



State Regulatory Review, 1998

Assisted living has emerged on the long term care spectrum as a rapidly growing and innovative phenomenon. Unlike most senior housing that has been around for decades, assisted living residences provide specialized oversight and assistance with daily tasks such as bathing, dressing, and personal services to promote independence.

Assisted living, a Scandinavian model of service for the elderly that began to develop in the United States in the mid-1980's, is still struggling to define itself. As many as 29 different terms may be used interchangeably to describe assisted living, including assisted living, residential care, personal care, sheltered care, and boarding homes.

Despite these many terms, the National Center for Assisted Living (NCAL), the assisted living voice of the American Health Care Association, believes it is important to develop guidance to help give assisted living a more precise identity. NCAL believes assisted living is part of a comprehensive long term care continuum that provides the necessary level of services to a dependent elderly or disabled population in an appropriate environment. Assisted living services are typically rendered in state-licensed settings and may include 24-hour protective oversight, food, shelter, and the provision and/or coordination of a range of services that promote the quality of life and independence of the individual.

Oversight of the assisted living industry occurs at the state level. The varying laws and regulations affecting these settings have created a diverse and fluid operating environment for providers and a mix of terminology, settings, and available services for consumers.

Many states are currently developing and refining their assisted living rules and guidelines. Readers are encouraged to contact the identified state agencies for additional or updated information. The following review is based on the applicable statutes and regulations in each state and specifically summarizes the following information:

- **Agency/Phone Number:** name and general phone number of the state assisted living regulatory agency.
- **Contact Name/Phone Number:** name and direct phone number of the state agency representative who is knowledgeable about state regulatory classifications and whether new initiatives regarding assisted living are planned.
- **Licensure Term:** lists the term used by states that most closely fits the general definition of "assisted living."
- **Opening Statement:** includes comments about new assisted living legislation or regulation that is being discussed, drafted, or proposed by the state.
- **Definition:** summarizes the state's definition of the licensure term.
- **Facility Scope of Care:** summarizes the nursing and personal care services that may be provided.
- **Third Party Scope of Care:** indicates whether services may be provided by home health agencies, hospice providers, etc.
- **Admission/Discharge Requirements:** summarizes limitations on the types of residents who may be admitted and resident conditions or other criteria that mandate discharge.
- **Medication Management:** indicates whether administration of medication is permitted and the extent to which assistance with self-administration is permissible.

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- **Physical Plant Requirements:** summarizes the square footage requirements for resident apartments and any other special physical plant requirements.
- **Residents Allowed Per Room:** summarizes the maximum number of residents allowed per resident unit.
- **Bathroom Requirements:** indicates whether bathrooms may be shared and how many toilets, lavatories, and/or bathing facilities are required per resident.
- **Alzheimer's Unit Requirements:** may either indicate whether facilities are permitted to care for residents with Alzheimer's or may summarize special requirements for facilities that care for such residents.
- **Staffing Requirements:** lists required staff and may list staff-to-resident ratios.
- **Administrator Education/Training:** summarizes qualifications for administrators.
- **Staff Education/Training:** summarizes qualifications for various staff positions.
- **Continuing Education (CE) Requirements:** summarizes the number of hours of continuing education that may be required annually of administrators and staff.
- **Entity Approving CE Program:** if applicable, lists the state entity or body that gives prior approval for continuing education courses.

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois

Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana

Indiana
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania

Rhode Island
South Dakota
South Carolina
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Alabama

Agency: Department of Public Health, Division of Licensure and Certification

Phone Number: 334/206-5190

Contact Name: Mia Sadler

Contact Phone Number: 334/206-5216

Licensure Term: Assisted Living Facilities

Opening Statement: Revisions were made to these rules in March 1997. A state Health Coordinating Committee has been convened to study assisted living, but has yet to issue a report or make any recommendations.

Definition: An Assisted Living Facility provides room, board, meals, laundry, assistance with personal care and other services for not less than 24 hours per week. Assisted living is subclassified according to number of residents.

Facility Scope of Care: Assistance with activities of daily living such as bathing, oral hygiene, and grooming may be provided. An RN must provide or supervise care during periods of temporary illness.

Medication Management: A resident not fully aware of the medications he or she is taking is not permitted to administer his or her own medications. Medication must be administered by a licensed nurse to residents for whom self-administration is not feasible, and to those who do not require acute, continuous, or extensive medical or nursing care.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and double occupancy resident units must be a minimum of 130 square feet.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Bathrooms may be shared and resident rooms may have common toilets, lavatories, and bathing facilities.

Alzheimer's Unit Requirements: Alabama is conducting a pilot study of dementia care in assisted living facilities. Currently, Alabama's Assisted Living Facility regulations do not allow facilities to have secured/locked dementia or Alzheimer's units. Under the pilot study, a licensed nurse must be available and must administer medication; facilities must submit quarterly reports; and, site visits must be made by the state when complaints are made against the facility or when the facility requests consultation.

Staffing Requirements: There must be an administrator, RN consultants, and personal care staff as needed to provide adequate care and promote an orderly operation of the facility. Specifically, there must be at least one staff person for every six residents in the facility at all times.

Administrator Education Training: Administrators are required to be "well-trained."

Staff Education/Training: Staff are required to take a 16-hour course within their first year.

Continuuing Education (CE) Requirements: Administrators must complete six hours of continuing education per year.

Entity Approving CE Program: N/A



Alaska

Agency: Department of Administration, Division of Senior Services

Phone Number: 907/465-4416

Contact Name: Kathy DiMaria

Contact Phone Number: 907/269-3666

Licensure Term: Assisted Living Homes

Opening Statement: Alaska is unique due to its size and sparse population. Providers determine the level of care and services they will provide, but must provide the state with a list of these services.

Definition: Assisted Living Homes provide a system of care in a home-like environment for elderly persons and persons with mental or physical disabilities who need assistance with activities of daily living.

Facility Scope of Care: Facilities may provide nursing care, assistance with activities of daily living, intermittent nursing services and skilled nursing care by arrangement. A licensed nurse may delegate certain tasks, including non-invasive routine tasks, to staff.

Medication Management: If self-administration of medications is included in a resident's assisted living plan, the facility may supervise the resident's self-administration of medications.

Physical Plant Requirements: If a room is shared, the regulations require "reasonable privacy."

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: The facility must provide a safe environment for residents with Alzheimer's.

Staffing Requirements: Not specified.

Administrator Education Training: An administrator must be at least 21 years of age and have sufficient education and experience in an out-of-home care facility and is subject to a criminal background investigation.

Staff Education/Training: Care providers in non-supervisory roles must be at least 16 years of age.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Arizona

Agency: Department of Health Services, Home and Community Based Licensure

Phone Number: 602/674-9775

Contact Name: Laura Hartgroves

Contact Phone Number: 602/674-9779

Licensure Term: Assisted Living Facilities

Opening Statement: Arizona passed legislation which will put new regulations for Assisted Living Facilities into effect November 1, 1998. The new licensure category consolidates the previous six licensure categories for residential care institutions (adult care homes, adult foster care homes, supportive residential living centers, supervisory care homes, and unclassified residential care institutions) into a universal assisted living license. This license will be subclassified based on size and level of services provided. All facilities will be required to comply with resident rights, food service, administration requirements, abuse reporting, and resident agreements. Training and physical plant requirements will vary depending upon size and level of care.

Definition: An Assisted Living Facility is a residential care institution that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.

Facility Scope of Care: Facilities may provide personal care services, including assistance with activities of daily living, that can be performed by persons without professional skills or professional training. Facilities may also provide or coordinate intermittent nursing services and the administration of medications and treatment by a licensed nurse.

Medication Management: Medication administration is permitted by licensed nurses.

Physical Plant Requirements: Facilities must comply with all local building codes, ordinances, fire codes, and zoning requirements. Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted and there shall be at least one full bathroom for every eight residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: The regulations require that supervisory care services, personal care services, or directed care services consistent with the level of service for which the facility is licensed are to be provided.

Administrator Education Training: Managers must be at least 21 years of age and be certified as assisted living facility managers.

Staff Education/Training: All staff must be trained in first aid specific to adults. Caregivers must be at least 18 years of age, trained at the level of service the facility is licensed to provide, and have a minimum of three months of health-related experience. Assistant caregivers must be at least 16 years of age.

Continuuing Education (CE) Requirements: All staff must complete a minimum of 12 hours of continuing education per year in areas related to: promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; fire, safety, and emergency procedures; infection control; and abuse, neglect, and exploitation prevention and reporting requirements.

Entity Approving CE Program: N/A



Arkansas

Agency: Department of Human Services, Office of Long Term Care

Phone Number: 501/682-8468

Contact Name: Jerry Rayburn/Sue Hill

Contact Phone Number: 501/682-8468

Licensure Term: Residential Long Term Care Facilities

Opening Statement: There have been no changes to these rules since January 1, 1997.

Definition: Residential Long Term Care Facilities serve individuals with impaired functioning who do not require hospital or nursing home care and who self-administer medication.

Facility Scope of Care: The facility may supervise activities of daily living, but not assist.

Medication Management: Medication administration may not be performed by the facility staff. The supervision of self-administered medication is limited to cuing.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted and there must be at least one toilet and lavatory for every six residents and one tub or shower for every 10 residents. Dormitory or communal type bathroom facilities are not permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: A full-time administrator must be on the premises during normal business hours. The regulations list specific staffing ratios (e.g., one staff person for one to 16 residents during the day, evening, and night).

Administrator Education Training: Administrators must be at least 21 years of age and are required to be certified as a residential care facility administrator through a department-approved certification program and hold a high school diploma or GED.

Staff Education/Training: Staff must be at least 18 years of age and are required to complete an orientation program on resident rights.

Continuuig Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



California

Agency: Department of Social Services, Community Care Licensing Division

Phone Number: 916/327-2459

Contact Name: Dennyse Provolt

Contact Phone Number: 916/327-2459

Licensure Term: Residential Care Facilities for the Elderly

Opening Statement: The regulations were recently revised to allow a single license to be issued to certain integral facilities conducting multiple, related programs which would otherwise require separate licenses.

Definition: A Residential Care Facility for the Elderly is a housing arrangement chosen voluntarily where 75 percent of the residents are 60 years of age or older and where varying levels of care and supervision are provided. Younger residents must have needs compatible with other residents.

Facility Scope of Care: The facility may provide assistance with activities of daily living, observation and reassessment, postural support that can be released by the resident, other specific types of care or "incidental medical services" (e.g., intermittent administration of oxygen, colostomy/ileostomy care, irrigation of indwelling catheters, and injections). Several incidental medical services require specific approval by the licensing authority.

Medication Management: Facility staff may assist residents with the self-administration of medication.

Physical Plant Requirements: The regulations allow for private or semi-private resident rooms. Resident rooms must be furnished and of sufficient size to allow for easy passage of wheelchairs and walkers.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Common toilets, bathing, and lavatory facilities are permitted.

Alzheimer's Unit Requirements: The regulations were revised recently to permit secured perimeters for Alzheimer's residents. Facilities may opt to install delayed egress doors or lock perimeters. A special permit is required for these special units.

Staffing Requirements: Facility personnel must be sufficient to provide the services necessary to meet resident needs.

Administrator Education Training: An administrator must complete a 40+ hour approved certification program (nursing home administrators are exempt from this requirement), 15 college or continuing education units, and have at least one year of experience or equivalent (in facilities with 16-49 residents) or two years of college and at least three years of experience (in facilities with 50 or more residents). Nursing home administrators are exempt from the certification requirement, but are required to have taken 12 continuing education courses in Residential Care Facilities for the Elderly administrator core curriculum subjects.

Staff Education/Training: Services requiring specialized skills are to be provided by qualified personnel in accordance with recognized professional standards.

Continuuuig Education (CE) Requirements: Administrators must complete 20 hours of continuing education per year in areas related to aging and/or administration.

Entity Approving CE Program: Program Support Bureau



Colorado

Agency: Department of Public Health

Phone Number: 303/692-2846

Contact Name: Joanne Lingk

Contact Phone Number: 303/692-2846

Licensure Term: Personal Care Boarding Homes

Opening Statement: The regulations have been in effect since 1993.

Definition: Personal Care Boarding Homes provide assistance with activities of daily living, homemaker, and other supportive services. Alternative Care Facilities, a subset of Personal Care Boarding Homes, differ in that they have Medicaid certification.

Facility Scope of Care: The facility may provide oversight and assistance with activities of daily living. Intermittent skilled services may be provided by qualified providers.

Medication Management: Residents shall maintain and self-administer without documentation by the facility only non-prescription medications or those medications prescribed by a physician or other authorized practitioner for the sole use by the resident. Unless self-administered, prescription and non-prescription medications must be administered by qualified medication administration staff and only upon written order of a licensed physician or authorized practitioner.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and double occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit. Prior to July 1, 1986, up to four residents were allowed per room.

Bathroom Requirements: Shared bathrooms are permitted and there shall be at least one full bathroom for every six residents.

Alzheimer's Unit Requirements: Secured units for the purposes of serving residents with early stage Alzheimer's disease are allowed.

Staffing Requirements: Not specified.

Administrator Education Training: Operators must complete an approved program of certification at college, through a program or seminar, or through in-service training. The curriculum must include at least 30 hours of which at least 15 teach resident rights, environment and fire safety procedures, how to deal with difficult situations and behavior and nutrition. The remaining 15 hours must provide emphasis on meeting specific resident population needs, e.g., the elderly and those with Alzheimer's.

Staff Education/Training: Staff shall be given on-the-job training or have related experience in the job assigned to them.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Connecticut

Agency: Department of Health, Health Facilities Division

Phone Number: 860/509-7400

Contact Name: Victoria Carlson

Contact Phone Number: 860/509-7400

Licensure Term: Assisted Living Services Agencies

Opening Statement: The regulations have been in effect since November 29, 1994 and only cover the core services provided in a managed residential community. Physical plant/setting requirements, etc. are regulated by the state and local building and fire codes.

Definition: Assisted Living Services Agencies provide nursing services and assistance with activities of daily living to clients living within a managed residential community having supportive services that encourage clients primarily age 55 or older to maintain a maximum level of independence.

Facility Scope of Care: Nursing services and assistance with activities of daily living may be provided to residents with chronic and stable conditions as determined by a physician or health care practitioner.

Medication Management: Not specified.

Physical Plant Requirements: The managed residential community where services are offered must have private residential units that include a full bath, access to facilities, and equipment for the preparation and storage of food. A resident may choose to share a room. Common space in the facility must be sufficient enough to accommodate 50 percent of the residents at any given time.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be adequate to meet residents' needs.

Administrator Education Training: The supervisor must be a registered nurse with at least two years' experience in nursing, including one year in a home health agency; or a high school diploma with four years' experience, including two in a home health agency. Assisted living aides must have a CNA or CHHA certification.

Staff Education/Training: Assisted living aides must complete 12 hours of continuing education per year.

Continuuig Education (CE) Requirements: Assisted living aides must complete 12 hours of continuing education per year.

Entity Approving CE Program: N/A



Delaware

Agency: Department of Health & Social Services, Division of Public Health

Phone Number: 302/577-6666

Contact Name: Kevin Charles

Contact Phone Number: 302/739-6603

Licensure Term: Assisted Living Agencies

Opening Statement: Regulations went into effect on December 15, 1997 and are to be interpreted in a manner consistent with a social philosophy of care, which is the promotion of the consumer's independence, privacy, dignity, and the provision of services in a home-like environment. Assisted Living Agency regulations are expected to be reviewed in early 1999.

Definition: Assisted Living is a fee-based residential arrangement for dependent and elderly adults with disabilities that provides assistance with activities of daily living and other services that promote the consumer's quality of life.

Facility Scope of Care: The facility may provide residents with assistance with activities of daily living and other services that promote quality of life. Facilities are not intended for persons who require nursing home services that are beyond their capability.

Medication Management: Facilities must comply with the Nurse Practice Act. Residents may receive assistance with self-medication by designated care providers, while administration of medication may only be performed by RNs and LPNs

Physical Plant Requirements: Individual living units without kitchens shall have an appropriately designed central kitchen that is readily accessible to the resident. The central kitchen in the facility must meet "Public Eating Place Regulations."

