



ACHC STANDARDS

PROGRAM

Assisted Living

SERVICES

Assisted Living Community, Life Safety Code, Memory Care Unit

ACHC ACCREDITATION STANDARDS



ASSISTED LIVING

The following packet contains the 2021 ACHC Accreditation Standards.

Release Date: August 18, 2021

ACHC is pleased to announce the release of a new program. ACHC's Assisted Living Accreditation program offers recognition for excellence in providing care/services in a residential community. ACHC provides specialized standards for Assisted Living Community Accreditation, Life Safety Code Accreditation, and Memory Care Unit Accreditation. Standards were developed with input from national subject matter experts and assisted living administrators and staff.

Assisted Living Program

Assisted living delivers services to individuals who need help with everyday activities and some healthcare services but do not require skilled nursing care on a 24-hour basis for an extended period of time. The focus of assisted living is to maximize optimal independence through a person-centered approach, meeting residents' needs and preferences. It offers privacy, companionship, security, and independence in a homelike setting. ACHC Assisted Living Accreditation establishes national standards for residential communities. ACHC collaborated with leading industry associations and experts to develop standards that enhance business operations and advance continuous improvement in quality, safety, and reliability.

Assisted Living Community (ALC)

An assisted living community is a senior living residence that provides services for individuals who need assistance with activities of daily living and personal care. Its purpose is to help adults live independently in a safe, homelike environment. Levels of available care vary widely, and state licensing often determines the tiers of medical care that can be provided. Care plans for residents are created, overseen, and regularly reviewed by licensed nursing personnel, in accordance with state regulations. Some level of security, personal care, and nursing staff is available around the clock, but the main focus of assisted living is to provide supervision and support of personal care, not skilled care. Assisted Living Community Accreditation confirms compliance with standards of care, safety protocols, and applicable laws, rules, and regulations.

Life Safety Code (LSC)

The Life Safety Code, published by the National Fire Protection Association (NFPA), is widely used to develop fire safety strategies at facilities. For assisted living communities, Life Safety Code Accreditation focuses on compliance with applicable environmental and fire safety requirements. The accreditation survey confirms adherence to accepted safety practices and includes testing and maintenance of fire safety systems and devices.

Memory Care Unit (MC)

The Memory Care Unit is a self-contained care unit within an assisted living community. Residents stay in the unit for most care, activities, and meals. This allows for more flexibility, permitting the

residents to follow their individual schedules rather than that of staff. Memory Care Unit Accreditation verifies an assisted living community's adherence to accepted care practices and compliance with safety protocols and applicable laws, rules, and regulations.

Accreditation Packet

The attached packet contains:

- Preliminary Evidence Report (PER) Initial Checklist
(if applying for ACHC Accreditation for the first time)
- ACHC Accreditation Standards for Assisted Living
- Items Needed for Survey

PRELIMINARY EVIDENCE REPORT CHECKLIST



ASSISTED LIVING

This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Assisted Living Accreditation from Accreditation Commission for Health Care (ACHC).

Review and acknowledge that all of the following requirements have been met. Then submit this signed checklist to your Account Advisor.

Verification of the following is required for organizations seeking initial accreditation:

- The organization must be actively providing care to a minimum of 1 – 3 residents.
- The building in which services are provided/coordinated must be identified, constructed, and equipped to support such services, and must meet all state regulations in regard to the construction of the facility.

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by ACHC Accreditation Standards.

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date).

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services, and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

Name (please print)

Title

Signature

Date

ACHC ACCREDITATION STANDARDS

Customized for Assisted Living Community, Life Safety Code, Memory Care Unit

Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the organization. All items referring to business licensure, including federal, state, and local licenses that affect the day-to-day operations of the organization, should be addressed. This section includes information on the organization's leadership structure, including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Standard AL1-A: The Assisted Living Community (ALC) is in compliance with all applicable federal, state, and local laws and regulations.

The ALC is in compliance with all applicable federal, state, and local laws and regulations, including but not limited to:

- Current local and state licensure.
- Professional licensure/certification.
- The Americans with Disabilities Act.
- Equal Employment Opportunities Act.
- Fair Labor Standards Act.
- Title VI of the Civil Rights Act of 1964.
- Occupational Safety and Health Standards (OSHA).
- Medicare and Medicaid regulations, if applicable.
- Health Insurance Portability and Accountability Act (HIPAA).
- U.S. Food and Drug Administration (FDA), if applicable.
- Drug Enforcement Administration (DEA), if applicable.
- U.S. Environmental Protection Agency (EPA).
- The ALC's policies and procedures.
- Accreditation Commission for Health Care (ACHC) Accreditation process.
- Laws and regulations, as applicable, to the care/service provided by the ALC.

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Evidence: Observation, Inspection of Licensure

Evidence: Copies of Required Posters in a Prominent Location

Services applicable: ALC

Standard AL1-B: The Assisted Living Community (ALC) has a license to operate as required by applicable laws and/or regulations.

The ALC has the appropriate license required to operate and has met all application requirements. The license has no action against it, suspension, or revocation and is not expired. The license is posted in a prominent location in the licensed physical site and is accessible to public view.

When a provisional or emergency license is issued, the Administrator shall post the provisional license in a prominent location. The ALC will maintain a copy of the notice from the state identifying the reasons why the ALC is unable to have a full license and will make the notice available for review when requested.

The most recent inspection reports from all outside regulatory entities are available for review.

Evidence: Current License Displayed

Evidence: Inspection Reports

Services applicable: ALC

Standard AL1-C: The Assisted Living Community (ALC) is in compliance with accepted professional standards and principles.

All ALC care/services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice, which include but are not limited to:

- State licensing boards and national organizations and councils.
- American Assisted Living Nurses Association.

Evidence: Observation

Services applicable: ALC

Standard AL1-D: The Assisted Living Community (ALC) meets the defined capacity.

The ALC's definition of capacity and requirements includes the following:

- The total number of residents shall not exceed the number shown on the license.
- The ALC is licensed for the capacity that its physical site can provide.
- The capacity and services are in compliance with the certificate of need and/or state guidelines.

Evidence: Observation

Services applicable: ALC

Standard AL1-E: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to the programs and allowable care/services the ALC may provide.

The ALC has written policies and procedures that describe all programs and services the ALC provides. This includes specialized care/services, such as memory care care/services.

Evidence: Written Policies and Procedures

Evidence: Programs and available services

Services applicable: ALC

Standard AL1-F: The Assisted Living Community (ALC) provides notice of any change of licensure.

The ALC provides written notice to the state and county, per state regulations, and ACHC of any changes of licensure within 30 days before changes take effect. Changes to be reported include but are not limited to:

- Ownership change
- Administrator change
- Location change
- Name change

Evidence: Observation

Services applicable: ALC

Standard AL1-G: The Assisted Living Community (ALC) provides written notice regarding the closing of the ALC.

If a licensee plans to close an ALC, written notification is provided by the licensee at least 30 days before the planned closing to the state and county, the residents or their responsible parties, and ACHC. Written notification includes the date of closing, plans for moving residents, and copies of correspondence with the state licensing agency.

Evidence: Observation

Services applicable: ALC

Standard AL1-H: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to the development and use of a resident's contract.

The ALC and each resident or the resident's legal representative must enter into a written admission contract that is transparent, understandable, and translated into a language the resident or the resident's legal representative understands.

The contract is developed after the resident has been assessed by a qualified staff member to ensure that the resident is appropriate for the care/services offered by the ALC. The contract provides a list of charges and commitments agreed to by each party, including a disclosure statement. The contract must be signed by all involved parties, and a completed copy must be provided

to the resident and/or the resident's legal representative prior to or on the day of admission. The contract must include a responsible party section that requires signatures of the ALC Administrator and the resident's financially responsible party.

The contract/resident handbook outlines the basic care/services provided by the ALC, which include but are not limited to:

- Rent.
- Utilities.
- Food.
- Activities and daily living care/services.
- Supervision.
- First aid.
- Assistance with and monitoring of medications.
- Pharmacy care/services.
- Laundry.
- Emergency interventions and coordination of outside care/services.
- Routine housekeeping and maintenance of common areas.
- Optional care/services.
- Process for grievances and complaints.
- Admission and discharge criteria.
- Security.

The ALC must describe the care/services and rates for additional or optional care/services, supplies, or amenities that are available through the ALC or arranged for by the ALC for which the resident will be charged additional fees. Care/services or rates impacted by an updated assessment of the resident must be identified, as well as the assessment tool, the assessor, and the frequency of the assessment, and when the ALC uses this assessment to determine a rate change.

The contract and/or resident's handbook contain financial and nonfinancial components that include but are not limited to:

- Care/service rates and ancillary charges.
- Billing and payment policies and procedures.
- Criteria for additional charges as needs for care/service or supervision change.
- Process and timeline for rate changes.
- Party responsible for handling finances, obtaining equipment/supplies, and arranging care/services not covered by the contract.
- Resident's Rights and Responsibilities.
- Occupancy provisions, such as policies and procedures concerning modifications to the resident's living area.
- Procedures for changing the resident's accommodations (relocation, roommate, or number of occupants in the room).
- Staff members' right to enter a resident's room.
- Temporary absence policy.
- Obligations of the ALC.
- Disposal of belongings.

The ALC provides a disclosure form that includes all prices, formulas, and calculations used to determine the resident's rate for basic care/services and provides the resident or their legal representative payee:

- A copy of the assessment.
- Price per assessment level or points.
- Charges for levels of care/services determined with an assessment.
- Move-in fees or other similar charges.
- Care/services or amenities not contained in the description of basic care/services.

For residential settings serving individuals under state Medicaid authorities, the ALC will provide a contract and/or follow applicable laws that address eviction processes and appeals and residents' rights and responsibilities.

Evidence: Written Policies and Procedures

Evidence: Schedule of Fees

Evidence: Resident Records

Evidence: Observation

Services applicable: ALC

Standard AL1-I: Written policies and procedures are established and implemented that specify the responsibilities and authority of the Administrator as the person responsible for direction, coordination, and overall supervision of care/services provided.

The Administrator of an Assisted Living Community (ALC) is certified by the state or meets all regulatory criteria and qualifications required. This person, or a similarly qualified alternate, is available at all times during operating hours and participates in all activities

relevant to the professional care/services furnished.

If at any time the Administrator's certification is denied, suspended, or revoked under specific circumstances related to educational requirements, conviction of a felony or misdemeanor, or arrest for criminal conduct, the ALC will notify ACHC of the situation and, as a result, any change in administration.

The Administrator takes steps to ensure:

- Quality of care/services is maintained.
- Staffing of the program is appropriate.
- Care/services are available.

Administrative support and supervision of personnel in all care/service areas is provided 24 hours a day, 7 days a week.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Personnel Files

Services applicable: ALC

Standard AL1-J: If the Assisted Living Community (ALC) uses outside personnel/organizations, there is a written contractual agreement with the ALC. A copy of the contract is maintained on file at the ALC.

Arranged care/services are supported by written agreements that require all care/services be:

- Authorized by the ALC.
- Provided in a safe and effective manner by qualified personnel.
- Delivered in accordance with a resident's care/service plan.

An ALC that uses personnel and/or organizations under hourly rates has a written contract/agreement with each provider that includes but is not limited to:

- Care/services to be provided.
- Requirement to conform to all applicable policies and procedures of the ALC, including personnel qualifications.
- Responsibilities of each party, including orientation, competency, training, and annual evaluations.
- Participation in resident care/service.
- Manner in which care/services will be controlled, coordinated, and evaluated by the ALC.
- Procedures for completing documentation.
- Procedures for payment for care/services provided under the contract.
- Duration of contract/agreement.
- Supervision of personnel.
- Other applicable laws and regulations.

The ALC maintains current copies of professional liability insurance certificates for all contracted personnel/organizations providing direct care, if applicable. The ALC has an established process to review and renew contracts/agreements as required by the contract.

Evidence: Written Contracts/Agreements

Evidence: Professional Liability Insurance

Services applicable: ALC

Standard AL1-K: The Assisted Living Community (ALC) informs ACHC and state and/or federal regulatory agencies, as appropriate, of negative outcomes from regulatory inspections and/or audits and enforcements by licensing agencies.

Negative outcomes affecting accreditation, licensure, or Medicaid certification are reported to ACHC within 30 days. The report includes all actions taken and plans of correction.

Outcomes that must be reported to ACHC include but are not limited to:

- License suspension(s).
- License probation and/or conditions/restrictions to license(s).
- Noncompliance with Medicaid regulations identified during survey by another regulatory body.
- Revocation of Medicaid/third-party provider number.
- Any open investigation by any regulatory or governmental authority.

Evidence: Observation
Evidence: Response to Interviews

Services applicable: ALC

Standard AL1-L: Written policies and procedures are established and implemented in regard to additional care/services provided by the Assisted Living Community (ALC) for outside organizations.

Programs, including but not limited to respite, adult day care/services, state mental health contracted beds, and Medicaid admissions, must meet all state and federal regulatory guidelines. All requested waiver care/services are reviewed and implemented in accordance with their associated agreements or memorandums of understanding.

If any of the above care/services are provided, the ALC has policies and procedures in place with regard to staffing, notifying residents of care/services and rates, and providing health information and tuberculosis testing requirements to residents.

Policies and procedures include but are not limited to:

- The number of residents receiving special care/services does not exceed the ALC's licensed capacity (with the exception of emergency or special waivers).
 - If the ALC is staffing to census, additional service residents are included in the daily census and used to determine the appropriate staffing levels.
 - The resident contract specifies the rates for additional care/services and accommodations, the date of admission to the ALC, and the proposed date of discharge from the ALC. The contract is signed by the Administrator or designee and the resident or resident's legal representative. A copy of the signed contract is given to the resident or resident's legal representative.
 - The ALC completes an assessment that allows the development of a short-term care/service plan prior to or upon admission to the ALC and includes input from the resident or the resident's legal representative.
 - Upon admission, the ALC ensures the resident has:
 - A current health screening.
 - A completed tuberculosis (TB) risk assessment and other tests appropriate with current physician orders for any medications, treatments, and special diets.
 - The ALC ensures that the resident's physician or prescribing practitioner is contacted for verification of orders when the orders are not signed and dated or require clarification.
- Staff that works with the resident receives training and information on the resident's care/service plan.

All staff members are responsible for implementing the ALC's policies and procedures for additional care/services.

Evidence: Written Policies and Procedures
Evidence: Resident Records
Evidence: Observation

Services applicable: ALC

Standard AL1-M: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to the care/services offered to residents with a dementia or Alzheimer's diagnosis.

The ALC establishes policies and procedures specifically for care/services provided to residents with Alzheimer's or dementia, including, staff training, and requirements for the living area within the ALC's Memory Care Unit (MC).

All ALCs with a Memory Care Unit must provide the resident or their legal representative a disclosure form that describes:

- Mission statement.
- Philosophy of care/services.
- Staff training.
- Staffing to meet resident's needs.
- Admission and discharge policies and procedures.
- Assessment and care/service planning protocols.
- Physical environment and any unique design features appropriate to support and enhance the functioning of cognitively impaired individuals.
- Activities, including the frequency and type offered and how the activities meet the needs of residents with Alzheimer's and/or dementia.
- Any fees charged for the care/services provided in a Memory Care Unit.

Evidence: Written Policies and Procedures
Evidence: Disclosure Statement
Evidence: Observation

Services applicable: MC

Standard AL1-N: The Assisted Living Community (ALC) is directed by a governing body/owner (if no governing body is present, owner suffices) that assumes full legal authority and responsibility for the operation of the ALC. The duties and accountabilities of the governing body/owner are clearly defined.

A governing body/owner assumes full legal authority and responsibility for the ALC's management, provision of all care/services, fiscal operations, and continuous performance improvements that are consistent with acceptable standards of practice. Activities of the governing body/owner include but are not limited to:

- Decision-making.
- Appointing a qualified Administrator.
- Establishing or approving written policies and procedures governing overall operations.
- Human resource management.
- Performance Improvement (PI).
- Oversight of the management and fiscal affairs of the ALC.
- Annual review of the ALC's policies and procedures.

Although many governing bodies/owners delegate authority for some of these functions to individual personnel members, the ultimate responsibility continues to rest with the governing body/owner. In situations where the Board of Directors serves as the governing body for a large, multiservice organization, board activities will address the overall organization. However, oversight of the ALC's programs is documented in some manner, such as in reports to the board or in board meeting minutes.

