant - Long-time resident 1 Yes 2 No or partially 9 Doesn't know			

Are you satisfied with:

25. The absorption process? (Regulation No. 46[2])

Resident's Answer			
8 Not relevant - Long-time resident 1 Yes 2 No or partially 9 Doesn't know			

26. Your room placement? (Regulation No. 46[2])

Resident's Answer			
1 Yes 2 No or partially 9 Doesn't know			

27. Your influence on decisions affecting daily life in the institution? (Regulation No. 49)

Resident's Answer			
1 Yes 2 No or partially 9 Doesn't know			

28. Life in the institution in general? (Regulation No. 5[1])

Resident's Answer			
1 Yes 2 No or partially 9 Doesn't know			

Time resident interview completed: |_|_| : |_|_|

CLEANLINESS AND CLOTHING

29. Are the resident's clothes appropriate for the season? (Regulation No. 39)

Observation
1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

30. Are the resident's clothes clean? (Regulation No. 39)

Observation
1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

31. Is the resident's room clean and tidy? (Regulation No. 26)

Observation
1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

32. Is there an identifying mark on the resident's clothing; or are the clothes laundered privately by the family? (Regulation No. 39)

Observation
1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

EXAMINATION OF SOCIAL RECORDS

33. Is there a comprehensive social report on the resident's life in the community? (Regulation No. 46[1])

	Examination of Records
	1 Yes 2 No report, or no record on report

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

34. Is there an evaluation form in the social file? (Regulation No. 46[1])

	Examination of Records
	1 Yes 2 No form, or no record on form

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

35. Does the social file contain a record of the resident's special problems, and suggestions for treatment? (Regulation No. 46[1])

	Examination of Records
	1 Yes 2 No file, or no record on file

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

**APPENDIX 7: Observation, Examination of Records,
Interview of Residents, and General Questionnaire for
Director, Social Worker and Housemother (for Institutions
of all Sizes) *Questionnaire No. 3***

To be completed by the General Surveyor

Directions for completing the questionnaire:

1. This questionnaire is to be completed only once for each institution.
2. The name and code number of the institution, the name of the surveyor, the date of inspection, and the time the inspection begins is to be filled in on the first page.
3. All the questions should be answered as required.
4. The surveyor can determine the order of completing the different parts of the questionnaire in accordance with the schedule arranged with the institution's director, as long as all parts of the questionnaire are completed. If there are several wards in the institution, a general inspection of the entire institution should be made and then one ward, preferably one with many frail residents, should be focused on.
5. The answers to all the questions should be completed first (left-hand column). Evaluation of the deficiency (right-hand column) should be completed later after all of the information has been collected.
6. Some of the questions are accompanied by notes called "Guide to the Surveyor". These are intended to direct the surveyor to specific items that need to be checked prior to answering the question. These "Guides" should be read carefully and carried out as directed.
7. On the basis of the information collected, you are to decide whether or not there is a deficiency and, if so, how severe it is. The deficiency is to be considered minor when there has been partial failure to comply with regulations, or when the deficiency is in the process of being corrected (temporary failure to comply with regulations).
8. This questionnaire is intended for institutions of all sizes. In "large" institutions of more than 40 residents, a sample of ten residents is chosen and interviewed. In "small" institutions of less than 40 residents, resident interviews are not conducted. However, this questionnaire contains questions for "small" institutions which are comparable to those asked in the resident interviews. These questions are skipped at "large" institutions.
9. The time that the inspection visit is completed must be filled in on the last page.

Region: Tel Aviv and Center _____ Jerusalem and South _____ Haifa and North _____

Name of Institution

Institution's Code No.

Name of Surveyor

_____-_____
I.D. No.

Date of inspection

____-____-_____
Day Month Year

Time inspection begun ____:____

Name of institution's director _____

Name of social worker at institution _____

INTERVIEW WITH DIRECTOR ABOUT MANPOWER

What are the current staffing ratios (including part-time) for: (Supervision Law 1965)

Guide to the Surveyor: Ask the director for a copy of the payroll, which will include a breakdown of the positions.

1.1 Social Worker

Director's Answer		Evaluation of Deficiency
Required _ _ _ _ _ _	Existing _ _ _ _ _ _	8 No deficiency 1 Minor 2 Severe

1.2 Recreational Worker

Director's Answer		Evaluation of Deficiency
Required _ _ _ _ _ _	Existing _ _ _ _ _ _	8 No deficiency 1 Minor 2 Severe

1.3 Housemother

Director's Answer		Evaluation of Deficiency
Required _ _ _ _ _ _	Existing _ _ _ _ _ _	8 No deficiency 1 Minor 2 Severe

1.4 Is there a personal file for each of these staff members, with documentation as specified in the regulations? (Regulation 51)

Guide to the Surveyor: Check if the personal file of each employee contains biographical data, references from previous employers, diplomas and degrees, medical reports, and evaluations by superiors.

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

1.5 Can staff members who are interested take advanced courses?

Guide to the Surveyor: Check if participation in advanced courses is recorded in employees' personal files (check last two years).

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

INTERVIEW WITH DIRECTOR ABOUT ADMISSIONS

Guide to the Surveyor: Examine the admissions committee file, or the files of 2-3 new residents.

1.6 Are the institution's director, physician, nurse and social worker permanent members of the admissions committee? (Regulation 31[A])

Guide to the Surveyor: Check if there are protocols from admissions committee meetings, in which the institution's director, physician, nurse and social worker were present.

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

1.7 Are there written internal guidelines defining the admissions requirements and procedures? (Regulation 31[B])

Guide to the Surveyor: Check for internal written guidelines defining the admissions requirements and procedures.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

1.8 Do the discussions held by the admissions committee take the social worker's report into consideration? (Regulation 31[D][3])

Guide to the Surveyor: Check the files of 2-3 residents or the admissions committee file, to see if the social worker's report is noted.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

INTERVIEW WITH DIRECTOR ABOUT GENERAL SUBJECTS

1.9 Do the senior staff hold regular meetings at least once a month? (Regulation 5[1])

Guide to the Surveyor: Check if there are protocols of senior staff meetings.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

1.10 Are regular staff meetings held once a week to assess the condition of and adequacy of care for each resident? (Regulation 5[1])

Guide to the Surveyor: Examine the files of 2-3 residents to see if a summary of the meetings assessing the resident's condition is in the resident's file.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

1.11 Is a Resident Registration Record kept? (Regulation 56[A])

Guide to the Surveyor: Check if there is a Resident Registration Record that includes demographic data, previous address, date of admission, details on relatives, medical insurance.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

1.12 Is a contract signed with each new resident, stating the resident's rights and the services to be provided by the institution? (Regulation 34[A])

Guide to the Surveyor: Ask for a copy of the contract between the institution and a new resident, and put it in the institution's file in the regional office. Examine the files of 3-4 new residents or the file of contracts to see if there is a contract signed with each resident prior to his admission, stating the resident's rights and the services to be provided by the institution.

Director's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

1.13 Is there at least one telephone for the use of the residents? (Regulation 36[2])

Guide to the Surveyor: Ask several residents if they can make phone calls whenever they like, if they can get phone cards, and if the phone is accessible.

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

1.14 Are the names and telephone numbers of the surveyors posted in a prominent place in the institution? (Regulation 49)

Guide to the Surveyor: Ask several residents if they know how to contact the surveyors if they want to talk to them.

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

1.15 Is information on residents' rights posted in a prominent place in the institution? (Regulation 36[1])

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

OBSERVATION RELATED TO SAFETY AND CLEANLINESS

2.1 Is the floor free of obstacles? (Regulation 8 [c])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.2 Is there sufficient artificial lighting? (Regulation 10[C])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.3 Is there sufficient natural light? (Regulation 10[C])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

OBSERVATION RELATED TO CLEANLINESS AND MAINTENANCE

2.4 Do the location and size of public areas (dining room, recreation room) suit the residents' daily needs? (Regulations 21, 22, 23, 24, 25, 27)

Not relevant in institutions with more than 40 beds.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.5 Is the cleanliness of the public areas adequate? (Regulation 41[1])

Guide to the Surveyor: Ask several residents if the institution is usually as clean as it is today.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.6 Is the staff's clothing clean and neat? (Regulation 54[A])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.7 Are the equipment and furniture in public areas clean and in good condition? (Regulation 41[D])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

OBSERVATION IN DINING ROOM AND KITCHEN

2.8 Is there direct access to the dining room, with no stairs? (Regulation 17[A])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.9 Are there clean, well-equipped bathrooms and sinks near the dining room? (Regulation 41[2])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.10 Is the dining room free of flies and bugs? (Regulation 41[2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.11 Does the number of seats in the dining room correspond to the number of residents? (Regulation 17[3])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.12 Are the tables and chairs in the dining room covered with material that can be washed and cleaned? (Regulation 17[C])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.13 Are there tables in the dining room that match the height of wheelchair arms, as required? (Regulation 17[C])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.14 Is a list of special diets and the residents who receive them posted in a prominent place in the kitchen? (Regulation 37[E])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.15 Is a weekly menu posted in a prominent place in the dining room? (Regulation 37[E])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.16 Does the meal served match the posted menu? (Regulation 37[E])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.17 Is the food served aesthetically and in clean dishes? (Regulation 37[H])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.18 Is the amount of food served at meals sufficient? (evaluation) (Regulation 37[A])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.19 Are facilities for preparing hot beverages easily accessible to residents (or may residents receive hot beverages at any time)? (Regulation 27)

Guide to the Surveyor: Check if there is always hot water for preparing hot beverages.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.20 Is the kitchen equipment clean and in good repair (sinks, pots, dishes, oven)? (Regulation 16(C))

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

OBSERVATION RELATED TO COMFORT

2.21 Is the temperature in the building in the winter at least 21°C, and are air-conditioners and fans used in the summer, as necessary? (Regulation 43[A][B])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

OBSERVATION OF FURNITURE IN RESIDENTS' ROOMS

Guide to the Surveyor: Check 2-3 rooms in each ward and see if the following items are there and are in working order:

2.22 Is there a personal night table for every resident? (Regulation 26[7])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.23 Is there a clothes closet?

(Regulation 26[8])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.24 Can one of the closets be locked by the resident? (Regulation 26[7])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.25 Is there at least one chair per person? (Regulation 26[8])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.26 Is there a table in the room? (Regulation 26[8])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.27 Are there decorations in the rooms? (Regulation 26[8])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.28 Is there an emergency call device by the bed? (Regulation 26[7])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.29 Do staff immediately answer alarm calls? (Regulation 26[7])

Guide to the Surveyor: Try the emergency call device in a number of places, and see if staff comes.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.30 Are the bedclothes clean and suited to the season; do the bed and mattress suit the residents? (Regulation 38[A])

Guide to the Surveyor: Note the height of the bed, and the width and thickness of the mattress.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.31 Can doors and windows be closed and sealed against wind? (Regulations 9[B][C]. 8[D])

Guide to the Surveyor: Close the doors and windows in a number of rooms.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.32 Are there no more than two residents in each room? (Regulation 26[1])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.33 Are the names of the residents posted on the doors of their rooms?