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Bathing facilities shall be available either in an individual living unit or in an area readily accessible to each resident.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Each facility shall have a director who is responsible for operation of the program. 24-hour on-site or on-call supervision must be provided. Overall staffing must be sufficient in number to meet the needs of the residents.

Administrator Education Training: There are no specified training requirements for administrators at this time.

Staff Education/Training: Staff must be adequately trained to meet the needs of the resident and the facility must provide and document staff training.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Florida

Agency: Agency for Health Care Administration

Phone Number: 850/487-2515

Contact Name: Mary Loepp

Contact Phone Number: 850/487-2515

Licensure Term: Assisted Living Facilities

Opening Statement: Regulations were last revised in early 1998, and additional revisions are in the process of being made.

Definition: Assisted Living Facilities provide housing, food service, and one or more "personal services" (e.g., assistance with activities of daily living and supervision of self-administered medication).

Facility Scope of Care: Facilities may provide assistance with personal services, including medications. Nursing services are permitted for facilities that hold a special license.

Medication Management: Unlicensed staff may provide hands-on assistance with self-administered medications. Staff must have four hours of medication training by a RN or registered pharmacist.

Physical Plant Requirements: Private resident units must provide a minimum of 80 square feet of usable floor space and multiple-occupancy resident rooms must provide a minimum of 60 square feet per resident. An additional minimum of 35 square feet of living and dining space per resident is required.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted and a facility must provide one toilet and sink per six residents and one bathing facility per eight residents.

Alzheimer's Unit Requirements: Facilities that advertise special care for persons with Alzheimer's disease or related disorders must: have a physical environment that provides for the safety and welfare of residents; offer activities specifically designed for these residents; have 24-hour staffing availability; and employ staff who have completed an eight-hour approved training course and must complete four hours of continuing education per year.

Staffing Requirements: Staffing requirements vary depending upon the numbers of residents (e.g., nine full-time staff per 76-85 residents at all times would be required). At least one employee certified in first aid must be present at all times. Staffing must be sufficient to meet residents' needs.

Administrator Education Training: Administrators must have a high school diploma or GED and complete a core training program and competency test.

Staff Education/Training: Direct-care staff must have six hours of initial training.

Continuuing Education (CE) Requirements: Administrators must complete twelve hours of continuing education every two years.

Entity Approving CE Program: N/A



Georgia

Agency: Department of Human Resources, Personal Care Home Program

Phone Number: 404/657-4076

Contact Name: Hazel Crawford

Contact Phone Number: 404/657-5636

Licensure Term: Personal Care Homes

Opening Statement: June 15, 1994 regulations for Personal Care Homes are still in effect in Georgia.

Definition: Personal Care Homes provide housing, food services, and one or more personal services, including supervision of self-administered medication, assistance with ambulation and transfers, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.

Facility Scope of Care: The personal services provided by the homes shall include 24-hour responsibility for the well-being of the residents and protective care and watchful oversight.

Medication Management: All medications shall be self-administered by the resident except when the resident requires administration of oral or topical medication by or under supervision of a functionally literate staff person.

Physical Plant Requirements: Private and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Common toilets, lavatories, and bathing facilities are permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: At least one administrator, on-site manager, or responsible staff person shall be on the premises 24 hours per day. There should be a minimum of one on-site staff person per 15 residents during waking hours and one staff person per 25 residents during non-waking hours.

Administrator Education Training: N/A

Staff Education/Training: The administrator, on-site manager and all other responsible staff must be at least 21 years of age. All persons working in the facility shall receive work-related training acceptable to the Department within the first 60 days of employment.

Continuuig Education (CE) Requirements: All staff, including the administrator/on-site manager, who offer direct care to the residents, must satisfactorily complete at least sixteen hours of continuing education per year.

Entity Approving CE Program: N/A



Hawaii

Agency: Department of Health, Hospital and Medical Facilities Branch

Phone Number: 808/586-4080

Contact Name: Helen Yoshimi

Contact Phone Number: 808/586-4080

Licensure Term: Assisted Living Facilities

Opening Statement: New Assisted Living Facility regulations are expected to be finalized in October 1998.

Definition: An Assisted Living Facility is a combination of housing, health care services, and assistance with activities of daily living and instrumental activities of daily living as required by the individual resident in an environment that promotes independence.

Facility Scope of Care: The facility must provide services to assist residents in performing all activities of daily living as well as nursing assessment, health monitoring, and routine nursing tasks.

Medication Management: The facility must have medication management policies related to self-medication and the administration of medication.

Physical Plant Requirements: Facilities shall provide residents with private apartment units with a minimum of 220 square feet, not including the bathroom. Units must have a full bathroom, refrigerator, and cooking capacity with a sink.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Each resident unit must have a private full bath.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An awake, on-site direct-care staff person must be on the premises 24 hours per day.

Administrator Education Training: The administrator or director must have at least two years of experience in management and in the housing, health care services, or personal care industries. The completion of an assisted living facility administrator's course or equivalent is required.

Staff Education/Training: All facility staff must complete in-service training.

Continuuig Education (CE) Requirements: All staff must complete at least six hours of continuing education per year.

Entity Approving CE Program: N/A



Idaho

Agency: Department of Health and Welfare

Phone Number: 208/334-6626

Contact Name: Eric Mundell

Contact Phone Number: 208/334-6626

Licensure Term: Residential Care Facilities

Opening Statement: The regulations have been in effect since July 1996.

Definition: Residential Care Facilities provide a human, safe, and home-like living arrangement for individuals with a mental illness, developmental/physical disability, or who are elderly and in need of some assistance with activities of daily living and personal care.

Facility Scope of Care: The facility must supervise residents and provide assistance with activities of daily living and instrumental activities of daily living.

Medication Management: Staff who attend an assistance with medications course are permitted to assist residents with the self-administration of medication. A nurse is required to check the medication regimen for residents monthly.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet of floor space per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Common toilet, bathing, and lavatory facilities are permitted.

Alzheimer's Unit Requirements: Idaho has fairly extensive requirements for the care of Alzheimer's residents. Separate Alzheimer's units are permitted in facilities.

Staffing Requirements: A full-time licensed administrator must devote a minimum of 20 hours per week to the day-to-day administration of the facility. If the facility houses 30 or more high-acuity residents, one awake staff person must be on-site during resident sleeping hours. There must be sufficient staff during all hours to provide care and at least one staff person immediately available at all times.

Administrator Education Training: Administrators must be licensed.

Staff Education/Training: Staff must complete an updated training course every six months.

Continuuung Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year.

Entity Approving CE Program: The Board of Examiners of Residential Care Facility Administrators approves courses that are relevant to residential care administration. There is no application process.



Illinois

Agency: Department of Public Health

Phone Number: 217/782-5180

Contact Name: Susan Meister

Contact Phone Number: 217/782-2913

Licensure Term: Sheltered Care Facilities

Opening Statement: Senate Bill 743, the "Assisted Living Establishment Act," is pending as a study bill until 1999. The bill, referencing assisted living establishments, would require a written contract for each resident and would establish an assisted living advisory commission to assist with licensure and disciplinary actions.

Definition: Sheltered Care Facilities provide food, shelter, laundry services, and personal care to residents who do not need nursing care.

Facility Scope of Care: Facilities may provide general watchfulness and appropriate action to meet the total needs of residents, exclusive of nursing care.

Medication Management: All medications must be self-administered or administered by a licensed personnel. Facility staff may give medication reminders and monitor residents to make sure they follow the directions on the container.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet of floor space per resident. Square footage requirements do not include closets, wardrobes, bathrooms, or entryways. Beds must be at least three feet apart.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: The regulations have very specific ratios for numbers of toilets and bathing facilities per number of residents. One toilet must be provided for every 15 residents per floor and one lavatory and water closet for every 10 residents per floor.

Alzheimer's Unit Requirements: A facility must fill out an Alzheimer's Special Care Disclosure Form if they offer care to Alzheimer's residents in a special unit.

Staffing Requirements: A full-time administrator must be employed along with sufficient staff in numbers and qualifications. Staff shall be on duty all hours of each day to provide services that meet the total needs of the residents. There must be a minimum of one staff member awake, dressed, and on duty at all times.

Administrator Education Training: The administrator must be a high school graduate or equivalent and at least 18 years of age.

Staff Education/Training: All personnel must have training and/or experience in the job assigned to them. An ongoing in-service training program is required to ensure staff have the necessary skills to perform job duties.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Indiana

Agency: Department of Health, Division of Regulations and Information Services

Phone Number: 317/233-1325

Contact Name: Sue Hornstein

Contact Phone Number: 317/233-7289

Licensure Term: Residential Care Facilities

Opening Statement: Senate Enrolled Act 436 (Housing with Services Establishments) will become effective in September 1998 and will require any residential care facility providing assisted living services to register with the Family and Social Services Administration (FSSA) and disclose its name, address and phone. This will not be a certification process, but instead will help the FSSA to learn about the amount and types of facilities in Indiana. Housing with Services Establishments provide sleeping accommodations to at least five residents and offer or provide for a fee: at least one regularly scheduled health related service or at least two regularly scheduled supportive services whether offered or provided directly by the establishment or by another person arranged for by the establishment.

Definition: A Residential Care Facility provides room, food, laundry, and occasional assistance in activities of daily living for residents who need less service than the degree of service provided by a Comprehensive Care Facility (a health facility that provides nursing care, room, food, laundry, administration of medications, special diets and treatments, and that may provide rehabilitative and restorative therapies under the order of an attending physician). There is an overall general supervision of health care, medications, and diets as defined in the written policies of the facility.

Facility Scope of Care: Personal care and supervision shall be provided as needed by residents.

Medication Management: Medication shall be administered by licensed nursing personnel or qualified medication aides. Facilities that administer medication shall provide a medicine station for 24-hour distribution. Bedside medications and treatments for self-administration shall be permitted with the approval of a physician, unless the facility does not permit self-administration of medication.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of five residents is allowed per resident unit.

Bathroom Requirements: The regulations have very specific ratios for numbers of toilets and bathing facilities per number of residents (e.g., one toilet must be provided for every eight residents).

Alzheimer's Unit Requirements: Recommended/voluntary guidelines ask that if a facility advertises to the public that it is offering a special care unit it must file a disclosure statement that includes information on ownership, management, number of beds in the unit, special staffing requirements, special education/training requirements for staff, and cost of care (e.g., base rate).

Staffing Requirements: Each facility shall have at least one employee on duty at all times. The facility shall provide the number of staff as required to carry out all the functions of the facility. An administrator must be on staff to organize and implement the day-to-day operations of the facility.

Administrator Education Training: Administrators must either have a baccalaureate or higher degree in any subject and complete a six-month training program; possess an associate degree in long term care, health care administration, or equivalent and complete a six-month training program; or complete a specialized course of study in long term health care administration and a six-month administrator training program.

Staff Education/Training: The facility must provide for organized, ongoing in-service education and training for administrators and staff that includes prevention and control of infection, fire prevention, safety and accident prevention, and the needs of specialized populations served.

Continuuig Education (CE) Requirements: Administrators must complete 20 hours of continuing education per year.

Entity Approving CE Program: N/A



Iowa

Agency: Department of Elder Affairs

Phone Number: 515/281-5187

Contact Name: Beth Bahnson

Contact Phone Number: 515/281-8640

Licensure Term: Assisted Living Programs

Opening Statement: New regulations went into effect July 1, 1997.

Definition: Assisted Living Programs provide housing with services which may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living to six or more tenants in a physical structure which provides a homelike environment. Assisted living also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence.

Facility Scope of Care: Facilities may provide assistance with acitivities of daily living and instrumental activities of daily living, but may not provide personal care or health-related care.

Medication Management: Residents are permitted to self-administer medications. The regulations defer to the Iowa Nurse Practice Act which allows nurses to delegate medication administration to unlicensed staff (intravenous or intramuscular injections are exempted). Medication reminder boxes are permitted in resident rooms.

Physical Plant Requirements: Private resident units must be a minimum of 120 square feet and double occupancy resident units must be a minimum of 290 square feet.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Not specified.

- Alzheimer's Unit Requirements:** A facility must be designed to meet the needs of residents with Alzheimer's disease.
- Staffing Requirements:** A qualified manager must be employed by the facility and sufficient trained staff must be available at all times to fully meet residents' identified needs.
- Administrator Education Training:** The manager must be at least 21 years of age.
- Staff Education/Training:** All personnel must be able to implement the programs' accident, fire safety, and emergency procedures.
- Continuuing Education (CE) Requirements:** N/A
- Entity Approving CE Program:** N/A



Kansas

- Agency:** Department of Health and Environment
- Phone Number:** 913/296-1240
- Contact Name:** Pat Maben
- Contact Phone Number:** 913/296-1246
- Licensure Term:** Assisted Living Facilities/Residential Health Care Facilities
- Opening Statement:** Regulations for Adult Care Homes, in which Assisted Living Facilities are a subset, went into effect in February 1997. Revisions addressing medication management are expected to go into effect in 1999.
- Definition:** An Assisted Living Facility is a place caring for six or more individuals who may need personal care and/or supervised nursing care to compensate for activities of daily living limitations.
- Facility Scope of Care:** Direct care staff may provide assistance with activities of daily living. Skilled nursing services are not prohibited but must be limited, intermittent, or routine but limited in scope. Wellness and health monitoring is required.
- Medication Management:** Until revisions to the medication management section of the regulations go into effect sometime in 1999, facilities must choose either to manage their residents' medication or to allow all residents to engage in the self-administration of medication.
- Physical Plant Requirements:** Facilities consist of apartments which meet minimum dimensions as specified in the Uniform Building Code, section 1204. The apartments must contain a living area, storage area, full bath, kitchen, and lockable door. If the facility is a designated residential health care facility, the living area is not required to have a kitchen.
- Residents Allowed Per Room:** Not specified.
- Bathroom Requirements:** Not specified.

- Alzheimer's Unit Requirements:** In facilities that admit residents with dementia, inservice education on treatment of behavioral symptoms must be provided.
- Staffing Requirements:** A full-time operator (not required to be a licensed administrator) must be employed by the facility and sufficient numbers of qualified personnel are required to ensure that residents receive services and care in accordance with negotiated service agreements.
- Administrator Education Training:** Operators must be 21 years of age, possess a high school diploma or equivalent, and hold a Kansas license as an adult care home administrator or engage in an operator training program.
- Staff Education/Training:** Orientation is required for all new employees and regular in-service education regarding the principles of assisted living is required for all employees. Disaster and emergency preparedness training is required for all staff.
- Continuuing Education (CE) Requirements:** N/A
- Entity Approving CE Program:** N/A



Kentucky

- Agency:** Cabinet for Health Services, Division of Licensing and Regulation
- Phone Number:** 502/564-2888
- Contact Name:** Tim Veno
- Contact Phone Number:** 502/564-2888
- Licensure Term:** Assisted Living Residences
- Opening Statement:** Kentucky does not mandate licensure or certification of Assisted Living Residences at this time, however facilities may apply for voluntary certification through the Office of the Inspector General.
- Definition:** Assisted Living Residences are apartments or home-style housing unit residences which provide assisted living to two or more adults.
- Facility Scope of Care:** A supportive service package is required and may include assistance with: eating; dressing; bathing; transferring; toileting; a congregate meal site; barber and beauty services; sundries for personal consumption; and supervision of self-administration of medications.
- Medication Management:** Medication administration is not permitted.
- Physical Plant Requirements:** Single-occupancy apartment units must be provided unless the unit is shared with a spouse or other individual by mutual agreement. Resident units must include a private bath with lavatory, toilet, bathtub or shower and kitchenette. Units must also have lockable doors.
- Residents Allowed Per Room:** Not specified.

Bathroom Requirements: A maximum of two resident units may share one bathroom.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Not specified at this time.

Administrator Education Training: Not specified at this time.

Staff Education/Training: Not specified at this time.

Continuuing Education (CE) Requirements: Not specified at this time.

Entity Approving CE Program: N/A



Louisiana

Agency: Department of Social Services Licensing Bureau

Phone Number: 504/922-0015

Contact Name: Thalia Millican

Contact Phone Number: 504/922-0015

Licensure Term: Adult Residential Care Facilities

Opening Statement: New regulations for adult residential care homes have been proposed and are expected to be effective by early 1999.