If the ALC has a governing body, the members receive orientation regarding their responsibilities and accountabilities. The ALC has a list of governing body members that includes their names, addresses, and telephone numbers.

Evidence: Governing Body List

Evidence: Board of Directors Meeting Minutes

Evidence: Response to Interviews

Services applicable: ALC

Section 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, incidents, Protected Health Information (PHI), cultural diversity, and compliance with laws to prevent fraud and abuse.

Standard AL2-A: Written policies and procedures are established and implemented in regard to the creation and distribution of the Resident's Rights and Responsibilities.

Written policies and procedures are developed and outline the Resident's Rights and Responsibilities. The policies and procedures require that, in advance of furnishing care/service, the Assisted Living Community (ALC) must provide the resident or resident's legal representative a written notice of the Resident's Rights and Responsibilities in a language and manner that the resident understands. A signed copy of the notice is placed in the resident's record. This is done prior to provision of care/services. A copy of the Resident's Rights and Responsibilities is made available to others in the community upon request.

The written statement of the Resident's Rights and Responsibilities includes but is not limited to:

- Being treated with respect, consideration, dignity, and full recognition of his or her individuality, and the right to privacy.
- Receiving care/services that are adequate, appropriate, and in compliance with relevant federal and state laws, rules, and regulations.
- Receiving, upon admission and during their stay, a written statement of the care/services provided by the ALC and the charges for these care/services.
- Being free of mental and physical abuse, neglect, and exploitation.
- Except in emergencies, being free from chemical and physical restraints unless authorized for a specified period of time by a physician, according to clear and indicated medical need.
- Having personal and medical records kept confidential and not disclosed, except as permitted or required by applicable state or federal laws.
- Receiving a reasonable response to requests from the ALC Administrator and staff.
- Providing residents, the ability to communicate privately and without restriction with people and groups of the resident's own choice at reasonable hours.
- Having access at any reasonable hour to a telephone in an area where the resident may speak privately.
- Sending and receiving mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access, at the resident's expense, to writing instruments, stationery, and postage.
- Being encouraged to exercise their rights as a resident and citizen and being permitted to make complaints and suggestions without fear of coercion or retaliation.
- Having use of their own possessions, where reasonable, and having an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the Administrator, or supervisor-in-charge.
- Managing their personal funds unless such authority has been delegated to another. If authority to manage personal funds has been delegated to the ALC, the resident or their legal representative has the right to examine the account at any time.
- Being notified when the ALC is issued a provisional license or notice of revocation of license by the state and the basis on which the provisional license or notice of revocation of license was issued. The resident's legal representative is also to be notified.
- Having freedom to participate by choice in accessible community activities and social, political, medical, and religious resources and to have freedom to refuse such participation.
- Not to be transferred or discharged from the ALC except for medical reasons, the resident's own or other residents' welfare, nonpayment for the stay, or when the transfer is mandated under state or federal laws. The resident is given advance notice to ensure orderly transfer or discharge, except in the case of immediate jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal an ALC's attempt to transfer or discharge the resident and the resident is allowed to remain in the ALC until resolution of the appeal, unless otherwise specified by applicable laws and regulations.
- Not to be discriminated against based on race, religion, sexual orientation, or ethnicity.

The ALC develops a list of resident responsibilities that is shared with residents and/or their legal representatives at the same time the Resident's Rights and Responsibilities are provided.

Documentation of receipt and understanding of the information is placed in the resident's record. This is done prior to admission to the ALC. This evidence is provided by obtaining signatures of the resident or the resident's legal representative. A copy of the Resident's Rights and Responsibilities is made available to others in the community upon request.

Evidence: Written Policies and Procedures

Evidence: Statement of Resident's Rights and Responsibilities

Evidence: Observation

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-B: Residents' rights in the Assisted Living Community (ALC) are respected and protected.

The ALC and staff ensure that residents' rights are respected and protected and that residents are encouraged to exercise their rights.

The ALC shall ensure residents have the opportunity to:

- Give feedback on their satisfaction of the ALC through participation in resident councils and annual resident and family satisfaction surveys.
- Interact as appropriate with the local community in which they live.
- Enjoy, to the maximum extent possible and as appropriate, the rights of choice, dignity, and privacy.

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-C: Written policies and procedures are established and implemented in regard to the care/services provided by the Assisted Living Community (ALC).

The ALC develops and implements policies and procedures that include but are not limited to:

- Ordering, receiving, storing, discontinuation, disposition, and administration, including self-administration, of medications, and monitoring of the resident's reaction to medications, as developed in consultation with a licensed health professional authorized to dispense or administer medications.
- Use of alternatives to physical restraints and the care/service of residents who are physically restrained, as developed in consultation with a Registered Nurse.
- Accident, fire safety, and emergency procedures.
- Infection control.
- Refunds.
- Missing resident.
- Identification and supervision of wandering residents.
- Management of physical aggression or assault by a resident.
- Handling of resident grievances/complaints.
- Visitation in the ALC by guests.
- Smoking and alcohol use by residents.

All personnel are trained on and implement the policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: ALC

Standard AL2-D: Written policies and procedures are established and implemented in regard to pharmacy care/services provided to residents of the Assisted Living Community (ALC).

The ALC ensures the provision of pharmaceutical care/services to meet the needs of the residents by:

- Allowing residents the right to choose a pharmacy provider as long as the pharmacy provides care/services that are in accordance with all applicable state and federal regulations and the ALC's medication management policies and procedures.
- Ensuring the provision of pharmaceutical care/services to meet the needs of residents, including procedures that ensure the accurate ordering, receiving, and administering of all medications prescribed on a routine, emergency, or as-needed basis.
- Ensuring the provision of medication for residents on temporary leave from the ALC or involved in day activities outside the ALC.
- Ensuring residents have access to a consultant pharmacist if required by state rules and regulations.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ALC

Standard AL2-E: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to nutrition and food services. All dietary services are provided in a safe sanitary manner and meet the needs of the residents.

The ALC ensures the safe and sanitary provision of nutrition and dietary services that meet the therapeutic needs and preferences of the residents and also meet the following guidelines for:

- Food procurement and safety in ALCs:
 - The kitchen, dining, and food storage areas are clean, orderly, and protected from contamination.
 - All food and beverages being procured, stored, prepared, or served by the ALC are protected from contamination.
 - There is at least a three-day supply of perishable food and a five-day supply of nonperishable food in the ALC based on the menus for both regular and therapeutic diets.
- Food preparation and service in ALCs:
 - Sufficient staff, space, and equipment are provided for safe and sanitary food storage, preparation, and service.
 - Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. Exceptions may be made on an individual basis and are based on documented needs or preferences of the resident.
 - Hot foods are served hot and cold foods are served cold.
 - If residents require feeding assistance, food is maintained at serving temperature until assistance is provided.
- Menus in ALCs:
 - Menus are prepared in advance, with serving quantities specified.
 - Menus are maintained in the kitchen and identified as to the current menu day and cycle for any given day as guidance for food service staff.
 - Any substitutions made in the menu are of equal nutritional value, appropriate for therapeutic diets, and documented to indicate the foods actually served to residents.
 - Menus are planned with resident involvement and take into account the food preferences and customs of the residents and diversity of the population served.
 - The individual responsible for menu planning shall have training in nutrition and menu management, or the menu is periodically reviewed by a dietician, nutritionist, or other appropriately skilled individual.
 - Menus for all therapeutic diets are planned or reviewed by a registered dietitian. The ALC maintains verification of the registered dietitian's approval of the therapeutic diets, which includes a signature (electronic signature is acceptable if following federal regulations) by the registered dietitian and the registration number of the dietitian.
 - The ALC has a matching therapeutic diet menu for all physician-ordered therapeutic diets as guidance for food service staff.
- Food requirements in ALCs:
 - Each resident is served two to three (depending on state rules and regulations) nutritionally adequate, palatable meals a day at regular hours between the breakfast and evening meals and in accordance with state regulations.
 - Food and beverages that are appropriate to residents' diets are offered or made available to all residents as snacks and should be available 24/7.
- Therapeutic diets in ALCs:
 - All therapeutic diet orders, including thickened liquids, are in writing from the resident's physician. (MD/NP/PA).
 - Physician orders for nutritional supplements are in writing from the resident's physician, physician assistant, or nurse practitioner and specify the quantity and frequency.
 - The ALC maintains an accurate and current list of residents with physician-ordered therapeutic diets for guidance of food service staff.
 - All therapeutic diets, including nutritional supplements and thickened liquids, are served as ordered by the resident's physician.
- Individual feeding assistance in ALCs, as allowed per state regulation:
 - Sufficient staff members are available for individual feeding assistance as needed.
 - Residents needing help with eating are assisted upon receipt of the meal. The assistance is unhurried and performed in a manner that maintains or enhances each resident's dignity and respect.
- All variations from the required two to three meals or time intervals between meals to meet individualized needs or preferences of residents are documented in the resident's record.
- All residents have a choice of meal options at every meal.
- There is an opportunity for residents to have guests for meals.
- There is an opportunity for residents, where applicable, to prepare their own meals and snacks.

Evidence: Observation

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-F: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to developing an activities program in accordance with state regulations. The activities program is designed and implemented to promote resident involvement and participation.

The activities program is developed and implemented with the goal to encourage resident involvement and participation based on residents' interests and capabilities:

- The ALC develops a program of activities designed to meet the diverse interests of residents served and promote the residents' active involvement with each other, their families, and community events.
- The program is designed to promote active involvement by all residents and does not require any individual to participate in any activity against his or her will.
- There are a variety of planned group activities per week and include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.
- Residents are afforded the opportunity to participate in activities involving one-on-one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression.
- Participation is on a voluntary basis, is never forced upon residents, and is not assigned in place of staff.
- The facility budget includes appropriate funding to operate the activity department.

Evidence: Calendar of Activities

Evidence: Observations

Evidence: Resident Records

Evidence: Policies and Procedures

Services applicable: ALC

Standard AL2-G: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

The resident has the right to a confidential resident record. The ALC ensures this right and follows all policies and procedures to secure resident information. Confidentiality policies and procedures include but are not limited to:

- A definition of protected health and confidential information; the types of information covered by the policy, including electronic information and telephone and cell phone communications; and verbal and faxed information.
- Persons/positions authorized to release PHI/EPHI and confidential information.
- Conditions that warrant release of this information.
- Persons to whom it may be released.
- Consent and signature of the resident or someone legally authorized to act on the resident's behalf.
- A description of what information the resident is authorizing the facility to disclose.
- Securing resident records and identifying who has authority to review or access records.
- When records may be released to legal authorities.
- The storage and access of records to prevent loss, destruction, or tampering of information.
- The use of confidentiality/privacy statements and required signatures on a confidentiality/privacy statement.

There is a signed confidentiality statement for all personnel.

Personnel abide by the confidentiality statement and the ALC's policies and procedures.

The ALC designates an individual responsible for seeing that confidentiality and privacy policies and procedures are adopted and followed.

The Administrator/ALC representative discusses confidentiality/privacy of resident-specific information as included in the Residents Rights and Responsibilities statement.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Signed Confidentiality agreements

Services applicable: ALC

Standard AL2-H: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) that address the identification, evaluation, and discussion of ethical issues.

The ALC provides care/services within an ethical framework that is consistent with applicable professional and regulatory bodies. Written policies and procedures address the mechanisms used to identify, address, and evaluate ethical issues.

Examples of forums used to consider and discuss ethical issues include:

- Ethics Committee
- Ethics forum
- Professional expert access
- Performance Improvement Committee

The ALC monitors and reports all ethical issues and actions to the organization's leaders, as outlined in the ALC's policies and procedures.

During initial orientation and annually, all personnel receive training that includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Evidence: Written Policies and Procedures

Evidence: Ethic Committee Reports

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-I: Written policies and procedures are established and implemented in regard to the provision of care/ services to residents with communication or language barriers.

Personnel can communicate with the resident in the appropriate language or form understandable to the resident.

The Assisted Living Community (ALC) has mechanisms in place to assist with language and communication barriers. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel can communicate with the resident by using special telephone devices for the deaf or other communication aids, such as picture cards or written materials in the resident's language.

All personnel are knowledgeable of the written policies and procedures for the provision of care/service to residents with communication barriers.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-J: Written policies and procedures are established and implemented that address the provision of care/ service to residents from various cultural backgrounds, beliefs, and religions.

Written policies and procedures describe the mechanisms the Assisted Living Community (ALC) uses to provide care/service for residents of different cultural backgrounds, beliefs, and religions. The policies and procedures also describe any actions expected from personnel providing care/service to residents who have different cultural backgrounds, beliefs, and religions.

Different cultural backgrounds, beliefs, and religions impact a resident's lifestyle, habits, and view of health and healing. Personnel identify differences in their own beliefs and the resident's beliefs and find ways to support the resident. Personnel make efforts to understand how the resident's cultural beliefs impact their perception of the resident's lifestyle.

All personnel are provided education and resources at orientation and annually to increase their cultural awareness of the residents they serve.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ALC

Standard AL2-K: Written policies and procedures are established and implemented by the Assisted Living Community

(ALC) requiring that the resident be informed at the initiation of care/service how to report grievances/complaints.

The resident has the right to voice grievances/complaints regarding care/service that is or fails to be furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the ALC. The resident must not be subjected to discrimination or reprisal for doing so.

The ALC ensures this right and investigates all grievances/complaints. Written policies and procedures include but are not limited to:

- The appropriate person to be notified of the grievance/complaint.
- Time frames for investigation of activities, including after-hours.
- Reporting of information.
- Review and evaluation of the collected information.
- Communication with the resident or their legal representative.
- Documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution.

The ALC investigates and attempts to resolve all resident grievances/complaints and documents the results within a described time frame as defined in policies and procedures.

The ALC maintains records of grievances/complaints and their outcomes. This information is included in the Performance Improvement annual report.

Personnel are oriented and familiar with the grievance/complaint policies and procedures. Personnel assist in implementing the resolution process when needed.

Evidence: Written Policies and Procedures

Evidence: Grievance/complaint log

Evidence: Response to Interviews

Evidence: Observation

Services applicable: ALC

Standard AL2-L: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse.

The resident has the right to be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of a resident's property.

The ALC ensures this right and investigates all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of a resident's property by anyone furnishing care/ services on behalf of the ALC. These are reported immediately to the Administrator or appropriate designee.

The ALC immediately investigates all alleged violations involving anyone furnishing care/services on behalf of the ALC and takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The ALC follows all local, state, and federal requirements for reporting and investigating allegations involving mistreatment, neglect, and verbal, mental, sexual, and physical abuse, including injuries of unknown source, injuries requiring more than first aid, falls, and wounds, and misappropriation of a resident's property.

The ALC has an established incident management system by which all reported allegations involving mistreatment, neglect, and verbal, mental, sexual, and physical abuse, including injuries of unknown source, injuries requiring more than first aid, falls, and wounds, and misappropriation of a resident's property are reviewed by the interdisciplinary team, validated through proper notifications, and included as part of their quality oversight.

Evidence: Written Policies and Procedures

Evidence: Incident Reports/Investigation Results

Evidence: Response to Interviews

Evidence: Observation

Services applicable: ALC

Standard AL2-M: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to a Compliance Program aimed at preventing fraud and abuse.

The ALC has an established Compliance Program that provides guidance for the prevention of fraud and abuse. The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the ALC takes to prevent violations of guidelines against fraud and abuse. The guidelines include but are not limited to:

- Implementation of written policies, procedures, and standards of conduct.
- Designation of a Compliance Officer/Compliance Committee.
- Conducting effective training and education programs.
- Developing open lines of communication between the Compliance Officer/Compliance Committee and personnel for receiving complaints and protecting informants from retaliation.
- Performance of internal audits to monitor compliance.
- Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures and applicable statutes and regulations.
- Prompt response to detected offenses through corrective action.

Evidence: Written Policies and Procedures

Evidence: Performance Improvement Report

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-N: Written policies and procedures are established and implemented in regard to the resident's right to make decisions about medical care, and accepting or refusing medical care, resuscitation, and advance directives.

The Assisted Living Community (ALC) has written policies and procedures in regard to the resident's right to participate in, be informed about, and consent to or refuse medical care in advance and during treatments.

Written policies and procedures include but are not limited to:

- Documentation in the resident's record that details the resident's preference for or against a do-not-resuscitate (DNR) order.
- How advance directives and code status are effectively communicated to personnel when residents are admitted and/or discharged.
- Informing residents or their legal representative about the ALC's written policies and procedures on implementing advance directives:
 - The policies and procedures include a clear and precise statement of any procedures the ALC is unwilling or unable to provide or withhold in accordance with an advance directive.
 - If a resident who was incompetent or otherwise incapacitated and unable to receive notice regarding the ALC's advance directive policies and procedures but later becomes able to receive the notice, the ALC must provide the written notice at the time the resident becomes able to receive the notice.
- Designation of a guardian and/or other legal representative in advance of need to make decisions regarding the resident's health care should the resident become incapacitated.
- Documenting in the resident's record whether he or she has executed an advance directive.
- Not limiting the provision of care/services or otherwise discriminating against a resident based on whether the resident has executed an advance directive.
- Ensuring compliance with the related state requirements on advance directives
- Describing the resident's rights under law to make decisions regarding medical care, including the right to accept or refuse care/service.

The ALC has written policies and procedures for personnel responsibilities regarding resident resuscitation and the response in the event of a medical emergency. The policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies, and request 911 services (emergency medical services [EMS]) for emergencies.

ALC personnel respect the resident's wishes in regard to the resident's right to formulate an advance directive.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

Standard AL2-O: The Assisted Living Community (ALC) provides additional services to residents to meet their needs.

The ALC provides transportation and laundry services.

Laundry services are provided to residents without any additional fee:

- The resident's plans for personal care of clothing is to be indicated in the resident's record.
- There is an opportunity, when appropriate, for the resident to launder their own clothing.

Transportation

- Transportation is provided to residents to meet their needs. Transportation is provided to the nearest appropriate health facilities, social services agencies, shopping and recreational facilities, and religious activities of the resident's choice. Sources of transportation may include community resources, public systems, volunteer programs, family members, and facility vehicles.

Evidence: Observation

Services applicable: ALC

Section 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the organization. These standards address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Standard AL3-A: The Assisted Living Community (ALC) annual budget is developed in collaboration with leadership and management personnel.

The ALC has a budget that includes projected revenue and expenses for the programs and care/services it provides.

The ALC's leaders and the individual(s) in charge of the day-to-day operations of the ALC are involved in developing the budget and a capital expenditure plan. Leadership takes into account suggestions and ideas received from residents, family members, and staff. The ALC leaders review comparisons of actual and projected expenses and revenue on a periodic basis.

Evidence: Copy of Annual Budget

Services applicable: ALC

Standard AL3-B: The Assisted Living Community (ALC) implements financial management practices that ensure accurate billing.

Financial management practices ensure accurate accounting and billing. These practices include but are not limited to:

- Receipt and tracking of revenue and accruals.
- Accurate billing.
- Collection of accounts.
- Reconciliation of accounts.
- Assignment of revenue to the appropriate program, if applicable.
- Retention of financial records per applicable laws and regulations.

Evidence: Observation

Services applicable: ALC

Standard AL3-C: The Assisted Living Community (ALC) develops care/service rates and a method for conveying charges to the resident, public, and referral sources.

Information on current charges for care/services is available at admission and upon request to enable the resident and/or their legal representative to make an informed choice on care/services regarding the cost of receiving care/services. In addition, information on charges for care/services is available in writing for reference by personnel when conveying information to the resident, public, and referral sources.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Evidence: List of Services with Corresponding Charges

Services applicable: ALC

Standard AL3-D: The resident and/or resident's legal representative is advised of the charges at, or prior to, receipt of care/service.

The resident and/or resident's legal representative will be provided information concerning the charges for care/service at, or prior to, the receipt of care/service. Resident records contain documentation that the resident or their legal representative was informed of the charges, the expected reimbursement from third-party payors, and the financial responsibility of the resident.

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

Standard AL3-E: There is verification that the care/service billed for reconciles with the care/service provided by the Assisted Living Community (ALC).

The ALC verifies that the residents and/or third-party payors are properly billed for care/service provided.

Evidence: Observation
Evidence: Response to Interviews

Services applicable: ALC

Standard AL3-F: The resident or resident's legal representative manages their own monetary funds.

The Assisted Living Community (ALC) residents or their legal representatives manage their own funds.

If a resident of an ALC is unable to manage their funds, but doesn't have a legal representative, the Administrator is to contact a family member or the county agency regarding the need for a legal representative. The Administrator and other staff of the ALC may not serve as a resident's legal representative, payee, or executor of a will, except when legally appointed.

For funds administered by the Social Security Administration, Veteran's Administration, or other federal government agency, the Administrator of the ALC may serve as a payee when so authorized by the appropriate authority. The Administrator gives the resident or resident's legal representative receipts for any monies received on behalf of the resident.

A resident financial record provides an accurate and orderly accounting of the receipt and disbursement of a resident's personal funds when handled by the ALC. The ALC makes these records available for review by representatives of the state and county. When there is an approved cluster of licensed ALCs, financial records may be kept in one location among the clustered ALCs.

Evidence: Resident Records
Evidence: Response to Interviews

Services applicable: ALC

Standard AL3-G: Written policies and procedures are established and implemented in regard to the Assisted Living Community's (ALC's) refund policy.

The ALC has written refund policies and procedures in regard to the ALC's refund procedures. A copy is given to each resident or the resident's legal representative at the time of admission and filed in the resident's record.

Evidence: Written Policies and Procedures
Evidence: Resident Records
Evidence: Response to Interviews

Services applicable: ALC

Standard AL3-H: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to the settlement of cost for care/service received prior to the resident's discharge, transfer, or death.

The ALC establishes and implements policies and procedures in regard to the process for the settlement of cost for care/services received prior to the resident transferring from the ALC, being discharged, or in case of death. In these situations, the ALC will issue a refund or credit in accordance with state regulations and the ALC's policies and procedures.

Evidence: Written Policies and Procedures
Evidence: Resident Records

Services applicable: ALC

Section 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contracted personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records, including skill assessments and competencies.

Standard AL4-A: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

The policies and procedures include but are not limited to:

- Positions having access to personnel files.
- Proper storage.
- Required content.
- Procedures to follow for employees who want to review personnel files.
- Time frames for retention of personnel files.

The Assisted Living Community (ALC) has a personnel file for all employees of the ALC that is available for inspection by federal and state regulatory agencies and accreditation organizations.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ALC

Standard AL4-B: Prior to, or at the time of hire, all personnel complete appropriate documentation.

Prior to, or at the time of hire, all personnel complete appropriate documentation, which includes but is not limited to:

- Position application.
- Dated and signed withholding statements.
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States).

Evidence: Personnel Files

Services applicable: ALC

Standard AL4-C: All personnel files, at a minimum, contain or verify the following items (informational standard only).

Please refer to the standard listed for a detailed description of these requirements.

Description	Standard
Position application	AL4-B
Dated and signed withholding statements	AL4-B
Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)	AL4-B
Personnel credentialing	AL4-D
Tuberculosis (TB) baseline test, risk assessment, and symptom evaluation	AL4-E
Hepatitis B vaccination	AL4-F
Job description	AL4-X
Criminal background check	AL4-W
National sex offender registry check	AL4-W
OIG exclusion list check	AL4-W
Personnel policies/handbook	AL4-G
Orientation	AL4-H, I, L
Confidentiality agreement	AL2-G
Competency assessments	AL4-J, K
Annual performance evaluation	AL4-R

Personnel includes but is not limited to support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contracted personnel, and volunteers.

For contracted staff, the organization must have access to all of the above items, except the position application, withholding statement, I-9, and personnel handbook. All other items must be available for review during a survey but do not need to be kept on site.

Evidence: None Required/Informational Standard

Services applicable: ALC

Standard AL4-D: Written policies and procedures are established and implemented in regard to personnel being qualified for the positions they hold by meeting the education, training, and experience requirements defined by the Assisted Living Community (ALC). Personnel credentialing activities are conducted through primary source verification at the time of hire and upon renewal for all credentialed/licensed and direct care personnel.

Personnel hired for specific positions within the ALC meet the minimum qualifications for those positions, in accordance with applicable laws or regulations and the ALC's job descriptions. Education, training, and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, certificates, and workshop attendance records.

All professionals who furnish care/services directly, under an individual contract or by arrangement with the ALC, must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope of their state license, certification, or registration. All personnel qualifications must be kept current at all times.

The personnel file or other personnel records contain validation that credentialing information is obtained in accordance with specific state practice act requirements. Credentials are verified through the appropriate licensing or credentialing organization (primary source validation).

Evidence: Personnel Files (Primary Source Verification)

Evidence: Written Policies and Procedures

Services applicable: ALC

Standard AL4-E: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to resident contact, an individual TB risk assessment and a symptom evaluation are completed.

Prior to resident contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high-risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An Assisted Living Community (ALC) conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of healthcare professionals is not recommended unless there is a known exposure or ongoing transmission.

Evidence: Written policies and Procedures

Evidence: Personnel Files

Services applicable: ALC

Standard AL4-F: Written policies and procedures are established and implemented that give all direct care personnel access to the Hepatitis B vaccine as each job classification indicates and as described in standards of the federal Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

A Hepatitis B vaccination program is implemented, and post-vaccination antibody titers are performed in accordance with CDC and OSHA guidelines for direct care personnel. Personnel may sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an employer is exempted from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received by the employee.
- Antibody testing shows the employee is immune.
- Due to medical reasons, the vaccine cannot be given to an employee, or the employee cannot receive antibody testing.

Evidence: Written Policies and Procedures
Evidence: Personnel Files or other Confidential Employee Records

Services applicable: ALC

Standard AL4-G: Written policies and procedures and/or an employee handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or employee handbook include but are not limited to:

- Wages.
- Benefits.
- Grievances and complaints.
- Recruitment, hiring, and retention of personnel.
- Disciplinary action/termination of employment.
- Professional boundaries and conflict of interest.
- Performance expectations and evaluations.

Personnel policies and procedures and/or the employee handbook are reviewed and updated as needed and are in accordance with applicable laws and regulations. Personnel policies and procedures show evidence of nondiscriminatory practices.

Wages

Information is available on overtime, on-call, and holiday pay, and exempt versus nonexempt status.

Benefits

An explanation of benefits is shared with all benefit-eligible personnel. Assisted Living Communities (ALCs) that do not provide benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are employed on an “as-needed” basis should address those benefits are not available to those employed in that classification.

Grievances and Complaints

Written grievance/complaint information addresses options available to personnel who have work-related complaints and includes steps involved in the grievance/complaint process.

Recruitment, Hiring, and Retention of Personnel

The ALC has written policies and procedures on its recruitment, hiring, and retention of personnel that demonstrate nondiscriminatory practices.

Disciplinary Actions and Termination of Employment

Disciplinary action and termination of employment policies and procedures define time frames for probationary actions, conditions warranting termination, steps in the termination process, and steps in the appeal process.

Conflicts of Interest

The ALC has written policies and procedures that define the process for handling conflicts of interest.

Performance Expectations and Evaluations

The organization's policies and procedures outline general performance expectations of all personnel (e.g., dress code, professional conduct, etc.), along with the schedule for performance evaluations.

Written documentation is kept verifying that employees have reviewed and have access to the ALC's personnel policies and procedures.

Evidence: Written Policies and Procedures and/or Employee Handbook
Evidence: Personnel Files

Services applicable: ALC

Standard AL4-H: Written policies and procedures are established and implemented by the Assisted Living Communities (ALC) that describe the orientation process.

The orientation policies and procedures include but are not limited to:

- Review of the employee's job description, duties to be performed, and the employee's role at the ALC.
- Record-keeping and reporting.
- Confidentiality and privacy of Protected Health Information (PHI).

- Resident's Rights and Responsibilities.
- Handling of resident grievances/complaints.
- Conflicts of interest.
- Code of conduct.
- Written policies and procedures.
- Performance Improvement plan.
- Orientation to equipment, if applicable, as outlined in job description.
- Cultural diversity.
- Communication barriers.
- Ethical issues.
- Training specific to the job description.
- Emergency preparedness plan.
- Compliance program.
- Conveying of charges for care/services.
- Resident electronic documentation, if applicable.
- Billing.
- Advance directives.
- Training for special populations, if applicable.
- Occupational Safety and Health Administration (OSHA) requirements and infection control.
- Incident/variance reporting.

The ALC has a checklist or other method to verify that the topics have been reviewed with all personnel. The checklist is completed for all personnel to document the orientation process.

Evidence: Written Policies and Procedures
 Evidence: Personnel Files

Services applicable: ALC

Standard AL4-I: The Assisted Living Community (ALC) establishes and implements an orientation program for food services.

The food service orientation program is implemented as required by state regulations. All staff involved in cooking, storing, or serving food shall complete orientation and training on food safety.

The ALC staff person in charge of the preparation and serving of food shall complete a food service or state department of health (DOH) safety orientation program to become certified, which is established by the state or an equivalent within 30 days of hire.

Evidence: Personnel File(s)

Services applicable: ALC

Standard AL4-J: Written policies and procedures are established and implemented addressing a competency assessment program for the care/services provided by direct care personnel.

The ALC designs and implements a competency assessment program based on the care/services provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/services being provided. Competency assessment is conducted initially during orientation, prior to providing a new task, and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures for determining that direct care personnel are competent to provide quality care are in place and may be accomplished through observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment.

All competency assessments and training are documented. A self-assessment tool alone is not acceptable. All direct care personnel must be observed providing resident care/service within their scope of practice by a qualified clinician prior to providing care/services independently. Peer review of clinical personnel competency by like disciplines is acceptable if defined by the ALC.

There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Qualified personnel observe and evaluate each direct care personnel performing their job duties at frequencies required by state and/or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided. This activity is documented in the personnel file.

Evidence: Written Policies and Procedures
 Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ALC

Standard AL4-K: Written policies and procedures are established and implemented in regard to a competency assessment and training program for all unlicensed personnel administering medications in the Assisted Living Community (ALC).

The ALC designs and implements a competency assessment and training program for all unlicensed medication aides. The medication aides receive established training on medication administration, safe injection practices, and infection control upon hire and/or as outlined in state regulations.

The training curriculum includes all key principles of medication administration and evidence-based practices, such as those outlined in guidelines from the Centers for Disease Control and Prevention (CDC) on infection control and safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

Competency assessment is an ongoing process and focuses on the primary care/services being provided. Competency assessment is conducted initially during orientation and prior to providing a new task, as per state guidelines, and annually.

Policies and procedures for a competency assessment program for unlicensed medication aides include but are not limited to:

- The competency evaluation for medication aides consists of a written examination and a clinical skills evaluation to determine competency in the following areas:
 - Medical abbreviations and terminology.
 - Transcription of medication orders.
 - Obtaining and documenting vital signs.
 - Procedures and tasks involved in the preparation and administration of oral (including liquid, sublingual, and inhaler), topical (including transdermal), ophthalmic, optic, and nasal medications.
 - Infection control procedures.
 - Diabetic training for insulin injections.
 - Documentation of medication administration.
 - Monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions.
 - Medication storage and disposition.
 - Regulations pertaining to medication administration in an ALC.
 - The ALC's medication administration policy and procedures.

The ALC reviews the policies and procedures as needed to verify that required staff has appropriate training and access to current policies and procedures to administer medications as prescribed safely and adequately.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ALC

Standard AL4-L: Written policies and procedures are established and implemented in regard to orientation and training for personnel who work in the Memory Care Unit (MC).

The orientation and training policies and procedures include but are not limited to:

- The Administrator has a plan in place to train staff assigned to the Memory Care Unit. The orientation identifies content, texts, sources, evaluations, and schedules for training.
- Employees assigned to perform duties in the Memory Care Unit complete orientation on the nature and needs of residents.
- Employees responsible for personal care and supervision within the unit must complete training specific to the population being served, in addition to other training and competency requirements.
- Staff responsible for personal care and supervision within the unit must complete continuing education annually.
- The unit has a written plan to review and update policies and procedures at least annually to ensure they adequately address and meet training needs of the staff providing care/service in the unit.

Training is documented.

Evidence: Written Policies and Procedures

Evidence: Personnel File

Evidence: Observation

Services applicable: MC

Standard AL4-M: Written policies and procedures are established and implemented in regard to specific training addressing care of diabetic residents.

Written policies and procedures address training provided for unlicensed staff per state regulations, regarding the care of diabetic residents and include but are not limited to:

- Basic facts about diabetes and care/services involved in the management of diabetes.
- Insulin action.
- Insulin storage.
- Mixing, measuring, and injection techniques for insulin administration.
- Treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms.
- Blood glucose monitoring.
- Appropriate administration times.
- Sliding scale insulin administration.