(Regulation 13)

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.34 Is there a place in the room where the resident can get dressed in private?

(Regulation 35[5])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.35 Can the resident have privacy in the bathroom (can the door be closed)?

(Regulation 35[5])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.36 Is there sufficient equipment for recreational occupation (materials, games, newspapers, books, radio, television)? (Regulation 47[A])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.37 Is the schedule of weekly activities posted in a central place (days, hours, type of activity)? (Regulation 47[B])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

Questions 2.38-2.40 are for small institutions (with less than 40 beds). In the case of large institutions, skip to Question 3.1.

2.38 Do the residents' rooms look comfortable and are they clean and neat?
(Regulation 41[1], 26)

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.39 Are the residents dressed and do they appear clean? (Regulation 39)

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.40 Are the residents dressed appropriately for the season and are their clothes the right size? (Regulation 39)

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

INTERVIEW WITH SOCIAL WORKER

*To the Surveyor: If there is no social worker at the institution, the questions marked with two asterisks (**) may be asked of another employee (director, housemother, recreational worker, etc.).*

For questions marked with one asterisk (), indicate a deficiency if there is no social worker.*

3.1 Does the social worker have afternoon office hours at least once a week?*
(Regulation 46[5])

Guide to the Surveyor: Ask several residents if the social worker can be seen in the afternoon.

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.2 Does the social worker conduct group sessions at least once a month?*
(Regulation 46[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

INTERVIEW WITH SOCIAL WORKER ABOUT SOCIAL AND RECREATIONAL ACTIVITIES

3.3 Are the social, cultural and occupational activities varied and frequent enough to satisfy residents' needs? ** (Regulation 47[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.4 What is the maximum number of residents who participate once a week in social or occupational activities (organized or individual)? (Regulation 47[A])**

Guide to the Surveyor: There is a deficiency if fewer than half of the residents participate.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.5 Do the social activities take place after consulting with you?* (Regulation 47[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.6 Is there a program to strengthen ties with the community, such as people volunteering at the institution, residents volunteering in the community, students visiting the institution, etc.? (Regulation 46[6])**

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

INTERVIEW WITH THE SOCIAL WORKER ABOUT HOSPITALIZATION, MEDICAL INSURANCE AND TRANSFER

3.7 Do all the residents have full medical insurance? ** (Regulation 30[C])

Social Worker's Answer	Evaluation of Deficiency
1 Yes, or residents without insurance have surveyor's authorization 2 No	8 No deficiency 1 Minor 2 Severe

3.8 Do you make it a point to receive reports from the medical staff on special medical occurrences? * (Regulation 44[D][3])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.9 Is the family immediately notified when a resident is hospitalized on the institution's initiative? ** (Regulation 44[D][3])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.10 Do you visit hospitalized residents (or see to it that visits are made by other residents or employees)? ** (Regulation 44[D][2])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.11 Are you involved in the transfer of residents from one room to another, from one ward to another, or if they leave the institution? * (Regulation 33[A][C][D])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

INTERVIEW WITH THE SOCIAL WORKER ABOUT RESIDENTS' RIGHTS

3.12 Do the residents receive their mail sealed? ** (Regulation 5[1])

Guide to the Surveyor: Ask several residents if they receive their mail sealed.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.13 Do you check if the residents have pocket money, and that they spend it as they wish? ** (Regulation 5[1])

Guide to the Surveyor: Ask several residents if they have pocket money to spend as they wish.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.14 Do you assist the residents in protecting their rights in legal disputes, familial disputes over appointing a legal guardian, etc.? ** (Regulation 46[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.15 Can the residents receive visitors whenever they wish? ** (Regulation 36[8])

Guide to the Surveyor: Ask several residents if they can have visitors whenever they wish?

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.16 Are the residents allowed to go out of the institution whenever they wish (if their functional status enables them to)? (Regulation 36[7])**

Guide to the Surveyor: Ask several residents if they are allowed to go out of the institution whenever they want.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.17 Are the residents assisted in going out of the institution whenever they wish to do so (organized transportation, escort, or assistance getting transportation)? (Regulation 36[7])**

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.18 Does the staff usually treat residents with respect and consideration? ** (Regulation 36[6])

Guide to the Surveyor: Ask 2-3 residents and conduct an observation: Does the staff treat you with respect and consideration?

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.19 Do the residents have the opportunity to be alone without being disturbed, when they want to? ** (Regulation 35[5])

Guide to the Surveyor: Check if there is a corner of the lobby or a separate room for those who wish to be alone.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.20 Is there a place for receiving visitors in private? ** (Regulation 35[5])

Guide to the Surveyor: Check if there is a place in the institution where visitors can be received in private.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

INTERVIEW WITH SOCIAL WORKER ABOUT RESIDENTS' INVOLVEMENT IN INSTITUTION LIFE

Guide to the Surveyor: It is desirable to talk to members of the residents' committee and find out what their role is.

3.21 Is there an active residents' committee (which meets regularly) or appropriate representation (in small institutions)? ** (Regulation 48[a])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

Questions 3.22 and 3.23 are for large institutions (with more than 40 beds). In the case of a small institution, skip to question 3.24.

3.22 Is there a family committee? ** (Regulation 48[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.23 Are there residents' committees for specific subjects (menu committee, cultural committee) or a group of residents to deal with special issues? ** (Regulation 48[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.24 Are there regularly scheduled residents' meetings and are they attended by at least half of the residents? ** (Regulation 48[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

*Reminder to the Surveyor: If there is no social worker at the institution, the questions marked with two asterisks (**) may be asked of another employee (director, housemother, recreational worker, etc.).*

For questions marked with one asterisk (), indicate a deficiency if there is no social worker.*

3.25 Do the meetings/committees influence the decisions made in the institution? ** (Regulation 48[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No, or no meetings/committees	8 No deficiency 1 Minor 2 Severe

3.26 Does the social worker meet with the residents' committee and/or other committees? * (Regulation 48[A])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No 8 There are no committees	8 No deficiency 1 Minor 2 Severe

3.27 Is a residents' newsletter published at least once every six months? ** (Regulation 48[A])

Guide to the Surveyor: Ask to see any newsletters published in the last year.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No 8 Not relevant - for institutions of less than 100 beds	8 No deficiency 1 Minor 2 Severe

3.28 Do you discuss ways of activating the residents and involving them in institution life with the staff?* (Regulation 46[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.29 Do any of the residents play a formal role in the institution?*** (Regulation 5[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.30 Is there an explicit procedure for receiving and handling residents' complaints (through the residents' committee or the social worker?)* (Regulation 48[B] & 49)

Guide to the Surveyor: Ask the social worker for the report or summary of the handling of a complaint. Ask several residents if there is an explicit procedure for checking complaints.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

INTERVIEW WITH SOCIAL WORKER ABOUT ABSORBING NEW RESIDENTS

3.31 Is the absorption of a new resident into the institution coordinated by the physician, nurse and social worker?* (Regulation 46[2] & 32[B])

Guide to the Surveyor: Check the files of 2-3 new residents. Is there a written program for the residents' absorption into the institution by the physician, nurse and social worker?

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.32 Does the social worker interview each candidate prior to his admission, to give him information and advice about the institution?* (Regulation 46[1])

Guide to the Surveyor: Check the files of 2-3 new residents. Does the file contain a summary of an interview with the resident that was held prior to his admission for the purpose of giving him information and advice?

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.33 Does the social worker interview the candidate's family prior to his admission?* (Regulation 46[1])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.34 Does the social worker visit a candidate in his home before his admission?* (Regulation 46[1])

Social Worker's Answer	Evaluation of Deficiency
1 Usually, yes 2 Usually, no	8 No deficiency 1 Minor 2 Severe

3.35 Does the social worker meet with each resident and his family on the day of his admission (or on the following day)?* (Regulation 32[A])

Guide to the Surveyor: Check the files of 2-3 new residents. Is there a summary of a meeting between the resident and his family held on the day of his admission?

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.36 Does the social worker conduct an orientation meeting for the core staff concerning the absorption of each new resident, and inform them of possible adjustment difficulties, and the desired response?* (Regulation 46[3])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.37 Does the social worker participate in the process of the new resident's adaptation to his roommates and table companions?* (Regulation 46[2])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.38 Are the residents allowed and encouraged to bring and use personal property and furniture?* (Regulation 34 & 34[C])

Guide to the Surveyor: Check several rooms to see if there is personal property and furniture in the rooms.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.39 Does the social worker work with the new residents in a group?* (Regulation 46[2])

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No 8 Not relevant - fewer than five new residents are admitted each month	8 No deficiency 1 Minor 2 Severe

**Questions 3.40 - 3.51 are for small institutions (with less than 40 beds).
In the case of large institutions, skip to Section 4.**

INTERVIEW WITH SOCIAL WORKER AT SMALL INSTITUTIONS

ABSORBING A NEW RESIDENT

3.40 Do you fill out a social report for each resident soon after his admission?*
(Regulation 46[2] & 31[3])

Guide to the Surveyor: Check the files of 2-3 new residents and see if there is a social report evaluating the resident filled out soon after his admission.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.41 Is the resident accompanied by a staff member or another resident during his first days in the institution? ** (Regulation 32[A])

Guide to the Surveyor: Ask 2-3 new residents if they were accompanied by a staff member or another resident during their first days in the institution.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.42 Does the social worker or another employee orient the resident to institution life on his admission? ** (Regulation 32[A])

Guide to the Surveyor: Ask 2-3 new residents if they received guidance from the social worker or another employee when they entered the institution.

Social Worker's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

RESIDENTS' RIGHTS

3.43 Can the residents close the door to their room whenever they wish? **

(Regulation 36[5])

Guide to the Surveyor: Ask 2-3 residents if they can close the door to their room whenever they wish?

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.44 Does the staff knock on the resident's door before entering? ** (Regulation 36[5])

Guide to the Surveyor: Ask 2-3 residents if the staff knocks on their door before entering.

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

LONELINESS

3.45 Does the social worker have a counselling session at least twice a month with each resident who suffers from loneliness? * (Regulation 46[3])

Guide to the Surveyor: Check the files of 2-3 residents suffering from loneliness (as defined by the social worker or chosen by the surveyor). Are there summaries of conversations about loneliness in their files?

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.46 Are those suffering from loneliness encouraged to participate in social and occupational activities and to develop personal relationships? ** (Regulation 47)

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.47 Is an effort made to encourage relatives of those suffering from loneliness to visit? ** (Regulation 46[4])

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

ADJUSTMENT DIFFICULTIES

3.48 Does the social worker hold a counselling session with those suffering adjustment difficulties at least once a week during the initial period of residence in the institution? * (Regulation 46[3])

Guide to the Surveyor: Check the files of 3-4 residents with adjustment difficulties (as defined by the social worker or chosen by the surveyor). Are there records of counselling between those suffering from adjustment difficulties and the social worker, at least once a week during the initial period of residence in the institution?