Definition: Adult Residential Care Facilities are publicly or privately operated residences that provide personal assistance, lodging, and meals for compensation to two or more adults who are unrelated to the residence licensee, owner, or director.

Facility Scope of Care: Facilities may provide personal assistance with activities of daily living and supervision of self-administered medication.

Medication Management: Staff may supervise the self-administration of prescription and non-prescription medication. This assistance shall be limited to reminders, cuing, opening containers, and pouring medication. Residents may contract with an outside source for medication administration; however, facilities may not contract for this service.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Common toilets, lavatories, and bathing facilities are permitted. Facilities must provide public restrooms of sufficient number and location to serve residents and visitors.

Alzheimer's Unit Requirements: If a facility accepts residents with dementia or other residents at risk of wandering, an enclosed area shall be provided adjacent to the facility so that the residents may go outside safely.

Staffing Requirements: Facilities must be staffed to properly safeguard the health, safety, and welfare of the residents. At a minimum, a director, designated recreational/activity staff person, and a direct care staff person are required, however, one person may occupy more than one position.

Administrator Education Training: Administrators must be at least 21 years of age.

Staff Education/Training: Direct-care workers must participate in in-service training each year in areas relating to: the facility's policies and procedures; emergency and evacuation procedures; residents' rights; procedures and legal requirements concerning the reporting of abuse and critical incidents; resident care services; infection control; and any specialized training to meet residents' needs.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year in areas related to the field of geriatrics, assisted living concepts, specialized training in the population served and/or supervisory/management techniques.

Entity Approving CE Program: N/A



Maine

Agency: Department of Human Services, Bureau of Medical Services, Division of Residential Care

Phone Number: 207/624-5250

Contact Name: Bob Steinberg

Contact Phone Number: 207/624-5250

Licensure Term: Assisted Living Facilities/Residential Care Facilities

Opening Statement: Legislation was passed in 1996 to create a new licensure category for "assisted living." New regulations for assisted living facilities, replacing both Boarding and Adult Foster Homes, became effective May 29, 1998.

Definition: A Residential Care Facility I (6 or fewer residents) or Residential Care Facility II (7 or more residents) may provide Assisted Living Services, including housing and assistance with activities of daily living and instrumental activities of daily living.

Facility Scope of Care: Assisted living services may include, but are not limited to, personal supervision; protection from environmental hazards; assistance with activities of daily living and instrumental activities of daily living; administration of medications; and nursing services.

Medication Management: Administration of medication is permitted and includes reading labels for residents; observing residents taking their medications; checking dosage; removing the prescribed dosage; and the maintenance of a medication record for each resident. Injections may only be administered by licensed staff.

Physical Plant Requirements: Facilities must be designed to meet the special needs of the population served. Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted at a ratio of at least one toilet per six users. Shared bathing facilities are also permitted at a ratio of one bathing facility per every 15 users.

Alzheimer's Unit Requirements: All facilities with Alzheimer's/Dementia Care Units must offer special weekly activities such as gross motor, self-care, social, outdoor, spiritual, and sensory enhancement activities. The regulations require specific physical plant design for Alzheimer's units. If the facility has an Alzheimer's unit it is required to disclose certain information.

Staffing Requirements: An on-site administrator must be employed by the facility. Facilities with 10 or fewer beds are required to have, at a minimum, one responsible adult present at all times to perform resident care and provide supervision. Facilities with more than 10 beds are required to have at least two responsible adults at all times. The regulations also have specific staff-to-resident ratios, depending upon time of day.

Administrator Education Training: Administrators must be at least 21 years of age. While providers in level I facilities need only to have sufficient education, experience and training to meet residents' needs; level II administrators must either complete an approved training program or have a nursing home or residential facility administrator license.

Staff Education/Training: For Level II facilities, Maine requires that staff complete a six-day training course. If staff administer medications, they must complete a 24-hour medications course. Pre-service training is required for staff that work in Alzheimer's or dementia units.

Continuuig Education (CE) Requirements: Administrators must complete 10 hours of continuing education per year in areas related to the care of the population served by the facility.

Entity Approving CE Program: N/A



Maryland

Agency: Department of Health and Mental Hygiene, Licensing and Certification Department

Phone Number: 410/764-2770

Contact Name: Yvette Dixon

Contact Phone Number: 410/764-2770

Licensure Term: Assisted Living Programs

Opening Statement: New regulations for Assisted Living Programs were drafted in July 1998 are expected to go into effect November 1998. These regulations will repeal all licensing requirements for domiciliary care homes and residential care homes.

Definition: An Assisted Living Program is a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination thereof to meet the needs of residents who are unable to perform, or who need assistance in performing, the activities of daily living, or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the residents.

Facility Scope of Care: Facilities may provide one of three levels of care: low, moderate, or high. The levels of care are defined by varying service requirements pertaining to health and wellness, assistance with functioning, assistance with medication and treatment, management of behavioral issues, management of psychological or psychiatric conditions, and social and recreational concerns. A level of care waiver, though subject to several limitations, may be granted. If a facility continues to serve a resident requiring a higher level of care than that for which the facility is licensed or requiring care above level three, a waiver may be granted.

Medication Management: Medication may be administered by staff who complete a medication administration course. Staff who cue, coach, and monitor residents who self-administer medications with or without assistance must complete training courses offered by the Department.

Physical Plant Requirements: Private rooms must provide a minimum of 80 square feet of functional space and double occupancy rooms must provide a minimum of 120 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Toilets with locks must be provided to residents. Facilities with one to eight residents shall have a minimum ratio of one toilet to every four residents. Buildings with nine or more residents shall have a minimum ratio of one toilet to every four residents. There must be a minimum of one bathtub or shower to every eight residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An assisted living manager must be on site or available on call. On-site staff must be sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents.

Administrator Education Training: The assisted living manager must be at least 21 years of age and possess a high school diploma or equivalent.

Staff Education/Training: Staff must be at least 21 years of age (unless supervised on site at all times by another staff person who is at least 21 years of age) and must have the ability to provide the services listed for each level of care.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Massachusetts

Agency: Executive Office of Elder Affairs

Phone Number: 617/727-7750

Contact Name: Naren Dhamodharan

Contact Phone Number: 617/222-7465

Licensure Term: Assisted Living Residences

Opening Statement: Regulations went into effect in January 1996.

Definition: An Assisted Living Residence is any entity that provides room and board and provides or arranges for personal care services and activities of daily living for three or more adults.

Facility Scope of Care: The facility shall provide for the supervision of and assistance with activities of daily living and instrumental activities of daily living.

Medication Management: Self-administration of medication is permitted.

Physical Plant Requirements: Facilities must provide either single- or double-occupancy resident units with lockable doors and either a kitchenette or access to cooking facilities. Units constructed after 1995 must also provide a private bathroom equipped with one lavatory, one toilet, and one bathtub or shower stall.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: For facilities constructed after 1995, each living unit must provide a private bathroom equipped with one lavatory, one toilet, and one bathtub/shower. All other residences must provide a private half-bathroom for each living unit equipped with one lavatory and one toilet, and at least one bathing facility for every three residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: The facility must have a manager and service plan coordinator on staff. A staff person must be on the premises 24 hours a day.

Administrator Education Training: The manager of a facility must be at least 21 years of age, hold a bachelors degree or have equivalent experience in human services, housing, or nursing home management, and have administrative experience and supervisory and management skills.

Staff Education/Training: Personal care staff must be licensed nurses, CNAs, certified home health aides, or qualified personal care homemakers or complete a 54-hour training course. The service coordinator must have at least two years' experience working with the elderly or disabled and must hold a bachelors degree or have equivalent experience and knowledge of aging and disability issues. All staff who have direct contact with residents must receive a six-hour orientation.

Continuuing Education (CE) Requirements: All staff must complete at least six hours of continuing education per year.

Entity Approving CE Program: N/A



Michigan

Agency: Department of Consumer and Industry Services

Phone Number: 517/373-8562

Contact Name: Walt Wheeler

Contact Phone Number: 517/241-2632

Licensure Term: Homes for the Aged

Opening Statement: There have been no changes to the regulations since 1994. Assisted living task force meetings were held from September 1997 to June 1998, during which the Department planned to formulate recommendations on unlicensed and unregulated assisted living facilities. A final report of recommendations is due Fall 1998.

Definition: A Home for the Aged is a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility, that provides room, board, and supervised personal care to 21 or more unrelated, nontransient individuals who are 60 years of age or older.

Facility Scope of Care: Facilities may provide assistance with activities of daily living.

Medication Management: If the facility decides to administer medication, it must have a safe and sound medication administration system to protect residents from accidents or injuries from improper, inappropriate, or unsafe medication administration. Only licensed personnel can accept verbal medication orders from physicians. Licensed nurses may administer injectible medication and registered nurses may delegate nursing function (e.g., insulin injections) to unlicensed personnel. Trained, unlicensed personnel may also assist residents who self-administer medication.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet for existing buildings and 100 square feet for new construction. Multiple-occupancy resident units must provide a minimum of 70 square feet per resident for existing buildings and 80 square feet per resident for new construction.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: There must be one toilet for every eight residents per floor, and one bathing facility for every 15 residents.

Alzheimer's Unit Requirements: Specialized programs of care, such as Alzheimer's units require a special program, environment, and staffing to meet the needs of these residents.

Staffing Requirements: Facilities must have an administrator and one awake supervisor of resident care on duty at all times, and a sufficient number of attendant personnel to meet the personal care needs of the residents.

Administrator Education Training: Administrators must be competent and at least 21 years of age.

Staff Education/Training: All staff in supervisory positions must be at least 21 years of age. All staff must go through training to learn how to work with the population for which they are caring.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Minnesota

Agency: Department of Health

Phone Number: 651/643-2156

Contact Name: Maggie Friend

Contact Phone Number: 651/643-3615

Licensure Term: Housing with Services Establishments

Opening Statement: In 1995 the legislature separated housing from services, requiring a facility to obtain a home care license in order to provide health-related services (e.g. medication administration). Minnesota then created a registration category called Housing with Services Establishments that applies to facilities that provide sleeping accommodations to residents ages 55 or older and one or more health-related services or two or more supportive services. Minnesota has a number of home health licensure categories, two of which are appropriate for the Housing with Services Establishments setting. A third category, "Assisted Living Home Care Provider," is most appropriate for this setting.

Definition: Housing with Services Establishments provide sleeping accommodations to one or more adult residents, at least 80 percent of whom are 55 years of age or older. These facilities offer or provide, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services.

Facility Scope of Care: The facility may only provide housing, food, activities and transportation to non-medical appointments.

Medication Management: Home care licensure laws must be referenced.

Physical Plant Requirements: Facilities must comply with local building codes. There are no specific square footage requirements specified in the regulations.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Not specified.

Administrator Education Training: Not specified.

Staff Education/Training: Not specified.

Continuing Education (CE) Requirements:

N/A

Entity Approving CE Program: N/A



Mississippi

Agency: Department of Health, Health Facilities Licensure and Certification Division

Phone Number: 601/354-7300

Contact Name: Dale Carr

Contact Phone Number: 601/354-7300

Licensure Term: Personal Care Homes

Opening Statement: A committee will begin to draft revisions to these regulations in 1999.

Definition: Personal Care Homes are homes or institutions that give personal care to aged or infirm, ambulant residents who are not in need of nursing care.

Facility Scope of Care: Facilities may provide assistance with activities of daily living that may extend beyond providing shelter, food, and laundry. Assistance may include, but is not limited to: bathing, walking, toileting, feeding, personal grooming, dressing, and financial management.

Medication Management: Facilities may provide assistance with the self-administration of medication.

Physical Plant Requirements: Private and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Separate toilet and bathing facilities shall be provided on each floor for each sex in the following ratios as a minimum: one bathtub/shower for every 12 or fewer residents; and one lavatory and one toilet for every 6 or fewer residents.

Alzheimer's Unit Requirements: Facilities are only permitted to house persons with up to stage II Alzheimer's disease.

Staffing Requirements: A full-time operator must be designated to manage the facility. Another staff person with the same qualifications as the operator must be present to represent the operator in his/her absence. There must be one attendant per 10 residents from 7:00 a.m. to 6:00 p.m. and sufficient staff on hand to meet the personal care needs of residents at all other times.

Administrator Education Training: Operators must be at least 21 years of age and must be able to read and write.

Staff Education/Training: Not specified.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Missouri

Agency: Department of Social Services

Phone Number: 573/751-3082

Contact Name: Gary Thompson

Contact Phone Number: 573/526-8554

Licensure Term: Residential Care Facilities

Opening Statement: The regulations have not been revised since 1996.

Definition: Residential Care Facilities I and II provide three or more residents with shelter, board, protective oversight. In addition to these, level II facilities provide supervision and assistance with personal care.

Facility Scope of Care: Residential Care Facilities I and II may provide shelter, board, protective oversight, and care during short-term illness or recuperation. Residential Care Facilities II may provide additional services such as dietary supervision, personal care assistance, and supervision of health care under the direction of a licensed physician.

Medication Management: Administration of medication by licensed or certified personnel is permitted.

Physical Plant Requirements: Private and shared resident units must provide a minimum of 70 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted. One tub or shower shall be provided for every 20 residents and one toilet and lavatory shall be provided for every six residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be employed by the facility and one staff member must be on duty at all times. At a minimum, one employee shall be on duty for every 40 residents.

Administrator Education Training: The administrator of a level II facility must be a licensed nursing home administrator. In a level I facility, the administrator must either be a licensed nursing home administrator or attend at least one continuing education workshop per year. All administrators must complete a course in medication administration.

Staff Education/Training: Staff who administer medication must be certified as a level I Medication Aide, which requires the completion of a 16-hour approved course.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Montana

Agency: Department of Public Health and Human Services, Quality Assurance Division

Phone Number: 406/444-2868

Contact Name: Bonnie Brown

Contact Phone Number: 406/444-2676

Licensure Term: Personal Care Facilities

Opening Statement: The regulations were last updated in June 1995.

Definition: A Personal Care Facility is a home or institution that is licensed to provide personal care to either six or more residents (category A) or fewer than six residents (category B). A limited provision of skilled nursing services is allowed in category A facilities while full services are allowed in category B facilities.

Facility Scope of Care: Category A facilities must provide assistance with activities of daily living and skilled nursing care by contract with a third-party provider. Category B facilities may provide skilled nursing care and assistance with activities of daily living.

Medication Management: Residents who self-medicate must be supervised by facility staff.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Common toilet, bathing and lavatory facilities are permitted. In addition, each resident must have access to a toilet room without entering another resident's room or the kitchen, dining or living areas.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be employed by the facility and at least one staff member must be present on a 24-hour basis. Adequate staff must be present to meet the needs of the residents.

Administrator Education Training: Administrators must have a high school diploma or GED.

Staff Education/Training: Owners of facilities must make sure that uncertified aides receive proper on-the-job orientation and training.

Continuing Education (CE) Requirements: Administrators must complete at least six hours of continuing education per year. If aides are certified, they must receive 15 hours of continuing education per year.

Entity Approving CE Program: N/A



Nebraska

Agency: Department of Health and Human Services, Division of Regulations and Licensure

Phone Number: 402/471-2946

Contact Name: Claire Titus

Contact Phone Number: 402/471-4963

Licensure Term: Assisted Living Facilities

Opening Statement: Regulations were revised in June 1998.

Definition: Assisted Living Facilities provide to four or more unrelated individuals, 24-hour consecutive accommodation, board, and an array of services for assistance with or provision of personal care, activities of daily living, health maintenance activities, or other supportive services.

Facility Scope of Care: The facility may provide personal care, health maintenance activities (i.e., non-complex nursing interventions which can safely be performed according to exact directions), transportation, laundry, housekeeping, financial assistance/management, behavioral management, case management, shopping, beauty/barber and spiritual services.

Medication Management: Residents may self-administer medications. When medication administration is provided by the facility, it must be administered by licensed staff or medication assistants approved by the department.

