



3 West Road | Virks Building | Cranston, RI 02920

Attachment 5 - ASSISTED LIVING RESIDENCE QUESTIONNAIRE

To be completed by a representative of the requesting Assisted Living Residence and submitted to the Office of Community Programs at OHHS.ocp@ohhs.ri.gov

Name of Residence _____

Address of Residence: _____

Telephone #: _____ F.E.I.N. #: _____

Contact Person: _____

Contact Person Phone Number(s): _____ e-mail: _____

Reviewer (Name and Title): _____

QUESTIONS

1. a. Does the residence have an active license issued by the RI Department of Health in accordance with 216-RICR-40-10-2 and "posted in a conspicuous place on the premises"?

b. Is the ALR licenced for Limited Health Services or Dementia Care?

a. Yes _____ No _____ b. Yes _____ No _____

Comments (please explain licensure level):

2. Does the facility provide personalized care to individuals in either a single living unit or in a unit in which two applicants consent to dual occupation?

Yes _____ No _____

Comments:

3. Does the facility have a central dining room, living room, and/or common activity center (which may also serve as a living room or dining room)?

Yes _____ No _____

Comments:

4. Is each living unit separate and distinct from other living units?

Yes _____ No _____

Comments:

5. Does the ALR provide satisfactory documentation that they have an active Level M1 license to admit one (1) or more residents who require central storage and/or administration of medications in accordance with RI Department of Health Rules and Regulations 216-RICR 40-10-2?

Yes _____ No _____

Comments:

6. Does the ALR provide satisfactory documentation that they have an active F1 or F2 level of licensure (under the *Fire Code Classification guidelines*) in accordance with RI Department of Health Rules and Regulations (216 RICR-40-10-2.4.2)?

F1	Yes	_____	No	_____
F2	Yes	_____	No	_____

Level and Comments:

7. Does the ALR employ or contract with a Registered Nurse (RN) or qualified Licensed Practical Nurse (LPN) to monitor the care plan of each Waiver resident every thirty (30) days?

Yes _____ No _____

Comments:

8. Does the ALR provide satisfactory documentation that they provide the required hours of orientation and training to new staff as well as the required hours of *ongoing* in-service training to staff?

Yes _____ No _____

Comments:

9. Will the ALR provide the following to Medicaid residents:

_____	Personal Care
_____	Housekeeping
_____	Medication management (according to M1license level)
_____	Linen services

_____ Personal laundry services
_____ Transportation, if needed
_____ Limited Health Services
_____ Dementia Care

Comments:

10. a) Does the ALR provide daily opportunities for meaningful social, employment and/or recreational programs?

Yes _____ No _____

b) Can the ALR document the monthly calendar of activities?

Yes _____ No _____

c) Does the ALR assign a staff member to programs and activities *exclusively* ?

Yes _____ No _____

Comments:

11. Does the ALR provide or coordinate access to behavioral healthcare services and /or dementia care for the residents?

Yes _____ No _____

If yes, please list services available.

12. Does a Resident have access to supplemental health services outside of the ALR?

Yes _____ No _____

Comments:

13. Is there a social worker or patient care coordinator on staff?

Yes _____ No _____

Name: _____ Title: _____

If not, who would handle a problem or concern with the resident and/or family/
caregiver?

Comments:

Signature:

Date: