

NAME OF FACILITY	STREET ADDRESS	CITY	COUNTRY	STATE	ZIP CODE
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SURVEY BY (VHA FIELD ACTIVITY OR JURISDICTION)

SURVEYORS NAME/SIGNATURE, AND CORRESPONDENCE SYMBOL

1.	6.	11.	LEGEND S - Substantially Met P - Partially Met N - Not Met NA - Not Applicable
2.	7.	12.	
3.	8.		
4.	9.		
5.	10.		

C. STANDARDS FOR DOMICILIARY CARE	CIRCLE	EXPLANATORY STATEMENTS
1. Governance and Administration. The facility is governed and managed effectively.		
(A) The facility has a governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility.	S P N NA	
(B) Written administrative policies, procedures, and controls are established, implemented and reviewed at least annually to promote the orderly and efficient management of the facility,	S P N NA	
(C) There are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.	S P N NA	
(D) Written personnel policies and procedures are established and implemented to facilitate sound patient care and personnel policies.	S P N NA	
(E) The facility has an ongoing staff development program including orientation of new employees and inservice education related to the needs and care of domiciliary patients.	S P N NA	
(F) There is evidence of input from all services to management by regular meetings and systematic review of the domiciliary program.	S P N NA	

C. STANDARDS FOR DOMICILIARY CARE	CIRCLE	EXPLANATORY STATEMENTS
<p>2. Safety. The facility shall be structurally safe and maintained to protect the health and safety of patients, personnel and visitors.</p> <p>(A) The facility has a current State Fire Marshall's certificate or documented evidence of compliance with life safety codes.</p> <p>(B) The facility has a current report by a qualified VA Life Safety engineer or specialist that the facility is in compliance with the provisions of the Life Safety Code currently in force, applicable to domiciliaries.</p> <p>(C) There is evidence that reported life safety deficiencies have been or are being corrected.</p> <p>(D) The facility has available an emergency service of electrical power to provide essential service when the normal electrical supply is interrupted.</p> <p>(E) The buildings are accessible to and safe for persons with handicaps.</p> <p>(F) The facility has a program for prevention and control of infection.</p> <p>(G) Linens are handled, stored, processed, and transported in such a manner as to maintain a clean environment and prevent infection.</p> <p>(H) The facility has an ongoing program of intergrated pest management.</p> <p>(I) Cleaning agents, maintenance supplies and pesticides are stored under safe and sanitary conditions.</p> <p>3. Physical Environment. The facility provides a functional, aesthetically pleasing, sanitary, and comfortable environment for patients, personnel, and visitors.</p> <p>(A) The facility employs a supervisor of sanitation and sufficiently trained personnel to maintain a safe, clean, and orderly environment.</p> <p>(B) The buildings are maintained in a clean, attractive, and comfortable manner.</p> <p>(C) Acceptable practices are employed for maintenance and repair of equipment, buildings, and grounds.</p>	<p>S P N NA</p>	

C. STANDARDS FOR DOMICILIARY CARE	CIRCLE	EXPLANATORY STATEMENTS
<p>4. Medical Care. There is a comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.</p> <p>(A) The facility ensures the provision of professional medical services for the patients.</p> <p>(B) Each patient has primary physician responsible for the patient's medical care.</p> <p>(C) Patients are classified according to domiciliary care required.</p> <p>(D) A patient treatment plan is established and maintained for each domiciliary patient.</p> <p>(E) Primary care medical services are provided for domiciliary patients as needed.</p> <p>(F) Each patient has a complete medical re-evaluation annually and as needed.</p> <p>(G) There is provision made for preventive and maintenance dental and other health services.</p> <p>(H) Transportation is available for patients needing medical, dental and other health services.</p> <p>(I) Domiciliary patients are admitted to an infirmary when necessary.</p> <p>(J) There is a written agreement with one or more hospitals to accept a patient requiring hospitalization.</p> <p>(K) Domiciliary patients are admitted to nursing home care or hospital care if medically necessary.</p> <p>5. Nursing Care. The facility maintains an organized nursing service with nursing personnel qualified to meet the nursing care needs of the domiciliary patient.</p> <p>(A) A full-time qualified registered nurse is responsible for the nursing services provided the patients.</p> <p>(B) Primary care nursing services are provided for domiciliary patients.</p> <p>(C) Nursing services rendered are documented in the patient's medical record.</p>	<p>S P N NA</p>	