Training is provided by a Registered Nurse, licensed pharmacist, or prescribing practitioner.

The training is documented.

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: ALC

Standard AL4-N: Written policies and procedures are established and implemented in regard to training on the use of physical/chemical restraints.

Personnel are trained on the Assisted Living Community's (ALC's) policies and procedures governing the use of physical/chemical restraints and implement them as appropriate.

The policies and procedures include but are not limited to:

- The ALC ensures that all personnel responsible for caring for residents with medical symptoms that warrant restraints are trained on the use of alternatives to physical/chemical restraint use and on the care of residents who are physically restrained.
- Training is provided by a Registered Nurse and shall include the following:
 - Alternatives to physical restraints.
 - Types of physical restraints.
 - Medical symptoms that warrant physical restraints.
 - Negative outcomes from using physical restraints.
 - Correct application of physical restraints.
 - Monitoring and caring for residents who are restrained.
 - The process of reducing restraint time by using alternative methods.

The training is documented.

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: ALC

Standard AL4-O: Written policies and procedures are established and implemented that address personnel training on cardiopulmonary resuscitation.

Personnel are trained on the Assisted Living Community's (ALC's) policies and procedures regarding the use of cardiopulmonary resuscitation and implement them as appropriate.

The policies and procedures include but are not limited to:

- Each ALC has at least one staff person on the premises at all times who has completed within the last 24 months a course on cardiopulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations.
- The trained staff person has access at all times in the ALC to a one-way valve pocket mask for use in performing

cardiopulmonary resuscitation.

The training is documented.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Response to Interviews

Services applicable: ALC

Standard AL4-P: Written policies and procedures are established and implemented in regard to responsibilities for nursing care/services and training personnel on resident assessments.

The Assisted Living Community (ALC) establishes and implements policies and procedures on training for personnel regarding resident assessments and the responsibilities of the licensed nursing personnel.

The person or persons designated by the Administrator to perform resident assessments, as required under Standard AL5-H, successfully complete training on resident assessment as established by the ALC and inclusive of state regulations before performing the required assessments.

Nursing care/services are performed in accordance with the law, regulations, and scope of practice defined by the state's board of nursing. This includes identifying the frequency of licensed nursing personnel visits to the ALC no less than every 90 days or when there is a change in the condition of a resident.

The Registered Nurse (RN) is responsible for delegation and training of all nursing functions. The ALC must ensure that an RN is available to address changes in a resident's health or mental status and review and implement new orders prescribed by a resident's healthcare provider. At a minimum, the RN will participate in the assessment process and care coordination of residents in accordance with state regulations.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Job Description

Services applicable: ALC

Standard AL4-Q: A written education plan is developed and implemented that defines the content and frequency of evaluations and amount of in-service training for each classification of personnel.

The education plan includes training provided during orientation as well as ongoing education. The Assisted Living Community (ALC) provides this training directly or arranges for personnel to attend sessions offered by outside sources.

The education plan is a written document that outlines the education offered to personnel throughout the year. The plan is based on a reliable and valid assessment of needs relevant to individual job responsibilities. Ongoing education activities include methods for obtaining information about personnel learning needs, outcome data from competency assessments, and personal input about the effectiveness of the education provided.

Educational activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

There is written documentation confirming attendance at continuing education programs.

The ALC has an ongoing education plan that annually includes but is not limited to:

- Emergency/disaster training.
- Training on how to handle grievances/complaints.
- Infection control training.
- Cultural diversity.
- Communication barriers.
- Ethics training.
- Workplace and resident safety.
- Resident's Rights and Responsibilities.
- Compliance program.
- Dementia training.
- Psychotropic drug use.
- Restraint use.

- Training to detect, report, and prevent elder abuse.

The education plan is reviewed and updated annually or more often, as needed, to address training needs of the staff.

Evidence: Written Education plan
 Evidence: Personnel Files
 Evidence: Response to Interviews

Services applicable: ALC

Standard AL4-R: Written policies and procedures are established and implemented in regard to written performance evaluations being completed for all personnel based on specific job descriptions. The results of performance evaluations are shared with personnel.

Written policies and procedures addressing individual performance evaluations are required for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted.

Personnel evaluations are shared, reviewed, and signed by the supervisor and employee, according to policy.

Evidence: Written Policies and Procedures
 Evidence: Personnel Files
 Evidence: Response to Interviews

Services applicable: ALC

Standard AL4-S: Written policies and procedures are established and implemented in regard to providing residents with the care/services of a licensed pharmacist or prescribing practitioner.

The Assisted Living Community (ALC) must meet the pharmaceutical needs of residents with specific medication care/services and functions provided by a licensed pharmacist or a prescribing practitioner.

Policies and procedures for pharmaceutical care/service include, but are not limited to:

- The identification, prevention, and resolution of medication-related problems.
- A medication review for each resident that includes the following:
 - Diagnoses.
 - History and physical.
 - Discharge summary.
 - Vital signs.
 - Physician's orders.
 - Progress notes.
 - Laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner.
 - Making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is informed.
 - Documenting the results of the medication review in the resident's record.
- Review of all aspects of medication administration, including the observation or review of procedures for the administration of medications and inspection of medication storage areas.
- Review of the medication system used by the ALC, including packaging, labeling, and availability of medications.
- Review of the ALC's procedures and records for the disposition of medications and provision of assistance, when necessary.
- Providing a written report of findings and any recommendations for change to the ALC and the physician or appropriate health professional, when necessary.
- Conducting in-service programs as needed for ALC staff on medication usage that includes the following:
 - Identification of potential or current medication-related problems.
 - New medications.
 - Side effects and medication interactions.

The ALC ensures that the care/services of a licensed pharmacist or prescribing practitioner for the provision of pharmaceutical care/services are available at least quarterly or as required by state regulations.

The ALC ensures that action is taken as needed in response to medication review and documentation, including ensuring that a physician or appropriate health professional has been informed of any abnormal findings or requests for testing and monitoring.

The ALC maintains the findings and reports resulting from pharmaceutical activities in the resident's record, including action taken by the ALC.

Evidence: Written Policies and Procedures
Evidence: Personnel Files
Evidence: Resident Records

Services applicable: ALC

Standard AL4-T: The Assisted Living Community (ALC) appoints an individual to oversee the activity programs.

There is a designated individual who coordinates resident activities. This individual meets the ALC's job description qualifications and any state-specific criteria, if appropriate.

Evidence: Personnel File
Evidence: Observation

Services applicable: ALC

Standard AL4-U: The Assisted Living Community (ALC) has a qualified food supervisor.

The food supervisor meets the following qualifications:

- Meets the qualifications outlined in the ALC's job description.
- Is experienced in food service and willing to accept consultation from a registered dietitian.
- Meets general health requirements, including tuberculosis testing.

Evidence: Personnel File

Services applicable: ALC

Standard AL4-V: The Assisted Living Community (ALC) is staffed sufficiently based on capacity or census and care/services provided to the residents.

The ALC is staffed based on capacity, census, hours or shifts, and care/services provided to meet the residents' needs.

The ALC is staffed to the licensed capacity of the home or to the resident census and takes into account the required number of hours based on the level of care required. When an ALC is staffing to resident census, a daily census log is maintained that lists current residents by name, room assignment, and date of admission, and must be available for review by ACHC and the appropriate state and county agencies.

Evidence: Observation

Services applicable: ALC

Standard AL4-W: Written policies and procedures are established and implemented in regard to background checks being completed on personnel who provide direct resident care/services and/or access to resident records. Background checks include the Office of Inspector General exclusion list, criminal background record and national sex offender registry.

The Assisted Living Community (ALC) obtains a criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check on all ALC employees who provide direct resident care/services. The ALC's contracts require that all contracted entities obtain a criminal background check, Office of Inspector General exclusion list check, and national sex offender registry check on contracted employees who provide direct resident care/services.

The ALC obtains a criminal background check and OIG exclusion list check on all ALC employees who have access to resident records. The ALC's contracts require that all contracted entities obtain criminal background checks and OIG exclusion list checks on contracted employees who have access to resident records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states in which the individual has lived or worked during past three years.

The ALC has policies and procedures regarding special circumstances, if any, for hiring a person convicted of a crime. The policies

and procedures include but are not limited to:

- Documentation of special considerations.
- Restrictions.
- Additional supervision.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: ALC

Standard AL4-X: There is a job description for each position within the Assisted Living Community (ALC) that is consistent with the organizational chart, with respect to function and reporting responsibilities.

The job description lists:

- Job duties.
- Reporting responsibilities.
- Minimum job qualifications, experience requirements, education, and training.
- Requirements for the job.
- Physical and environmental requirements with or without reasonable accommodation.

The ALC's job descriptions are consistent with the organizational chart, with respect to function and reporting responsibilities. A review of job descriptions with personnel is conducted as part of the orientation process and whenever a job description changes.

There is documentation of receipt of the job description at the time of orientation and whenever the job description changes (e.g., signed job description, orientation checklist, electronic verification).

Evidence: Personnel File

Evidence: Job Description

Services applicable: ALC

Standard AL4-Y: All personnel who transport residents in the course of their job duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

There is evidence that all personnel who transport residents as part of their job duties have valid drivers' licenses, appropriate to the type of vehicle being operated. The ALC conducts a Motor Vehicle Records (MVRs) check on all personnel who are required to transport residents as part of their job duties, at time of hire and annually.

Evidence: Personnel Files

Services applicable: ALC

Section 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient/resident record. These standards also address the specifics surrounding the operational aspects of care/services provided.

Standard AL5-A: Written policies and procedures are established and implemented related to the required content of the resident record and medical record. An accurate record is maintained for each resident.

Written policies and procedures define the required content of the resident record. The content of the resident record includes but is not limited to:

- Resident registration form:
 - Identification data.
 - Names and contact information of family/legal representative/other emergency contact individuals.
 - Funeral home arrangements.
- Signed release of information and other documents for Protected Health Information.
- Copies of Medicare/Medicaid or other third-party insurance cards.

The resident is provided and there is proof of receipt of the following:

- Contract for care/services, accommodations, and rates.
- Statement of Resident's Rights and Responsibilities, with acknowledgement of receipt.
- Grievance/complaint policies and procedures.
- The Assisted Living Community (ALC) Notice of Discharge and ALC Hearing Request Form if the resident is being or has been discharged.
- Discharge instructions.

The resident medical record includes but is not limited to:

- Name of physician or primary care provider.
- Diagnoses.
- Significant medical history.
- Initial assessment and presenting problems/symptoms.
- Subsequent resident assessments and any changes in care/service plan.
- Initial care/service plan.
- Transfer form or hospital discharge summary, when applicable.
- All correspondence with the resident's physician, physician care/services, or other licensed health professional.
- Orders or written treatments or procedures from a physician or other licensed health professional and their implementation, including therapy care/services, hospice, and dietary.
- Current medications and medication reviews.
- Documentation of immunizations against influenza virus and pneumococcal disease or the reason the resident did not receive the immunizations based on state law.
- Advance directives, do-not-resuscitate (DNR) orders/Medical Orders for Life-Sustaining Treatment (MOLST).

Resident records contain documentation of all care/service provided.

All entries must be clear, legible, complete, appropriately authenticated, and dated in accordance with policies and procedures and acceptable standards of practice.

When a resident leaves the ALC for a medical evaluation, records necessary for that medical evaluation are to be sent with the resident.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Services applicable: ALC

Standard AL5-B: Written policies and procedures are established and implemented that address access, storage, and retention of resident records and information.

Written policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards, which include but are not limited to:

- Who may have access to resident records.
- Personnel authorized to enter information and review the records.

- Any circumstances and the procedure to be followed to remove resident records from the premises or designated electronic storage area.
- A description of the protection and access of computerized records and information.
- Backup procedures, which include but are not limited to:
 - Electronic transmission procedures.
 - Storage of backup disks and tapes.
 - Methods to replace information, if necessary.
- Conditions for release of information.

Resident record information is safeguarded against loss or unauthorized use. The Assisted Living Community (ALC) has written consent from the resident to release information not authorized by law. Written policies and procedures govern use and removal of records and the conditions for release of information.

After a resident has left an ALC or died, the resident's records are filed in accordance with state rules and regulations.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Observation

Services applicable: ALC

Standard AL5-C: Written policies and procedures are established and implemented that address the resident's requirements for a medical examination, tuberculosis test, and immunizations, in accordance with applicable laws and regulations.

The Assisted Living Community's (ALC's) policies and procedures address the following:

- Each resident has a tuberculosis (TB) risk assessment completed and other testing is performed as appropriate.
- Each resident has a medical examination prior to admission to the ALC and annually thereafter.
- The results of the complete examination are to be provided to the state, which is in compliance with the following:
 - The required state forms are in the ALC before admission or accompany the resident upon admission and are reviewed by the Administrator or supervisor-in-charge before admission, except for emergency admissions.
- In the case of an emergency admission, the medical examination and completion of the required state forms are completed within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments upon admission.
- Each resident is immunized against pneumococcal disease and annually against influenza virus, except as otherwise indicated by laws and/or regulations and the ALC's policies and procedures.
- The home is expected to make arrangements for any resident who has been an inpatient of a psychiatric facility within 12 months before entering the ALC and who does not have a current plan for psychiatric care to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Services applicable: ALC

Standard AL5-D: Written policies and procedures are established and implemented addressing resident assessments.

The Assisted Living Community's (ALC's) policies and procedures describe the required components of resident assessments and individualized care/service plans:

- The ALC ensures that an initial assessment of each resident is completed and includes a review of current medications.
- The ALC ensures that an assessment of each resident is completed upon admission and at least annually thereafter using an appropriate assessment tool.
- The assessment is completed to determine a resident's level of functioning, including psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.
- The assessment indicates if the resident requires referral to the resident's physician or other licensed healthcare professional; provider of mental health, developmental disabilities, or substance abuse services; or community resource. It is recommended that the assessment be completed by a licensed health professional.
- The ALC ensures that an assessment is completed after a significant change in the resident's condition using the appropriate assessment tool and following state regulations that define a change in condition.
- If a resident experiences a significant change in condition, the ALC refers the resident to the resident's physician or other appropriate licensed health professional, such as a mental health professional, nurse practitioner, physician assistant, or Registered Nurse, in a timely manner consistent with the resident's condition.

- The ALC documents the referral in the resident's record. The referral is made immediately when significant changes are identified that pose an immediate risk to the health and safety of the resident, other residents, or staff of the ALC.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Services applicable: ALC

Standard AL5-E: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to the development of a resident's plan of care/service.

Information gathered during the assessment provides the basis for establishing the resident's care/service plan. The resident's complaints or concerns, likes and dislikes, medical and surgical history, level of pain, pain management strategies, and lifestyle factors (e.g., smoking, alcohol use, and exercise) are taken into account in creating the care/service plan:

- The ALC ensures that a care/service plan is developed for each resident in conjunction with the resident assessment that is to be completed following admission. The care/service plan is individualized for the personal care/services of each resident.
- The care/service plan is revised as needed based on further assessments.

The care/service plan includes but is not limited to:

- A statement of the care/service to be provided based on the assessment or reassessment of the resident.
- Frequency of the care/service to be provided.
- The ALC ensures assessment data is developed that describes the resident's:
 - Behavioral patterns.
 - Self-help abilities.
 - Level of daily living skills.
 - Special management needs.
 - Physical abilities and disabilities.
 - Degree of cognitive impairment.
- The resident care/service plan is developed or revised based on the resident profile and specifies programming that involves environmental, social, and healthcare strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.
- The assessor signs the care/service plan upon its completion.
- The ALC ensures that the resident's physician authorizes personal care/services and certifies the following by signing and dating the care/service plan:
 - The resident is under the physician's care.
 - The resident has a medical diagnosis with associated physical or mental limitations that justify the personal care/services specified in the care/service plan.
- The ALC ensures that the care/service plan for each resident who is under the care of a provider of mental health, developmental disabilities, or substance abuse services includes resident-specific instructions regarding how to contact that provider, including emergency contact. Whenever significant behavioral changes are identified, the ALC refers the resident to a provider of mental health, developmental disabilities, or substance abuse services.
- The ALC ensures ongoing assessment for changes in the resident's condition and appropriateness of the resident's placement in an ALC setting.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Services applicable: ALC

Standard AL5-F: The Assisted Living Community's (ALC's) staff provides personal care/services to residents according to their assessed needs and care/service plans.

