



EDUCATIONAL RESOURCES

# ACHC Certified Consultant Training

## Assisted Living

 ASSISTED LIVING



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



# ACHCU

- ACHCU is dedicated to your organization's success.
- Learn more about ACHCU at [achcu.com](http://achcu.com) or talk with a representative today.
- Any questions regarding this presentation and post-test can be addressed to:
  - Lindsey Holder – [lholder@achcu.com](mailto:lholder@achcu.com)

# Also Joining Our Training Today

- Lindsey Holder – Senior Manager, Education & Training
- Suzie Steger – Senior Education & Training Coordinator
- Steve Clark – Education Services Specialist

# Business Development Representative

- In addition to your Sales Specialist or your Account Advisor, another point of contact for you as a Certified Consultant is Rachael Herring.
- Contract information:
  - [Rherring@achc.org](mailto:Rherring@achc.org)
  - (855) 937-2242

# Optimize Your Workshop Experience

- During our presentation
  - Use the Questions feature in the GoToWebinar navigation pane to ask your questions throughout the presentation
- During the live Q&A
  - Type in the Questions box that you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
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- Since this is a live event, connection issues can happen
  - If on your end, just use the same GoToMeeting link and reconnect
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# Items Needed for Virtual Training

- You should have received an email with a link to the following information:
  - ACHC Standards
  - ACHC Accreditation Process
  - The presentation for today
  - The *ACHC Accreditation Guide to Success for Assisted Living*
- If you have not received the email or are unable to download the information, contact [customerservice@ACHCU.com](mailto:customerservice@ACHCU.com) for assistance

# Objectives

- Review the Assisted Living requirements for accreditation.
- Review the expectations for compliance with ACHC Standards in order to guide ACHC customers through the survey process.
- Review the *ACHC Accreditation Guide to Success* and how to use the tools to prepare customers through the survey process.



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# Assisted Living Requirements

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# Assisted Living Accreditation



- Created specifically for Assisted Living providers
- Accreditation for program services that includes:
  - Assisted Living Community (ALC)
    - Adult and family care homes/facilities
  - Life Safety Code (LSC)
  - Memory Care units (MC)
- Accreditation cycle is renewed every 24 or 36 months, depending upon the state licensure requirements.

# Requirements for Assisted Living

- The organization requesting Accreditation must:
  - Have admitted a minimum of (3) residents and have (1) active resident at the time of survey unless state law requirements are different.
  - Be licensed according to state and federal laws and regulations and maintain all current legal authorization to operate.
  - Occupy a building in which care/services are provided/coordinated that is identified, constructed, and equipped to support care/services provided.
  - Clearly define the care/services it provides directly or under contract.
  - Submit all required documents and fees to ACHC within specified time frames.

# ACHC Assisted Living Program Services

- **Assisted Living Community** is a senior living residence that provides services for individuals who need assistance with ADLs and personal care. Its purpose is 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 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 is to provide supervision and support of personal care, not skilled care.

# ACHC Assisted Living Program Services

- **Life Safety Code (LSC)**, published by the National Fire Protection Association (NFPA), is widely used to develop fire safety strategies at facilities.
  - LSC 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.

# ACHC Assisted Living Program Services

- Memory Care unit (MC) is a self-contained care unit within an assisted living facility 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.
  - MC unit accreditation verifies an assisted living community's adherence to accepted care practices and compliance with safety protocols and applicable laws, rules, and regulations.

# ACHC Application Requirements

- Required documentation for an Assisted Living provider to be placed into scheduling:
  - Complete the online Accreditation Application.
  - Complete the statistical information for all physical locations.
  - Submit the non-refundable deposit.
  - Download, review, and sign the Accreditation Services/Business Associate Agreement within the required time frame.
  - Upload the required PER checklist.

# Compliance

- During the accreditation survey, ACHC determines whether the organization is meeting the intent of ACHC Accreditation Standards. Proof of compliance is based upon items such as:
  - Review of resident records.
  - Examination of personnel files.
  - Review of policies and procedures.
  - Observations.
  - Interviews.