Social Worker's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.49 Does the social work file contain a record of the resident's special problems, and suggestions for treatment? (Regulation 46)

Guide to the Surveyor: Check the files of 3-4 residents chosen at random.

Examination of Records	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

3.50 Are there follow-up reports on the residents' social status? (Regulation 31[D][3])

Guide to the Surveyor: Check the files of 3-4 residents.

Examination of Records	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.51 Are there comprehensive social reports on the residents' life in the community (at least for residents referred by the social welfare bureau)? (Regulation 31[D][3])

Guide to the Surveyor: Check the files of 3-4 residents.

Examination of Records	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4. INTERVIEW WITH HOUSEMOTHER

4.1 Is the time between supper and breakfast less than 12 hours (or is it possible to get a light meal or snack during this period)? (Regulation 37[C])

Guide to the Surveyor: Ask 2-3 residents when the last meal at night and the first meal in the morning are (or if it is possible to get a snack during this period).

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4.2 Are there laundry and mending services for clothes at the institution? (Regulation 40[A])

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4.3 Can residents wash their own clothes if they wish? (Regulation 40[B])

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4.4 Is there hot water at the institution 24 hours a day? (Regulation 10[B])

Guide to the Surveyor: Ask 2-3 residents if there is hot water 24 hours a day, and try the taps several times during your visit.

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4.5 Is there someone in the institution who deals with complaints about maintenance and repairs of the building and appliances? (Regulation 40[A])

Guide to the Surveyor: Ask 2-3 residents if things that are broken are repaired.

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

4.6 Does the menu contain a choice of types of food? (Regulation 37[D])

Guide to the Surveyor: Ask 2-3 residents if the menu offers a choice between types of food.

Housemother's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

APPENDIX 8: Evaluation of Personal Care of the Residents in the Sample: Interviews with the Residents and Attending Nurse and Examination of Records (for Institutions of 40 Beds or More) *Questionnaire No. 3*

To be completed by the Nurse Surveyor

Directions for completing the questionnaire:

1. A separate copy of this form is to be completed for each resident in the sample.
2. If one of the residents chosen for the sample is not present at the time of the interview, one of the "alternates" from the sample will be interviewed. If it is difficult to communicate with the resident, this should be noted at the top of the questionnaire and the rest of the questionnaire (interview with the nurse and examination of records) should be completed.
3. The interview with the resident should be held in private, without the presence of any staff members, preferably in the resident's room.
4. Information about the institution, the resident, the surveyor, and the date and time of the interview should be filled in on the first page.
5. The correct answer should be circled for each question and care should be taken that all the questions are answered. In the resident interview, the option to answer "Doesn't know" is given. This option should be used if the resident answers that he doesn't know or if he is unable to answer the surveyor.
6. The interview with the resident is to be conducted first (left-hand column). When the interview is over, the time of its completion should be filled in.
7. Following the conclusion of the resident interview, an interview with the attending nurse (second column from the left) should be conducted and at the same time, the information in the records should be examined (third column from the left).
8. Some of the questions are accompanied by notes called "Guide to the Surveyor". These are intended to direct the surveyor to specific items that need to be checked prior to answering the question. These "guidelines" should be read carefully and carried out as directed.
9. Evaluation of the deficiency (right-hand column) should be completed later, after all of the information has been collected.

VISION

1. Does the resident have an eye disease? (Regulation No. 47[1])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - has an eye disease 2 Recorded - has no eye disease 7 Not recorded

2. Does the resident have vision problems? (Regulation 47[1])

Guide to the Surveyor: Does the resident wear glasses; does he see clearly with them; is he able to read and watch T.V.?

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - has problems 2 Recorded - has no problems 7 Not recorded

3. Was the resident examined by an ophthalmologist during the past year? (Regulation No. 44[5])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - was examined 2 Recorded - reason why was not examined 7 Not recorded

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

For a resident with no vision problems, skip to Question 6.

For a resident who has vision problems, complete questions 4 and 5.

4. Was the resident examined by an optometrist during the past two years?

(Regulation No. 44[5])

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded - was examined
2 No	2 Recorded - reason why was not examined
	7 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

5. If the resident has severe vision problems, did he receive instruction in spatial orientation? (Regulation No. 44[1])

Guide to the Surveyor: Resident has severe vision problems if he sees only light and dark; has blurred vision; can see only a very short distance ahead; cannot see the surveyor's face or is blind.

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded - received instruction
2 No	2 Recorded - reason why was not instructed
	7 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

HEARING

6. Does the resident have hearing problems? (Regulation No. 44[1][A])

Guide to the Surveyor: Does the resident hear you easily?

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded - has hearing problems
2 No	2 Recorded - has no hearing problems
	7 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

7. Was the resident examined by an ear/nose/throat specialist during the last year?

(Regulation No. 44[5][A])

Resident's Answer	Nurse's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - was examined 2 Recorded - reason why was not examined 7 Not recorded	8 No deficiency 1 Minor 2 Severe

MOBILITY

8. Does resident need help walking, getting from bed to chair, getting to bathroom, dining-room, etc.? (Regulation No.44[2][A])

Guide to the Surveyor: Ask the resident to walk. Pay particular attention to heavy-set residents and those with edema, sprains or broken bones. Check if resident has support shoes.

Resident's Answer	Nurse's Answer	Examination of Records	
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - needs help 2 Recorded - does not need help 7 Not recorded	

For a resident with no mobility problems - skip to Question 11.

For a resident who has mobility problems - complete questions 9 and 10.

9. Does the resident receive the help he needs in mobility, such as help in getting to the bathroom, dining-room, etc.? (Regulation No. 44[2][A])

Resident's Answer	Nurse's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - receives help 2 Recorded - reason why doesn't receive help 7 Not recorded	8 No deficiency 1 Minor 2 Severe

10. Does the resident receive the help he needs in mobility to attend recreational activities within the institution, and is there a daily treatment program? (Regulation No. 44[1][A])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - receives help 2 Recorded - reason why doesn't receive help 7 Not recorded

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

WASHING

11. Does the resident need help in washing? (Regulation No. 44[1][A])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - needs help 2 Recorded - does not need help 7 Not recorded

Evaluation of Deficiency

*For resident who does not have difficulty washing - skip to Question 14.
For resident who has difficulty washing - complete questions 12 and 13.*

12. Does the resident receive help washing in the bath or shower at least twice a week? (Regulation No. 44[1][A])

Guide to the Surveyor: Ask the resident to show where he is washed and to describe how it is done.

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - receives help 2 Recorded - reason why doesn't receive help 7 Not recorded

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

13. Is the resident washed alone and with the door closed? (Regulation No. 44[1][A])

Guide to the Surveyor: Examine nursing station's washing record for the last month.

Resident's Answer		Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know		8 No deficiency 1 Minor 2 Severe 9 Unknown

Questions 14 and 15 are for residents who are able to wash themselves.

14. Is it difficult for the resident to wash himself (to bend over, to wash his hair)?

(Regulation No. 44[1][A])

For a resident who needs complete help in washing - skip to Question 16.

Resident's Answer		
1 Yes 2 No 9 Doesn't know		

15. Does the resident who can wash himself receive some light assistance (such as having a staff member present) at least once a week? (Regulation No. 44[1][A])

Resident's Answer	Nurse's Answer	Examination of Records	Evaluation of Deficiency
1 Yes 2 No 9 Doesn't know	1 Yes 2 No	1 Recorded - receives help 2 Recorded - reason why doesn't receive help 7 Not recorded	8 No deficiency 1 Minor 2 Severe

16. Does the resident receive chiropodic treatment regularly (including treatment of toenails and calluses)? (Regulation No. 44[1][A])

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes 2 No	1 Recorded - receives help 2 Recorded - reason why doesn't receive help 7 Not recorded

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

EXAMINATION OF RESIDENT

17. Are the resident's feet well cared for (toenails, skin, cleanliness)? (Regulation No. 44[1][A])

Resident's Answer
1 Yes 2 No

Nurse's Answer	Examination of Records

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

OBSERVATION OF WASHING

Guide to the Surveyor: If there is no private washing area, examine the common washing area.

18. Is the washing area in the resident's room clean and does it contain all the necessary equipment (hand rails, a chair, suitable bathtub height, hook for clothes, shelf for glasses)? (Regulation No. 26[5])

Resident's Answer
1 Yes 2 No

Nurse's Answer	Examination of Records

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

19. Is there a working emergency call device in the washing area in the resident's room? (Regulation No. 26[5])

Resident's Answer
1 Yes
2 No

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

URINARY INCONTINENCE

20. Does the resident suffer from urinary incontinence (including partial)? (Regulation No. 44[1][A])

Guide to the Surveyor: Is the resident able to use a bedpan; does he get to the bathroom in time, especially in the night; does he take medication that exacerbates the problem.

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded - suffers
2 No	2 Recorded - does not suffer
	7 Not recorded

For residents who do not suffer from urinary incontinence - skip to Question 24.

For residents who suffer from complete or partial urinary incontinence, complete Questions 21 - 23.

21. Was the resident examined for incontinence by a physician? (Regulation No. 44[4][A])

Guide to the Surveyor: Was there an examination by a urologist, gynecologist, etc. including a test for infections?

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded - examined
2 No	2 Recorded - reason why not examined
	7 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

22. Has the resident received guidance on how to cope with incontinence and is there a treatment program recorded in his file? (Regulation No. 44[1][A])

Guide to the Surveyor: Check if a record of accidents, going to the bathroom at regular intervals, etc. is kept.

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded
2 No	2 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

23. Does the resident receive help getting to the bathroom or using the bedpan in time? (Regulation No. 44[1][A])

Guide to the Surveyor: Check if the treatment program recorded in the file is being carried out.

For a resident who does not suffer from complete incontinence - skip to Question 24.

Resident's Answer
1 Yes
2 No
9 Doesn't know

Nurse's Answer	Examination of Records
1 Yes	1 Recorded
2 No	2 Not recorded

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

DISPENSING MEDICATION

24. Who usually dispenses medication to the resident?

Guide to the Surveyor: Write down the name of the person who dispenses the medication and check his profession.

For a resident who takes medication by himself or who doesn't need medication - skip to Question 25.

Resident's Answer
1 Nurse
2 Other (aide, family, etc.)
9 Doesn't know

Nurse's Answer	Examination of Records
1 Nurse	
2 Other (aide, family, etc.)	

Evaluation of Deficiency
8 No deficiency
1 Minor
2 Severe

25. For those who take medication on their own, does a nurse check the medicines that are in the resident's rooms at least once a month? (Ministry of Health, Nursing Regulation)

For a resident who doesn't take medication by himself or doesn't need medication - skip to Question 26.