ALC staff provides personal care/services to residents according to the residents' needs, symptoms, and care/service plans. The staff will also attend to any other personal care/service needs residents may be unable to attend to for themselves.

Staff provides supervision of residents in accordance with each resident's assessed needs, care/service plan, and current symptoms.

Staff responds immediately in the case of an accident or incident involving a resident to provide care and intervention, according to the ALC's policies and procedures.

Evidence: Resident Records

Evidence: Observation

Services applicable: ALC

Standard AL5-G: The Assisted Living Community (ALC) provides the resident's healthcare needs in accordance with the resident's care/service plan.

Health care is provided to the residents based on each resident's routine and acute health needs, physician orders, and care/service plan:

- The ALC provides care/services in accordance with the residents' care/service plans.
- The ALC ensures referrals and follow-up to meet the routine and acute healthcare needs of residents.
- The ALC ensures that there is documentation of the following in a resident's record:
 - Advance directives, do-not-resuscitate (DNR) orders/Medical Orders for Life-Sustaining Treatment (MOLST).
 - Contacts with the resident's physician, physician care/services, other licensed health professional, including mental health professional, when illnesses or accidents occur and any other ALC contacts with a physician or licensed health professional regarding resident care/services.
 - All visits of the resident to or from the resident's physician, physician service, or other licensed health professional, including mental health professional, of which the ALC is aware.
 - Written procedures, treatments, or orders from a physician or other licensed health professional.
 - Implementation of procedures, treatments, or orders.
- The following shall apply to the resident's physician or physician care/services:
 - The resident or their legal representative is allowed to choose a physician or physician care/service to attend the resident.
 - When the resident cannot remain under the care of the chosen physician or physician care/services, the ALC ensures that arrangements are made with the resident or resident's legal representative for choosing and securing another physician or physician care/service.

Evidence: Resident Records

Evidence: Observations

Services applicable: ALC

Standard AL5-H: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing the use of physical restraints and alternative methods.

The ALC's written policies and procedures describe alternative methods, the appropriate use of physical restraints, and the circumstances under which physical restraint of a resident is to be applied.

An ALC ensures that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and restricts freedom of movement or normal access to one's body must be:

- Used only in circumstances when a resident's comprehensive assessment is used to determine whether the use of less restrictive measures poses a greater risk than the risk of using a restraint.
- Physical restraints may not be used for discipline or convenience purposes.
- Used only with a written order from a physician, except in emergencies.
- The least restrictive restraint that would provide safety.
- Used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record.
- Used only after an assessment and care/service planning process has been completed, except in emergencies.
- Applied correctly according to the manufacturer's instructions and the physician's order.
- Used in conjunction with alternatives in an effort to reduce restraint use.

Bedside rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. The ALC must attempt to use appropriate alternatives prior to installing bedside rails. If bedside rails are used, the ALC must ensure correct installation, use, and maintenance of the rails, including but not limited to the following elements:

- Assess the resident for risk of entrapment from bedside rails prior to installation.
- Review the risks and benefits of bedside rails with the resident or resident's legal representative and obtain informed consent prior to installation.
- Ensure that the bed's dimensions are appropriate for the resident's size and weight.
- Follow the manufacturers' recommendations and specifications for installing and maintaining bedside rails.

Prior to application of restraints, the resident must be assessed, and the following requirements must be met:

- The assessments and care/service planning are implemented through a team process, with the team consisting of at least a staff supervisor, Registered Nurse, resident's physician, and resident's legal representative.
- The assessment includes consideration of the following:
 - Medical symptoms that warrant the use of a restraint.

- How the medical symptoms affect the resident.
- When the medical symptoms were first observed.
- How often the symptoms occur.
- Alternatives that have been provided and the resident's response.
- The least restrictive type of physical restraint that would provide safety.
- The care/service plan must include the following:
 - Alternatives and how the alternatives will be used prior to restraint use and, in an effort, to reduce restraint time once the resident is restrained.
 - The type of restraint to be used.
 - Care/service to be provided to the resident during the time the resident is restrained.
- The restrain order must indicate:
 - The medical need for the restraint.
 - The type of restraint to be used.
 - The period of time the restraint is to be used.
 - The time intervals the restraint is to be checked and released, but no longer than every 30 minutes for checks and two hours for releases.

All instances of the use of physical restraints and alternatives must be documented by the facility staff in the resident's record and include the following:

- Restraint alternatives that were provided and the resident's response.
- Type of restraint that was used.
- Medical symptoms warranting restraint use.
- The time the restraint was applied and the duration of restraint use.
- Care/service that was provided to the resident during restraint use.
- Behavior of the resident during restraint use.
- Physical restraints are only applied by staff who have received training.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Response to Interviews

Evidence: Observation

Services applicable: ALC

Standard AL5-I: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing medication orders for psychotropic medications.

The ALC is responsible to ensure that the resident is free from chemical restraints imposed for purposes of discipline or convenience. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

- Antipsychotic
- Antidepressant
- Antianxiety
- Hypnotic

When a resident is using psychotropic drugs, the ALC ensures that:

- Residents who have not used psychotropic drugs are not given these drugs unless the medications are necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- Residents do not receive psychotropic drugs pursuant to an "as needed" (PRN) order unless those medication are necessary to treat a diagnosed specific condition that is documented in the clinical record.
- If the psychotropic drug is prescribed "as needed" by a prescribing practitioner, it will not be administered unless the following has been provided by the practitioner or included in an individualized care plan developed by a Registered Nurse or licensed pharmacist:
 - Detailed behavior-specific written instructions, including symptoms that might require use of the medication.
 - Rational for medication and duration of use.
 - Exact dosage.
 - Exact timeframes between dosages.
 - The maximum dosage to be administered in a 24-hour period.
 - Cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
- The ALC is responsible for notifying the prescriber after PRN psychotropic medications are administered. Notification must include the reason for administration and the resident's response to treatment.

The resident's record must reflect the following:

- That there is an adequate indication for use of the medication (e.g., a psychotropic medication is not administered unless the medication is used to treat a specific condition).
- That there is adequate monitoring for the effectiveness of the medication in treating the specific condition and for any adverse consequences resulting from the medication.
- That a resident who uses a psychotropic drug(s) is receiving gradual dose reduction and behavioral interventions, unless clinically contraindicated.
- That a resident who receives a psychotropic drug(s) pursuant to a PRN order is not administered the medication unless the medication is necessary to treat a diagnosed specific symptom, as documented in the resident record.

In addition, for psychotropic medications ordered "as needed" by a prescribing practitioner, the medications are not administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input from a Registered Nurse or licensed pharmacist:

- Exact dosage
- Exact time frames between dosages
- The maximum dosage to be administered in a 24-hour period.

The indication for use for any medication ordered for a resident must be identified and documented in the resident's record.

The ALC is responsible for managing and monitoring each resident's entire drug/medication regimen to:

- Promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being.
- Implement gradual dose reductions (GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and
- Use PRN orders for psychotropic medications only when the medication is necessary and PRN use is limited.

The ALC ensures that personal care aides and their direct supervisors receive training annually on the desired and undesired effects of psychotropic medications, including alternative behavior interventions.

Documentation of training attended by staff is maintained by the ALC.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ALC

Standard AL5-J: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing medication orders.

The ALC ensures that medication order policies and procedures are established and implemented by staff.

The policies and procedures include the following:

- The ALC must contact the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:
 - Orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the ALC.
 - Orders are not clear or complete.
 - Multiple admission forms are received upon admission or readmission and orders on the forms are not the same.
- The ALC ensures that the verification or clarification of the order is documented in the resident's record.
- All orders for medications, prescription and nonprescription, and treatments must be maintained in the resident's record at the ALC.
- The medication orders must be complete and include the following:
 - Medication name.
 - Strength of medication.
 - Dosage of medication to be administered.
 - Route of administration.
 - Specific directions of use, including frequency of administration.
 - If ordered on an as-needed basis, a stated indication for use.

- Verbal orders for medications and treatments are:
 - Countersigned by the prescribing practitioner within 15 days from the date the order is given.
 - Signed or initialed and dated by the person receiving the order.
 - Accepted only by a licensed professional authorized by state occupational licensure laws to accept orders or staff responsible for medication administration.
- Any application of a facility-based protocol, when applied to a resident, is documented in the resident's record.
- The ALC ensures that all current orders for medications or treatments, including facility-based protocols (if allowed by state regulations) and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner as required at least every six months.

Evidence: Written Policies and Procedures
 Evidence: Resident Records

Services applicable: ALC

Standard AL5-K: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing medications being labeled with required information.

Medications are labeled in accordance with applicable state and federal laws and regulations. The ALC establishes and implements written policies and procedures that address labeling of medications.

Medication labeling policies and procedures include:

- Labeling of prescription legend medications, except for medications prepared for a resident's leave of absence, is legible and includes the following information:
 - Name of the resident for whom the medication is prescribed.
 - Most recent date of issuance.
 - Name of the prescriber.
 - Name and concentration of the medication, quantity dispensed, and prescription serial number.
 - Unabbreviated directions for use stated.
 - Statement of generic equivalency indicated if a brand other than the brand prescribed is dispensed.
 - Expiration date, unless dispensed in a single unit or unit-dose package that already has an expiration date.
 - Auxiliary information as required of the medication.
 - Name, address, and telephone number of the dispensing pharmacy.
 - Name or initials of the dispensing pharmacist.
- The ALC ensures that any changes in directions of a resident's medication by the prescriber are on the container at the refilling of the medication by the pharmacist or dispensing practitioner.
- The ALC has a procedure for identifying direction changes until the container is correctly labeled in accordance with the requirements above.
- No person other than a licensed pharmacist or dispensing practitioner may alter a prescription label.
- Nonprescription medications have the manufacturer's label with the expiration date visible unless the container has been labeled by a licensed pharmacist or a dispensing practitioner.
- Medications, prescription and nonprescription, shall not be transferred from one container to another except when prepared for a resident's leave of absence or administration to a resident.

Evidence: Written Policies and Procedures
 Evidence: Observation
 Evidence: Response to Interviews

Services applicable: ALC

Standard AL5-L: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing the preparation, management, and administration of medications.

Written policies and procedures are established and implemented for the preparation, management, and administration of medications in accordance with applicable laws and regulations.

The ALC ensures that the preparation and administration of medications, prescription and nonprescription, and treatments by staff are in accordance with:

- Orders by a licensed prescribing practitioner, which are maintained in the resident's record.
- The ALC's policies and procedures.
- State requirements, including ensuring that only qualified staff meeting the state requirements administer and/or prepare medications for administration.
- The ALC's orientation practices ensuring staff responsible for medication administration are orientated to medication policies and procedures prior to administering or supervising the administration of medications.

- All applicable state and federal regulations, including the state pharmacy practice act.

The ALC ensures that medications are administered within the prescribed or scheduled time frames, unless precluded by emergency situations.

The recording of the administration on the medication administration record is completed by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

The resident's medication administration record (MAR) is accurate and includes the following:

- Resident's name.
- Name of the medication or treatment order.
- Strength and dosage or quantity of medication administered.
- Instructions for administering the medication or treatment.
- Reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident.
- Date and time of administration.
- Documentation of any omission of medications or treatments and the reason for the omission, including refusals.
- Name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the MAR.

The ALC has a system in place to ensure the resident is identified prior to the administration of any medication or treatment.

The ALC ensures the development and implementation of policies and procedures governing medication errors and adverse medication reactions that include documentation of the following:

- Notification of a physician or appropriate health professional and supervisor.
- Action taken by the ALC according to orders by the physician or appropriate health professional.
- Charting or documentation errors, unavailability of a medication, resident refusal of medication, any adverse medication reactions, and notification of the resident's physician when necessary.

The ALC ensures medications are administered in accordance with infection control measures that help prevent the development and transmission of disease or infection, prevent cross-contamination, and provide a safe and sanitary environment for staff and residents.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Observation

Services applicable: ALC

Standard AL5-M: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing self-administration of medications.

The ALC implements its written policies and procedures regarding residents self-administering medications. An ALC's policies and procedures describe when residents can self-administer their medications. The ALC can permit residents who are assumed competent and physically able to self-administer their medications if the following requirements are met:

- Specific instructions for administration of prescription medications are printed on the medication labels.
- When there is a change in the resident's mental or physical ability to self-administer or the resident does not comply with physician's orders or the ALC's medication policies and procedures, the ALC is to notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications. The ALC documents the notification of the physician regarding noncompliance or refusal by the resident.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Observation

Services applicable: ALC

Standard AL5-N: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing the storage of medications.

The ALC establishes and implements written policies and procedures regarding the safe and secure storage of medications.

The policies and procedures include:

- Medications that are self-administered and stored in the resident's room are stored in a safe and secure manner as specified in the ALC's medication storage policies and procedures.
- All prescription and nonprescription medications stored by the ALC, including those requiring refrigeration, are maintained in a safe manner under locked security, except when under the immediate or direct physical supervision of staff in charge of medication administration.
- The medication storage area is clean, well-lit, well-ventilated, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen, or utility room. If medication carts are used, they are clean, and medications are stored in an orderly manner.
- Accessibility to locked storage areas for medications is granted only to staff responsible for medication administration and the Administrator or person in charge.
- Medications intended for topical or external use, except for ophthalmic, optic, and transdermal medications, are stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic, optic, and transdermal medications may be stored with medications intended for oral and injectable use. Medications are stored apart from cleaning agents and hazardous chemicals.
- Medications requiring refrigeration are stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).
- Medications are not to be stored in a refrigerator containing non-medications and non-medication-related items, except when stored in a separate container. The container is locked when storing medications unless the refrigerator is locked or is located in a locked medication area.

A prescribing practitioner's order is required for the administration of any medication.

First-aid supplies are immediately available, stored out of sight of residents and visitors, and stored separately in a secure and orderly manner.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ALC

Standard AL5-O: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing controlled substances.

The ALC establishes and implements written policies and procedures regarding the secure storage and recording keeping of controlled substances by licensed personnel, in accordance with applicable laws and regulations.

The policies and procedures include:

- The ALC ensures a readily retrievable record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records are maintained with the resident's record and in such an order that there can be accurate reconciliation.
- Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications are under double lock.
- Controlled substances that are expired, discontinued, or no longer required for a resident are stored in a double-locked area until they can be destroyed or returned in accordance with state laws and regulations.
- Records of controlled substances returned to the pharmacy or destroyed by the ALC are maintained by the ALC for a minimum of three years.
- Controlled substances that are expired, discontinued, prescribed for a deceased resident, or deteriorated are stored securely in a locked area separately from actively used medications until disposed of.
- A dose of a controlled substance accidentally contaminated or not administered is to be destroyed at the ALC. The destruction is documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction, and the initials or signature of the person destroying the substance.
- The ALC ensures that all known drug diversions are reported to the pharmacy, local law enforcement agency, and any state registry as required by state law and ACHC. There is documentation of the contact and action taken.
- "Chain of Custody" for scheduled medications must be maintained by licensed personnel. This refers to the document or paper trail showing the custody, control transfer, and disposition of controlled medications that are managed by the ALC.

Evidence: Written Policies and Procedures

Evidence: Resident Records and MAR

Evidence: Observation

Services applicable: ALC

Standard AL5-P: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing medication disposal.

The ALC has written policies and procedures that are implemented and include the following:

- Medications are released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and are not given to, or taken by, other staff or residents.
- Medications, excluding controlled medications, that are expired, discontinued, prescribed for a deceased resident, or deteriorated are stored separately from actively used medications until disposed of.
- All medications are disposed of in accordance with state, U.S. Environmental Protection Agency (EPA), and U.S. Food and Drug Administration (FDA) current rules and regulations. Records of medications disposed of or returned to the pharmacy for disposal (if allowed by state rules) include the resident's name, the name and strength of the medication, the amount disposed of or returned, and the method of disposal if destroyed at the ALC. These records are maintained by the ALC for a minimum of one year or longer if required by applicable laws and regulations.
- A dose of any medication prepared for administration and accidentally contaminated or not administered is disposed of at the ALC according to state, EPA, and FDA rules and regulations and the ALC's policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ALC

Standard AL5-Q: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing the process for discharge of a resident.