# Compliance

- It is the organization's responsibility to ensure compliance with ACHC Accreditation Standards during the accreditation period.
  - ACHC will release and communicate any updates/changes to ACHC Accreditation Standards every year on or around February 1<sup>st</sup> which will be effective on June 1<sup>st</sup> of the same year.
  - In response to any regulatory changes or requirements, ACHC Accreditation Standards may be updated at anytime. Organizations must be in compliance with those changes on the effective date.



# Establishing Policies and Procedures

- Policies need to be in compliance with the:
  - State regulations
  - ACHC requirements
  - Best practice/organization expectations

# Establishing Policies and Procedures

- Purchase policies and procedures:
  - Pre-approved policies and procedures
  - Purchase an Extended Policy Review
  - Conduct a review of policies identified on the Items Needed for Survey and Appendix B of the Assisted Living Standards
- Readiness/Compliance date established on the Preliminary Evidence Report (PER) Checklist
- Confirmation of the following:
  - 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 XX date.

# Assisted Living Policies & Procedures

**ITEMS NEEDED FOR SURVEY**  
**ASSISTED LIVING**

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	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> <li>AL1-E: Programs and allowable care/services the ALC may provide.</li> <li>AL2-A: Resident's Rights and Responsibilities policy.</li> <li>AL2-C: Care/Services provided by the ALC.</li> <li>AL2-K: Grievance/complaint policy.</li> <li>AL2-L: Investigation of mistreatment, neglect, or verbal, mental, sexual, and physical abuse policy.</li> <li>AL4-D: Personnel qualification/credentialed/licensed requirements for direct care personnel.</li> <li>AL4-W: Background check policy.</li> <li>AL5-E: Plan of care/service policy.</li> <li>AL6-A: Investigation of adverse events policy.</li> </ul>	
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.	

Effective: 07/29/2021  
 [121] Items Needed for Survey – Assisted Living  
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Located

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**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	
AL3-A	Written Policies and Procedures	
AL3-C	Written Policies and Procedures	
AL3-F	Policies and Procedures	
AL3-G	Written Policies and Procedures	
AL3-H	Written Policies and Procedures	
AL3-I	Written Policies and Procedures	
AL3-J	Written Policies and Procedures	
AL3-K	Written Policies and Procedures	
AL3-L	Written Policies and Procedures	
AL3-M	Written Policies and Procedures	
AL3-N	Written Policies and Procedures	
AL3-O	Written Policies and Procedures	
AL3-H	Written Policies and Procedures	
AL3-A	Written Policies and Procedures	
AL3-D	Written Policies and Procedures	
AL3-E	Written policies and Procedures	
AL3-F	Written Policies and Procedures	
AL3-D	Written Policies and Procedures and/or Employee Handbook	
AL3-F	Written Policies and Procedures	
AL3-J	Written Policies and Procedures	
AL3-K	Written Policies and Procedures	
AL3-N	Written Policies and Procedures	
AL3-N	Written Policies and Procedures	
AL3-C	Written Policies and Procedures	
AL3-F	Written Policies and Procedures	
AL3-G	Written Education plan	
AL3-N	Written Policies and Procedures	
AL3-F	Written Policies and Procedures	
AL3-W	Written Policies and Procedures	
AL3-A	Written Policies and Procedures	
AL3-B	Written Policies and Procedures	
AL3-C	Written Policies and Procedures	
AL3-D	Written Policies and Procedures	
AL3-E	Written Policies and Procedures	
AL3-H	Written Policies and Procedures	
AL3-I	Written Policies and Procedures	
AL3-J	Written Policies and Procedures	
AL3-K	Written Policies and Procedures	

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# Poll Question





Questions?



EDUCATIONAL RESOURCES

# ACHC Accreditation Guide to Success

Utilizing the Workbook for a  
Successful Survey Outcome

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EDUCATIONAL RESOURCES

# Achieving A Successful Survey Outcome

## Understanding the ACHC Assisted Living Standards



# Review the Standards

- Identifier
  - AL – Assisted Living
- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
  - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
  - Items that will be reviewed to determine if the standard is met
- Services applicable
  - ALC – Assisted Living Community
  - LSC – Life Safety Code
  - MC – Memory Care unit



# Standard Example



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

# Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards:
  - State requirements
  - Facility policies and procedures
  - ACHC Standards



# Section 1

- The standards in this section apply to the leadership and organizational structure of the company. 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, conflict of interest, chain of command, program goals and regulatory compliance.