Resident's Answer
1 Yes 2 No 9 Doesn't know

Nurse's Answer	
1 Yes 2 No	

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

EXAMINATION OF RECORDS

26. Does the resident receive medication according to the physician's instructions?
(Regulation No. 44[5][A])

Guide to the Surveyor: Compare the physician's handwritten instructions, the resident's medical record and medical card-index.

	Examination of Records
	8 Doesn't need medication 1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

27. Is there a medication chart, dating from resident's entry into the institution and updated according to accepted recording practices, in the resident's file? (Regulation No. 44[2][A])

	Examination of Records
	8 Doesn't need medication 1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

SATISFACTION

28. Are you satisfied with the way you are treated by the nurses? (Regulation No. 5[1])

Resident's Answer			
8 Not relevant - has no contact with nurses 1 Yes 2 Partially or no 9 Doesn't know			

29. Are you satisfied with the response to your calls for help? (Regulation No. 5[1])

1 Resident's Answer			
8 Not relevant - does not call for help 1 Yes 2 Partially or no 9 Doesn't know			

GENERAL

Questions to be Answered by the Nurse Surveyor

30. Are most of the resident's answers to the point?

- 1 Yes
- 2 No

31. Did you use an interpreter?

- 1 Yes
- 2 No

Time Resident Interview Completed: |__|__| : |__|__|

EXAMINATION OF RECORDS

32. Was a periodic nursing assessment carried out by a nurse in the past half year, and was it recorded on the nursing evaluation chart? (Regulation No. 44[B])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

33. Is there a personal nursing care plan which includes a summary of the nursing assessment and a record of the short- and long-term treatments required? (Regulation No. 44[C])

	Examination of Records
	1 There is a care plan 2 There is a partial care plan 7 There is no care plan

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

34. Is there a record of the implementation of different parts of the nursing care plan? (Regulation No. 44[C])

	Examination of Records
	1 There is a record 2 There is a partial record 7 There is no record

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

PREVENTIVE EXAMINATIONS

35. Has the resident's health status been monitored during the last half year? (Regulation 44[C])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

36. Was a general clinical examination carried out by a physician during the past six months, and was the examination form completed according to regulations? (Regulation No. 44[5][A])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

37. Was the resident weighed by a nurse at least once a month during the past year? (Regulation No. 44[5][A])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

38. Were standard lab tests (blood and urine) done during the last six months? (Regulation No. 44[5][A])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

39. Did the nurse take blood pressure measurements at least once every three months during the last year? (Regulation No. 44[5][A])

	Examination of Records
	1 Yes 2 No

Evaluation of Deficiency
8 No deficiency 1 Minor 2 Severe

APPENDIX 9: Observation, Examination of Records, Interview of Residents, and General Questionnaire for Director and Nurse (for Institutions of all Sizes)

Questionnaire No. 4

To be Completed by the Nurse Surveyor

Directions for completing the questionnaire:

1. This questionnaire is to be completed only once for each institution.
2. The name and code number of the institution, the name of the surveyor, the date of inspection, and the time the inspection begins is to be filled in on the first page.
3. All the questions should be answered as required.
4. The surveyor can determine the order of completing the different parts of the questionnaire in accordance with the schedule arranged with the institution's director, as long as all parts of the questionnaire are completed. If there are several wards in the institution, a general inspection of the entire institution should be made and then one ward, preferably one with many frail residents, should be focused on.
5. The answers to all the questions should be completed first (left-hand column). Evaluation of the deficiency (right-hand column) should be completed later after all of the information has been collected.
6. Some of the questions are accompanied by notes called "Guide to the Surveyor". These are intended to direct the surveyor to specific items that need to be checked prior to answering the question. These "Guides" should be read carefully and carried out as directed.
7. On the basis of the information collected, you are to decide whether or not there is a deficiency and, if so, how severe it is. The deficiency is to be considered minor when there has been partial failure to comply with regulations, or when the deficiency is in the process of being corrected (temporary failure to comply with regulations).
8. This questionnaire is intended for institutions of all sizes. In "large" institutions of more than 40 residents, a sample of ten residents is chosen and interviewed. In "small" institutions of less than 40 residents, resident interviews are not conducted. However, this questionnaire contains questions for "small" institutions which are comparable to those asked in the resident interviews. These questions are skipped at "large" institutions.
9. The time that the inspection visit is completed must be filled in on the last page.

INTERVIEW WITH DIRECTOR ABOUT MANPOWER

What are the current staffing ratios (including part-time) for: (Supervision Law 1965)

Guide to the Surveyor: Ask the director for a copy of the payroll, which will include a breakdown of the positions.

1.1 Physicians

Director's Answer	Evaluation of Deficiency
<p>Required Existing</p> <p>_____ _____ _____ _____ _____ _____ </p>	<p>8 No deficiency</p> <p>1 Minor</p> <p>2 Severe</p>

1.2 Nurses

Director's Answer	Evaluation of Deficiency
<p>Required Existing</p> <p>_____ _____ _____ _____ _____ _____ </p>	<p>8 No deficiency</p> <p>1 Minor</p> <p>2 Severe</p>

1.3 Nurse's Aides

Director's Answer	Evaluation of Deficiency
<p>Required Existing</p> <p>_____ _____ _____ _____ _____ _____ </p>	<p>8 No deficiency</p> <p>1 Minor</p> <p>2 Severe</p>

1.4 Is there a physician on call during hours when there is no physician at the institution? (Regulation 51)

*Guide to the Surveyor: Check whether a doctor is called **immediately** in an emergency.*

Director's Answer	Evaluation of Deficiency
<p>1 Yes</p> <p>2 No</p>	<p>8 No deficiency</p> <p>1 Minor</p> <p>2 Severe</p>

1.5 Is there a personal file for these staff members with documentation as specified in regulations? (Regulation 51)

Guide to the Surveyor: Check the personal files for these staff members: do they contain biographical data, references from previous employers, diplomas and degrees, medical reports, and evaluations by superiors?

Director's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2. INTERVIEW WITH NURSE

2.1 Is the chart where washing of residents is recorded in order and up-to-date? (Regulation 44[A])

Guide to the Surveyor: Check the washing chart for several months back.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.2 Is the report notebook for recording accidents in order and up-to-date? (Regulation 44[B])

Guide to the Surveyor: Check the files of 3-4 residents. Compare the reports of accidents in the report notebook, the record of visits to the emergency room and the medical files; clarify how the problem was treated (care strategy).

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.3 Is there a physician's instructions notebook signed by a physician? (Regulation 15[A][2])

Guide to the Surveyor: Check the files of 3-4 residents: Is there a record that the physician's instructions for treatment were carried out as written in the physician's instructions notebook?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.4 Is there a record of special nursing care treatments that were carried out? (Regulation 15[A][2])

Guide to the Surveyor: Check that the recordings in the nursing follow-up chart and the treatment care chart match written instructions for special nursing care treatments.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.5 Is there a reports notebook in each ward signed by a nurse on each shift? (Regulation 44[B])

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.6 Is there a list of residents who are sensitive to medication posted on the door of the medicine cabinet? (Regulation 44[A])

Guide to the Surveyor: Check that the recordings in the medical and personal files of 2-3 residents match.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

EXAMINATION OF TREATMENT

2.7 Are steps taken to move nursing elderly to suitable settings? (Regulation 33[A])

Guide to the Surveyor: Check the files of 3-4 nursing elderly in the semi-independent and frail wards: Are there copies (in medical or social files) of letters to the family and to the health bureau, about the decision to transfer nursing and mentally frail elderly to suitable settings or to keep them in the ward?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.8 Is physiotherapy given privately or in a community clinic according to referral by the institution's physician? (Regulation 44[A][3])

Guide to the Surveyor: Check the files of 3-4 nursing elderly for recording of implementation of physician's instructions.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.9 Is the referral of a resident to the hospital made by the physician or the nurse (except in emergencies)? (Regulation 44[A][4])

Guide to the Surveyor: Check copies of the referrals to the hospital in the files of 2-3 residents who were referred to the hospital to see if the referral was made by the physician or nurse (except in emergencies).

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.10 Is there follow-up of residents hospitalized or brought to the emergency room, including an examination by the institution's physician soon after the resident's release and a nurse's assessment on the day of release? (Regulation 44[A][4])

Guide to the Surveyor: Check the files of 3-4 residents who were hospitalized: Is there a summary of the physician's examination and the nurse's assessment made close to the release date? Check the medical file and the report notebook to make sure the hospital's recommendations have been followed.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.11 Is there nursing follow-up of those suffering from chronic illnesses (diabetes, high blood pressure), including lab tests and appropriate nursing assessment, performed according to the physician's signed orders? (Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents: Is there a record of a nursing follow-up for those suffering from chronic illnesses (diabetes, heart disease, high blood pressure), including lab tests and appropriate nursing assessment, performed according to physician's signed orders?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.12 Does the attending nurse know the residents and adapt treatments according to their changing needs? (Regulation 44[A][1])

Guide to the Surveyor: Check the files of 3-4 residents: On the process of care sheet, is it recorded that treatment was changed to match the changing needs of the resident? It is desirable to focus on subjects such as urinary incontinence, mobility, and bed sores, and to check the suitability of care to changing needs.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.13 Is motoric stimulation part of the nursing care program? (Regulation 44)

Guide to the Surveyor: Check that a record of motoric stimulation (guided walking) is included in the nursing care program for 2-3 residents who need it.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.14 Is there a sufficient number of nurses and aides on the morning shift?

(Regulation 44[A][4])

Guide to the Surveyor: Check the work roster: Are a sufficient number of nurses and aides listed on the morning shift?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.15 Is there a sufficient number of nurses and aides on the evening shift?

(Regulation 44[A][4])

Guide to the Surveyor: Check the work roster: Are a sufficient number of nurses and aides listed on the evening shift?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.16 Is there a sufficient number of nurses and aides on the night shift?

(Regulation 44[A])

Guide to the Surveyor: Check the work roster: Are a sufficient number of nurses and aides listed on the night shift?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.17 Do you instruct the nursing staff and aides and supervise their work?

(Regulation 44[A])

Guide to the Surveyor: Check if there are guidance programs recorded in the protocols of staff meetings, lectures for senior staff, etc..

