

PRESURVEY CIVIL RIGHTS COMPLIANCE

Date: _____

Name of Facility: _____

Address: _____
(Street) (City) (County) (State) (Zip Code)

Administrator/Director/Superintendent: _____

Note: The work "discrimination" as used throughout this document shall be understood to mean "discrimination on the basis of race, color, national origin, ancestry, religious creed, sex, age, or handicap," as used in Title VI of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act of 1955, as amended, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

Type of Facility (check all applicable):

- _____ Skilled Nursing Facility
- _____ Intermediate Care Facility
- _____ Intermediate Care Facility for the Mentally Retarded

I. BOARD:

A. Describe the method used to orient the Board to Civil Rights Compliance requirements.

B. Complete the information on Chart 1 of the Attachment concerning Board members.

II. NONDISCRIMINATION POLICY:

- A. Is a nondiscrimination policy which states services are provided and admissions and referrals are made without regard to race, sex, color, national origin, ancestry, religious creed, handicap or age, posted conspicuously in the facility?

Yes _____ If yes, indicate where postings are located.

No _____ If no, state basis or what corrective steps will be taken.

Note: When any changes are made in the nondiscrimination policy, a signed and dated copy of the revised policy shall be submitted to the State Survey Agency within thirty (30) days of the effective date of the change. Where applicable, a copy of the Spanish version shall be submitted.

- B. Does the facility include the nondiscrimination policy in brochures, media notices, and posters?

Yes _____ If yes, identify publications and media communication means used.

No _____ If no, state what corrective steps will be taken.

- C. 1. Describe methods and materials used to orient staff members and patients/Residents on civil rights compliance requirements.

2. Are patients/residents (and/or their families/guardians) informed that complaints of discrimination may be filed with the Department of Health, Bureau of Quality Assurance, and/or the Office for Civil Rights (HHS)?

Yes _____ If yes, explain the content of the information and how it is disseminated.

No _____ If no, provide corrective steps to be taken.

3. Are employees informed that complaints of discrimination may be filed with the Pennsylvania Human Relations Commission?

Yes _____ If yes, explain the content of the information and how it is disseminated.

No _____ If no, provide corrective steps to be taken.

D. What is the criteria used in making patient/resident room assignments?

E. Identify the usual geographic area from which the facility admits patients/residents (county, municipality, etc.).

III. PATIENT/RESIDENT INFORMATION :

- A. Break out the current patient/resident census on Chart 2 of the Attachment.
- B. Show the past 25 admissions or admissions for the past 12 months (whichever is less) on Chart 3 of the Attachment.
- C. What methods are used to assure communication with the hearing and visually impaired (e.g., interpreters, tapes Braille transcriptions, audio-visual warning systems, etc.)?
- D. 1. Do policy and operations manuals such as those of the Medical Department, Nursing Department, Social Services Department, Activities Department, etc., state criteria for selection of patients/residents for admissions, facility usage, program services, living quarters, etc.? If yes, identify the manuals.
2. What methods were/are used to make program services accessible to the semiambulatory, nonambulatory, and/or sensory impaired?
- _____ building modification
- _____ auxiliary aids
- _____ program relocation within structure
- _____ program relocation to another structure
- _____ other (specify)
- E. Do handicapped and nonhandicapped patients/residents dine in an integrated setting?
- Yes _____ No _____ If no, state what corrective steps will be taken.

IV. EMPLOYMENT:

A. Does the facility have a policy stating that all employment actions are made without regard to race, sex, color, national origin, age, ancestry, religious creed, or handicap?

Yes _____ If yes, identify the location of this policy and how it is disseminated.

No _____ If no, state what corrective steps will be taken.

B. Complete Chart 4 of the Attachment.

C. Is there a written policy stating that reasonable accommodation is to be provided handicapped employees?

Yes _____ If yes, describe its content and what types of reasonable accommodations have been provided for handicapped employees (e.g., persons with hearing, speech, vision and/or mobility impairments).

No _____ If no, state reason(s) why accommodations are not being provided.

D. Complete Chart 5 of the Attachment to show contacts this facility is making to ensure equal employment opportunity.

- E. Complete Chart 6 of the Attachment to show the current training programs and participants enrolled in each course over the past 12 months.
- F. Within the last 12 months, have there been any complaints of discrimination filed with an outside agency against this facility?

Yes _____ No _____

If yes, for each complaint registered, show date of the complaint, the sex and race/national origin of the complainant, major allegations made in the complaint, agency with which the complaint was registered and the finding of either cause, or no cause by the investigating agency.

I certify that to the best of my knowledge the above information is correct.

(Director of Facility)

(Title)

(Date)

CHART 2 – CURRENT PATIENT/RESIDENT CENSUS

Totals		Black		Hispanic		White		Am.Indian or Alaskan Nat.		Asian or Pac. Isl.	
M	F	M	F	M	F	M	F	M	F	M	F

CHART 3 – PAST 25 ADMISSIONS OR ADMISSIONS FOR THE PAST 12 MONTHS (WHICHEVER IS LESS)

Totals		Black		Hispanic		White		Am.Indian or Alaskan Nat.		Asian or Pac. Isl.	
M	F	M	F	M	F	M	F	M	F	M	F

CHART 4 – COMPLETE THE FOLLOWING TO SHOW THE CURRENT EMPLOYMENT PROFIT

	Total		Black		Hispanic		White		Am. Indian or Alaskan Nat.		Asian or Pac. Isl.	
	M	F	M	F	M	F	M	F	M	F	M	F
Administrator												
Physician												
Reg. Nurse												
LPN/LVN												
Aide/Orderly												
Social Worker												
Therapists												
Activity Work.												
Dietary												
Office & Cler.												
Other-specify												

CHART 5 – HANDICAPPED / MINORITY GROUP CONTACTS

Name of Organization	Group Represented	Purpose	Method of Contact	Date of Contacts (s)

CHART 6 – TRAINING

Type of Training	Total		Black		Hispanic		White		Am. Indian /Alaskan Nat.		Asian or Pac. Isl.	
	M	F	M	F	M	F	M	F	M	F	M	F