# Organization and Administration



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

This standard requires compliance with all laws and regulations

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

# Organization and Administration



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

If state or local law provides for licensing of an ALC, the ALC must be licensed.

All required license(s) and or permit(s) are current and posted in a prominent location accessible to public view.

When a provisional or emergency license is issued, the provisional or emergency license must be posted in a prominent location.

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

# Organization and Administration



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 acted professional standards of practice, which include but are not limited to:

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

# Organization and Administration



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.

# Organization and Administration



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.



# Organization and Administration



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

# Organization and Administration



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
- Residents and/or their responsible parties
- ACHC

Written notification includes:

- Date of closing
- Plans for moving residents
- Copies of correspondence with the state licensing agency

# Organization and Administration

 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 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 the ALC must provide a completed copy to the resident and/or the resident's legal representative prior to or on the day of admission.

- There must be a section that requires signatures of the ALC Administrator and the resident's financially responsible person.

# Organization and Administration

The contract/resident handbook outlines the basic care/services, financial and nonfinancial components, rates/charges for additional or optional care/services, supplies, or amenities, rates impacted by updated assessment(s) and when the ALC uses assessment(s) to determine a rate change, a disclose form that included prices, formulas and calculation used to determine the rates/charges for the care/services provided by the ALC.

For ALCs 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.

# Orientation and Administration



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 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.

The Administrator is responsible for direction, coordination and overall supervision of care/services provided.

If the Administrator's certification is denied, suspended, or revoked, the ALC will notify ACHC of the situation and any change in administration.

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

# Organization and Administration



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.

In addition, the ALC maintains current copies of professional liability insurance certificates.

The ALC has an established process to review and renew contracts/agreements as required in the contract.

# Organization and Administration



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.

- 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

# Organization and Administration



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.

All care/services provided under additional services provided by the ALC for outside organizations must meet all state and federal regulatory guidelines. The programs include but are not limited to:

- Respite
- Adult day care/services
- State mental health contracted beds
- Medicaid admissions

The ALC must have 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.

The number of residents receiving special care/services does not exceed the ALC's licensed capacity.



# Organization and Administration



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 specially 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 MC unit must provide the resident or their legal representative a disclosure form.

# Organization and Administration



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 management of the ALC, the provision of all care/services, its fiscal operations, and the continuous performance improvements that are consistent with acceptable standards of practice.

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.

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 name, address, and telephone number.

# Tips for Compliance

- Ensure license is current, posted, and meets defined capacity
- Administrator and qualified alternate
- Resident contract/handbook
- Review contracts
- Evidence of how contract care is monitored
- Discloser forms
  - Resident cares/services
  - Memory Care unit (MC)
- Any negative outcomes have been properly reported
- Governing body
  - Orientation
  - List of members
  - Understands duties

# Workbook Tools

- Compliance Checklist
- Hourly Contracted Staff Audit Tool
- Self Audit

# — Poll Question





Questions?



# Break time

Grab a coffee

# 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, cultural diversity, and compliance with fraud and abuse prevention laws.



# Programs and Services



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.

Resident's Rights and Responsibilities statement contains the required components.

The ALC obtains the resident's or legal representative's signature confirming that her or she has received a copy of the notice of right and responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the ALC's policies and procedures on the Resident Rights and Responsibilities.

# Programs and Services



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

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.

# Programs and Services



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

All personnel are trained on and implement the care/services 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

# Programs and Services

- 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.

# Programs and Services



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 meet the needs of the residents by:

- Allowing residents, the right choose a pharmacy provider as long as the pharmacy care/services are in accordance with all applicable state and federal regulations and the ALCs policies and procedures.
- Ensuring the provision of 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.

# Programs and Services



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 ensure the safe and sanitary provision of nutrition and dietary services that meet the therapeutic needs and preferences of the residents. The ALC must meet the following guidelines:

- Food procurement and safety
- Food preparation and service
- Menus
- Food requirements
- Therapeutic diets
- Individual feeding assistance, as allowed per state regulation
- All variations from the required 2-3 meals or time intervals between meals

# Programs and Services

- 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 to prepare their own meals and snacks, where applicable.

# Programs and Services



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 goal of the activities program is to encourage resident active involvement and participation based on residents' interests and capabilities.

The program is designed to promote active involvement, socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.