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

2.18 Have you taken advanced training in nursing care for the elderly, new nursing techniques, etc. during the past five years? (Regulation 44[A])

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

NEW RESIDENTS

2.19 Is a new resident examined by the institution's nurse upon admission?

(Regulation 32[B])

Guide to the Surveyor: Check the files of 3-4 residents who entered the institution during the past year: Is there a summary of the nurse's examination upon admission, including recommendations related to the resident's nursing care needs?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor
	2 Severe

2.20 Is a new resident examined by the institution's physician upon admission?
(Regulation 32[B])

Guide to the Surveyor: Check the files of 3-4 residents who entered the institution during the past year: Is there a summary of the physician's examination upon admission, including recommendations related to the resident's medical needs and an evaluation of his suitability to the institution?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.21 Did the admissions committee have the following documents before it: Medical and functional assessments by the physician who treated the resident prior to referral, medical assessment by the institution's physician, nursing functional assessment by the institution's nurse? (Regulation 31[d])

Guide to the Surveyor: Check the files of 3-4 residents for the following documents: medical and functional assessment by the physician who treated the resident prior to referral, medical assessment by the institution's physician, nursing functional assessment by the institution's nurse.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

PREPARATION OF MEDICATIONS

2.22 Are medications prepared *only* by the nurse on each shift? (Nursing Acts Reg. [Ministry of Health])

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

**Questions 2.23 - 2.47 are for small institutions, with fewer than 40 beds.
For institutions with more than 40 beds, skip to Section 3.**

2.23 Is there a personal, updated medication chart, from the time the resident entered the institution, kept according to standard procedures? (Regulation 44[4])

Guide to the Surveyor: Check the medical files of 3-4 residents: is there an updated medication chart kept according to standard procedures?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.24 Did the nurse conduct a routine nursing examination of each resident during the past six months? (Regulation 44[B])

Guide to the Surveyor: Check the files of 3-4 residents at random: Is there a report of a routine nursing assessment conducted during the past six months.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.25 Is there is a personal nursing care plan for each resident which includes a summary of the nursing functional assessment and the treatments which must be done, both immediately, and in the long term? (Regulation 44[C])

Guide to the Surveyor: Check 3-4 files: Is there a personal nursing care plan for each resident which includes a summary of the nursing functional assessment and a record of the short- and long-term treatments required?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.26 Is there a record of the implementation of the various parts of the personal nursing care plan? (Regulation 44[C])

Guide to the Surveyor: Check the nursing-medical files of 3-4 residents: Is there a record of the implementation of the nursing care program?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

PREVENTIVE EXAMINATIONS

2.27 Is there an ongoing medical follow-up of the residents' health status? (Regulation 44[A][4])

Guide to the Surveyor: Check the files of 3-4 residents: Is there a record of ongoing follow-up of the residents' health status during the past six months?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.28 Is a general clinical examination carried out by a physician every six months? (Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents: Is there a form for a clinical examination, filled out according to regulations during the past six months?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.29 Is each resident weighed at least once a month? (Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents to see if the resident's weight is listed. Ask the nurse if fluctuations in the resident's weight affects treatment.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.30 Are routine lab tests done for each resident at least once every six months? (Regulation 55[A][a])

Guide to the Surveyor: Check the files of 3-4 residents for the results of lab tests done within the past six months. Ask the nurse if treatment is affected by the results of the lab test.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.31 Is each resident's blood pressure measured every three months? (Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents: Are there blood pressure measurements taken every three months? Ask the nurse if treatment is affected by the results of the blood pressure test.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

VISION PROBLEMS

2.32 Was each resident examined by an ophthalmologist during the past year?
(Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents: Is there a report of an examination by an ophthalmologist during the past year?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.33 Were those with vision problems examined by an optometrist during the past two years? (Regulation 44[A][4])

Guide to the Surveyor: Check the files of 3-4 residents with vision problems (as assessed by the nurse or the surveyor): Is there a record of an examination by an optometrist made during the past two years?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.34 Do those who suffer from severe vision problems receive training in spatial orientation? (Regulation 44[A][4])

Guide to the Surveyor: Ask 3-4 residents with vision problems (i.e. those who see only light and dark, or from a very short distance; do not see the surveyor's face or are completely blind) if anyone explained to them how to get around the institution by themselves.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

HEARING PROBLEMS

2.35 Was each resident examined by an ear/nose/throat specialist during the past year? (Regulation 44[A][5])

Guide to the Surveyor: Check the files of 3-4 residents: is there a summary of an examination by an ear/nose/throat specialist during the past year? Ask the nurse if treatment is affected by the results of the examination.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

MOBILITY PROBLEMS

2.36 Is basic help in getting around given to those with mobility problems?
(Regulation 44[B] & 11)

Guide to the Surveyor: Ask 3-4 residents with mobility problems if they receive basic help getting around the institution.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.37 Are residents with mobility problems helped to attend recreational activities?
(Regulation 44[B] & 11)

Guide to the Surveyor: Ask 3-4 residents with mobility problems if they are helped to attend recreational activities.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

DIFFICULTY IN WASHING

2.38 Do those who need help in washing receive help in the shower or bathtub at least twice a week? (Regulation 44[A][2])

Guide to the Surveyor: Ask 3-4 residents who need help in washing if they receive help in washing at least twice a week.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.39 Is a little help given to those who wash independently? (Regulation 44[A][2])

Guide to the Surveyor: Ask 3-4 residents who can wash independently if they receive a little help washing when they need it.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.40 Are the residents washed alone and with the door closed? (Regulation 36[5])

Guide to the Surveyor: Ask 3-4 residents if they are washed alone and with the door closed. It is desirable to make an observation.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.41 Is chiropodic treatment given on a regular basis? (Regulation 44[A][5] add. 9)

Guide to the Surveyor: Ask 3-4 residents if they receive treatment for calluses, ingrown toenails, fungus, dry skin, and the like.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

URINARY INCONTINENCE

2.42 Are those who suffer from urinary incontinence examined by a urologist?

(Regulation 44[A][4])

Guide to the Surveyor: Check the files of 3-4 residents who suffer from urinary incontinence: is there a summary of an examination by a urologist?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.43 Are those who suffer from urinary incontinence given guidance on how to cope with the problem? (Regulation 44[A][2])

Guide to the Surveyor: Check the medical files of 3-4 residents who suffer from urinary incontinence: Is there a record of implementation of a medical nursing care program according to the instructions of a urologist and of the institution's physician?

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.44 Do those who suffer from urinary incontinence receive help getting to the bathroom or using a bedpan? (Regulation 44[A])

Guide to the Surveyor: Ask 2-3 residents who suffer from urinary incontinence if they are given help getting to the bathroom or using a bedpan when they need it.

Nurse's Answer	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

2.45 Does the nurse examine the medicines in the possession of those residents who take medication by themselves? (Nursing Acts Reg. [Ministry of Health])

Guide to the Surveyor: Ask 3-4 residents who take medication by themselves if someone has examined the medication in their possession.

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.46 Does the resident receive medicine according to the physician's prescription? (Nursing Acts Reg. [Ministry of Health])

Guide to the Surveyor: Check 3-4 files: Is there a record of receipt of medications according to the physician's prescription?

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

2.47 Is medication dispensed *only* by a nurse during each shift? (Regulation 44[A])

Guide to the Surveyor: Ask 3-4 residents if the ward nurse always distributes the medicines. (Ask the resident for the name of the person who gives out the medicines and then check the list of employees to see if this person is authorized to do so.)

Nurse's Answer	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

EXAMINATION OF EQUIPMENT

3.1 Are there enough medicine cabinets with locks in good condition? (Regulation 15[a][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.2 Are medicines stored in their original container with an identifying label?
(Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.3 Is there a locked cabinet for storing bandages and drugs? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.4 Is there a locked cabinet for storing medical files? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.5 Is there a trolley or trays for dispensing medications? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.6 Is there a scale for weighing and measuring height? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.7 Is there first aid equipment (including oxygen tank, ambo, etc.)? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.8 Is there a sufficient inventory of basic equipment for one-time use? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.9 Is there a medical examination couch? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.10 Is there a sink with hot and cold water in the clinic? (Regulation 15[A][2])

Observation	Evaluation of Deficiency
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe

3.11 Is there a device for cleaning and disinfecting bedpans? (Regulation 28[B][7])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

3.12 Are the auxiliary devices owned by the institution suited to the residents' functional status: (canes, walkers, wheelchairs, devices to prevent bedsores)? (Regulation 44[A][6])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

3.13 Are there closed bins for dirty laundry on every floor in every ward, and is dirty laundry taken to the laundry room by a special route? (Regulation 44[A][2])

Guide to the Surveyor: Check that the dirty laundry is not taken through the dining room or public rooms or in elevators with the elderly on its way to the laundry room.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

3.14 Is there always a supply of clean bedclothes available if needed by the nursing staff? (Regulation 38[B])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

3.15 Are the bathing units clean and equipped with all the necessary safety devices? (Regulation 26[5])

Guide to the Surveyor: Check that there is a chair in the shower, safety rails, clothes hooks, a faucet for mixing hot and cold water, etc.

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

3.16 Do the residents' bathrooms have emergency call devices? (Regulation 26[5])

Observation	Evaluation of Deficiency
1 Yes	8 No deficiency
2 No	1 Minor 2 Severe

Time of leaving institution |_|_|_|_|

If the visit required more than one day:

Date of second visit |_|_|_|_|_|_|_|_|
Day Month Year

Time institution was entered |_|_| : |_|_| Time institution was left |_|_| : |_|_|

Additional deficiencies (or comments) not covered in the questionnaire:

Surveyor's Signature _____

APPENDIX 10: Findings From a Comprehensive Inspection Visit - an Example

Date: _____

Dear Mr./Ms. _____
Name of Director

Director of _____
Name of Institution

Dear Sir or Madam,

Attached please find the results of the comprehensive inspection visit at your institution which was conducted on 15.5.92.

Please review this report with the relevant staff members, add your comments as directed, and sign at the bottom of each page.

We will be contacting you soon to arrange a meeting to discuss and arrange with you a program for correction of deficiencies. At this time we will also set dates for follow-up visits, during which we will examine the correction of deficiencies prior to preparing our recommendation for the renewal or non-renewal of your institution's operating license.

Sincerely,

Regional Surveyor of Institutions

cc: National Surveyor of Institutions
Services for the Aged Regional Coordinator

Name of Institution _____

|_|_|_|

Institution Code

|_|

Region Code

Comprehensive inspection visit was conducted: |1|5|05|9|2|

By General Surveyor: _____

By Nurse Surveyor: _____

Deficiency found during comprehensive inspection visit conducted on 15.5.92

1. Structure and Equipment

1.11 Cabinet for medical files (*)

1.23 Cabinet for bandages

2. Safety and comfort

2.4 Emergency call devices in bathroom (*)

3. Manpower

3.4 Physician (*)

3.5 Nurses (*)

4. Admission of new residents and adjustment difficulties

4.3 Orientation visit for candidates #

4.7 Examined by physician (*)

5. Feeling of loneliness and involvement in daily life of institution

5.3 Residents' committee on specific subjects

5.7 Frequency of residents' committee's meetings

5.11 Rate of participation in general resident's meetings

6. Residents' Rights

6.2 Assistance in going out of the
institution when requested by resident

7. Social Services

7.3 Social worker has afternoon reception hours

* Severe deficiency

This item was not examined during the visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Deficiency found during comprehensive inspection visit conducted on 15.5.92

8. Recreational and Social Activities

8.2 Activities (number and variety)

8.5 Activities according to fixed daily program

9. Medical Insurance and Visits to Hospitalized Residents

No deficiencies found.