The ALC's policies and procedures established and implemented include the following:

- The discharge of a resident initiated by the ALC is according to policies and procedures specified under this standard. The discharge of a resident initiated by the ALC involves the termination of residency by the ALC resulting in the resident's move to another location and the ALC not holding the bed for the resident based on the ALC's temporary absence policy.
- The discharge of a resident is based on one of the following reasons that include but are not limited to:
 - The discharge is necessary for the resident's welfare and the resident's needs cannot be met in the ALC as documented by the resident's physician, physician assistant, or nurse practitioner.
 - The resident's health has improved sufficiently so the resident no longer needs the care/services provided by the ALC, as documented by the resident's physician, physician assistant, or nurse practitioner.
 - The safety of other individuals in the ALC is endangered.
 - The health of other individuals in the ALC is endangered, as documented by a physician, physician assistant, or nurse practitioner.
 - Failure to pay the costs of care/services and accommodations by the payment due date, according to the resident contract, after receiving written notice warning of discharge for failure to pay.
 - The discharge is mandated under state laws/regulations.
 - The notices of discharge and appeal rights is made by the ALC at least 30 days before the resident is discharged, except those notices may be made as soon as practicable when:
 - The resident's health or safety is endangered, and the resident's urgent medical needs cannot be met in the ALC.
 - The resident's health has improved sufficiently, and the resident no longer needs the ALC's care/services, the safety of other individuals in the ALC is endangered, or the health of other individuals in the ALC is endangered, as documented by a physician, physician assistant, or nurse practitioner.
- The reason for discharge is documented in the resident's record. Documentation includes one or more of the following, as applicable to the reasons:
 - Documentation by a physician, physician assistant, or nurse practitioner.
 - The condition or circumstance that endangers the health or safety of the resident being discharged or endangers the health or safety of other individuals in the ALC, and the ALC's action taken to address the problem prior to pursuing discharge of the resident.
 - Written notices of warning of discharge for failure to pay the costs of care/services and accommodations.
 - The specific health need or condition of the resident that the ALC determined could not be met by the ALC and as disclosed in the resident contract signed upon the resident's admission to the ALC.
- The ALC provides sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the ALC as evidenced by:
 - Explaining to the resident or resident's legal representative why the discharge is necessary.
 - Informing the resident and resident's legal representative about an appropriate discharge destination.
 - Notifying any state or regulatory provider, if required by regulation.
- Offering the following material to the caregiver with whom the resident is to be placed and providing this material as requested prior to or upon discharge of the resident:
 - A copy of the resident's most current state medical information form.

- A copy of the resident's most current assessment and care/service plan.
- A copy of the resident's current physician orders.
- A list of the resident's current medications.
- A record of the resident's vaccinations and TB screening.
- Advance directives, including do-not-resuscitate (DNR) orders/Medical Orders for Life-Sustaining Treatment (MOLST).

If a discharge is initiated by the resident or the resident's legal representative, the Administrator may require written notice from the resident or the resident's legal representative, which means the resident or the resident's legal representative may be charged for the days of the required notice if notice is not given or if notice is given and the resident leaves before the end of the required notice period.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

Section 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

Standard AL6-A: The Assisted Living Community (ALC) develops, implements, and maintains an effective and ongoing Performance Improvement (PI) program and evaluation specific to needs and the care/services provided.

The ALC develops and maintains an ongoing PI program that is specific to the care/services provided. Analyzing and tracking quality indicators enables the ALC to assess processes of care, services, and operations for continued performance improvement.

The methods used for reviewing data include but are not limited to:

- Current documentation (e.g., review of resident records, incident reports, complaints, resident satisfaction surveys).
- Resident care/services.
- Direct observation in care/service setting.
- Operating systems.
- Response to resident and personnel interviews.
- Regulatory visits.

"Ongoing" means that there is a continuous and periodic collection and assessment of data. Assessment of such data enables identification of potential problems and indicates when additional data is needed.

The data collected by the ALC for self-assessment includes but is not limited to:

- At least one important aspect related to resident care/service provided shall reflect a dimension of activity that may be:
 - High-volume (occurs frequently or affects a large number of residents).
 - High-risk (causes a risk of serious consequences if the care/service is not provided correctly).
 - Problem-prone (has tended to cause problems for personnel or residents in the past).
- Resident and staff satisfaction surveys.
- Resident record review:
 - The resident record review is conducted by appropriate staff. A representative sampling (5 percent of the current number of residents or 50, whichever is less) is selected to determine the completeness and accuracy of documentation.
- Resident grievances/complaints.
- Adverse events to residents.
- Ongoing monitoring of processes that involve preventing and controlling infectious and communicable diseases.
- Physical plant maintenance.

The ALC incorporates benchmarking data and outcomes with other ALCs.

Evidence: Written Policies and Procedures/PI Plan

Evidence: Observation

Services applicable: ALC

Standard AL6-B: The Assisted Living Community (ALC) ensures the implementation of an organization-wide Performance Improvement (PI) plan by designating a person responsible for PI coordination activities. Personnel are trained and involved in PI activities.

Duties and responsibilities of the person designated to coordinate PI activities include:

- Assisting with the overall development and implementation of the PI plan.
- Assisting in the identification of goals and related resident outcomes.
- Coordinating, participating, and reporting of activities and outcomes.
- Making recommendations for revisions to PI activities or the need for new initiatives.
- Training of personnel.

The position responsible for PI coordination activities may be the Administrator/Owner, a nurse, or other designated qualified staff member. These duties are included in the individual's job description.

Personnel receive training related to PI activities. Training includes but is not limited to:

- The purpose of PI activities.

- Person responsible for coordinating PI activities.
- Each employee's role in PI.
- Use of evidence-based guidelines.
- Process for collecting aggregate data on selected quality and safety outcomes.
- Use of resident satisfaction data.
- PI outcomes resulting from previous activities.

Personnel are involved in the evaluation process. Personnel carry out quality assessment activities, evaluate findings, recommend action plans, and/or receive reports of findings.

Evidence: Minutes of Personnel Meetings

Evidence: Personnel Files

Services applicable: ALC

Standard AL6-C: There are ongoing and annual Performance Improvement (PI) reports.

There is a comprehensive, written annual report that describes the ongoing PI activities, findings, and corrective actions that relate to the care/service provided. In a large multiservice organization, the report may be part of a larger document addressing all the organization's programs.

While the annual report is a single document, improvement activities must be conducted at various times throughout the year. PI findings and corrective actions are reviewed and documented on an ongoing basis. Data for the annual report may be obtained from a variety of sources and methods (e.g., audit reports, resident questionnaires, feedback from referral sources, and outside survey reports and benchmarks).

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-D: Each Performance Improvement (PI) activity or study contains the required items.

Each PI activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted.
- Frequency of monitoring/activities.
- Designation of who is responsible for conducting monitoring/activities.
- Methods of data collection.
- Acceptable limits for findings/thresholds.
- Use of evidence-based practice and root-cause analysis, when applicable.
- Written plan of correction when thresholds are not met.
- Plans to re-evaluate if findings fail to meet acceptable limits.
- Any other activities required under state or federal laws or regulations.
- The above criteria are used to develop required PI activity.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-E: Performance Improvement activities include the ongoing monitoring of resident's grievances/complaints.

PI activities include ongoing monitoring of a resident's grievances/complaints and the action(s) needed to resolve grievances/complaints and improve resident's care/service.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-F: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) for addressing and reporting of resident accidents, incidents, and deaths in accordance with applicable laws and regulations.

The ALC's policies and procedures describe the reporting of resident accidents and incidents in accordance with defined criteria, processes, and applicable laws and regulations.

The policies and procedures include the following defined processes and criteria:

- The ALC notifies the appropriate parties, according to state regulations, of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid.
- The ALC immediately notifies the local law enforcement authority, as required by law, of any mental or physical abuse, neglect, or exploitation of a resident.
- The ALC ensures that the resident's legal representative is notified, as indicated on the resident register.
- When a resident is at risk that death or physical harm will occur as a result of physical violence by another person, the ALC immediately reports the situation to the local law enforcement authority.
- In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the ALC must immediately:
 - Seek assistance of the local law enforcement authority.
 - Provide additional supervision of the threatening resident to protect others from harm.
 - Seek any needed emergency medical treatment.
 - Make a referral to the Local Management Entity for Mental Health Services or resident's mental health provider for emergency treatment of the threatening resident.
 - Cooperate with assessment personnel assigned to the case by a mental health provider to enable them to provide their earliest possible assessment.
 - The ALC must immediately report any assault resulting in harm to a resident or other person in the ALC to the local law enforcement authority.

Evidence: Written Policies and Procedures

Evidence: Resident Records

Services applicable: ALC

Standard AL6-G: The Assisted Living Communities (ALCs) monitors all care/services provided under contract/agreement to ensure that the care/services are delivered in accordance with the terms of the contract/agreement.

The ALC has implemented a process for monitoring all care/services provided under a contract/agreement. Data and outcomes from monitoring activities are reported to the ALC's leadership to ensure the overall quality of care/services provided to the residents. Processes include but are not limited to:

- Satisfaction surveys.
- Record reviews.
- Observations.
- Residents' comments and other performance improvement activities.

Evidence: Performance Improvements Activities

Evidence: Leadership Meeting Minutes

Services applicable: ALC

Standard AL6-H: Performance Improvement (PI) activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.

A review of all variances that includes but is not limited to incidents, accidents, complaints/grievances, and worker compensation claims is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-I: Performance Improvement (PI) activities include ongoing monitoring of at least one important aspect related to the care/service provided.

The Assisted Living Community (ALC) monitors at least one important aspect of the care/service provided by the ALC. An important aspect of care/service reflects a dimension of activity that may be high-volume (occurs frequently or affects a large number of residents), high-risk (causes a risk of serious consequences if the care/service is not provided correctly), or problem-prone (has tended to cause problems for personnel or residents in the past).

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-J: Performance Improvement (PI) activities include satisfaction surveys.

The PI plan identifies the process for conducting resident and personnel satisfaction surveys.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-K: The Performance Improvement (PI) plan includes ongoing monitoring of the resident records.

The resident record review is conducted by licensed staff. An adequate sampling (5 percent of the current number of residents or 50, whichever is less) is completed. Open and closed records are selected to determine the completeness of documentation.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-L: Performance Improvement (PI) activities include at least one important administrative function of the ALC.

The ALC conducts monitoring of at least one important administrative/operational function of the ALC. Examples may include but are not limited to:

- Monitoring compliance of performance evaluations.
- Number of in-service hours completed by personnel.
- Monitoring staff qualifications.
- Conducting billing audits.

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL6-M: The Performance Improvement (PI) plan includes ongoing monitoring of staffing.

The Assisted Living Community (ALC) shows measures and implementation of plans to improve staffing stability by:

- Tracking turnover and retention to have adequate staff required to meet the routine and safety needs of the residents.
- Conducting annual staff satisfaction surveys.
- Empowering employees to participate in quality improvement projects, including recognizing and resolving issues.
- Having employee safety program plans in place.
- Providing employees the opportunity for career advancement, through education and other pathways.

Services applicable: ALC

Standard AL6-N: The Performance Improvement (PI) plan includes ongoing monitoring of medication administration.

The Assisted Living Community (ALC) monitors at least one aspect of medication administration provided by the ALC monthly and is focused on quality and safety in the following areas:

- Ensuring the residents' quality of life as it relates to receiving medications (maintaining dignity and privacy).
- Having the necessary medication management systems and procedures in place and using them as intended.
- Observing medication passes to ensure that correct administration techniques are used and that medications are given as ordered by the prescriber.
- Reviewing medication administration records and the medications on hand to ensure that records and labels are accurate and current.
- Demonstrating measures to make changes with procedures as necessary to improve medication administration.
- Reflecting documentation of benchmark data to show progress made in medication administration PI.

Evidence: Performance Improvement Reports

Services applicable: ALC

Section 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues, such as fire safety, hazardous materials, and disaster and crisis preparation.

Standard AL7-A: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) that address the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases and compliance with regulatory standards.

The ALC maintains and documents an effective infection control program that protects residents and personnel by preventing and controlling infections and communicable diseases.

The ALC's infection control program must identify risks for the acquisition and transmission of infectious agents in care/service settings. There is a system to communicate with all personnel and residents about infection prevention and control issues and includes information on their roles in preventing the spread of infections and communicable diseases, including blood-borne pathogens such as HIV and hepatitis, through daily activities.

The ALC designates one on-site staff member at each noncontiguous ALC who is knowledgeable about the federal Centers for Disease Control and Prevention (CDC) guidelines on infection control to direct the ALC's infection control activities and ensure that all ALC staff members are trained in the ALC's infection control policy. The staff member designated to direct the ALC's infection control activities must complete the infection control course developed by the state, if applicable.

The individual(s) designated responsible for oversight of the infection control program provides education to employees, contracted providers, live-in staff, residents, and family members regarding basic and high-risk infection control procedures, as appropriate to the care/services provided.

Written policies and procedures are established and implemented to include accepted standards of practice and the use of standard precautions to prevent the transmission of infections, communicable diseases, and blood-borne pathogens.

Accepted standards of practice for healthcare providers are typically developed by government agencies and professional organizations and associations. Examples include but are not limited to:

- The Centers for Disease Control and Prevention (CDC).
- The Agency for Healthcare Research and Quality (AHRQ).
- State Practice Acts.
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology [APIC], American Nurses Association [ANA], etc.).

Written policies and procedures include but are not limited to:

- General infection control measures appropriate for care/services provided.
- Hand hygiene.
- Use of standard precautions and personal protective equipment.
- Needle-stick prevention and sharps safety.
- Appropriate and safe use of single-use supplies or devices, including point-of-care devices, according to manufacturers' guidelines.
- Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable resident care items that are used for multiple residents.
- Appropriate cleaning/disinfecting procedures in accordance with manufacturers' guidelines.
- Infection surveillance, monitoring, and reporting of employees and residents.
- Disposal and transportation of regulated, medical, and infectious waste, if applicable.
- Precautions to protect immune-compromised residents.
- Employee health conditions that limit their activities.
- Assessment and use of data obtained about infections and the infection control program.
- Protocols for addressing resident care issues and prevention of infection related to urinary tract care, respiratory tract care, and wound care.
- Policies on protecting residents and personnel from blood-borne and airborne pathogens.
- Monitoring staff for compliance with organizational policies and procedures related to infection control.
- Protocols for educating personnel and residents in standard precautions and the prevention and control of infection.
- Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.
- Accessibility of infection control devices and supplies.
- Procedures to prohibit ALC staff with exudative lesions or weeping dermatitis from engaging in direct resident care/services that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.

The ALC has written policies and procedures that detail OSHA Bloodborne Pathogen and Tuberculosis (TB) Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure. The Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and needleless systems). Plans are available to personnel at the workplace during the work shift.

The ALC conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessments for direct care personnel.

All personnel demonstrate infection control procedures in the process of providing care/service to residents as described in CDC standards and as adopted in the ALC's policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: ALC

Standard AL7-B: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) on requirements of immunizations for personnel.

Employees (full- or part-time) are immunized against the influenza virus upon hire and annually.

- The ALC notifies every employee of the immunization requirements of this section and requests that each employee agree to be immunized against the influenza virus.
- An ALC documents the annual immunization against influenza virus for each employee, as required by state law. Upon finding that an employee is lacking an influenza immunization, the ALC provides or arranges for immunization.
- Per state regulations, an employer can mandate that all employees receive the influenza virus vaccine unless the vaccine is medically contraindicated.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Observation

Services applicable: ALC

Standard AL7-C: The Assisted Living Community (ALC) reviews and evaluates the effectiveness of the infection control program on an ongoing basis.

The ALC monitors infection statistics of both residents and personnel and implements other activities, such as infection-tracking records or logs, to ensure that personnel follow infection control procedures and report infections.

Infection control tracking is used to collect and trend data on infections of residents and personnel. The organization identifies what infections will be reported using criteria appropriate to the populations served and in accordance with applicable laws and regulations.

Surveillance data is analyzed quarterly for trends and related factors that may contribute to the trends and for correlations between personnel, residents, and infection control practices.

Data is used to assess the effectiveness of the infection control program on an ongoing and annual basis. A written summary of the evaluation of the infection control program is communicated to leadership and personnel. Corrective action plans and steps for improvement are implemented as needed. Data and action plans must be included in the Performance Improvement activities.

The ALC reviews and evaluates its program at least annually or more often as needed, based on any concerns, changes, or outbreaks.

The ALC reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

Evidence: Infection Tracking Records or Logs

Evidence: Performance Improvement Reports

Services applicable: ALC

Standard AL7-D: The Assisted Living Community's (ALC's) physical site meets design and construction requirements in

accordance with applicable laws and regulations.