Participation is on a voluntary basis.

The budget includes appropriate funding to operate the activity department.



# Programs and Services



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 ALC has clearly established written policies and procedures that address the areas listed above which are clearly communicated to all personnel.

There is a signed confidentiality statement for all personnel and governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the Agency's policies and procedures.

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

# Programs and Services



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.

Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the ALC.

The ALC monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

Orientation and annual training of personnel includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

# Programs and Services



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 patient.

Mechanisms are in place to assist with language and communication barriers.

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

# Programs and Services



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 mechanism the ALC uses to provide care/services for residents of different cultural backgrounds, beliefs and religions.

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

# Programs and Services



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 ALC must investigate complaints made by a resident, the resident's representative, and the resident's family.

The ALC must document both the existence of the complaint and the resolution of the complaint.

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 and assist in implementing the resolution process when needed.

# Programs and Services



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.

Any ALC staff must report these findings immediately to the Administrator or appropriate designee and other appropriate authorities in accordance with state law.

The ALC immediately investigates all alleged violations involving anyone furnishing services and immediately 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 ensures that verified violations are reported to ACHC, state and local bodies having jurisdiction of the verified violation.

# Programs and Services



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 fraud and abuse.

There is a designated Compliance Officer and Compliance Committee.

# Programs and Services



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 ALC's policies and procedures must describe the resident's rights to participate in, be informed about, and consent to or refuse medical care in advance and during treatment.

The ALC's policies and procedures must describe the personnel responsibilities regarding resident resuscitation and the response in the event of a medical emergency.

The ALC's policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies, and request 911 services.

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



# Programs and Services



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 fees.
- Transportation is provided to the nearest appropriate health facilities, social service 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.

# Tips for Compliance

- Resident Rights and Responsibilities statement
- Meal preferences, therapeutic diets, and individual feeding assistance
  - Resident records
- Calendar of Activities
- Signed confidentiality statement for all personnel
- Evidence of personnel knowledge of:
  - Care/services provided
  - How to handle grievances/complaints
  - Ethical issues
  - Communication barriers
  - Cultural diversity

# Tips for Compliance

- Grievance/Complaint log
- Incident reports/investigation results
- Compliance Plan

# Workbook Tools

- Compliance Checklist
- Resident's Rights and Responsibilities Audit Tool
- Sample Acknowledgement of Confidentiality
- Sample Complaint/Concern Form
- Sample Ethical Issues/Concerns Reporting Form
- Self Audit

# Poll Question





Questions?

# Section 3

## FISCAL MANAGEMENT

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

# Fiscal Management



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 all programs and the care/service it provides.

The ALC's leaders and the individuals in charge of the day-to-day operations of the ALC are involved in developing the budget and a capital expenditure plan.

The ALC leaders review comparisons of actual and projected expenses and revenue on a periodic basis.



# Fiscal Management



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

The ALC ensures sound financial management practices.

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

# Fiscal Management



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.

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/service regarding the cost of receiving care/services.

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.

# Fiscal Management



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.

# Fiscal Management



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.

# Fiscal Management



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

The 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.

# Fiscal Management

 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.

# Fiscal Management



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.

The ALC will issue a refund or credit in accordance with state regulations and the ALC's policies and procedures.

# Tips for Compliance

- Budget
- Evidence residents are informed of financial liability upon admission and when there are changes
- List of care/service rates



# Workbook Tools

- Compliance Checklist
- Agency Financial Disclosure Statement
- Self Audit

# Poll Question





# Questions

# 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.

# Human Resource Management



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 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.

- 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.

# Human Resource Management



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).

# Human Resource Management



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

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.

# Human Resource Management



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.

Credentialing information includes a review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Primary source verification.



# Human Resource Management



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 must:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- 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.
- The ALC conducts an annual TB risk assessment is used to determine the need, type, and frequency of testing/assessment for direct care personnel.

# Human Resource Management



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).

Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

# Human Resource Management



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

Not applicable to contract individuals

# Human Resource Management



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

The ALC creates and completes checklist or other method to verify that the topics have been reviewed with all personnel.

# Human Resource Management



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

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.

# Human Resource Management



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/service provided for all direct care personnel.

Competency assessments are conducted initially during orientation, prior to providing a new task and annually thereafter.