10. Health Services and Nursing/Medical Recording

10.3 Physical therapy (*)

10.5 Individual nursing care plan

10.7 Motor activation

10.9 Examination by ear-nose-throat physician once a year

11. Order, Cleanliness and Laundry Service

11.3 Dirty laundry hampers (*)

12. Nutrition

No deficiencies found.

* Severe deficiency

This item was not examined during the visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Resident Satisfaction With Care and Daily Life in the Institution

Subjects Examined	Resident Satisfaction
Treatment by nurses	1
Response to call for assistance	1
Social and cultural activities	1
Preparations prior to admission	1
Information received prior to admission	1
Absorption process in the institution	2
Room placement	3
Quantity of food	1
Taste and variety of food	2
Choice of food at meals	2
Heating	3
Lighting after sundown	1
Hot water for bathing	1
Cleanliness of public areas	2
Treatment of residents by staff members	3
Option to keep personal belongings	9
Ability to influence decisions affecting daily life	9
General satisfaction	1

Key to resident satisfaction:

- 1 Majority of residents are satisfied
- 2 Majority of residents are partially satisfied
- 3 One-third or more of the residents are dissatisfied
- 9 Not checked

Director's comments: _____

Name of Director

Director's Signature

Stamp

Quality of Care by Subject - Findings From a Comprehensive Inspection Visit Conducted on 15.5.92

* The score can range from 0.00 (no deficiency found in items examined) to 1.00 (all the items examined were found to be deficient)

Subjects examined	Number of Items Examined	Score
1. Structure and equipment	28	0.20
2. Safety and comfort	9	0.00
3. Manpower	18	0.00
4. Admission of new residents and adjustment difficulties	22	*0.39
5. Feeling of loneliness and involvement in daily life	18	*0.50
6. Residents' rights	23	0.20
7. Social services	8	0.11
8. Recreational and social activities	7	0.00
9. Medical insurance and visits to hospitalized residents	4	*0.45
10. Health services and medical recording	49	0.00
11. Order, cleanliness and laundry services	13	*1.00
12. Nutrition	6	0.00

* Deficiency exists (for scores over 0.33)

Summary Index

Number of Subjects		Subjects found deficient (score over 0.33) out of subjects examined:	
Listed	checked	Number	Percentage (Summary Index)
12	12	4	0.30

To the Surveyor: These pages must be completed and signed prior to sending the report to the director of the institution.

Surveyor's Comments on Comprehensive Inspection Visit

Structure and equipment: _____

Safety and comfort: _____

Manpower: _____

Admission of new residents and adjustment problems: _____

Loneliness and involvement in daily life at the institution: _____

Residents' rights: _____

Social services: _____

Social and recreational activities: _____

Medical insurance and visits to hospitalized residents: _____

Health services and medical recording: _____

Cleanliness, order, and laundry services: _____

Nutrition: _____

Additional comments: _____

General Surveyor

Nurse Surveyor

Surveyor's name: _____

Surveyor's name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

APPENDIX 11: Summary of Discussion with Institution's Director to Determine Plan for the Correction of Deficiencies

Directions to the Surveyor for completing this form:

During your meeting with the institution's director:

1. You must explain the findings from the comprehensive inspection visit (Appendix 10).
2. The director must sign the bottom of each page of the copy of the report (of the findings from the comprehensive inspection visit) which you sent to him.
3. You and the director must agree on a schedule for the correction of deficiencies and set a date for a follow-up visit to check if the deficiencies have been corrected.
4. A summary of your conversation with the director is to be written on the attached form. If you have decided on the necessity of follow-up visits, fill in the date fixed for the first follow-up visit.
5. You must sign the form at the bottom of the page and send it for computer processing to the Service for the Aged, Ministry of Labor and Social Affairs.
6. After the data have been processed, if a follow-up visit is to take place, you will be sent a form for conducting this visit (Appendix 12).

APPENDIX 12: Form for the Follow-up of Correction of Deficiencies and Findings from a Follow-up Visit - An Example

Form for Follow-up Visit No. 1

Dear Mr./Ms. _____
Name of Surveyor

Surveyor for _____
Name of Institution

Directions for the General Surveyor

1. Attached is the form for conducting the first follow-up visit.
2. You must take this form to the follow-up visit as well as the Summary of Discussion with Institution's Director (Appendix 11) which took place following the comprehensive inspection visit.
3. During the follow-up visit, you must check the correction of deficiencies which were agreed upon in your meeting with the director.
4. To check the correction of deficiencies which were originally found during "observations", you must conduct observations. To check the correction of deficiencies related to the residents (found during interviews or examination of records), you must examine, at random, 2-3 residents. If in even a single examination there is still a deficiency, then the item will still be considered deficient.
5. Mark your findings in the column 'Follow-up 1' according to the following key:
0 - Corrected
1 - Being corrected
2 - Not corrected
6. Upon completing the follow-up visit, you must meet with the director, present your findings from the visit, and ask him to sign at the bottom of each page.
7. At the end of the form, you must write your comments and a summary of your meeting with the director.

8. Indicate your decision, sign the form and send it for computer processing to the Service for the Aged, Ministry of Labor and Social Affairs.
9. After the data have been processed, you will be sent a Report of Findings from Follow-up Visit No. 1 which you must send to the institution's director.
10. If you decide to conduct another follow-up visit, you will be sent a form for Follow-up Visit No. 2.

Reminder: If after Follow-up Visit No. 1 you decide to begin the process of license renewal, you must send the institution's director the application form for license renewal.

Form for Follow-up Visit

Name of Institution _____
Institution Code _____ Region Code _____

Comprehensive inspection visit was conducted | 1 | 5 | 05 | 9 | 2 |

By General Surveyor _____

By Nurse Surveyor _____

Date of Follow-up Visit No. 1 | _ | _ | _ | _ | _ | _ |

To the Surveyor: Fill in your findings from the examination of correction of deficiencies in the column 'Follow-up 1' according to the key:

0-Corrected 1-Being corrected 2-Not corrected

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92
<p>1. Structure and Equipment</p> <p> 1.11 Cabinet for medical files (*)</p> <p> 1.23 Cabinet for bandages</p> <p>2. Safety and comfort</p> <p> 2.4 Emergency call devices in bathroom (*)</p> <p>3. Manpower</p> <p> 3.4 Physician (*)</p> <p> 3.5 Nurses (*)</p> <p>4. Admission of new residents and adjustment difficulties</p> <p> 4.3 Orientation visit for candidates #</p> <p> 4.7 Examined by physician (*)</p> <p>5. Feeling of loneliness and involvement in daily life of institution</p> <p> 5.3 Residents' committee on specific subjects</p> <p>5.7 Frequency of residents' committee's meetings</p>	

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92
<p>5.11 Rate of participation in general resident's meetings</p> <p>6. Residents' Rights</p> <p>6.2 Assistance in going out of the institution when requested by resident</p> <p>7. Social Services</p> <p>7.3 Social worker has afternoon reception hours</p> <p>8. Recreational and Social Activities</p> <p>8.2 Activities (number and variety)</p> <p>8.5 Activities according to fixed daily program</p> <p>9. Medical Insurance and Visits to Hospitalized Residents</p> <p>No deficiencies found.</p> <p>10. Health Services and Nursing/Medical Recording</p> <p>10.3 Physical therapy (*)</p> <p>10.5 Individual nursing care plan</p> <p>10.7 Motor activation</p> <p>10.9 Examination by ear-nose-throat physician once a year</p>	

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92
11. Order, Cleanliness and Laundry Service 11.3 Dirty laundry hampers (*) 12. Nutrition No deficiencies found.	

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Summary of Conversation with the Director of the Institution and Surveyors' Comments
Following the First Follow-up Visit

Name of Director

Signature

Stamp

Surveyors' Decision Following the First Follow-up Visit: (circle appropriate number)

1. A second follow-up visit has been set for: |__|__| |__|__| |__|__|
Day Month Year
2. Recommend that a license be granted.
3. Recommend that a license not be granted.

Date: |__|__| |__|__| |__|__|
Day Month Year

General Surveyor: _____
Name

Signature

Nurse Surveyor: _____
Name

Signature

Findings From a Follow-up Visit - An Example

Dear Mr./Ms. _____
Name of Director

Director of _____
Name of Institution

Dear Sir or Madam,

Enclosed are the findings from the third follow-up visit which was conducted on 05.11.92. During this visit, an examination was made of the correction of deficiencies found during the comprehensive visit conducted on 15.05.92. These deficiencies were found to be uncorrected during the first and second follow-up visits, conducted on 12.07.92 and 12.09.92, respectively.

In light of the findings of the third follow-up visit, the process of issuing the institution its license has begun.

Please note: If you have not yet sent us the license application form, please send it as soon as possible so that the licensing process can be expedited.

If you have comments about this report, please write them in the appropriate space at the bottom of each page and send them to me.

Sincerely,

General Surveyor

**Summary of Findings from a Comprehensive Inspection Visit and Follow-up Visits
(according to the Regulations for Surveillance of Institutions - 1986) - An Example**

Name of Institution _____ Institution Code Region Code

Comprehensive inspection visit was conducted 15.05.92

by General Surveyor: _____ by Nurse Surveyor: _____

Follow-up visit No. 1 was conducted: 12.07.92 by _____
General Surveyor

Follow-up visit No. 2 was conducted: 12.09.92 by _____
General Surveyor

Follow-up visit No. 3 was conducted: 05.11.92 by _____
General Surveyor

Key: 0-Corrected 1-Being corrected 2-Not corrected

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92	Follow-up 2 12.9.92	Follow-up 3 12.11.92
1. Structure and Equipment			
1.11 Cabinet for medical files (*)	0		
1.23 Cabinet for bandages	1	0	
2. Safety and comfort			
2.4 Emergency call devices in bathroom (*)	2	2	1
3. Manpower			
3.4 Physician (*)	2	0	

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92	Follow-up 2 12.9.92	Follow-up 3 12.11.92
3.5 Nurses (*)	0		
4. Admission of new residents and adjustment difficulties			
4.3 Orientation visit for candidates #			
4.7 Examined by physician (*)	9	0	
5. Feeling of loneliness and involvement in daily life of institution			
5.3 Residents' committee on specific subjects	0		
5.7 Frequency of residents' committee's meetings	1	1	0
5.11 Rate of participation in general resident's meetings	0		
6. Residents' Rights			
6.2 Assistance in going out of the institution when requested by resident	1	1	0
7. Social Services			
7.3 Social worker has afternoon reception hours	0		
8. Recreational and Social Activities			
8.2 Activities (number and variety)	1	0	

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Deficiency found during comprehensive inspection visit conducted on 15.5.92	Follow-up 1 12.7.92	Follow-up 2 12.9.92	Follow-up 3 12.11.92
8.5 Activities according to fixed daily program	1	0	
9. Medical Insurance and Visits to Hospitalized Residents No deficiencies found.			
10. Health Services and Nursing/Medical Recording			
10.3 Physical therapy (*)	2	2	0
10.5 Individual nursing care plan	1	0	
10.7 Motor activation	0		
10.9 Examination by ear-nose-throat physician once a year	1	0	
11. Order, Cleanliness and Laundry Service			
11.3 Dirty laundry hampers (*)	0		
12. Nutrition No deficiencies found.			
13. Dental Clinic No deficiencies found.			

