

INDIANA ASSISTED LIVING SERVICE SURVEY TOOL – PAGE 2 OF 2

Assisted Living Service Requirement 455-IAC 3	Met	Not Met	Planned Date of Compliance	Verified Compliance	Comments/ Notes
I. Unit Size					
A. Does the entry door to the unit have a working locks?					
B. How many units in facility?					
C. Does the private bathroom contain a sink, toilet, shower/bath?					
D – 1. Is the bathroom wheelchair accessible?					If licensed by ISDH after 4/8/04
D – 2. If not, is there a unit for a resident in need of wheelchair accessibility?					If licensed by ISDH prior to 4/8/04
E. Is the unit at least 220 square feet including closet space but excluding the bathroom?					If licensed by ISDH after 4/8/04
F. Is there a working thermostat in the unit that is accessible to the client?					If licensed by ISDH after 4/8/04
II. Kitchenette					
A. Is there a working refrigerator?					
B. Is there a food preparation area big enough to prepare a light snack or drink?					
C. Is there a microwave?					
D. Is there access to a stove/oven for hot food preparation in a common area?					If licensed by ISDH prior to 4/8/04
III. Service Plan 455 IAC 3-1-8					
A. Does the Assisted Living facility have a service plan form that can be used for all residents?					
B. Does the Service Plan include the resident's					
1. Assessed health care needs?					
2. Social needs and preferences?					
3. Limited nursing and medication services including frequency of service and level of assistance, if applicable?					
4. Personal care tasks?					
5. A place for the recipient's signature?					
6. A place for the provider's signature?					
7. A place for the licensed nurse's signature?					
8. A place for the case manager's signature?					
9. Does the Service Plan include the date of approval?					

INDIANA ASSISTED LIVING SERVICE SURVEY TOOL – PAGE 2 OF 2

Assisted Living Service Requirement 455-IAC 3	Met	Not Met	Planned Date of Compliance	Verified Compliance	Comments/ Notes
IV. Cleanliness					
Is the unit free of dust, dirt, insects and rodents?					
V. Occupancy 455 IAC 3-1-5					
A. Does the Assisted Living Provider agree to grant a single occupied unit to the resident unless the resident requests and chooses to live in a dual occupied unit and the resident and the other occupant consent in writing to the agreement?					
B. Does the Assisted Living facility have the appropriate Rights and Appeal notice document for residents that are being discharged?					

Note: 455 IAC C 3-1-12 Payment for room & board: Each recipient is responsible for payment of the room and board services. The provider shall charge recipients room and board rates that are no higher than the SSI rate current at the time room and board services are provided, less the amount of the personal needs allowance for room and board for Medicaid eligible individuals.

Inspection Documentation by FSSA Inspector or FSSA Designee

Provider Name: _____

Assessor Name: _____ Date: _____

Administrator Title: _____

Assessor Name: _____ Date: _____

Administrator Signature: _____

On Site Comments: _____

Date: _____