Physical Plant Requirements: In existing facilities, private resident units must be a minimum of 80 square feet and double-occupancy units must provide a minimum of 60 square feet per resident. In new facilities, private resident units must be a minimum of 80 square feet and double-occupancy units must be a minimum of 160 square feet.

Residents Allowed Per Room: In existing facilities, a maximum of four residents is allowed per resident unit. In new facilities, a maximum of two residents is allowed per resident unit.

Bathroom Requirements: Facilities must provide a bathing facility adjacent to each room or central bathing facilities. In existing facilities, at least one bathing facility must be provided for every 16 residents. In new facilities, one bathing facility must be provided for every eight residents.

Alzheimer's Unit Requirements: Facilities serving special populations must assess each resident to identify his/her abilities and needs, provide specially trained staff, prepare service agreements and provide a physical environment that conforms to and accommodates the special needs.

Staffing Requirements: The facility shall have an administrator who is responsible for the overall management of the facility and who shall ensure staffing appropriate to meet the needs of the residents.

Administrator Education Training: Not specified.

Staff Education/Training: Direct-care staff must complete an initial orientation and ongoing training.

Continuuing Education (CE) Requirements: All staff must complete at least 12 hours of continuing education per year on topics appropriate to the employee's job duties, including meeting the physical and mental special care needs of residents in the facility.

Entity Approving CE Program: N/A



Nevada

Agency: Division of Health, Bureau of Licensure and Certification

Phone Number: 702/687-4475

Contact Name: Sharon Devers

Contact Phone Number: 702/486-6515

Licensure Term: Residential Facilities for Groups

Opening Statement: New regulations for residential facilities for groups became effective January 1998. The regulations establish care categories I and II. Care category I residents are ambulatory and can evacuate with minimal assistance in the event of a fire. Only one wheelchair-bound resident is permitted in unsprinklered facilities in this category. Care category II residents are physically or mentally incapable of evacuation and require the assistance of another person.

Definition: A Residential Facility for Groups is operated 24 hours per day and houses on a 24-hour basis one or more persons who receive care, treatment, and/or services.

Facility Scope of Care: Facilities must provide residents with assistance with activities of daily living and protective supervision. Facilities must also provide medical or personal care, including preparation of food, laundry, and housekeeping.

Medication Management: Direct care staff may administer medication (however, no injections are allowed) upon the completion of an approved training program and passing of an exam.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet of floor space per resident.

Residents Allowed Per Room: A maximum of three residents is allowed per resident unit.

Bathroom Requirements: A toilet and lavatory must be provided for every four residents and a tub or shower must be provided for every six residents.

Alzheimer's Unit Requirements: Eight hours of training is required for staff supervising residents with Alzheimer's. Locked quarters are allowed in Alzheimer's units.

Staffing Requirements: An administrator and a sufficient number of caregivers must be employed by the facility. Facilities with more than 20 residents shall ensure that at least one employee is awake and on duty at all times.

Administrator Education Training: Administrators must be licensed by the Nevada state board of examiners for administrators of facilities for long term care.

Staff Education/Training: Caregivers must be at least 18 years of age; have personal qualities enabling them to understand the problems of the aged and disabled; be able to read, write, speak, and understand English; and possess knowledge, skills, and abilities to meet residents' needs.

Continuuing Education (CE) Requirements: All staff must complete eight hours of continuing education per year. Training must be related to the care of the elderly and, depending upon the facility's population, related to specific populations (e.g., dementia-related training for those who supervise persons with Alzheimer's disease).

Entity Approving CE Program: Bureau of Licensure and Certification



New Hampshire

Agency: Division of Public Health, Bureau of Health Facilities Administration

Phone Number: 603/271-4592

Contact Name: Terry Jarvis

Contact Phone Number: 603/271-4607

Licensure Term: Residential Care Home Facilities

Opening Statement: Revisions to these regulations are being proposed for 1999.

Definition: Residential Care Home Facilities are non-medical and non-institutional, public or privately owned and operated, community-based living arrangements providing shelter, food, and protective oversight to a population of adult, elderly, disabled, special needs, and/or special care residents.

Facility Scope of Care: Facilities may provide protective services including supervision of activities of daily living, nutrition, and medication.

Medication Management: Residents must be able to self-administer medications; however, staff may supervise.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and shared resident units must be a minimum of 140 square feet.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: The number of sinks, toilets, tubs/showers shall be in ratio of one to every six residents

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: All facilities must employ a full-time administrator who shall be responsible for its day-to-day operation. Personnel levels are determined by the administrator based on the services required by residents and the size of the facility (e.g., at least one staff member must be on duty at all times when there are more than four residents in the facility).

Administrator Education Training: Administrators must be at least 21 years of age and have three letters of reference attesting to their knowledge, skills, and ability to run a facility. Administrators of facilities with four to 16 residents must additionally have a high school diploma or equivalent plus one year of work experience in a health or human services field, or an associates degree in a health field. Administrators of facilities with 17 or more residents must additionally have a high school diploma plus five years of direct care experience, an associates degree plus three years experience in a health or human services field, or a bachelor's degree in a health field.

Staff Education/Training: Direct-care staff must be at least 18 years of age. All personnel must have orientation and training in the performance of their duties and responsibilities.

Continuuing Education (CE) Requirements: Administrators must complete a minimum of 12 hours of continuing education per year relating to resident plan of care; characteristics of client disabilities; nutrition, basic hygiene, and dental care; first aid; medication managment; dementia; resident assessment; aging; and resident rights.

Entity Approving CE Program: N/A



New Jersey

Agency: Department of Health, Division of Long Term Care Systems, Development and Quality

Phone Number: 609/633-9060

Contact Name: Chris Temple/Pat Carter

Contact Phone Number: 609/984-8171

Licensure Term: Assisted Living Residences/Comprehensive Personal Care Homes

Opening Statement: New regulations are expected to be published in October 1998. No major revisions are anticipated.

Definition: An Assisted Living Residence provides apartment-style housing and congregate dining and assures that assisted living services are available when needed, for four or more adult persons. There are three categories of assisted living: Assisted Living Residences (new construction), comprehensive personal care homes (converted/residential boarding home which may not meet all building code requirements), and assisted living programs (services provided).

Facility Scope of Care: Facilities provide a coordinated array of supportive personal and health services 24 hours per day, including assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident.

Medication Management: Staff who have completed a medication aid course and passed a certifying exam are permitted to administer medication to residents under the delegation of an RN. The only injections allowed in this case are predrawn insulin injections.

Physical Plant Requirements: Private resident units must provide a minimum of 150 square feet of clear and useable floor area and semi-private resident units must provide a minimum of 80 square feet of clear floor area per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Bathrooms may be shared but a bathroom with a toilet, bathtub/shower, and sink must be located in each resident unit. Additional toilet facilities shall be provided to meet the needs of residents, staff, and visitors to the facility.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be sufficient to meet residents' needs. At least one awake personal care assistant and one additional employee must be on site 24 hours per day. An RN must be available 24 hours per day.

Administrator Education Training: Administrators must be at least 18 years of age and possess a high school diploma or equivalent. Administrators must also either hold a current New Jersey license as a nursing home administrator, be eligible to take the exam to become a licensed nursing home administrator, or complete an approved training course.

Staff Education/Training: Personal care assistants must either successfully complete an approved nurse aide training course, an approved homemaker/home health aide training program, or other equivalent approved training program.

Continuuuing Education (CE) Requirements: Administrators must complete a minimum of 10 hours of continuing education per year relating to assisted living concepts and related topics.

Entity Approving CE Program: The New Jersey Nursing Home Administrators Licensing Board approves courses.



New Mexico

Agency: Department of Health, Health Facilities Licensing and Certification Bureau

Phone Number: 505/827-4200

Contact Name: Roy Weidner

Contact Phone Number: 505/827-4200

Licensure Term: Adult Residential Care Facilities

Opening Statement: Regulations were updated in April 1997.

Definition: An Adult Residential Care Facility provides programmatic services, room, board, assistance with one or more activities of daily living, and/or general supervision to two or more adults who have difficulty living independently or managing their own affairs.

Facility Scope of Care: The facility may provide assistance with activities of daily living and periodic professional nursing care for adults with physical or mental disabilities.

Medication Management: Licensed health care professionals are responsible for the administration of medications. If a resident gives written consent, trained facility staff may assist a resident with medications.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and semi-private resident units must provide a minimum of 80 square feet of floor space per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: A minimum of one toilet, sink, and bathing unit must be provided for every eight residents.

Alzheimer's Unit Requirements: Not specified. However, in the facility's program description and outline of services, it must be specified that it provides care that meets the needs of the residents.

Staffing Requirements: The minimum staff-to-resident ratio is one staff person to 15 or fewer awake residents. When residents are sleeping, there shall be one staff person to every 16-60 residents; two staff persons to every 61-120 residents; and three staff persons to every 120 or more residents.

Administrator Education Training: Administrators must be at least 21 years of age, possess management and administrative skills, and have a high school diploma or equivalent.

Staff Education/Training: Direct-care staff must be at least 18 years of age and have adequate education, training, or experience to provide for the needs of the residents. Staff are required to complete on-going training programs relating to fire safety; first aid; safe food handling practices; confidentiality of records and resident information; infection control; resident rights; reporting requirements for abuse and neglect exploitation; and providing quality resident care based on current resident needs.

Continuuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



New York

Agency: Department of Health

Phone Number: 518/432-2968

Contact Name: Robert Kellenher

Contact Phone Number: 518/432-2968

Licensure Term: Assisted Living Programs

Opening Statement: A complete review of the multiple regulations and categories is underway in New York.

Definition: Assisted Living Programs use existing licensure categories. In order to receive state payment under the assisted living program, a provider must be licensed as an adult home or enriched housing program and be licensed as or contract with a certified home health care agency or a long term home health care program. For the purposes of this summary, the definitions of these categories are as follows: 1) Assisted Living Programs combine residential and home care services. They are designed as an alternative to nursing home placement for individuals who have historically been admitted to nursing homes for social rather than medical reasons. Programs must provide or arrange for resident services, including room, board, housekeeping, supervision, personal care, case management and home health services. 2) Enriched Housing Programs provide long term residential care to five or more adults (mostly age 65 years of age or older), in community integrated settings resembling independent housing units and must provide or arrange for room, board, housekeeping, personal care, and supervision. 3) Adult Care Homes provide long term residential care, room, board, housekeeping, personal care, and supervision to five or more adults.

Facility Scope of Care: Adult Care Homes and Enriched Housing Programs can provide supervision, personal care, housekeeping, case management, activities, food service, and assistance with medication.

Medication Management: Assistance with self-administration of medication is permitted in facilities. This includes prompting, identifying the medication for the resident, bringing the medication to the resident, opening containers, positioning the resident, and disposing of used supplies.

Physical Plant Requirements: Assisted Living Programs must comply with the relevant requirements under which the contracting facility is licensed. Enriched Housing Programs must provide single occupancy units, unless residents want to share. Adult Care Homes may provide either single- or double-occupancy resident units.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Enriched Housing Programs must provide a toilet, lavatory, shower, or tub for every three residents. Adult Care Homes must provide one toilet and lavatory for every six residents and one tub/shower for every 10 residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Adult Care Homes must have a case manager and have staffing that is sufficient to provide the care needed by residents. The regulations list specific staffing ratios (e.g., one staff person for one to 40 residents during the day, evening, and night).

Administrator Education Training: Administrators generally must be at least 21 years of age, have a master's degree in social work and one year experience, or a bachelor's degree and three years of acceptable experience. Requirements for administrators varies further based on the number of residents in the facility.

Staff Education/Training: Personal care staff of a home health agency must complete a personal care aide or home health aide training course or other approved examination. Enriched housing programs and Adult Care Homes must provide an orientation and in-service training in the characteristics and needs of the population served, resident rights, program rules and regulations, duties and responsibilities of all staff, general and specific responsibilities of the individual being trained, and emergency procedures.

Continuuuing Education (CE) Requirements: Administrators not holding a current New York license as a nursing home administrator must complete a minimum of 60 hours of continuing education every two years.

Entity Approving CE Program: N/A



North Carolina

Agency: Department of Human Resources, Facilities Services

Phone Number: 919/733-6650

Contact Name: Doug Barrick/Betty Callahan

Contact Phone Number: 919/733-6650

Licensure Term: Assisted Living Residences

Opening Statement: Legislation passed in July 1995 that established an umbrella term of "assisted living" which includes "adult care homes" and "Multi-Unit Assisted Housing with Services" (MAHS).

Definition: Assisted Living Residences provide group housing with at least one meal per day and housekeeping. Personal care services are provided by agreement with a licensed home care or hospice agency. There are two types of assisted living residences: MAHS and Adult Care Homes. Adult Care Homes are further categorized as Family Care (housing two to six residents), Group Homes for Developmentally Disabled Adults (housing two to nine developmentally disabled adult residents, or Homes for the Aged (housing seven or more residents). This summary briefly discusses the differences between the two types of Assisted Living Residences.

Facility Scope of Care: In a MAHS, housing and assistance with coordination of personal and health care services through licensed home care agencies is permitted. In Adult Care Homes, housing, personal care, and health care services may be provided by staff or through licensed home care agencies. Adult Care Homes also have a provision for 24-hour staff monitoring and supervision of residents.

Medication Management: In a MAHS, assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse. Adult Care Homes require that medications be administered by designated, trained staff.

Physical Plant Requirements: In Adult Care Homes, private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: In Adult Care Homes, a maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathroom and toilet facilities are permitted in Adult Care Homes as long as one toilet and hand lavatory is provided for every five residents and a tub or shower is provided for every 10 residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing requirements in Adult Care Homes vary depending upon the numbers of residents (e.g., facilities with 12 or fewer residents must ensure that an administrator or supervisor-in-charge is in the facility or within 500 feet of the facility and immediately available).

Administrator Education Training: Administrators must complete an approved on the job training program or have appropriate education, training, and experience.

Staff Education/Training: Staff in Adult Care Homes who perform or directly supervise staff who perform personal care tasks must complete either a 40-hour or 75-hour training program, depending upon the level of care tasks for which they are responsible.

Continuuing Education (CE) Requirements: All administrators must complete 15 hours of continuing education per year and supervisors in charge must complete 12 hours of continuing education per year.

Entity Approving CE Program: There is an internal approval system for adult care facilities with an application process.



North Dakota

Agency: Department of Health, Division of Health Facilities

Phone Number: 701/328-2352

Contact Name: Darlene Bartz

Contact Phone Number: 701/328-2352

Licensure Term: Basic Care Facilities

Opening Statement: North Dakota is conducting pilot projects with the intent of reforming current policy. Because the legislature meets bianually, changes to the regulations are not expected to become effective until 2001.

Definition: A Basic Care Facility provides room and board to five or more individuals who, because of impaired capacity for independent living, require health, social, or personal care services, but do not require regular 24-hour medical or nursing services.

Facility Scope of Care: The facility may provide assistance with activities of daily living, defined as prompting, encouragement, or minimal hands-on assistance. It shall provide personal care services to assist residents to attain and maintain their highest level of functioning consistent with the resident assessments and care plans.

Medication Management: Unlicensed staff may administer medication except for "as needed" controlled prescription drugs. In Spring 1997, a medication administration bill was passed allowing for the administration of limited medications by unlicensed personnel. This provision requires training and monitoring for those personnel where care is provided by the supervision of a RN.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet; semi-private resident units must provide a minimum of 80 square feet per resident; and multiple-occupancy resident units must provide a minimum of 70 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Common toilets, lavatories, and bathing facilities are permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: A full-time administrator, personal care aides, activities director, and social services employee must be on staff.

Administrator Education Training: Administrators must have a bachelor's degree and a nursing home administrator license or high school diploma and three years of experience in the health or human services field.

Staff Education/Training: Personal care aides must have in-service training.

Continuuuing Education (CE) Requirements: Administrators must complete at least 12 hours of continuing education per year relating to care and services for residents.

Entity Approving CE Program: N/A



Ohio

Agency: Department of Health, Special Projects Section

Phone Number: 614/752-2761

Contact Name: Sandra Williams

Contact Phone Number: 614/466-7713

Licensure Term: Residential Care Facilities

Opening Statement: Residential Care Facilities (formerly known as Rest Homes) regulations were amended in June 1997.