* Severe deficiency

This item was not examined during the annual inspection visit and so it is unknown whether or not there is a deficiency.

Director's Comments: _____

Name of Director

Director's Signature

Stamp

Quality of Care by Subject - Findings From a Comprehensive Inspection Visit Conducted on 15.5.92

* The score can range from 0.00 (no deficiency found in items examined) to 1.00 (all the items examined were found to be deficient)

Subjects examined	Number of Items Examined	Score
1. Structure and equipment	28	0.20
2. Safety and comfort	9	0.00
3. Manpower	18	0.00
4. Admission of new residents and adjustment difficulties	22	*0.39
5. Feeling of loneliness and involvement in daily life	18	*0.50
6. Residents' rights	23	0.20
7. Social services	8	0.11
8. Recreational and social activities	7	0.00
9. Medical insurance and visits to hospitalized residents	4	*0.45
10. Health services and medical recording	49	0.00
11. Order, cleanliness and laundry services	13	*1.00
12. Nutrition	6	0.00

* Deficiency exists (for scores over 0.33)

Summary Index

Number of Subjects		Subjects found deficient (score over 0.33) out of subjects examined:	
Listed	checked	Number	Percentage (Summary Index)
12	12	4	0.30

APPENDIX 13: Areas and Items Inspected and the Ranking* of their Importance by the Service for the Aged

Areas and Items Inspected	Rank
1. Structure and Equipment	
Access to dining room without stairs	2
Enough seats in the dining room	2
Surfaces of tables and chairs covered	2
Tables adapted for wheelchairs	2
Kitchen equipment in working order	2
Hot water heater for making hot drinks	2
Cabinet for medical files	2
First-aid cabinet	1
Medications cabinet with lock	2
Medications stored in original containers	3
Trolley/trays for dispensing medications	2
Auxiliary nursing devices	3
First-aid equipment	3
Disposable equipment	2
Weighing scale	2
Sink with running hot and cold water in clinic	3
Device for washing and disinfecting bedpans	1
Medical couch	1
Clothes closets in bedrooms	2
Personal night-table	2
One closet with lock	2

*** Key to Rankings**

1. A deficiency found in this item has a minor effect on residents' quality of life.
2. A deficiency found in this item affects residents' quality of life.
3. A deficiency found in this item has a serious effect on residents' quality of life.

Areas and Items Inspected	Rank
Personal chair	2
Table	2
Doors and windows can be closed	2
Decorations	2
Response to maintenance complaints	2
Location and size of public spaces according to regulations	1
Toilets and sink for washing hands near the dining room	1
2. Safety and Obstacles	
Emergency call device near bed	3
Emergency call device in bathroom	3
Response to alarm	3
Sufficient natural light	2
Obstacles	3
Sufficient artificial light	3
Heating	3
Hot water 24 hours a day	3
Number of residents per room	2
3. Manpower	
Physician	3
Nurses	3
Aides	3
Nursing certificates	2
Opportunity to take advanced courses	2
Adequate number of nurses and aides:	
Morning shift	3
Evening shift	3
Night shift	3
Doctor on-call	2
Social worker	2

Areas and Items Inspected	Rank
Social activities counsellor/occupational therapist	2
Housemother	1
Personal file for each employee	1
Regularly scheduled meetings of senior staff	2
Staff meetings to discuss individual care plans	2
Staff given guidance by the nurse	3
Nurse did special course on geriatrics	2
4. Admission and Adjustment Problems	
Interview and counselling of applicant	2
Interview with family	2
Home visit to applicant	1
Admissions committee comprises director, physician, nurse, and social worker	3
Admissions committee documents available	1
Copies of admissions committee decisions available	2
Admissions criteria	2
Admissions committee considers social worker's report	3
Examination by nurse on admission	3
Examination by physician on admission	2
Staff involved in residents' adjustment	2
Meeting with resident and family on day of admission	2
Social worker's awareness of adjustment problems	1
Allowed to bring personal belongings	1
Social worker involved in residents' room placement and placement at dining table	2
Staff briefed on new residents' adjustment	2
Counselling and guidance during first days in institution	2
Escort of resident during first days in institution	2
Meetings with social worker during initial period	2

Areas and Items Inspected	Rank
Group activities for new residents	
5. Loneliness and Involvement of Residents in Institution Life	
Residents' committee	1
Residents' committees on specific issues	2
Meetings between social worker and residents' committees	1
Residents' committee's or social worker's response to complaints	1
Families' committee	2
Regularly scheduled residents' meetings	1
Influence of residents' meetings on decisions	1
Residents' newspaper	1
Residents have formal roles in the institution	2
Guidance to staff on residents' involvement	2
Social worker's awareness of loneliness	2
Participation in social activities	1
Meetings with social worker	1
Social worker checks contact with family and friends	2
6. Residents' Rights	
Rights posted in the institution	2
Surveyors' names and phone numbers are posted	1
Personal clothing	2
Pocket money	2
Telephone available to residents	2
Area for receiving visitors in private	2
Allowed to bring personal furniture	2
Repairs for personal belongings and furniture	2
Possibility of choosing among types of food	2
Staff knock on resident's door before entering	2
Door can be closed	2
Possibility of being alone	2

Areas and Items Inspected	Rank
Residents' names on their doors	2
Residents treated with respect by staff	2
Unlimited visits	2
Mail delivered unopened by staff	2
Residents assisted in going out of institution as desired	2
Contract signed with each new resident	3
Place in room to get dressed in private	2
Privacy in bathroom	2
Residents helped to preserve their legal rights	1
Residents can leave institution if they wish	2
7. Social Services	
Social worker has afternoon reception hours	2
Group activities	2
Social worker involved if resident changes room, moves to another ward, or leaves the institution	2
Chart for listing residents	3
Social work evaluation form	2
Social work follow-up report	2
Social work report on resident's life in the community	2
Recording of special problems and suggestions for treatment	3
8. Social and Recreational Activities	
Activities (number and variety)	2
Posted weekly program	2
Proportion of residents participating in social and occupational activities	2
Occupational/recreational equipment	2
Social worker involved in planning activities	2
9. Medical Insurance and Visits to Hospitalized Residents	
Report to social worker on special medical events	2

Areas and Items Inspected	Rank
Full medical insurance	3
Family informed of hospitalization	3
Visits to hospitalized residents	2
10. Health Services and Medical Recording	
Regular medical follow-up	3
Physiotherapy	3
Individual nursing-care plan	2
Nursing evaluation once every six months	2
Follow-up of chronically ill	3
Transfer of nursing elderly to suitable setting	2
Nurse is familiar with patients and their needs	3
Motoric activity	3
Follow-up of hospitalization	3
Referral to hospital by nurse or physician	3
Blood pressure measured once a month	1
Weighing once every three months	2
Laboratory tests once every six months	2
Clinical-medical examination once every six months	3
Annual examination of all residents by ear/nose/throat physician	2
Annual eye examination of all residents by ophthalmologist	3
Laboratory tests for kitchen staff	1
Washing record	2
Accident record	2
Physician's instructions record	2
Reports record signed by nurse	3
List of patients with sensitivities to medications	3
Implementation of nursing care program recorded	2
Record of implementation of special nursing care	2
Medications prepared by nurse	3

Areas and Items Inspected	Rank
Medications dispensed by nurse	3
Medications dispensed according to physician's instructions	3
Updated medication chart	3
Checklist of medications in resident's possession	2
Staff awareness of mobility problems	2
Basic help with mobility	3
Help with mobility for recreational purposes	2
Staff awareness of difficulty in washing	2
Help with washing	3
Help for those who have slight difficulty in washing	1
Privacy during washing	2
Routine care of feet	2
Feet cared for (outcome)	2
Clean, fully equipped bathing unit	2
Nurse awareness of incontinence	2
Medical examination of incontinence	2
Guidance in coping with incontinence	3
Help getting to the bathroom in time	3
Nurse awareness of vision difficulties	3
Examination of residents with vision problems by ophthalmologist	3
Examination of residents with vision problems by optometrist	2
Guidance with spatial and temporal orientation	2
Nurse awareness of hearing difficulties	2
Examination of those with hearing problems by ear/nose/throat physician	2
11. Cleanliness, Order, and Laundry Services	
Public areas clean	2
Public equipment and furnishings clean	2
Staff's clothing clean and neat	2

Areas and Items Inspected	Rank
Residents' rooms clean	3
Bedclothes clean	3
Residents' clothes clean	3
Residents' clothing suited to size and season	3
Sufficient amount of bedding	2
Dining room clean and free of flies and bugs	2
Regular, working laundry service	2
Dirty laundry bins	3
Possible for residents to do their own laundry	1
Personal tags on residents' clothing	2
12. Nutrition	
Weekly menu posted in dining room	2
List of diets and their recipients posted in kitchen	2
Meals are according to menu	2
Meals aesthetically served in clean dishes	2
Sufficient amount of food	2
Meals served at reasonable intervals	2

APPENDIX 15: Questionnaire for Preliminary Screening of Institutions Operating without a License

To be completed by the General Surveyor and/or the Nurse Surveyor

Directions for completing questionnaire:

1. This questionnaire is for an institution which has not applied for a license but was found by the surveyor or reported by another body to be operating.
2. The questionnaire is completed once during the first visit to such an institution by the general surveyor and/or the nurse surveyor.
3. It is preferable for the inspection to take place while the hot meal (generally at mid-day) is served, so that an observation of the meal can be made.
4. Information about the institution, the surveyors and the date and time of the inspection should be filled in on the first page.
5. In addition, fill in the name and position of the person accompanying the surveyors and the number of residents by functional categories.
6. The questions in the questionnaire are based on "observations", and the answers are marked in the left-hand column.
7. In the second column, the surveyor must mark whether or not there is a deficiency and, if there is one, its severity. In the third column from the left, the surveyor must indicate whether, in his opinion, the deficiency that has been found can be corrected.
8. Any special remarks relating to a particular question, especially if a deficiency is found, should be written in the right-hand column, "Comments".
9. At the end of the questionnaire there are several questions to be completed on the director of the institution, and the time the inspection visit was completed must be filled in.
10. After this, the Surveyor's Recommendations are to be filled in. In addition, any deficiencies and comments that were not covered by the questions are to be described in writing on the page provided. The surveyors' signatures are required in the spaces provided.
11. A "Form for Recording Information on Residents" is included at the end of this Appendix. It should be completed on receipt of the resident information requested.

Region: Tel Aviv and Center _____ Jerusalem and South _____ Haifa and North _____

Name of Institution

Institution's Code No.

Address

General Surveyor (name)

I.D. No.

Nurse Surveyor (name)

I.D. No.

Date of inspection visit _____
Day Month Year

Time inspection begun _____ : _____

Name of institution's director: _____

Name of physician: _____

Name of head nurse: _____

Name of institution's owner/operator: _____

Was inspection pre-arranged with the institution?

- 1 Yes
- 2 No

Date institution began operation _____
Month Year

Position and name of the employee accompanying the surveyor during inspection:

- 1. Director _____
- 2. Nurse _____
- 3. Caregiver/aide _____
- 4. Member of cleaning/kitchen staff _____

5. A member of the director's family _____

6. Other: _____

9. The surveyor was unaccompanied.

Number of residents in the institution on inspection day (by functional status) according to the surveyor's examination:

Number of semi-independent elderly: _____

Number of frail elderly: _____

Number of nursing-care elderly: _____

Number of mentally frail elderly: _____

Number of residents in the institution according to director's report: _____

Number of residents when there is full occupancy: _____

Number of residents receiving nursing care allowance
from the National Insurance Institute: _____

Guide to the Surveyor: Please answer the following questions by circling the appropriate answer, and by indicating the severity of a deficiency and whether or not it can be corrected. An effort should be made to gather information on items that cannot be evaluated during the inspection through conversations with residents. If the question "Can deficiency be corrected?" is answered by 2 (No), a reason must be given in the space for comments.

Suitability of the Building/Physical Structure as an Institution for the Elderly

1. Is the institution's location suitable for a residence for the elderly? (Regulation 6[A],6[B],7[G])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

2. Is the institution's structure in good condition and suitable for a residence for the elderly? (Regulation 8[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

3. Are the rooms separated by walls? (Regulation 8[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

4. Does each room have a door which may be closed? (Regulation 26[9])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

5. Does each room have a window that lets in air and natural light? (Regulation 9)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

6. Is there a separate place for meals (not in the residents' room)? (Regulation 17[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

7. Is there an area outside the building where residents may sit (a garden or yard)? (Regulation 7[D])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

8. Are the institution and its grounds clear of obstacles? (Regulation 41[3])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

9. Is there a valid certificate of safety from the fire department? (Regulation 11[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

10. Are there no more than two residents in each room? (Regulation 26[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

Equipment, Maintenance and Cleanliness

11. Is each room equipped with basic furniture in working order? (Regulation 26)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

12. Are there sheets and blankets for each bed which are clean and in good condition?

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

Reminder to the Surveyor: If the question "Can deficiency be corrected?" is answered by 2 (No), a reason must be given in the space for comments.

13. Is there at least one toilet for every three residents? (Regulation 26[5])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

14. Is there at least one shower for every three residents? (Regulation 26[5])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

15. Are the bathrooms and showers appropriately equipped for the elderly? (Regulation 26 [5,6])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

16. Are there heating devices in the rooms, bathrooms, and showers and is the room temperature appropriate for the season? (Regulation 10[D])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

17. Is there hot water 24 hours a day? (Regulation 10[B])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

18. Are the residents' rooms clean? (Regulation 41[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

19. Are the bathrooms and showers kept clean and are the rules of hygiene observed? (Regulation 41[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

20. Is the kitchen kept clean and are the rules of hygiene observed? (Regulation 37(H))

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

21. Is there first aid equipment in working order at the institution (oxygen tank, ambo, suction)? (Regulation 15[A][2] add.1)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

22. Is it possible to make a telephone call from the institution at all times? (Regulation 55[G])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

Manpower

23. Does the institution employ a physician who is at the institution at least once a week and who maintains continuous contact with the institution when he is not present? (Regulation 44[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

24. Does the institution employ a nurse who is present every day? (Regulation 44[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

25. Does the institution employ aides according to regulations*? (Regulation 44)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

26. Does the institution employ kitchen staff? (Regulation 44[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

27. Does the institution employ maintenance/cleaning staff? (Regulation 44[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

* One aide for every 20 semi-independent or frail residents. Check that aides have received appropriate training.

28. Are nursing-medical duties performed only by authorized staff? (Regulation 44[A][4])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

29. Is someone who is capable of providing or procuring emergency first aid present at all times in the institution? (Regulation 55[B])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

Nursing, Social, and General Services

30. Is there a file for each resident? (Regulation 44[B])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

31. Is there *updated* medical documentation in the file? (Regulation 44[B])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

32. Is there an organized, social-cultural activity at least once a week? (Regulation 47[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

33. Are there at least three meals a day? (Regulation 37[B])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

34. Is the amount of food served sufficient? (Regulation 37[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

35. Is the meal served of good quality? (Regulation 37[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

36. Is there orderly and frequent collection of dirty laundry to prevent the spread of infection? (Regulation 40[A])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

37. Is the suitability of new residents to the institution ascertained through a physical examination and an evaluation of medical-nursing needs? (Regulation 31[D][2])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

38. Is a contract signed with each resident, stating the resident's rights and the services to be provided by the institution? (Regulation 34)

Guide to the Surveyor: A copy of the contract must be obtained and kept in the institution's file in the regional office.

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

Staff Treatment of Residents

39. Is the staff's physical treatment of the residents appropriate (gentle, without force or violence)? (Regulation 36(6))

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

40. Is the staff's verbal treatment of the residents appropriate (polite, no shouting)? (Regulation 36(6))

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

41. Does the staff respond quickly to residents' calls for assistance?

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

42. Is there any evidence that the staff or administration is taking advantage of the residents financially?

Guide to the Surveyor: Special attention should be paid to mentally frail residents, residents who are especially dependent on care, and residents without family.

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes 2 No	8 No deficiency 1 Minor 2 Severe	8 No deficiency 1 Yes 2 No	

The Condition of the Residents

43. Do the residents appear to be clean? (Regulation 44)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

44. Are the residents dressed in neat, clean clothing appropriate for the weather? (Regulation 39)

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

45. Do the residents appear sickly or unusually thin, or have sores? (Regulation 5[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

46. Are any of the residents tied to beds or chairs? (Regulation 5[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

47. Are there bruises or signs of maltreatment or abuse on any of the residents?

(Regulation 5[1])

Guide to the Surveyor: If yes, describe.

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

48. Do the residents appear frightened or particularly miserable? (Regulation 5[1])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

49. Are there any nursing or mentally frail elderly at the institution who do not receive appropriate treatment?

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

50. In your estimation, is the atmosphere at the institution sufficiently warm?

(Regulation 36[6])

Observation	Severity of Deficiency	Can Deficiency Be Corrected	Comments
1 Yes	8 No deficiency	8 No deficiency	
2 No	1 Minor 2 Severe	1 Yes 2 No	

Information about the Director

Number of years as director of this institution: |__|__|

Director's education: (circle appropriate number)

- 1 Elementary
- 2 Partial secondary/technical
- 3 Full secondary + matriculation
- 4 Partial post-secondary or academic training
- 5 University: first degree
- 6 University: second degree or higher

Did the director take a course in administration or in running an institution for the elderly?

- 1 Yes, describe _____
- 2 No

In your opinion, is the director capable of running the institution as stipulated by law?

Time inspection completed: |__|__| : |__|__|

The Surveyors' Recommendation Following the Inspection Visit:

(circle appropriate recommendation)

- 1 To take legal action against the institution's director after a letter of warning has been sent.
- 2 To put the institution in the regular surveillance process in anticipation of a license being granted.
- 3 To put the institution under the surveillance of the Ministry of Health (if more than one-third of the residents are nursing-care or mentally frail elderly)

In exceptional cases where none of the above is appropriate, the surveyor may give a **one month** extension to allow the institution to correct and change items that will bring the institution up to standard. The reasons for this decision must be clearly explained below, whereupon this page only should be photocopied and sent to the National Surveyor at the Service for the Aged.

The reasons for granting an extension: _____

Date fixed for next visit |_|_|_|_|_|_|_|_|
Day Month Year

Surveyor's signature following the first visit

General Surveyor (name)

Signature

Nurse Surveyor (name)

Signature

Second Visit

If there is a second visit, the deficiencies noted in the first visit must be checked. For deficiencies that have been corrected, the answer must be changed on the questionnaire.

Note: The date of the second visit and the time it began and ended must be filled in on this page. At the end of the second visit, one of the three recommendations listed below must be made.

There cannot be a third visit.

Time second inspection begun |_|_| : |_|_|

Time second inspection completed |_|_| : |_|_|

The surveyor's recommendation following the second inspection visit:

1. To take legal action against the institution's director after a letter of warning has been sent.
2. To include the institution in the regular surveillance process in anticipation of a license being granted.
3. To put the institution under the surveillance of the Ministry of Health (if more than one-third of the residents are nursing-care or mentally frail elderly).

Surveyor's signature following the second visit:

General Surveyor (name)

Signature

Nurse Surveyor (name)

Signature



This manual is a comprehensive guide to the surveillance system, formally adopted in 1993 by the Service for the Aged of the Ministry of Labor and Social Affairs, in institutions for the semi-independent and frail elderly in Israel. It is a key tool in the ongoing work to improve quality of care, and describes the Method for Regulation, Assessment, Follow-up and Continuous Improvement of Quality of Care (RAF Method), devised by Dr. Rachel Fleishman and her team at the JDC-Brookdale Institute. The manual includes written guidelines, forms, questionnaires and reports used during the surveillance process. It also has application in other health and social services frameworks where there is the need to establish surveillance, or where surveillance data can be used to benefit planning and policymaking.

BR-M-31-95

Surveillance of institutions for the sem

Fleishman, Rachel



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ג'וינט - מכון ברוקדייל מהו?

מרכז ארצי למחקר בתחומי הזיקנה, התפתחות האדם ורווחה חברתית בישראל, שהוקם ב-1974.

ארגון עצמאי ללא כוונת רווח, הפועל בחסות הג'וינט העולמי (AJJDC) וממשלת ישראל.

צוות של אנשי מקצוע המקדישים עצמם למחקר יישומי בסוגיות חברתיות בעלות קדימות עליונה בסדר היום הלאומי.

קבוצת חשיבה המחויבת לפרסום ממצאיה כדי לסייע לקובעי מדיניות ולספקי שירותים לתכנן וליישם תכניות רווחה.

המחקר מתבסס על גישה בין-תחומית ומתמקד בחמישה נושאים עיקריים:

- ♦ גרונטולוגיה
- ♦ מדיניות בריאות
- ♦ קליטת עלייה
- ♦ ילדים ונוער עם צרכים מיוחדים
- ♦ מוגבלות