The ALC's physical site must meet design and construction requirements for existing buildings and new construction.

- All new construction, additions, and renovations to existing buildings must meet the requirements of the state, National Fire Protection Association (NFPA) 101, and any authorities having jurisdiction (AHJ).
- Any existing building converted from another use to an ALC must meet all requirements of "change of use" as cited in NFPA 101.
- Any existing licensed ALC that is closed or vacant for more than one year must be recommissioned and retain evidence that all building systems have been tested for function to design specifications and that the physical environment is clean, sanitary, and in proper working condition as required by any federal, state, or local rules and regulations.
- The ALC has current sanitation, fire, and building safety inspection reports that are maintained at the ALC and readily available for review. If these inspections are not performed by any local or state authority, evidence is retained of either an inspection request or a statement that inspection is not provided by the respective inspection authority.
- Where rules, codes, or standards have any conflict, the most stringent requirement will apply, unless the conflicting requirement is specifically addressed by the adopted code or statute.
- The ALC is required to have and maintain fire safety, electrical, mechanical, and plumbing equipment. Equipment must be maintained per all governing codes and standards.

Evidence: Observation

Evidence: Building Plans

Evidence: Fire and Building Safety Reports

Services applicable: LSC

Standard AL7-E: The Assisted Living Community's (ALC's) physical site provides a physical environment that meets the needs of the residents.

The ALC's physical site provides environment and living arrangements that meet the needs of the residents and include sufficient space, accommodations, storage, housekeeping, and furnishings.

Evidence: Observation

Services applicable: LSC

Standard AL7-F: The Assisted Living Community (ALC) has a fire alarm system and fire evacuation plan in place that is maintained in accordance with state and local laws and regulations.

The ALC must comply with all state and local fire alarm system requirements.

The fire alarm system in the ALC is able to transmit the fire alarm signal automatically to the local emergency/fire department dispatch center, either directly or through a connection with a central station monitoring company.

The ALC is knowledgeable of and follows any state and local fire safety requirements.

As part of the ALC's fire evacuation plan, a diagrammed drawing of each floor and closest route to the exits is written in large print and posted in a central location on each floor of the ALC's physical site. The plan is reviewed with each resident at admission and is a part of orientation for all new staff. Existing staff are expected to be able to identify exit paths and evacuation procedures.

The ALC has fire extinguishers in accordance with state and local regulations.

Fire drills are conducted quarterly on each shift and the drills must involve participation of the staff in accordance with the ALC's policies and procedures regarding fire response. All drills are documented.

Evidence: Observation

Evidence: Documentation of Testing of Fire Alarm System

Evidence: Response to Interviews

Services applicable: LSC

Standard AL7-G: The Assisted Living Community (ALC) has a written emergency preparedness plan that outlines the process for meeting residents and personnel needs in a disaster or crisis situation.

The emergency preparedness plan includes:

- A system to identify alternative methods for contacting personnel.
- A plan for mobilizing resources to meet critical needs.
- Alternative methods, resources, and travel options for the provision of care/service.
- Measures to protect the safety of personnel.
- Identified time frames for initiation of the plan.
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, pandemic, active shooter, and inclement weather).
- Residents identified and prioritized based on their needs so that care/service is ensured for residents whose health and safety might be at risk.

These requirements apply to new and existing ALCs. If required by state or local regulations, the ALC will have its emergency preparedness plan approved by county or state authorities.

Drills of the emergency preparedness plan are conducted annually on each shift and are performed in accordance with state and local regulations.

Records of the drills are maintained at the ALC, and copies are provided to the state or county, if requested. The records include the date and time of the drills, the shift, staff members present, and a short description of what the drills involved.

Evidence: Emergency Preparedness Plan

Evidence: Observation

Services applicable: ALC

Standard AL7-H: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) that address the safety training and education for personnel.

The ALC establishes and implements written policies and procedures that include the type of safety training and frequency of training. Safety training is provided at orientation and at least annually for all personnel.

Personnel safety training on policies and procedures includes but is not limited to the following:

- Body mechanics
- Safety management:
 - Fire
 - Evacuation
 - Emergency power systems
 - Security
 - Equipment
 - Environmental hazards
- Personal safety techniques

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: ALC

Standard AL7-I: Written policies and procedures are established and implemented by the Assisted Living Community (ALC) in regard to OSHA's Hazard Communication Standard that describes appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

Written policies and procedures are established and implemented that follow OSHA's Hazard Communication Standard and detail:

- The labeling of containers of hazardous chemicals and/or materials, with labels that identify the hazardous chemicals and/or materials and the appropriate hazard warnings.
- The use of the current Safety Data Sheet (SDS). The SDS must be available for each chemical used at the ALC.
- The proper use, storage, and disposal of hazardous chemicals and/or materials.
- The use of appropriate personal protective equipment (PPE) and emergency eyewash/shower installations, if required.

Written policies and procedures address how personnel handle an exposure to a hazardous product.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: ALC

Standard AL7-J: Written policies and procedures are established and implemented by the Assisted Living Communities (ALC) for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Written policies and procedures are established and implemented that describe the process for reporting, monitoring, investigating, and documenting a variance.

Policies and procedures include, but are not limited to:

- Action to notify the supervisor.
- Time frame for verbal and written notification.
- Appropriate documentation and routing of information.
- Guidelines for medical care.
- Follow-up reporting to the leader/Administrator.

Written policies and procedures address compliance with any applicable OSHA guidelines regarding the recording of work-related injuries and illnesses diagnosed by a physician or licensed healthcare professional and any work-related injuries and illnesses that meet any of the specific recording criteria.

Written policies and procedures identify the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

Incidents to be reported include but are not limited to:

- Personnel injury or endangerment.
- Environmental safety hazards.
- Equipment safety hazards, malfunctions, or failures.
- Unusual occurrences.

There is a standardized form developed by the organization that is used to report incidents. The ALC documents all incidents, accidents, variances, and unusual occurrences. The reports are distributed to management and are reported as required by applicable laws and regulations. This data is included in the Performance Improvement (PI) program. The ALC assesses and uses the data to reduce further safety risks.

The ALC educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

Evidence: Written Policies and Procedures

Evidence: Incident Reports

Evidence: OSHA 300, 300A and 301 Forms, if applicable

Evidence: Performance Improvement Reports

Evidence: Response to Interviews

Services applicable: ALC

Standard AL7-K: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for new small facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by the National Fire Protection Association (NFPA).

Small residential board and care occupancies are defined as facilities that provide sleeping accommodations for not more than 16 residents.

All new facilities must comply with Chapter 32 and all applicable requirements under NFPA 101, which includes:

- New residential board and care occupancies:
 - Small facilities – LSC 32.2:
 - General requirements.
 - Requirements based on evacuation capability.
 - Minimum construction requirements.
 - Means of escape.
 - Number of means of escape.
 - Primary means of escape.
 - Secondary means of escape from sleeping rooms.
 - Interior stairs used for primary means of escape.
 - Doors.

- Stairs.
- Protection of vertical openings.
- Protection from hazards.
- Interior finish.
- Interior wall and ceiling finishes.
- Interior floor finish.
- Detection, alarm, and communications systems.
- Fire alarm systems.
- Occupant notification.
- Smoke alarms.
- Automatic extinguishing systems.
- Impractical evacuation capability.
- Construction of corridor walls.
- Building services.
- Utilities.
- Heating, ventilation, and air-conditioning.
- Elevators, escalators, and conveyors.

Evidence: Observation

Services applicable: LSC

Standard AL7-L: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for new large facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA: 101 Life Safety Code as published by the National Fire Protection Association (NFPA).

Large residential board and care occupancies are defined as facilities that provide sleeping accommodations for more than 16 residents.

All new facilities must comply with Chapter 32 and all applicable requirements under NFPA 101, which includes:

- New residential board and care occupancies:
 - Large facilities – LSC 32.3:
 - General requirements.
 - Requirements based on evacuation capability.
 - Prompt and slow.
 - Impractical.
 - Minimum construction requirements.
 - Occupant load.
 - Means of egress.
 - Means of egress components.
 - Doors.
 - Stairs.
 - Smoke-proof enclosures.
 - Horizontal exits.
 - Ramps.
 - Exit passageways.
 - Fire escape ladders.
 - Alternating thread devices.
 - Areas of refuge.
 - Capacity of means of egress.
 - Number of exits.
 - Arrangement of means of egress.
 - Travel distance to exits.
 - Discharge from exits.
 - Illumination of means of egress.
 - Emergency lighting.
 - Marking of means of egress.
 - Protection of vertical openings.
 - Protection from hazards.
 - Interior finish.
 - Interior wall and ceiling finishes.
 - Interior floor finish.
 - Detection, alarm, and communications systems.
 - Initiation.

- Annunciator panel.
- Occupant notification.
- Fire department notification.
- Smoke alarms.
- Smoke detection systems.
- Extinguishment requirements.
- Portable fire extinguishments.
- Corridors and separation of sleeping rooms.
- Subdivision of building space.
- Building services.
- Utilities.
- Heating, ventilating, and air-conditioning.
- Elevators, dumbwaiters, and vertical conveyors.
- Rubbish chutes, incinerators, and laundry chutes.

Evidence: Observation

Services applicable: LSC

Standard AL7-M: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for existing small facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by National Fire Protection Association (NFPA).

Small residential board and care occupancies are defined as facilities that provide sleeping accommodations for not more than 16 residents.

All existing facilities must comply with Chapter 33 of NFPA 101, which includes:

- Existing residential board and care occupancies:
 - Small facilities – LSC 33.2:
 - General requirements.
 - Requirements based on evacuation capability.
 - Minimum construction requirements.
 - Slow evacuation capability.
 - Impractical evacuation capability.
 - Means of escape.
 - Number of means of escape.
 - Primary means of escape.
 - Secondary means of escape from sleeping rooms.
 - Interior stairs used for primary means of escape.
 - Doors.
 - Stairs.
 - Protection of vertical openings.
 - Protection from hazards.
 - Interior finish.
 - Fire alarm systems.
 - Occupant notification.
 - Smoke alarms.
 - Automatic extinguishing systems.
 - Impractical evacuation capability.
 - Construction of corridor walls.
 - Building services.
 - Utilities.
 - Heating, ventilation, and air-conditioning.

Evidence: Observation

Services applicable: LSC

Standard AL7-N: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for existing large facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by the National

Fire Protection Association (NFPA).

Large residential board and care occupancies are defined as facilities that provide sleeping accommodations for more than 16 residents.

All new facilities must comply with Chapter 33 of NFPA 101, which includes:

- Existing residential board and care occupancies:
 - Large facilities – LSC 33.3:
 - General requirements.
 - Requirements based on evacuation capability.
 - Impractical.
 - Occupant load.
 - Means of egress.
 - Means of egress components.
 - Doors.
 - Stairs.
 - Smoke-proof enclosures.
 - Horizontal exits.
 - Ramps.
 - Exit passageways.
 - Fire escape ladders
 - Alternating thread devices
 - Areas of refuge.
 - Capacity of means of egress.
 - Number of exits.
 - Arrangement of means of egress.
 - Travel distance to exits.
 - Discharge from exits.
 - Illumination of means of egress.
 - Emergency lighting.
 - Marking of means of egress.
 - Protection of vertical openings.
 - Protection from hazards.
 - Interior finish.
 - Detection, alarm, and communications systems.
 - Initiation.
 - Occupant notification.
 - Fire department notification.
 - Smoke alarms.
 - Smoke detection systems.
 - Extinguishment requirements.
 - Automatic extinguishment systems.
 - Portable fire extinguishments.
 - Corridors and separation of sleeping rooms.
 - Subdivision of building space.
 - Building services.
 - Utilities.
 - Heating, ventilating, and air-conditioning.
 - Rubbish chutes, incinerators, and laundry chutes.

Evidence: Observation

Services applicable: LSC

Standard AL7-O: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for existing residential board and care facilities housed in an apartment building.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by National Fire Protection Association (NFPA).

This section applies to apartment buildings that have one or more individual apartments used as a board and care occupancy.

All existing facilities must comply with Chapter 31, Chapter 33, and all applicable requirements under NFPA 101, which includes:

- Existing residential board and care occupancies:

- Suitability of an apartment building to house a board and care occupancy – LSC 33.4:
 - Scope.
 - Requirements for individual apartments.
 - Additional requirements.
 - Minimum construction requirements.
 - Means of egress.
 - Protection.
 - Interior finish.
 - Construction of corridor walls.
 - Subdivision of building spaces.

Evidence: Observation

Services applicable: LSC

Standard AL7-P: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for new residential board and care facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by National Fire Protection Association (NFPA).

This section applies to apartment buildings that have one or more individual apartments used as a board and care occupancy.

All new facilities must comply with Chapter 32 and all applicable requirements under NFPA 101, which includes:

- New residential board and care occupancies:
 - Suitability of an apartment building to house a board and care occupancy – LSC 32.4:
 - Scope.
 - Requirements for individual apartments.
 - Additional requirements.
 - Minimum construction requirements.
 - Means of egress.
 - Protection.
 - Interior finish.
 - Construction of corridor walls.

Evidence: Observation

Services applicable: LSC

Standard AL7-Q: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for all new residential board and care facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by the National Fire Protection Association (NFPA).

All new facilities must comply with Chapter 32 of NFPA 101, which includes:

- New residential board and care occupancies:
 - Operating features – LSC 32.7:
 - Emergency plan.
 - Resident training.
 - Emergency egress and relocation drills.
 - Smoking.
 - Furnishings, mattresses, and decorations.

Evidence: Observation

Services applicable: LSC

Standard AL7-R: Assisted Living Communities (ALCs) comply with state and federal laws and regulations, including Life Safety Codes (LSCs) for health and fire safety for all existing residential board and care facilities.

The ALC's building and structures must comply with the 2012 edition of NFPA 101: Life Safety Code as published by the National Fire Protection Association (NFPA).

All existing facilities must comply with Chapter 33 of NFPA 101, which includes:

- Existing residential board and care occupancies:
 - Operating features – LSC 33.7:
 - Emergency plan.
 - Resident training.
 - Emergency egress and relocation drills.
 - Smoking.
 - Furnishings, bedding, and decoration.

Evidence: Observation

Services applicable: LSC

Standard AL7-S: The Assisted Living Community (ALC) Memory Care Unit (MC) meets additional local, state, and federal requirements for design and construction.

The MC must meet local, state, and federal design and construction requirements for existing buildings and new construction:

- Any existing, new construction, additions, and renovations to existing building must meet the requirements. All new construction, additions, and renovations to existing buildings must meet state requirements.
- Any existing building converted from another use to an MC must meet all requirements of a new MC.
- Any existing licensed MC that is closed or vacant for more than one year must meet all requirements of a new MC. The sanitation, water supply, sewage disposal, and dietary facilities must comply with state or local requirements.
- Where rules, codes, or standards have any conflict, the most stringent requirement will apply.
- If the MC is segregated from other parts of an ALC with approved security devices, the MC must meet all construction and design requirements as applicable to an ALC and in addition must comply with Section 7.2.16 under NFPA101 and the following:
 - Delayed egress and access-controlled egress doors may be used provided the following criteria are met:
 - The building must be fully sprinklered per NFPA13 as required under NFPA 101 Section 9.7 or have a fully supervised and automatic fire detection system in accordance with NFPA 101 Section 9.6.
 - The locking device must be electronic and must be released when any of the following occurs:
 - Activation of the fire alarm or sprinkler system per NFPA 101 Section 7.2.1.6.1.1.
 - Power failure to the locking device or the facility.
 - Activation of a switch or button located at the monitoring station and at the main staff station.
 - A keypad or buttons may be located at the control doors for routine use by staff when in compliance with NFPA 101 Section 7.2.1.6.
 - If state regulations allow door locks, the ALC can defer to the state regulations.