Definition: Residential Care Facilities provide accommodations for 17 or more unrelated individuals, supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, or accommodations for three or more individuals and skilled nursing care services for at least one individual.

Facility Scope of Care: Facilities provide supervision, personal care services, administer medication, supervise special diets, and perform dressing changes. Facilities may also provide up to 120 days of nursing services on a part-time, intermittent basis.

Medication Management: Residents must either be capable of self-administering medications or the facility must provide for medication administration by a home health agency, hospice, or qualified staff person (e.g., registered nurse, licensed practical nurse, and physician). Trained, unlicensed staff may assist with self-administration only if the resident is mentally alert and able to participate in the medication process. Assistance includes reminders, observing, handing medications to the resident, verifying the resident's name on the label, etc. An RN, LPN, or physician must be on duty when medications are being administered.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: One toilet, sink, tub/shower is required for every eight residents. Additionally, if there are more than four persons of one sex to be accommodated in one bathroom on a floor, a bathroom must be provided for each sex residing on that floor.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: A facility must have an administrator who is responsible for its daily operation. At least one staff member must be on duty at all times and sufficient additional staff members must be present to meet the residents' total care needs. Sufficient nursing staff is required to provide needed skilled nursing care. At night, a staff member may be on call if the facility meets certain call signal requirements.

Administrator Education Training: Administrators must be 21 years of age, be licensed as a nursing home administrator, have 2000 hours of direct operational responsibility, complete 100 credit hours of post high school education in the field of gerontology or health care, be a licensed health care professional, or hold a college degree in health.

Staff Education/Training: Staff members providing personal care services must be at least 16 years of age, have first-aid training and complete a specified training program. All staff must be able to understand and communicate job-related information in English and must be appropriately trained to implement residents' rights.

Continuuing Education (CE) Requirements: Administrators must complete nine hours of continuing education in gerontology, health care, business administration, or residential care administration per year.

Entity Approving CE Program: N/A



Oklahoma

Agency: Department of Health, Residential Care Division

Phone Number: 405/271-6868

Contact Name: Leslie Elliot

Contact Phone Number: 405/271-6868

Licensure Term: Assisted Living Centers

Opening Statement: Regulations for assisted living went into effect July 1, 1998 to accommodate those residential care homes that want to provide more nursing services.

Definition: An Assisted Living Center is a home or establishment offering, coordinating, or providing services to two or more persons who by choice or functional impairment, need or may need assistance with personal care or nursing supervision; intermittent or unscheduled nursing care; medication administration; and assistance with transfer and/or ambulation.

Facility Scope of Care: Providers may define their scope of services, admission criteria and the nature of the residents they serve. Facilities may provide assistance with personal care; nursing supervision; intermittent or unscheduled nursing care; medication administration; assistance with cognitive orientation and care or service for Alzheimer's disease and related dementias; and assistance with transfer or ambulation.

Medication Management: Medication administration is permitted.

Physical Plant Requirements: Design shall be appropriate to the mental or physical disabilities of the residents served.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Shower and bathing facilities shall not be occupied by more than one resident at a time and no more than four residents may share bath and toilet facilities.

Alzheimer's Unit Requirements: The facility must disclose whether it has special care units. If it does, it must outline the scope of services provided within the unit and specific staffing to address the needs of the population.

Staffing Requirements: Each facility shall designate an administrator responsible for its operation. Facilities shall provide adequate staffing as necessary to meet the services described in the facility's contract with each resident. Dietary and nurse staffing shall be provided or arranged.

Administrator Education Training: An administrator must either hold a nursing home administrator's license, a residential care home administrator's certificate of training, or a nationally recognized assisted living certificate of training and competency.

Staff Education/Training: All staff shall be trained to meet the specialized needs of residents. Direct care staff shall be trained in first aid and CPR.

Continuuing Education (CE) Requirements: Administrators must complete 16 hours of continuing education per year.

Entity Approving CE Program: N/A



Oregon

Agency: Department of Human Resources, Senior and Disabled Services

Phone Number: 503/945-6411

Contact Name: Dennett Taber

Contact Phone Number: 503/945-5793

Licensure Term: Assisted Living

Opening Statement: Oregon is drafting revised Assisted Living regulations that are expected to be effective in early 1999.

Definition: Assisted Living is a program approach that provides or coordinates a range of services for the support of resident independence in a residential setting.

Facility Scope of Care: To encourage aging in place, needed services are added, increased, or adjusted to compensate for a decline in a resident's condition.

Medication Management: Medication may be administered by specially trained unlicensed personnel. In addition, Oregon applies nurse delegation rules to these regulations.

Physical Plant Requirements: Newly constructed private resident units must be a minimum of 220 square feet (not including the bathroom) and must include a kitchen. Resident units may only be shared through waivers considered on a case-by-case basis. Other extensive physical plant requirements apply.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Private bathrooms are required.

Alzheimer's Unit Requirements: A facility that advertises that it provides care to residents with Alzheimer's must apply to the state for an Alzheimer's Special Care Unit Endorsement.

Staffing Requirements: An administrator must be employed by the facility.

Administrator Education Training: The administrator is required to complete a 40-hour assisted living internship in an approved program.

Staff Education/Training: Direct-care staff must complete a training course and must demonstrate competency in provision of services and principles of assisted living.

Continuuig Education (CE) Requirements: Administrators must complete 20 hours of continuing education per year.

Entity Approving CE Program: N/A



Pennsylvania

Agency: Department of Public Welfare, Division of Personal Care Homes

Phone Number: 717/783-8391

Contact Name: Pat Post

Contact Phone Number: 717/783-8391

Licensure Term: Personal Care Homes

Opening Statement: While there is no Medicaid funding available for Personal Care Homes, Pennsylvania does provide a state supplement to Supplemental Security Income (SSI) for residents in these types of facilities. There is a movement within Pennsylvania to regulate "assisted living," and recommendations have been made to introduce some form of Medicaid funding (not a separate entitlement program) for "assisted living."

Definition: A Personal Care Home provides food, shelter, and personal assistance or supervision for four or more adults who do not need nursing home care. Residents may require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation, and medication prescribed for self-medication.

Facility Scope of Care: The facility may provide assistance with activities of daily living and self-administered medications.

Medication Management: Personnel can offer assistance with self-administered medications.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathing and lavatory facilities are permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator or designee must be on the premises 24 hours per day. Sufficient staff must be present to provide one hour of personal care per day, 75 percent of which should be given during waking hours, for each resident requiring personal care. At least one CPR-certified staff member must be on the premises at all times.

Administrator Education Training: An administrator must have a high school diploma or GED and have completed a 40-hour approved training course.

Staff Education/Training: Direct-care staff must complete facility training in specified areas.

Continuuig Education (CE) Requirements: Administrators must complete six hours of continuing education through a recognized training source annually.

Entity Approving CE Program: N/A



Rhode Island

Agency: Department of Health Facilities, Regulation Division

Phone Number: 401/222-4531

Contact Name: Arthur Pullano

Contact Phone Number: 401/222-4535

Licensure Term: Residential Care and Assisted Living Facilities

Opening Statement: The regulations have not been amended since March 1996.

Definition: A Residential Care and Assisted Living Facility is a residence that provides directly or indirectly personal assistance, lodging, and meals to two or more adults who do not require medical or nursing care.

Facility Scope of Care: Facilities may provide assistance with activities of daily living, arrange for support services, and monitor residents' recreational, social, and personal activities. Residents requiring more intensive services must move to a nursing facility.

Medication Management: Facilities are further classified by the degree to which they manage medications. Level M1 licensed facilities may serve residents who require that the facility centrally store and have licensed personnel administer medications. Residents may receive assistance with the self-administration of medications in a level M2 facility.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet in area and eight feet wide and semi-private resident units must be a minimum of 160 square feet in area and 10 feet wide.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: The facility shall provide a minimum of one bath per 10 residents and one toilet per eight residents.

Alzheimer's Unit Requirements: If facilities offer to provide or provide care for residents with Alzheimer's disease or other dementia, by means of a special care unit, they must disclose the form of care or treatment provided. The information disclosed must explain the additional care that is provided in philosophy; pre-admission, admission and discharge; assessment, care planning and implementation; staffing patterns and training ratios; physical environment; and resident activities.

Staffing Requirements: Each facility shall have a certified administrator. A responsible adult must be on the premises at all times. All facilities must provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being of the residents.

Administrator Education Training: To be certified, administrators must complete a 40-hour approved training course.

Staff Education/Training: For each job specification, staff must have the appropriate orientation and training.

Continuuuing Education (CE) Requirements: Administrators must complete 16 hours of continuing education per year.

Entity Approving CE Program: N/A



South Carolina

Agency: Department of Health and Environmental Control, Division of Health Licensing

Phone Number: 803/737-7236

Contact Name: Sandra Jones

Contact Phone Number: 803/737-7236

Licensure Term: Community Residential Care Facilities

Opening Statement: Regulations have been in effect since 1991. In 1996, South Carolina began to study assisted living and continues to do so.

Definition: A Community Residential Care Facility offers room and board and a degree of personal assistance for a period of time in excess of 24 consecutive hours for two or more persons. Facilities offer a beneficial or protected environment specifically for the mentally ill or drug addicted or alcoholic, and provide specific procedure or process for the cure or improvement of that disease or condition.

Facility Scope of Care: Facilities may assist residents with activities of daily living, including making appointments and arranging transportation that is necessary in order for the resident to receive the supportive services required in the care plan. Facilities must also be aware of residents' general whereabouts and monitor activities of residents to ensure health, safety and well-being.

Medication Management: Medication administration by unlicensed staff is permitted.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: One toilet is required for every eight residents and one tub/shower is required for every 10 residents.

Alzheimer's Unit Requirements: The rules have recently been amended to require certain facilities offering special care units or programs for residents with Alzheimer's disease to disclose the form of care or treatment provided that distinguishes it as being especially suitable for the resident requiring special care.

Staffing Requirements: An administrator must be in charge of all functions and activities of the facility and must be available and responsible within a reasonable time and distance. There must be at least one staff person for every 10 residents during all periods of peak resident activity. During nighttime hours, at least one staff member must be on duty for every 44 residents.

Administrator Education Training: Administrators must have a high school education or equivalent.

Staff Education/Training: Staff must complete in-service training programs that include training in basic first aid; fire protection; medication administration and management; care of persons who may have contagious, communicable, or sexually transmitted diseases; and, licensing regulations. In-service training must be provided on a continuing basis and not less than annually.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year. Courses must meet domains of practice.

Entity Approving CE Program: The South Carolina Board of Long Term Care Administrators (803/896-4544) approves continuing education courses, however, courses are automatically approved if they are NAB-approved.



South Dakota

Agency: Department of Health, Office of Health Care Facilities Licensure and Certification

Phone Number: 605/773-3364

Contact Name: Alan Baldwin

Contact Phone Number: 605/773-5726

Licensure Term: Assisted Living Centers

Opening Statement: Regulations were most recently revised July 1998.

Definition: Assisted Living Centers are defined as any institution, rest home, boarding home, place, building, or agency which is maintained and operated to provide personal care and services which meet some need beyond basic provision of food, shelter, and laundry to five or more persons in a free-standing, physically separated facility.

Facility Scope of Care: Facilities must provide supportive services, activities, and services to meet the spiritual needs of residents. Facilities must also provide for the availability of physician services.

Medication Management: Facilities that admit or retain residents who require administration of medications must employ or contract with a licensed nurse. Unlicensed staff must receive annual training for medication administration.

Physical Plant Requirements: Private resident units must be a minimum of 95 square feet and shared resident units must provide a minimum of 75 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be responsible for the daily overall management of the facility. There must be a sufficient number of qualified, awake personnel to provide effective care.

Administrator Education Training: Administrators must hold a high school diploma or equivalent and complete a training program and competency evaluation.

Staff Education/Training: All staff must complete a formal orientation and ongoing education program covering such issues as emergency procedure, accident prevention, proper use of restraints, etc.

Continuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Tennessee

Agency: Department of Health, Division of Health and Environment

Phone Number: 615/741-7221

Contact Name: Bobbie Wood or Marta Forte

Contact Phone Number: 615/741-7188 or 615/741-7484

Licensure Term: Assisted-Care Living Facilities

Opening Statement: The regulations became effective on April 25, 1998.

Definition: An Assisted-Care Living Facility is a building, establishment, complex, or distinct part which accepts residents for domiciliary care and non-medical assistance, and medical assistance as prescribed by the resident's treating physician, limited to the extent such orders can be provided by a home care organization.

Facility Scope of Care: The facility may provide protective care and supervision to residents, assistance with medications, and assistance with all activities of daily living.

Medication Management: Medication shall be self-administered, or administered by a licensed professional. The facility may assist residents with medication, including reading labels, reminders, and observation.

Physical Plant Requirements: A minimum of 80 square feet of bedroom space must be provided to each resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Each toilet, lavatory, bath, or shower shall serve no more than six residents.

Alzheimer's Unit Requirements: Facilities are permitted to have secured Alzheimer's units and can retain residents up to the last stages of Alzheimer's disease.

Staffing Requirements: Facilities must employ an administrator, an identified responsible attendant, and a sufficient number of staff to meet the needs, including medical services as prescribed, of the residents. A licensed nurse must be available as needed.

Administrator Education Training: Administrators must hold a high school diploma or equivalent.

Staff Education/Training: The responsible attendant and direct care staff must be at least 18 years of age.

Continuuig Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year in courses related to Tennessee rules and regulations, health care management, nutrition and food service, financial management, and healthy lifestyles.

Entity Approving CE Program: N/A



Texas

Agency: Department of Human Services

Phone Number: 512/438-3011

Contact Name: Bevo Morris

Contact Phone Number: 512/438-2363

Licensure Term: Personal Care Facilities

Opening Statement: Revised Personal Care Standards went into effect August 1998 and new Alzheimer's Personal Care standards are expected to be effective in Fall 1998.

Definition: Personal Care Facilities (PCFs) may provide assistance with activities of daily living. There are two types of PCFs that are closest to the universal definition of assisted living. In a type A PCF, a resident must be mentally capable of evacuating the facility unassisted in the event of an emergency; may not require routine attendance during sleeping hours; and must be capable of following directions. In a type B PCF, a resident may require staff assistance to evacuate; be incapable of following directions under emergency conditions; require attendance during sleeping hours; or, not be permanently bedfast, but may require assistance in transferring to and from a wheelchair.

Facility Scope of Care: Facilities may provide assistance with activities of daily living, assist with the administration and management of medication, but may not provide nursing care.

Medication Management: Residents who choose not to or cannot self-administer medication must have medication administered by a person who: holds a current license to administer medication; holds a current medication aide permit (this person must function under the direct supervision of a licensed nurse on duty or on call); or is an employee of the facility to whom the administration of medication has been delegated by a RN.

Physical Plant Requirements: In type A PCFs, private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident. In type B PCFs, private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident. The regulations list extensive fire safety requirements under Chapter 21 of the NFPA Life Safety Code, "Residential Board and Care Occupancies." Type A PCFs are classified as "slow" evacuation and type B PCFs are classified as "impractical" evacuation capability.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: All bedrooms must be served by separate private, connecting, or general toilet rooms for each sex. A minimum of one water closet, lavatory, and bathing unit must be provided on each sleeping floor. One water closet and one lavatory for every six residents and one tub or shower for every ten residents is required.

Alzheimer's Unit Requirements: Any facility which advertises that it provides specialized care for persons with Alzheimer's disease must provide a disclosure statement that describes the nature of its care or treatment of residents with Alzheimer's disease.

Staffing Requirements: Each facility must designate a manager to have authority over its operation. A facility must have sufficient staff to maintain order, safety, and cleanliness; assist with medication regimens; prepare and service meals; assist with laundry; provide supervision and care to meet basic needs; and ensure evacuation in case of an emergency. The new regulations do not create specific staff-to-resident ratios, however, facilities must post staffing patterns monthly.

Administrator Education Training: Managers must have a high school diploma or certification of equivalency of graduation.

Staff Education/Training: Full-time facility attendants must be at least 18 years of age or hold a high school diploma. The regulations list specific training requirements for licensed nurses, nurse aides, and medication aides.