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(D) Nursing service participates in the establishment and maintenance of a treatment plan for each domiciliary patient.	S P N NA	
(E) The facility provides for 24-hour nursing services as required to meet the nursing care needs of the domiciliary patients.	S P N NA	
6. Rehabilitation. Rehabilitation services are provided as needed to improve and maintain maximum functioning of each domiciliary patient.		
(A) The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patients.	S P N NA	
(B) Rehabilitation services are provided under a written plan of care for each patient.	S P N NA	
(C) Specialized rehabilitation therapy rendered, progress notes, and evaluation of the treatment plan are recorded in the patient's medical record.	S P N NA	
7. Social Services. The facility provides professional social work services to identify and meet the social and emotional needs of patients.		
(A) A qualified social worker is on staff or the facility has a written agreement with a qualified social worker or recognized social agency for consultation on a regularly scheduled basis.	S P N NA	
(B) A written psychosocial assessment is maintained in each patient's medical record.	S P N NA	
(C) Results of social services rendered are documented in the patient's medical record.	S P N NA	
(D) The facility has an organized procedure for discharge and transfers.	S P N NA	
8. Dietetics. The facility provides a dietetic service that meets the daily nutritional needs of patients and ensures that special dietary needs are met.		
(A) The dietetic service is under the direction of a qualified dietitian or a full-time dietetic service supervisor with consultation from a qualified dietitian.	S P N NA	
(B) Menus, to the extent medically possible, are planned in accordance with the Recommended Dietary Allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	S P N NA	
(C) Special diets are available as needed.	S P N NA	

C. STANDARDS FOR DOMICILIARY CARE	CIRCLE ONE	EXPLANATORY STATEMENTS
(D) At least three or more regular meals are served daily, with not more than a 14-hour span between substantial evening meal and breakfast.	S P N NA	
(E) Dietetic service personnel practice safe and sanitary food handling techniques.	S P N NA	
(F) Dining areas are large enough to accommodate all domiciliary patients.	S P N NA	
(G) The nutritional status of each patient is monitored on a regular basis.	S P N NA	
9. Patient Activities.		
An activities program is available to the domiciliary patients and designed to enhance each patient's sense of physical, psychosocial, and spiritual well being.		
(A) A member of the facility's staff is designated as responsible for the patient activities program.	S P N NA	
(B) Space, equipment, and supplies for the activities program are adequate for individual and/or group activities.	S P N NA	
(C) There are regularly scheduled activities during weekdays, evenings and weekends.	S P N NA	
(D) Each patient's activity plan is a part of the overall treatment plan.	S P N NA	
(E) Religious services and spiritual activities are provided for patients.	S P N NA	
(F) Domiciliary patients are encouraged to participate in supervised community activities.	S P N NA	
10. Pharmacy.		
Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements.		
(A) A registered pharmacist is responsible for pharmacy services.	S P N NA	
(B) A program is established for the safe procurement, control, and distribution of drugs.	S P N NA	
(C) There is controlled access to all drugs and substances used for treatment.	S P N NA	
(D) Patients on self-medication are instructed by qualified personnel on the proper use of drugs.	S P N NA	

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(E) Provision is made for qualified nursing personnel to administer medication to patients who are not in a self-medication program.	S P N NA	
(F) There is an established system for monitoring the outcome of drug therapy or treatment.	S P N NA	
11. Medical Records. The patient's health status is documented regularly in the medical record in accordance with the treatment plan.		
(A) Medical records are completely legible and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	S P N NA	
(B) The facility safeguards medical record information against loss, destruction, or unauthorized use.	S P N NA	
(C) The medical record contains sufficient information to clearly identify the patient.	S P N NA	
12. Quality Assistance The facility has an active quality assurance program in the domiciliary to ensure effective utilization and delivery of patient care services.		
(A) A member of the facility's staff or facility committee is designated as responsible for coordinating the quality assurance program.	S P N NA	
(B) The quality assurance program encompasses reviews of all services and programs provided for the domiciliary patients.	S P N NA	
(C) The quality assurance program encompasses ongoing utilization review.	S P N NA	
(D) The quality assurance program is reevaluated at least annually.	S P N NA	
13. Quality of Life The domiciliary level of care fosters a quality of life conducive to self esteem, security, and personal growth.		
(A) Patients are treated with respect and dignity.	S P N NA	
(B) There is input to the domiciliary program through a patient advisory council.	S P N NA	
(C) A home like environment is provided.	S P N NA	

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<p>(D) The facility has written policies and procedures concerning the rights and responsibilities of the domiciliary patient.</p> <p>(E) Patients are oriented to the policies and procedures of the domiciliary on admission.</p> <p>(F) Patients may manage personal financial affairs or are given an accounting as required by state law, of financial transactions made on their behalf.</p>	<p>S P N NA</p> <p>S P N NA</p> <p>S P N NA</p>	