Evidence: Observation

Services applicable: LSC, MC

Appendix A: Standard Service Table for Selected Services

Standard	ALC	LSC	MC
AL1-A	X		
AL1-B	X		
AL1-C	X		
AL1-D	X		
AL1-E	X		
AL1-F	X		
AL1-G	X		
AL1-H	X		
AL1-I	X		
AL1-J	X		
AL1-K	X		
AL1-L	X		
AL1-M			X
AL1-N	X		
AL2-A	X		
AL2-B	X		
AL2-C	X		
AL2-D	X		
AL2-E	X		
AL2-F	X		
AL2-G	X		
AL2-H	X		
AL2-I	X		
AL2-J	X		
AL2-K	X		
AL2-L	X		
AL2-M	X		
AL2-N	X		
AL2-O	X		
AL3-A	X		
AL3-B	X		
AL3-C	X		
AL3-D	X		
AL3-E	X		
AL3-F	X		
AL3-G	X		
AL3-H	X		
AL4-A	X		
AL4-B	X		
AL4-C	X		
AL4-D	X		
AL4-E	X		
AL4-F	X		
AL4-G	X		
AL4-H	X		
AL4-I	X		
AL4-J	X		
AL4-K	X		
AL4-L			X
AL4-M	X		
AL4-N	X		
AL4-O	X		
AL4-P	X		
AL4-Q	X		
AL4-R	X		
AL4-S	X		
AL4-T	X		
AL4-U	X		
AL4-V	X		

AL4-W	X		
AL4-X	X		
AL4-Y	X		
AL5-A	X		
AL5-B	X		
AL5-C	X		
AL5-D	X		
AL5-E	X		
AL5-F	X		
AL5-G	X		
AL5-H	X		
AL5-I	X		
AL5-J	X		
AL5-K	X		
AL5-L	X		
AL5-M	X		
AL5-N	X		
AL5-O	X		
AL5-P	X		
AL5-Q	X		
AL6-A	X		
AL6-B	X		
AL6-C	X		
AL6-D	X		
AL6-E	X		
AL6-F	X		
AL6-G	X		
AL6-H	X		
AL6-I	X		
AL6-J	X		
AL6-K	X		
AL6-L	X		
AL6-M	X		
AL6-N	X		
AL7-A	X		
AL7-B	X		
AL7-C	X		
AL7-D		X	
AL7-E		X	
AL7-F		X	
AL7-G	X		
AL7-H	X		
AL7-I	X		
AL7-J	X		
AL7-K		X	
AL7-L		X	
AL7-M		X	
AL7-N		X	
AL7-O		X	
AL7-P		X	
AL7-Q		X	
AL7-R		X	
AL7-S		X	X

Appendix B: Reference Guide for Required Documents, Policies and Procedures
 Customized for: ALC, LSC, MC

Standard #	Documents, Policies and Procedures	Agency Notes
AL1-E	Written Policies and Procedures	
AL1-H	Written Policies and Procedures	
AL1-I	Written Policies and Procedures	
AL1-J	Written Contracts/Agreements	
AL1-L	Written Policies and Procedures	
AL1-M	Written Policies and Procedures	
AL1-N	Governing Body List	
AL2-A	Written Policies and Procedures	
AL2-C	Written Policies and Procedures	
AL2-F	Policies and Procedures	
AL2-G	Written Policies and Procedures	
AL2-H	Written Policies and Procedures	
AL2-I	Written Policies and Procedures	
AL2-J	Written Policies and Procedures	
AL2-K	Written Policies and Procedures	
AL2-L	Written Policies and Procedures	
AL2-M	Written Policies and Procedures	
AL2-N	Written Policies and Procedures	
AL3-G	Written Policies and Procedures	
AL3-H	Written Policies and Procedures	
AL4-A	Written Policies and Procedures	
AL4-D	Written Policies and Procedures	
AL4-E	Written policies and Procedures	
AL4-F	Written Policies and Procedures	
AL4-G	Written Policies and Procedures and/or Employee Handbook	
AL4-H	Written Policies and Procedures	
AL4-J	Written Policies and Procedures	
AL4-K	Written Policies and Procedures	
AL4-M	Written Policies and Procedures	
AL4-N	Written Policies and Procedures	
AL4-O	Written Policies and Procedures	
AL4-P	Written Policies and Procedures	
AL4-Q	Written Education plan	
AL4-R	Written Policies and Procedures	
AL4-S	Written Policies and Procedures	
AL4-W	Written Policies and Procedures	
AL5-A	Written Policies and Procedures	
AL5-B	Written Policies and Procedures	
AL5-C	Written Policies and Procedures	
AL5-D	Written Policies and Procedures	
AL5-E	Written Policies and Procedures	
AL5-H	Written Policies and Procedures	
AL5-I	Written Policies and Procedures	
AL5-J	Written Policies and Procedures	
AL5-K	Written Policies and Procedures	

AL5-L	Written Policies and Procedures	
AL5-M	Written Policies and Procedures	
AL5-N	Written Policies and Procedures	
AL5-O	Written Policies and Procedures	
AL5-P	Written Policies and Procedures	
AL5-Q	Written Policies and Procedures	
AL6-A	Written Policies and Procedures/PI Plan	
AL6-F	Written Policies and Procedures	
AL7-A	Written Policies and Procedures	
AL7-B	Written Policies and Procedures	
AL7-H	Written Policies and Procedures	
AL7-I	Written Policies and Procedures	
AL7-J	Written Policies and Procedures	
AL7-Q	Observation	

ITEMS NEEDED FOR SURVEY



Below are items that the Surveyor will review during your Assisted Living Accreditation survey. This document is applicable to Assisted Living Community (ALC) and Memory Care Unit (MC) services. If you have any questions, please contact your Account Advisor. To expedite the process, please have the following items available for your Surveyor before the start of the survey:

- Current resident census, including start-of-care dates, admitting diagnoses, and disciplines providing care/service.
- Current schedule of resident reassessments.
- Discharge/transfer resident census for the past 12 months (or since start of operation, if less than one year).
- Personnel list with titles, disciplines, and hire dates (including direct care contracted staff).
- Any previous survey results from the past year.
- Admission packet or education materials given to residents.
- Staff meeting minutes for the past 12 months.
- Any internal Plan of Correction based on identified deficiencies; include with audit results.

The table below details additional documentation that will be reviewed for evidence of compliance and identifies the ACHC Standard(s) to which it applies. Annual requirements are not applicable to facilities in operation for less than one year. For further details on requirements for compliance, please reference the standards applicable to the services your organization provides.

ACHC Standard	Required Item	Located
Multiple	<p>Access to policy and procedure manual with the following policies flagged:</p> <ul style="list-style-type: none"> ■ AL1-E: Programs and allowable care/services the ALC may provide. ■ AL2-A: Resident's Rights and Responsibilities policy. ■ AL2-C: Care/Services provided by the ALC. ■ AL2-K: Grievance/complaint policy. ■ AL2-L: Investigation of mistreatment, neglect, or verbal, mental, sexual, and physical abuse policy. ■ AL4-D: Personnel qualification/credentialed/licensed requirements for direct care personnel. ■ AL4-W: Background check policy. ■ AL5-E: Plan of care/service policy. ■ AL6-A: Investigation of adverse events policy. 	
AL1-A	All required federal and state posters are placed in a prominent location.	
AL1-B, AL1-C, AL1-D, AL1-F, AL1-G	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws.	
AL1-E	Evidence the ALC is able to provide all programs and allowable care/services, including specialized services.	

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
AL1-H	Resident contract.	
AL1-I	The job description for the Administrator includes being certified by the state or meets all regulatory criteria and qualifications applicable, as well as ALC requirements.	
AL1-J	Contracts for outside personnel/organizations providing direct care, including copies of professional liability insurance certificates.	
AL1-L	Additional services provided by the ALC for outside organizations.	
AL1-M	Memory Care Unit care/services disclosure statement.	
AL1-N	Governing body/owner list, meeting minutes, and documentation of orientation.	
AL2-D	Pharmacy care/services provided by the ALC.	
AL2-E	Dietary services provided in a safe sanitary manner and meet the needs of each resident.	
AL2-F	Activities program promotes resident involvement and participation.	
AL2-G	Signed confidentiality statements for all personnel and contracted staff.	
AL2-H	Evidence of how ethical issues are identified, evaluated, and discussed.	
AL2-I, AL2-J	Evidence of communication assistance for language barriers and provision of care/services for cultural diversity.	
AL2-K	Grievance/complaint log.	
AL2-L	Evidence of incident reports/investigations involving allegations of mistreatment, neglect, and verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of resident's property.	
AL2-M	Evidence of a Compliance Program.	
AL2-N, AL5-A, AL5-G, AL5-Q	Resident resuscitation and advances directives.	
AL2-O	Additional services: Laundry and transportation services.	
AL3-A	Most recent annual operating budget.	
AL3-B	Evidence that financial records are maintained and retained according to IRS requirements.	
AL3-C	List of charges for care/services available at the ALC.	
AL3-D, AL3-E	Evidence that resident and/or legal representative is provided charges and properly billed for care/services prior to receipt of care/services.	
AL3-F	Management of monetary funds by resident or resident's legal representative.	

ACHC Standard	Required Item	Located
AL3-G, AL3-H	Evidence of the refund policy in the resident's record/settlement of cost for care/service prior to discharge, transfer, or death.	
AL4-A, AL4-B, AL4-C	Personnel records, including those for direct care and contracted staff, contain evidence of items listed in the standard. Surveyor will review personnel records based on the care/services provided by the ALC.	
AL4-D, AL4-P, AL4-S, AL4-T, AL4-U	Personnel records contain evidence that personnel meet the minimum qualifications for those positions, including but not limited to credentialing activities.	
AL4-G	Employee handbook or access to personnel policies.	
AL4-H, AL4-I, AL4-L	Evidence of orientation.	
AL4-I, AL4-J, AL4-K, AL4-L, AL4-M, AL4-N, AL4-O, AL4-P, AL4-Q	Evidence of ongoing education, written education plan, and/or competency assessment.	
AL4-R	Evidence of performance evaluations.	
AL4-V	Evidence that the ALC is staffed sufficiently based on capacity or census.	
AL4-X	Job descriptions are consistent with the organizational chart.	
AL5-A	Resident records contain all required items as identified in the standards.	
AL5-B	Evidence that the ALC maintains resident records in a confidential manner.	
AL5-E	Care/service plans contain all required items as identified in the standards.	
AL6-A, AL6-D	Performance Improvement (PI) program.	
AL6-B	Job description for individual responsible for the PI Program and evidence of personnel involvement in PI activities.	
AL6-C	Evidence of ongoing and annual PI reports.	
AL6-E	Grievance log and evidence of monitoring of resident's grievances/complaints.	
AL6-F, AL2-L	Incident log and evidence of reporting resident accidents, incidents, and deaths in accordance with laws and regulations.	
AL6-G	Evidence of monitoring of all care/services provided under contract/agreement.	
AL6-H	Evidence of monitoring processes that involve risks, including infections and communicable diseases.	
AL6-I	Evidence of monitoring of an aspect related to resident care/service (high-risk, high-volume, problem-prone).	
AL6-J	Satisfaction surveys used in PI.	

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
AL6-K	Evidence of monitoring resident records; results are used in PI.	
AL6-L	Evidence of monitoring of an aspect related to administrative function of the ALC.	
AL6-M	Evidence of monitoring measures to improve staffing stability.	
AL6-N	Evidence of monitoring of medication administration.	
AL7-A	Evidence of an infection control plan, annual ALC TB risk assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan.	
AL7-C	Infection control logs for residents and personnel and evidence infection control data is monitored and incorporated into PI as appropriate.	
AL7-G	Emergency preparedness plan that includes an all-hazards risk assessment and drills of the plan conducted annually.	
AL7-H	Evidence of safety education and training for all existing and new personnel, including staff that provides services under arrangement.	
AL7-I	Access to Safety Data Sheets (SDSs).	
AL7-J	Evidence of proper reporting of personnel incidents, accidents, variances, or unusual occurrences (OSHA forms 300, 300A, and/or 301,if applicable).	
AL7-K, AL7-L, AL7-M, AL7-N, AL7-O, AL7-P, AL7-Q, AL7-R, AL7-S	The ALC meets all applicable Life Safety Code local, state, and federal requirements. (For further details, see the Items Needed for Survey: Life Safety Code form.)	

ITEMS NEEDED FOR SURVEY

LIFE SAFETY CODE



ASSISTED LIVING

Below are items that the Surveyor will review during your survey for Life Safety Code (LSC) Accreditation. If you have any questions, please contact your Account Advisor. To expedite the process, please have the following items available for your Surveyor before the start of the survey:

- Number of unduplicated admissions for each residential facility of the Assisted Living Community (ALC) during the past 12 months or since the start of operations, if less than one year.
- Current resident census, complete with start-of-care dates, admitting diagnoses, and disciplines providing care/services.
- List of ALC personnel, including direct care contracted staff, with titles, disciplines, and hire dates.
- Building plans, including Life Safety drawings.
- Select policies available for review:
 - » Medication Disposal Policy (AL5-P).
 - » Smoking and Alcohol Use Policy (AL2-C and/or AL5-E).
 - » Emergency Preparedness Plan/Policy(s) (AL7-G, AL7-H, AL7-I, AL7-K, AL7-L, AL7-M, AL7-N, AL7-O, AL7-Q, and/or AL7-R).

The table below details additional documentation that will be reviewed for evidence of compliance and identifies the ACHC Standard(s) to which it applies.

ACHC Standard	Required Item	Located
AL1-B, AL1-C, AL1-D, AL1-F, AL1-G	Licenses and permits as required by the state.	
AL2-C, AL2-D	Evidence that the ordering, dispensing, and administration of medications is in accordance with applicable laws and regulations.	
AL2-E	Evidence of meal planning and supervision of dietary services.	
AL4-N	Evidence that staff are properly trained in the use of restraints, if applicable.	
AL4-N, AL5-H, AL5-I	Evidence of proper use of restraints, if applicable.	
AL4-S	Pharmacist's license.	
AL4-U	Evidence that a registered dietician or other qualified individual oversees meal planning.	
AL4-V	Evidence of adequate staffing to resident census.	
AL7-D	Evidence the physical site meets design and construction requirements.	
AL7-E	Evidence the physical site provides a physical environment that meets the needs of residents.	
AL7-F	Report of quarterly fire drills on each shift and results of testing of emergency power systems.	
AL7-K	All new small facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection	

ACHC Standard	Required Item	Located
	Association (NFPA), and all applicable requirements under NFPA 101, including new small residential board and care occupancies that provide sleeping accommodations for not more than 16 residents. <ul style="list-style-type: none"> ■ Small facilities – LSC 32.2 	
AL7-L	All new large facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including new large residential board and care occupancies that provide sleeping accommodations for more than 16 residents. <ul style="list-style-type: none"> ■ Large facilities – LSC 32.3 	
AL7-M	All existing small facilities must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing small residential board and care occupancies that provide sleeping accommodations for not more than 16 residents. <ul style="list-style-type: none"> ■ Small facilities – LSC 33.2 	
AL7-N	All existing large facilities must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing large residential board and care occupancies that provide sleeping accommodations for more than 16 residents. <ul style="list-style-type: none"> ■ Large facilities – LSC 33.3 	
AL7-O	All existing facilities must comply with Chapters 31 and 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing residential board and care occupancies housed in an apartment building. <ul style="list-style-type: none"> ■ Suitability of an apartment building to house a board and care occupancy – LSC 33.4: <ul style="list-style-type: none"> » Scope. » Requirements for individual apartments. » Additional requirements. » Minimum construction requirements. » Means of egress. » Protection. » Interior finish. » Construction of corridor walls. » Subdivision of building spaces. 	
AL7-P	All new facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including new residential board and care occupancies. <ul style="list-style-type: none"> ■ Suitability of an apartment building to house a board and care occupancy – LSC 32.4: <ul style="list-style-type: none"> » Scope. » Requirements for individual apartments. 	

ACHC Standard	Required Item	Located
AL7-P	<ul style="list-style-type: none"> » Additional requirements. » Minimum construction requirements. » Means of egress. » Protection. » Interior finish. » Construction of corridor walls. 	
AL7-Q	<p>The ALC’s building and structures must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including all new residential board and care occupancies.</p> <ul style="list-style-type: none"> ■ Operating features – LSC 32.7: <ul style="list-style-type: none"> » Emergency plan. » Resident training. » Emergency egress and relocation drills. » Smoking. » Furnishings, mattresses, and decorations. 	
AL7-R	<p>The ALC’s building and structures must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including all existing residential board and care occupancies.</p> <ul style="list-style-type: none"> ■ Operating features – LSC 33.7: <ul style="list-style-type: none"> » Emergency Plan. » Resident Training. » Emergency Egress and Relocation Drills. » Smoking: <ul style="list-style-type: none"> » Smoking regulations shall be adopted by the administration of board and care. » Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. » Furnishings, bedding, and decorations. 	
AL7-S	<p>The ALC Memory Care Unit meets additional local, state, and federal design and construction requirements for any existing or new construction, additions, and renovations.</p>	