Continuuuing Education (CE) Requirements: Managers must complete 12 hours of continuing education per year in courses related to at least two of the following areas: resident and provider rights and responsibilities, abuse/neglect, and confidentiality; basic principles of supervision; skills for working with residents, families, and other professional service providers; resident characteristics and needs; community resources; accounting and budgeting; first aid; and federal laws, such as the Americans With Disabilities Act and Fair Housing Act.

Entity Approving CE Program: N/A



Utah

Agency: Department of Health, Bureau of Health Facilities Licensure

Phone Number: 801/538-6152

Contact Name: Debra Wynkoop-Green

Contact Phone Number: 801/538-6152

Licensure Term: Assisted Living Facilities

Opening Statement: The regulations summarized below have been in effect since July 1995. Revised regulations are expected to be published Fall 1998.

Definition: Assisted Living Facilities are home-like and provide an array of 24-hour coordinated supportive personal and health care services.

Facility Scope of Care: Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, administration, and assistance with self-administration of medication, and arrange for necessary medical and dental care. Facilities may provide intermittent nursing care.

Medication Management: Licensed staff may administer medication and unlicensed staff may assist with self-medication.

Physical Plant Requirements: Private resident units (without living rooms, dining areas, or kitchens) must be a minimum of 120 square feet and double-occupancy resident units must be a minimum of 200 square feet.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Common toilet, lavatory, and bathing facilities are permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Facilities must employ an administrator and direct care staff are required on-site 24 hours per day to meet resident needs as determined by assessments and service plans.

Administrator Education Training: Administrators must complete a national certification program and must have either experience, an administrator's license, or a college degree.

Staff Education/Training: All staff must complete orientation to include job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policies and procedures; and report responsibility for abuse, neglect, and exploitation. Staff must also complete extensive inservice training. Personal care staff must be CNAs or complete a CNA training program within four months of employment.

Continuuig Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Vermont

Agency: Department of Aging and Disabilities, Division of Planning and Analysis

Phone Number: 802/241-2425

Contact Name: Heather Johnson-Lamarche

Contact Phone Number: 802/241-2425

Licensure Term: Assisted Living Residences

Opening Statement: Regulations for Assisted Living will be filed with the rules committee in August and are expected to be finalized for implementation in January 1999.

Definition: An Assisted Living Residence is a program which combines housing, health, and supportive services for the support of resident independence and aging in place. Within a home-like setting, a minimum of a private bedroom, private bath, living space, kitchen capacity, and a lockable door are provided.

Facility Scope of Care: The facility must provide services such as, but not limited to, 24-hour staff supervision to meet emergency, scheduled and unscheduled needs; assistance with all personal care activities and instrumental activities of daily living; nursing assessment, health monitoring, routine nursing tasks and intermittent skilled nursing services; appropriate supervision and services for residents with dementia or related issues requiring ongoing staff support and supervision; and medication management, administration and assistance. A resident needing skilled nursing care may arrange for that care to be provided in the facility by a licensed nurse as long as it does not interfere with other residents.

Medication Management: If residents are unable to self-administer medications, they may receive assistance with administration of medications from trained facility staff. If staff are deemed competent by the registered nurse, they may administer "as needed" medications.

Physical Plant Requirements: Private resident units must be a minimum of 225 (160 in pre-existing structures) square feet, excluding bathrooms and closet. Each resident unit shall include a private bedroom, private bathroom, living space, kitchen capacity, adequate space for storage, and a lockable door. Units may be shared by resident choice only.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staff must have access to the director and/or designee at all times. At least one personal care assistant shall be on site and available 24 hours per day to meet residents' scheduled and unscheduled needs. On-site trained staff must be available in sufficient number to meet the needs of each resident. A registered or licensed practical nurse must be on site as necessary to oversee service plans.

Administrator Education Training: The director must be at least 21 years of age and have demonstrated experience in a gerontological field.

Staff Education/Training: All staff providing personal care must be at least 18 years of age. All staff must be oriented to the principles of assisted living and receive training on an annual basis regarding the provision of services in accordance with the resident-driven values of assisted living. All staff providing personal care must receive training in the provision of personal care activities (e.g., transferring, toileting, infection control, Alzheimer's, and medication assistance and administration).

Continuing Education (CE) Requirements: Directors/administrators must complete 20 hours of continuing education per year in courses related to assisted living principles and the philosophy and care of the elderly and disabled individuals. All personal care services staff must receive 24 hours of continuing education in courses related to Alzheimer's disease, medication management and administration, behavioral management, documentation, transfers, infection control, toileting, bathing, etc. A program for approving courses will be set up in early 1999.

Entity Approving CE Program: To be determined in 1999.



Virginia

Agency: Department of Social Services, Division of Licensing Programs

Phone Number: 804/692-1786

Contact Name: Judy McGreal

Contact Phone Number: 804/692-1792

Licensure Term: Adult Care Residences

Opening Statement: The regulations were last updated in February 1996.

Definition: An Adult Care Residence is a place, establishment, or institution, public or private, providing care to four or more adults who are aged, infirm, or disabled and who are cared for in a primarily residential setting. "Assisted Living" is a level of service provided in an Adult Care Residence for adults who may have physical or mental impairments and require assistance with two or more activities of daily living.

Facility Scope of Care: The facility may provide assistance with activities of daily living and may restrain residents if necessary.

Medication Management: Medication may be administered by staff who have successfully completed a Board of Nursing approved medication training program or who are licensed to administer medications.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Common toilets, lavatory, and bathing facilities are permitted.

Alzheimer's Unit Requirements: The regulations cover facilities caring for adults with serious cognitive deficits. At least two direct care staff members must be in the building at all times and doors leading to the outside shall have a system of security monitoring. Free access to an indoor walking corridor or other areas used for walking must be provided.

Staffing Requirements: The facility must employ an administrator and staff sufficient to provide services to maintain the physical, mental, and psychosocial well-being of each resident. If assisted living services are provided, a licensed health care professional must be on site at least quarterly to provide health care oversight and nursing staff must be present to meet residents' skilled nursing needs.

Administrator Education Training: Administrators in facilities with assisted living must be at least 21 years of age and have a high school education or GED and two years post secondary education and one year administrative experience in caring for adults with mental or physical impairments in a group care facility.

Staff Education/Training: Direct-care staff in facilities with assisted living must complete a CNA or other specified training program.

Continuing Education (CE) Requirements: Administrators must complete 20 hours of continuing education annually. Direct care staff must complete eight hours (for residential living settings) or 12 hours (for assisted living settings) of continuing education per year, depending upon the level of care at the facility. Courses should be related to the management or operation of a residential care facility and should be related to the population residing in the facility (e.g., courses related to mental impairments if population is mentally impaired).

Entity Approving CE Program: N/A



Washington

Agency: Aging and Adult Services Administration

Phone Number: 360/493-2556

Contact Name: Harry Sedies

Contact Phone Number: 360/493-2556

Licensure Term: Boarding Homes/Assisted Living

Opening Statement: Washington has experienced a shift in Boarding Home licensure from the Department of Health to the Department of Social and Health Services. Boarding homes receiving Medicaid reimbursement must also comply with WAC 388-110 (not summarized).

Definition: A Boarding Home/Assisted Living Facility is any home or institution, however named, which is advertised, announced or maintained for the express or implied purpose of providing board and domiciliary care to three or more aged persons not related by blood or marriage to the operator.

Facility Scope of Care: Facilities may provide basic domiciliary care, general health supervision, and assistance with: self-administration of medications; following prescribed diets and activity regimes; making and keeping appointments for health care services; maintaining personal hygiene; obtaining and maintaining functional aids; arranging for social, recreational and religious activities; resident mobility; and incontinence care. Facilities may provide or supervise limited nursing services, such as insertion of catheters; routine ostomy care; enemas; uncomplicated routine colostomy and urethral care; care of superficial wounds; and assistance with glucometer testing.

Medication Management: Residents are categorized based on the level of assistance needed with medication. Category A residents can self-administer medication or are capable of directing others to administer medication. Category B residents need reminding, guiding, or coaching. Category C residents can not safely self-administer medication and medication may be administered by a nurse or other individual authorized to administer medications in Washington state.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 70 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: One toilet and sink is required for every eight residents and one bath/shower is required for every 12 residents.

Alzheimer's Unit Requirements: If the facility accepts residents with dementia care needs, it must provide qualified staff who are present at all times. Staff must prevent residents from wandering from the facility and the regulations also specify special physical plant requirements, such as slip-resistant floors free of abrupt changes.

Staffing Requirements: The facility must employ an administrator and designate an alternate administrator to be responsible for the overall 24-hour operation of the facility. Sufficient and trained staff must be hired to furnish care to residents, maintain the facility free of safety hazards, and implement fire and disaster plans.

Administrator Education Training: The administrator and designated alternate must be at least 21 years of age and must hold an associate or advanced degree in health, personal care, or business administration; be certified by a department-recognized national accreditation health or personal care organization; have a high school diploma or equivalent and two years experience as a resident-care staff person, including one year of caring for residents representative of the population in the facility; or have held the position of an administrator in a Washington state licensed boarding home or nursing home prior to August 1, 1994.

Staff Education/Training: Resident-care staff must be at least 18 years of age and have current CPR and first aid cards. Facilities must provide staff orientation and appropriate training for expected duties, including: organization of the facility; physical boarding home layout; specific duties and responsibilities; policies, procedures, and equipment necessary to perform duties; and HIV/AIDS education and training.

Continuuug Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



West Virginia

Agency: Department of Health and Human Resources, Office of Health Facilities Licensure and Certification

Phone Number: 304/558-0050

Contact Name: Sandra Daubman

Contact Phone Number: 304/558-0050

Licensure Term: Personal Care Homes

Opening Statement: The regulations were last updated in August 1996.

Definition: A Personal Care Home provides accommodations and personal assistance and supervision for a period of more than 24 hours to four or more persons who may require limited and intermittent nursing care and hospice care.

Facility Scope of Care: The facility may provide assistance with activities of daily living and has the option of providing intermittent nursing services and making arrangements for hospice care.

Medication Management: Licensed staff may administer medication and staff may supervise the self-administration of medication by residents. The use of as needed controlled or prescription drugs that require judgment capabilities beyond the expertise of unlicensed staff is prohibited.

Physical Plant Requirements: Newly constructed double-occupancy resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Common toilet, lavatory, and bathing facilities are permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be on staff and at least one personal care staff member must be present on a 24-hour basis. If nursing services are provided, a registered nurse supervisor and adequate nurse staff must be present. If nursing services are not provided, a registered nurse supervisor must be provided on a weekly basis. Personal care staff-to-resident ratios are dependent on the needs of the residents.

Administrator Education Training: The administrator must be at least 21 years of age and have an associate degree or its equivalent in a related field. If nursing services are provided at the facility, the administrator must also have one year of experience.

Staff Education/Training: Personal care staff must complete an orientation and annual in-service training sessions.

Continuuig Education (CE) Requirements: Administrators must complete at least 10 hours per year of continuing education related to the operation and administration of a personal care home.

Entity Approving CE Program: N/A



Wisconsin

Agency: Department of Health and Social Services, Division of Community Services, Bureau on Aging

Phone Number: 608/266-3878

Contact Name: David Robertson

Contact Phone Number: 608/264-9888

Licensure Term: Residential Care Apartment Complexes

Opening Statement: The Wisconsin statutes were revised in July 1996 to authorize the operation of "assisted living facilities." In September 1997, the name was changed to "residential care apartment complexes" in order to clear up public confusion over certified assisted living facilities and other care facilities using that term in their advertising.

Definition: Residential Care Apartment Complexes provide supportive services (e.g., meals, housekeeping, laundry and access to medical services), personal services/assistance with activities of daily living, and nursing services (e.g., health monitoring, medication administration/management). Facilities may not provide all of these services to five or more adults for more than 28 hours per week.

Facility Scope of Care: Facilities shall provide services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, to meet unscheduled care needs of its tenants and to make emergency assistance available 24 hours a day. At a minimum, facilities must provide: supportive services, including meals, housekeeping, access to medical services; personal services, including daily assistance with all activities of daily living; and nursing services, including health monitoring, medication administration and management.

Medication Management: Medication administration and management shall be performed by or, as a delegated task to unlicensed staff, under the supervision of, a nurse or pharmacist.

Physical Plant Requirements: All resident units must be independent and must provide a minimum of 250 square feet of interior floor space, excluding closets. Multiple occupancy of an independent apartment shall be limited to a spouse or a roommate chosen at the initiative of the resident. Each unit shall have at a minimum a lockable door, a kitchen, an individual bathroom, a sleeping area, and a living area.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be adequate to provide all services identified in the residents' service agreements. A designated service manager must be awake and on duty and be able to be present on short notice.

Administrator Education Training: Service managers must be capable of managing a multi-disciplinary staff.

Staff Education/Training: Tenant care staff must have documented training or experience in the needs and techniques for assistance with activities of daily living. All staff shall have training in fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. Staff providing services to tenants shall have documented training or experience in the physical, functional and psychological characteristics associated with aging and the purpose and philosophy of assisted living.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



Wyoming

Agency: Department of Health, Office of Health Quality

Phone Number: 307/777-7121

Contact Name: Jane Taylor

Contact Phone Number: 309/777-7121

Licensure Term: Assisted Living Facilities

Opening Statement: Regulations went into effect in October 1994 that rename and modify the board and care licensure category. If a board and care facility wishes to provide limited skilled nursing services and medication administration, it may be licensed as an assisted living facility.

Definition: Assisted Living Facilities provide limited nursing care, personal care, and boarding home care; but may not provide rehabilitative care.

Facility Scope of Care: The facility shall provide assistance with transportation; assistance with obtaining medical, dental, and optometric care; assistance in adjusting to group activities; partial assistance with personal care; limited assistance with dressing; minor non-sterile dressing changes; stage I skin care; infrequent assistance with mobility; cuing; limited care to residents with incontinence and catheters (if the resident can care for his/her condition independently); and 24-hour supervision of each resident.

Medication Management: Residents are permitted to self-medicate or receive medication assistance including but not limited to reminders, assistance with removal of cap or medication, and observation.

Physical Plant Requirements: Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit.

Bathroom Requirements: At least one flush toilet and lavatory shall be provided for every two residents and at least one tub or shower shall be provided for every 10 residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing shall be sufficient to meet the needs of all residents. For facilities with 10 or more residents, there shall be at least one staff person on duty and awake at all times. The facility must designate a manager who is responsible for the facility and the 24-hour supervision of residents. There shall be personnel on duty to maintain order, safety, and cleanliness of the premises; prepare and serve meals; assist the residents in personal needs and recreational activities; and meet the other operational needs of the facility. If need dictates, there must be a RN, LPN or CNA on every shift.

Administrator Education Training: The manager must be at least 21 years of age; be familiar with and follow these regulations; be a certified nursing assistant or the equivalent, or otherwise be capable of making informed decisions regarding quality of care.

Staff Education/Training: Not specified.

Continuuing Education (CE) Requirements: N/A

Entity Approving CE Program: N/A



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November 22, 1998

Seattle's Elderly Find a Home for Living, Not Dying

By SARA RIMER

SEATTLE -- It was Saturday night at the Providence-Mount St. Vincent nursing home. Marie Swegle, 96, and her friends on the fifth floor were lingering at the dinner table in their wheelchairs, watching the news. John Glenn had safely returned to Earth.

Mrs. Swegle, who a year before had learned to walk again after falling and breaking her neck, was not overly impressed by the 77-year-old astronaut. Neither was Effie Constantine, at 67 a good 15 years younger than anyone else at the table but crippled by hydrocephalus.

"It's a waste of money, sending him up in space," she said. "Why don't they spend the money to study aging on earth?"

One place to start such a study might be at Providence-Mount St. Vincent, a five-story building surrounded by gardens at the top of a hill overlooking Elliott Bay. The Mount, as those who live there call it, is widely regarded to be what many Americans consider an impossibility: a good nursing home.

That is to say, in an industry freighted with the dread of old age, disability and loneliness, and periodically tainted by scandal and abuse, the Mount has found ways to be a home to people who can no longer care for themselves, to provide a sense of community in a place where no one wants to be, to be a community that is more about living than about dying.

The Mount is a place where Mrs. Swegle finds life sweet enough that she talks about wanting to make it to 100, where her friend down the hall, Vivian Grenfell, 83, who has a painful bone disease, looks forward to Fridays because that is when staff members help her put on her bathing suit and take her to a neighborhood pool so they can help her move her arms and legs in the water. Swimming is making her stronger.

Mrs. Grenfell, a retired dressmaker, belongs to a weekly ladies' luncheon group at the Mount, serves on the ethics committee and writes a column for its newspaper. Things were different at her first nursing home, she said: "You

went in your room, you went in your bed. You didn't do much of anything."

As well as the Mount works, though, it cannot alter the stark realities of aging that its residents confront every day: the spouses, friends and even children outlived, the physical limitations, the loss of independence and control. These are men and women who survived the Depression, who fought in World War II, who worked as farmers, teachers, office managers, bus drivers and engineers, who raised families and ran houses, who now need help to go to the bathroom.

Each floor of the Mount is divided in half, one side nursing home, the other assisted-living apartments for less dependent residents. While some people come here, get well and return home, for most the Mount is the last address. "It's the end of the road," said 84-year-old Ruth Skoog, who grew up, graduated from high school, got married and raised a family in West Seattle at the bottom of the hill, and now, after two strokes, has arrived in Room 317 at the top.

The nursing home's population of 215 men and women is similar to that of most nursing homes: the sickest and most severely disabled elderly. The average age is 88. Eighty percent of the residents suffer from some degree of dementia.

When you are at the Mount, most of what staff members do day in and day out hardly seems extraordinary. The aides, nurses and social workers keep the residents clean and fed, take time to talk and to listen, and treat everyone -- even the most demented -- with respect and dignity. They enliven the atmosphere with the stuff of ordinary life: plants, pets, pictures on the wall, visits from children. This being Seattle, there is a coffee bar. The old enjoy a cup of latte, too.

"It's not rocket science," said Kevin Bail, a social worker who oversees the fifth floor. "It's basic stuff."

As nursing homes change and adapt under the pressure of managed care and Medicaid rules, even the visionary administrator behind the Mount, Robert Ogden, says it would be preferable for nursing homes to cease to exist -- for people to be able to remain at home or in some other setting in their community. And alternatives are increasingly available.

But meanwhile, with nearly half of all Americans who reach 65 expected to spend time in a nursing home, health care professionals are looking to the Mount and a handful of places like it for answers.

Its current administrator, Charlene Boyd, says there is no reason the Mount cannot be duplicated. Money is a factor, she acknowledged; at about \$60,000 a year, the Mount costs about \$10,000 more than the national average. Yet half of its residents depend on Medicaid. Medicaid pays slightly less than the full rate. More important is breaking free of rigid rules and routines that assume residents are helpless.

But if the Mount is the last community for most of its residents, what is possible within a limited budget? How good can the end of the road be?

The Condition: Aging Residents Live With Pain and Loss

"I've got a dilapidating disease," Vivian Grenfell's roommate, Effie Constantine, was explaining to a visitor.

Mrs. Grenfell corrected her: "You mean debilitating."

"Right, debilitating -- that sounds better," Mrs. Constantine said. "But I feel dilapidated."

They are all, in one way or another, debilitated and dilapidated, cut down by strokes, heart disease, Parkinson's, arthritis, osteoporosis, cancer, dementia and the sheer advance of time, dependent on Digoxin, Darvocet, Trazodone, Paxil, Tylenol and for calcium, nearly all of them, Tums. This is the condition that awaits anyone who lives long enough. And with the rapid growth in the 85-and-over population, it is a condition that increasing numbers of people will know. More than 1.5 million Americans live in nursing homes now.

Frances Mara was talking recently about how her father died of influenza in 1918, before he reached 40. Mrs. Mara, who spends her days alone in her room watching CNN, got her annual flu shot a few weeks ago. She is 84.

Though her hands are so bent and stiff from arthritis that she can no longer do the sewing she once enjoyed, a condition that no doubt contributes to her depression, Mrs. Mara never fails to vote, even if she needs help holding the pen to mark her absentee ballot. Voter turnout is high at the Mount.

But these survivors, many of them stoical in the face of enormous pain and loss, win no honor from a society that promotes longevity but at the same time denies death and shuns its emissaries, the frail elderly. "I see people back away from them when we go on trips," said Laurie Thode, a recreational coordinator.

They are not the active senior generation, the attractive silver-haired people celebrated in the media playing golf and going on cruises. The lucky ones among them are those who can walk, with walkers, and those who, as the residents put it, "have all their marbles."

It is easy to lump them together: a group of men and women in wheelchairs, a few staring vacantly, others nodding off. Even those who are fully aware are often unable, because of impairments, to show by expressions or gestures just how alive they are.

Ms. Thode and other staff members take pains to point out each individual. That 92-year old, the one moaning, "oh dear, oh dear," lived in a sod house in Alaska with her husband during World War II. The 81-year-old whose stroke left her struggling to utter a sentence? She once was an international toastmistress. The 83-year-old tethered to a feeding tube, who on some days doesn't know where he is, happens to be a much loved husband and father, who last week sat clutching a letter from his son, telling how his seventh-grade son had just gone to his first school dance with a girl.

"People ask me, how do you do this work day in and day out?" said Susan Scully, the social worker on the second floor. She tells them she enjoys the residents, and she means it -- speaking as a social worker. "Things would be different," she said, "if they were my parents."

The Approach: Respect, Dignity Guide Care at the Mount

Monday morning: The weekly meeting of the third-floor residents was in session in the bird room, a cozy lounge with plush carpeting and big windows and an aviary.

Karla Heath, the registered nurse who oversees the floor, wanted to know if anyone had a complaint. How were the meals? Were they getting up in the morning when they wanted? What about the activities?

The finches were chirping away. The 11 people present -- about a fourth of the floor -- were mostly quiet, as usual. Rose Wilson, 81, did not breathe a word about the third-floor cat, Kit, who had singled out her bed for his afternoon naps; Mrs. Wilson hates cats.

It is not just that the residents are mostly pleased with the Mount, Ms. Heath would explain later. Most have already spent their savings to pay for their care, and are on Medicaid; those who are not will be in a matter of months. There is an underlying fear that if they complain, they might lose the last piece of security they have in the world: their beds here.

Some residents have come from other nursing homes, where they learned what it was like to wait 30 minutes or more for an aide to respond to a call button for a bathroom emergency. (At the Mount, aides must respond within three minutes.) "I just think they are very aware that they are dependent on others," Ms. Heath said.

Pressing on, Ms. Heath asked the group, "What about the food? Are you getting what you want? It's O.K. to ask for something different for breakfast."

Alice Berg, 90, who used to serve coffee and snacks on the state ferry to Vashon Island, volunteered that she had requested toast and orange juice that very morning. For Mrs. Berg, who daily proclaims her delight in every aspect of the Mount, it was an assertive step forward.

Lois Boppell, 87, who was born with cerebral palsy and had a job sorting bolts for Boeing, managed to get out, in her slurred speech, that she would like more fruit.

Lillian Reeder, 85, a retired elementary teacher with a bad heart, also had a request: "I would like more chopped up turkey, chicken and beef. It's easier to swallow."

Consider it done, Ms. Heath assured them.

She ended the meeting with a pep talk: "Everyone's going to go out there and speak up more for what they want, right?"

Seven years ago, the Mount was exactly the sort of place everyone dreaded.

"It was a very traditional nursing home -- very institutional, very cold," said Ogden, who became the administrator in 1990.

The Mount's nursing home was opened by the Sisters of Providence in 1967, the beginning of a mass construction of nursing homes across the country financed by a new Federal health care program for the poor, Medicaid. For lack of any other model, these new institutions, something more than rest homes or old-age homes, were patterned after hospitals.

With Medicaid guaranteeing income, the care of the frail elderly became big business. And the dramatic increase in longevity, combined with the transformation in society brought by increasing mobility and women going to work, meant a growing need for institutional care.

"Nobody ever used to think of putting their grandparents in a nursing home," said Maureen Gladstone, 62, a nurse on the fifth floor whose grandmother lived with her family when she was growing up. "She helped raise us. Then when she got older, we took care of her."

In the old Mount, everything revolved around the staff members and their schedules. The day shift arrived at 6 A.M. and started getting everyone up for breakfast, whether they wanted to or not.

"We didn't know any better," said Ogden, who is now a regional director of long-term care and housing for the Sisters of Providence. "Our definition of care was to protect people to the point where they had no freedom, no dignity. We didn't want them to fall. We didn't want to be hurt by anything. The best thing we could think of to do was to put them away."

State regulators gave the Mount top ratings. That was how things worked in nursing homes, and how they still work in many.

As speculators and profiteers rushed into the business, conditions in the worst nursing homes led to scandals that helped shape Americans' fear of nursing homes. The scandals also prompted Congress to enact the 1987 Nursing Home Reform Law. Conditions slowly began to improve. Some health professionals began to talk about a new way of looking at nursing homes, one stressing the quality of residents' lives.

At the Mount, by then operated by the nonprofit Sisters of Providence Health System, Ogden and his assistant, Charlene Boyd, who has since succeeded him, began working with a team to carry out the new philosophy.

Each floor was divided into "neighborhoods" of about 20 residents each with their own dining room and kitchen. Anyone could get a snack or a cup of coffee at any time. White walls were painted pastel shades and hung with art. Floors were carpeted.

Residents were no longer automatically tied down at night in the name of protecting them. "The nurses came unglued," Ogden said. "They said the patients might fall out of bed. Some did. We picked them up and put them back. They slept better."

Medical diets calibrated down to the last gram of sugar and salt were thrown out or modified. "I went back to the docs and said, 'Does this really matter?'" Ogden said. "They said, 'No, not if you're 85.'"

Supervisory positions were eliminated and the money saved went to hire more aides. For all the innovations, for all the plants, pets and talk of vision, the success of the Mount comes down to the aides. They are the ones who spend the most time with the residents, bathing, dressing, feeding, changing and talking with them.

At night, Ruth Skoog turns to her aide, Gloria Alderman, for comfort. "I say, 'Gloria sing me a song; I don't feel so good,'" Mrs. Skoog said the other evening as Ms. Alderman, who is a gospel singer, fed her a dinner of puréed food, a necessity because of Mrs. Skoog's bowel problems.

In another nursing home, Mrs. Skoog might be classified as a "feeder." To Ms. Alderman and the other aides, Mrs. Skoog is a beauty queen; they all know she won the Miss West Seattle crown when she was 18, and they see to it that her nails are manicured and her lipstick is fresh.

Aides at most nursing homes are paid little more than minimum wage. The Mount pays about \$10 an hour. But pay is just part of the difference. Aides are trained in what the Mount calls "resident-directed care" -- what it means, how to make it work, why the Mount believes in it.

Every aide is part of a team that cares for a specific group of residents. Other staff members, including nurses and social workers, help them when they need help. And aides are recognized throughout the year with gifts, special days and opportunities to attend professional conferences. There is turnover -- about 30 percent a year -- but the average nursing home has 100 percent.

Many of the aides are from Africa and Southeast Asia. They all comment that they never saw a nursing home until they came to America.

"We don't have these kinds of facilities," said Tesfaye Begosa, who is from Ethiopia. "Whenever your parents get old, you just take them to your place."

The Unconventional: Mixing Residents to End Hierarchy

Everyone predicted disaster when Ogden decided to unlock the 56-bed Alzheimer's ward on the fourth floor and mix its residents with everyone else.

"Eighty percent of the social workers walked out," said one aide, Tamara Allen, who vehemently opposed the move but now is so sold on the change that she gives speeches about it at conferences. "We just couldn't imagine how it would be."

That there were problems with the old way, she could not deny. In her trademark speech, she describes the caste system that still operates in many nursing homes: "Independent residents look down on the residents that need help, and they in turn look down on the residents who are confused."

Maureen Gladstone, the nurse, recalled the fears of "the alerts and non-agitateds" -- jargon for those without dementia. "I asked them, 'What is it about them that bothers you?' " she said. "They were afraid they'd be that way. It's like a mirror."

But chaos did not erupt. On the contrary, Alzheimer's patients became less agitated. When those who seemed likely to wander off were fitted with ankle bracelets that would signal when they were leaving, and through which door, "They didn't seem to roam around," Ms. Gladstone said. "Just the idea that they could go wherever they wanted -- they didn't want to anymore."

Unlocking the fourth floor was an effort to eliminate the hierarchy that defines most nursing homes, where floors are organized by disability and impairment, forcing frail elderly people who have already given up their homes and their communities to move again as they decline.

"Everyone was terrified of moving to the fourth floor," Ms. Boyd said.

A Dilemma: Balancing a Range of People's Needs

Vivian Grenfell and Marie Swegle were having dinner with five other residents at their regular table on the fifth floor. The conversation turned to a recent outing to the new Nordstrom's downtown.

"I am not exaggerating, it's the most beautiful store I've ever seen," said Mrs. Swegle, who taught elementary school before she was married, attends mass daily in the Mount's chapel and manages to look regal in her neck brace and collar, accessorized with a string of pearls. "I saw a hat I liked. It had a turned-up brim, and a little bit of red in it. My better sense told me I was getting too old to buy it."

Another woman at the table, who has Alzheimer's, was focused on the corn on her plate. "I just love corn," she repeated several times, with a radiant smile.

"She fits in beautifully," Effie Constantine had said earlier of her tablemate.

At another table, a woman with dementia whose tendency toward foul language has made her something of an outcast was crying out: "Help, I can't walk! Don't undress me! Help!"

"I feel I'm very inadequate," she said imploringly to Tamara Allen, the aide.

Mrs. Allen put her arm around her and stroked her hair. "You're not," she said. "You're fine."

Listened to night after night, the ravings of the unmoored have become the background noise of the fifth floor, like the television that is sometimes left on. Much of it, fortunately, is lost on those residents who are hard of hearing.

"I think it's a good thing they mixed in the Alzheimer's people," Mrs. Swegle volunteered. She recalled a visit she made to the old locked fourth floor. "I went up to see a friend of mine," she said. "It frightened me. One woman came at me with a stick. It's because they had been shut up together for so long. I think it got on their nerves. It's better to be out."

"One of my neighbors came down with Alzheimer's," she added. "She's here. I see her every once in a while. She makes very sensible remarks."

Things have been more difficult on the third floor, where 87-year-old Maxine Christian's dementia causes her to moan and cry out continually.

"What am I going to do about Maxine?" Ms. Heath said the other day in exasperation. She had tried changes in medication, lab tests that might detect a physical problem, music, a rocking chair, art projects with a recreational coordinator, Niki Hopkins.

Ms. Heath had spent hours trying to comfort Mrs. Christian. "What's wrong, Maxine?" she had asked her, over and over. Mrs. Christian, a former artist who can no longer paint, and whose son died of leukemia at age 45, never had an answer.

Ms. Heath said she wished she could give Mrs. Christian a private room, in part to spare her roommate, but private rooms are few and hard to come by at the Mount. In an ideal world, she said, everyone in a nursing home could have a private room.

Now Ms. Heath had summoned Mrs. Christian's husband of 60 years, Ed. Seated at a table in her office, the 86-year-old retired electrician wept as she

told him she had to think of the 40 other residents on the floor. "She's disrupting the community," she said. When it comes to Mrs. Christian, apparently, the residents are not shy about complaining. "They're all saying, 'Can't you do something?'"

"Is she the worst one you've ever had?" he asked.

The answer was no. Ms. Heath, her own eyes watering, put her hand on his arm.

A week or so later, with still no improvement, Ms. Heath said one solution, which she was not crazy about, might be to increase Mrs. Christian's anti-anxiety medication. She did not want to consider the other alternative, discharging Mrs. Christian and leaving her husband to find another nursing home. "We're just going to have to make it work," she said.

The Adjustment: A New Life, With Ups and Downs

Adjusting to a nursing home can be more difficult for those who are not demented.

Six months ago Ruth Skoog, a former freelance writer for The Seattle Times, had an apartment of her own in the assisted-living half of the Mount. She was a big wheel, serving on the all-important food committee and the residents council and joining all the organized outings. Then back-to-back strokes partly paralyzed her and she crossed the hall into the nursing home.

The other evening Mrs. Skoog was at dinner on the third floor. "She's got all her marbles," she said, paying the ultimate compliment to the woman in the wheelchair beside her, Ann Hasslinger, a former marathon runner who, at a youthful 43, has advanced multiple sclerosis.

The same could not be said of many of the women, in their 80's and 90's, around them. "This is appalling," Mrs. Skoog said. "If my husband could see me now, he would die. He hated to visit his own mother in the nursing home."

Mrs. Skoog wishes there were more people she could talk to, and yet she carries on. She questions aides closely about life outside the Mount. Ms. Heath even says her complaining is a sign of health.

As the former Miss West Seattle went off in her wheelchair for her weekly hair appointment, she said, "One has to keep up one's image."

Nursing homes look different to people depending on their age, their health, their stage of life. In their 70's, Dick and Esther Gorman made a pledge: No nursing homes. But when the couple turned 80 together, they began down a path that would lead them to an assisted-living apartment at the Mount -- and the understanding that someday they might move across the corridor, to the nursing home.

In a letter sent to all their friends, Gorman related why they began searching for a final home and what they learned. Their health, "while very good was starting to show signs of changes typical of 80-year-olds," he wrote. "Although we were quite sound organically, it had become apparent we were experiencing some memory loss, loss of energy, occasional confusion."

Visiting retirement communities and assisted-living facilities, including the

Mount, "we found each had its share of quite disabled people and that frequently they would be sitting (sometimes sprawled out and/or asleep) in the lobby. This was culture shock for us, seeing all these old people."

They decided not to move until they absolutely had to -- but soon they reconsidered. Looking at themselves more closely, he wrote, "we began to see that we weren't that far away from being those old people whose presence upset us." In June 1997 they moved to the Mount.

Since then, 18 residents they knew have died. "There's a sort of unspoken agreement among people who are here that mortality is real, but nothing to worry about," said Gorman, the president of the assisted-living residents council. "You have to consider that a part of living is deteriorating."

And now that he makes regular visits to the nursing home to visit friends, including Mrs. Skoog, he says it no longer holds the horror that it once did. "We're all heading in that direction," he said.

The death notices go up in the corridors every few days, it seems. In the first week of November, four residents died.

The last, 91-year-old Mildred Burke, was the day's featured obituary in The Seattle Times. Ms. Burke had helped develop smaller hearing aids and voice boxes, had been a crack swimmer, sailor and skier, and had volunteered her time to visit hundreds of people in nursing homes before entering one herself.

But death is not what people at the Mount fear most. For all the fears that Americans have of nursing homes, like soldiers in battle the aged fear a crippling disability more than death. They are way past American society's illusion that youth is eternal.

"Am I going to be bedridden?" said Vivian Grenfell, who hopes her weekly sessions in a pool will help ward off that day. "Is that the next step?"

Soren Dahl, 85, says he considers himself lucky to have landed the bed by the window in Room 563. He has a spectacular view of Puget Sound, downtown Seattle and, beyond, the mountains.

Dahl spends hours at the window, tracking planes, ferries, lights at night. He invites visitors to sit and watch with him.

How did he get the room with the view? The previous occupant, Dahl said matter-of-factly, died.

About Assisted Living

Assisted Living Quality Coalition: Summary of Recommendations

#1 The members of the Assisted Living Quality Coalition, along with other partners, should study and, if feasible, establish an independent National Assisted Living Quality Organization with sufficient staff to develop the information sources and manage the quality improvement system we are proposing to implement.

#2 Among the first tasks undertaken by a National Assisted Living Quality Organization should be the development and validation of performance measures in areas such as consumer satisfaction, clinical, and functional performance outcomes.

#3 Based on the guidelines developed by the Assisted Living Quality Coalition (see Appendix B), the National Assisted Living Quality Organization should establish, regularly review and update as necessary, guidelines for minimum standards for the assisted living industry. These guidelines should improve the ways in which standards are established through:

1. The process by which the guidelines are established - Guidelines issued by the NALQO should be established by a consensus approach involving all interested parties.
2. The substantive emphasis of the guidelines - The focus of the NALQO guidelines should be enhancing consumer autonomy and promoting industry innovation in the delivery of quality services.
3. The rigor with which the guidelines are tested and updated - NALQO guidelines should be routinely tested against practical experience and outcomes data generated from quality indicators to assure that they are the best predictors of quality outcomes.

#4 The NALQO should develop model practice protocols and intervention strategies for commonly experienced problem areas.

#5 Each assisted living setting should establish and effectively use its own internal quality improvement team to identify problem areas, develop action plans, and monitor the results of actions taken.

#6 The NALQO should examine ways to recognize excellent performance.

#7 The NALQO should promote consumer choice and a competitive assisted living market by ensuring that consumers and their advocates have access to appropriate setting-specific information necessary to do effective comparison shopping.

#8 The experiences of consumers and their advocates should be tapped by each setting's internal quality improvement team.

#9 States should enlist the input of consumers, their advocates, and other parties who have contact with assisted living settings as incidental monitors of performance.

#10 States should enlist the input of ombudsmen and other community resources.

#11 States should adopt any future guidelines established by the National Assisted Living Quality

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Organization as the basis for their minimum standards for regulating quality. In the interim, the Coalition encourages states to use the general guidelines in Appendix B in developing their regulations.

#12 States should improve licensure review by focusing on both provider capacity and past performance. States should never use certificates of need, license moratoria, or any other means to artificially limit the supply of assisted living or other supportive housing settings.

#13 State monitoring efforts should evolve in the following directions:

1. Greater focus on performance outcomes.
2. Greater focus on quality improvement through consultation.
3. Greater reliance on other actors who can demonstrate that they are better equipped to accomplish specific monitoring roles.
4. Greater reliance on ongoing communication and less reliance on annual survey approaches.
5. Greater targeting of monitoring efforts on settings that serve more disabled residents and settings that have histories of poor performance.
6. Greater focus on specific areas of problematic performance.

#14 States should employ a consultative role when possible to correct problems but vigorously enforce standards when:

1. the consultative approach has failed to achieve acceptable results within a reasonable time frame;
2. the problems identified through monitoring are extensive, or result in actual harm or an immediate threat to health and safety;
3. outcomes data are inaccurate due to fraudulent or negligent behavior by provider staff with respect to their data-gathering responsibilities.

#15 The NALQO should assist states with the task of implementing new quality improvement systems.

#16 In introducing assisted living coverage, third party payers, both public and private, should reward outcomes consistent with the philosophy of assisted living - especially those related to consumer satisfaction and quality of life. In particular, third party payers should reimburse services at a level that permits private rooms for all consumers who want them and assures adequate reimbursement for the services provided.

#17 The NALQO should provide a forum for discussing risk factors that affect financial underwriting of projects in order to assure that the philosophy of assisted living is not jeopardized.

#18 Nurse practice acts should be amended to allow delegation of nursing services with appropriate professional oversight within assisted living settings.

#19 Accessibility standards set under the Americans with Disabilities Act should be modified to give greater flexibility in dealing with different types of disabilities - especially those most common among the frail elderly.

#20 Guardianship laws should ensure that guardianship occurs only when the individual is unable to make decisions, and then only on a limited basis in order to maximize the independence and autonomy of the individual.

#21 Building codes should be reviewed to ensure that assisted living services can be provided in buildings with residential scale and characteristics while assuring life safety and encouraging affordability.

About Assisted Living

Assisted Living Quality Coalition: Executive Summary

Background

In early 1996, several organizations representing consumers and providers formed the Assisted Living Quality Coalition to address issues of quality improvement in assisted living as the industry rapidly expanded. Coalition members have been united by two common purposes:

Promote the highest possible quality of life for older persons and consumers with disabilities by advocating for the assisted living philosophy of independence, privacy, dignity and autonomy.

Lay a foundation for the continued growth of assisted living by fostering a quality improvement system that demands and rewards high quality outcomes.

During its deliberations, the Assisted Living Quality Coalition sought the counsel and advice of numerous individuals and organizations representing consumers, providers, state regulators, ombudsmen, third party payers, and investors. The Coalition also examined a variety of approaches to promoting quality, including traditional state regulation, accreditation, contracts, and quality indicators.

The Coalition borrowed freely from the best of these various approaches and attempted to address the inherent weaknesses of each as it attempted to construct a solid system for promoting quality and balancing the interests of various parties. The report that follows includes two major sections: 1) the first section is a quality initiative outlining how the roles and responsibilities of the various interested parties would change under a system emphasizing quality outcomes; and 2) the second section includes guidelines to states on minimum standards. Perhaps the best way to understand the quality initiative is to summarize the roles that each of the interested parties would play.

National Assisted Living Quality Organization

Providers

The Coalition believes that the best way to enhance the quality of life experienced by consumers is to support and build upon the provider's own efforts. Imposing quality from outside the setting has its limits if a provider lacks the commitment or the organizational capacity to promote quality from within. The success of the Coalition's proposed quality improvement system hinges on the assumption that providers will create organizational structures, including quality improvement teams, that regularly monitor quality and take actions to promote quality outcomes.

Such quality improvement teams should draw broadly from staff at all levels, residents, family members, local service providers and state consulting agents, and should take advantage of the tools approved by the NALQO to measure and improve quality. On the basis of this information, the quality improvement teams should review practices and take appropriate action to improve performance.

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Consumers

Consumers can improve quality by becoming informed and selecting providers known for high quality. To do this, consumers and their advocates must receive more comparative information about quality to enhance their decision-making capacity. The inclusion of residents and their advocates on the setting's internal quality team is essential to the team's capacity to focus on quality as the residents experience it.

Providers and states should develop better means to enlist the input of consumers, their advocates and other parties who have contact with assisted living settings as incidental monitors of performance. Ombudsmen, in their role as independent consumer watchdog, are an additional valuable source of input to providers, consumers and their advocates, and state monitors.

States

The Coalition's quality improvement approach calls for a reinvention of the state role in licensing, establishing minimum standards, monitoring and enforcement.

- **Licensing** - Many quality problems in assisted living settings could be averted if states would effectively use licensing standards to predict performance and weed out poor performers. State licensure review should consist of two parts: a capacity review and a performance review.
- **Establishing minimum standards** - The Coalition encourages states to use the general guidelines developed by the Coalition in developing their regulations. NALQO will provide further refining and updating for states to adopt in the future.
- **Monitoring performance** - By using performance measures, such as quality indicators developed by the NALQO, state monitoring efforts can focus more on outcomes and continuous feedback. Such an approach is intended to allow for a more consultative approach to routine monitoring, more delegation of monitoring roles to other actors, and a significantly diminished role for formal on-site surveys for settings that have solid performance histories. Such an approach should also allow states to target monitoring efforts on settings that serve residents with greater service needs or have poor performance records, as well as on specific areas of problematic performance within settings.
- **Enforcement** - States should vigorously enforce standards when: a) the consultative approach has failed to achieve acceptable results within a reasonable time frame; b) the problems identified through monitoring are extensive or result in actual harm or an immediate threat to health and safety; or c) outcomes data are inaccurate due to fraudulent or negligent behavior by provider staff with respect to their data-gathering responsibilities.

Third Party Payers

In introducing assisted living coverage, third party payers, both public and private, should reward outcomes consistent with the philosophy of assisted living - especially those related to consumer satisfaction and quality of life. In particular, third party payers should reimburse services at a level that permits private rooms for all consumers who want them and assures adequate reimbursement for the services provided.

Investment and Financial Communities

Efforts by the Coalition and the NALQO to establish a clearer product definition and develop performance measurements should help underwriters for investors and financiers to evaluate current risk and potential rewards in the assisted living industry. The NALQO may also provide a useful forum for discussing and researching important investment and financing issues such as the consequences of separating the financing of housing and services and the development of underwriting criteria.

Conclusion: Phasing in a System of Quality Improvement

Not all of the Assisted Living Quality Coalition's recommendations are likely to be implemented

immediately. Fully implementing the quality improvement system will require a sustained commitment by all interested parties over several years. The quality indicators, practice protocols and intervention strategies have yet to be developed and validated. Effective consultation and intervention strategies will require some experimentation. While continuing to assure quality during the transition, states should begin to phase in these aspects of the quality improvement system as they prove effective. For its part, the Coalition will examine the feasibility of a National Assisted Living Quality Organization, its potential tasks, and its potential impact upon all stakeholders.



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Housing Options

Housing Options

"I hate for my loved one to give up her home, but she's having increasing difficulty climbing the stairs, bathing and fixing meals. What can she do?"

Home Modification

There are many home modifications that can make houses and apartments safer and easier to get around in --including improving lighting, adapting bathrooms and kitchens, widening doors, and modifying treads and risers on stairways.

For detailed instructions about home modification, order a free copy of AARP's *The Doable Renewable Home (D12470)* from

AARP Fulfillment
601 E St. NW
Washington, DC 20049.

"My loved one can no longer live alone, but doesn't need a nursing home. What other choices are there?"

Assisted Living

Assisted living is a residential care model that combines private apartment-like living with services delivered to older persons needing assistance with daily living activities such as bathing, grooming, dressing, and toileting. These services include oversight and monitoring by the assisted living staff and are available 24 hours a day to meet unscheduled needs for services.

Currently, regulation of Assisted Living varies from state to state. Be familiar with your state's requirements and be sure the facility you choose is in compliance. Assisted Living facilities charge between **\$1,000** and **\$3,000** a month. A few states may be able to help low-income elderly pay for assisted living. Check your local Medicaid office for information about your state.

Continuing Care Retirement Communities

Continuing Care Retirement Communities (CCRC's) offer a range of housing options and services all on one campus. These

communities usually consist of independent housing, assisted living and a nursing home component. Residents who initially move into independent housing can move to assisted living when they need help with activities of daily living. Residents requiring on-going skilled nursing care can move to the nursing home component.

A CCRC is not an affordable option for many older people. Expenses are almost exclusively out-of-pocket. A large entrance fee is required and monthly rates can be costly.

Board and Care Homes

A board and care home is a community-based residence that provides room, meals, help with activities of daily living, and some degree of protective supervision to residents whose physical and/or mental impairments prevent them from being able to live independently, but do not require skilled nursing care. Board and care homes provide an array of services to the residents.

They are not nursing homes. In some states, some nursing services can be provided in board and care homes by staff or by outside agencies, but board and care homes are not medical facilities.

The cost of a board and care facility can range from **\$350** to **\$3,000** a month. If your loved one's income is very low, the Supplemental Security Income (SSI) program may help.

It is very important to choose a board and care facility that is licensed.

For more information about board and care facilities and SSI, check the Eldercare Locator for the numbers of your state and local offices on aging and your state and local long-term care ombudsmen.

Write for a free copy of *A Home Away from Home: A Consumer Guide to Board and Care Homes and Assisted Living Facilities (D12466)* from

AARP Fulfillment
601 E St. NW
Washington, DC 20049.

"My loved one needs someone to assist him on a 24-hour basis and also needs ongoing nursing care. The family can't provide this anymore. Where can I go for information about choosing a nursing home, and making sure my loved one gets good care?"

Nursing Home Care

The Health Care Financing Administration publishes a free booklet called *How to Select a Nursing Home*. Write to

HCFA Publications Dept.
7500 Security Blvd., Room N1-26-25,
Baltimore, MD 21244-1850.

AARP's booklet, *Nursing Home Life: A Guide for Residents and Families (D13063)*, gives information about getting good care and finding help when there are problems. Write for a free copy to

AARP Fulfillment,
601 E St. NW
Washington, DC 20049.

The National Citizens' Coalition for Nursing Home Reform has a 166-page book with advice for families and friends of nursing home residents. Called *Nursing Homes: Getting Good Care There*, it is \$14, plus \$3 for postage and handling, from

NCCNHR
1424 16th St. NW, Suite 202
Washington, DC 20036.

Every state and many communities have a **Long-Term Care Ombudsman** program to investigate complaints and to be an advocate for nursing home residents. The ombudsman may also provide information about how to select a nursing home in your area, including where to get annual inspection reports. Contact your state or local office on aging, or the Eldercare Locator, to get the phone number of your state ombudsman.

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