Competency assessment may be accomplished through clinical 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.

# Human Resource Management



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 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.

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.

# Human Resource Management

- 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.



# Human Resource Management



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 to the Memory Care Unit identifies content, texts, sources, evaluations, and schedules for training.
- Employees assigned to 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 and 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.

# Human Resource Management



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

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.

# Human Resource Management

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

The training is documented.

# Human Resource Management



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

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.

# Human Resource Management



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

- 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.

# Human Resource Management



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 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

# Human Resource Management



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 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.

# Human Resource Management



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.

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



# Human Resource Management



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

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

There is evidence in the personnel file of documentation that the services of licensed pharmacist or prescribing practitioner for the provision of pharmaceutical care are available at least quarterly or as required by state regulations.

The resident records have evidence of findings and reports resulting from the pharmaceutical activities, including the action take by the ALC.

# Human Resource Management



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.

# Human Resource Management



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.

# Human Resource Management



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.

# Human Resource Management



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 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.

# Human Resource Management

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.

# Human Resource Management



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.

Reviewed at hire and whenever the job description changes.

# Tips for Compliance

- Utilize the Personnel File tools to audit:
  - Personnel files
  - Contracted individual files
- Evidence of proper orientation, competency assessment, and/or training for:
  - Food services program
  - For the care/services provided by direct care personnel
  - All unlicensed personnel administering medications
  - Personnel who work in the MC unit
  - Addressing care of diabetic residents
  - The use of physical/chemical restraints



# Workbook Tools

- Compliance Checklist
- Self-Audit
- Job Description Template
- Physical Demands Documentation Checkoff List
- Sample Employee Educational Record
- Sample Annual Observation/Evaluation Visit form
- Personnel Record Audit Tool
- Hints for Developing an Educational Plan
- Sample Hepatitis B Declination Statement
- Tuberculosis Screening Tool
- Sample In-Service Attendance form
- Orientation Requirements
- Conflict of Interest Disclosure Statement

# Poll Question





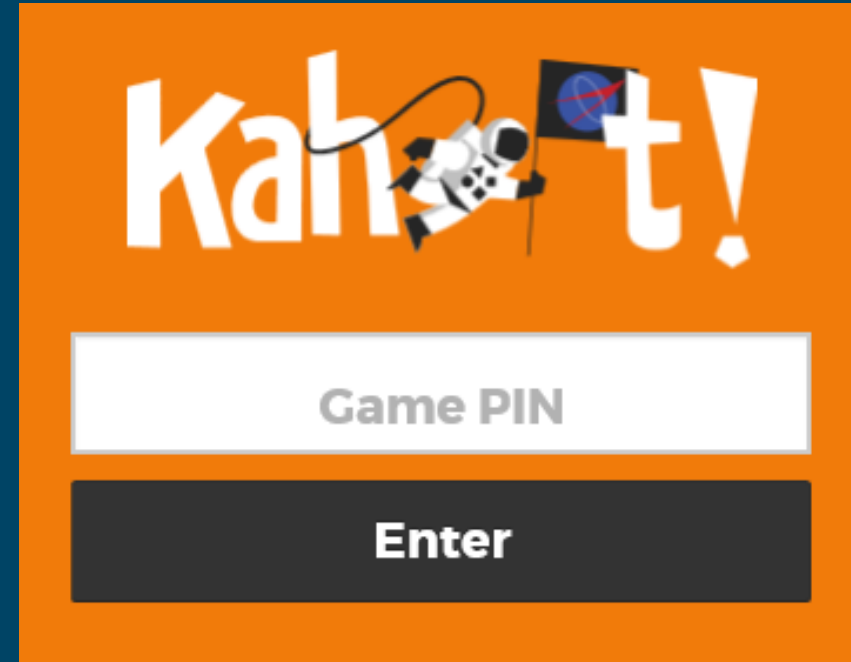
Questions?



Lunch break

# Teaching Tool: Kahoot!

- Cellphone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your nickname  
See “You’re in”
- You’re ready!



# 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 records. These standards also address the specifics surrounding the operational aspects of care/services provided.

# Provision of Care and Record Management



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.

All care/service is documented in the patient record.

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

# Provision of Care and Record Management



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

Access, storage, removal, and retention of medical records and patient information.

Resident record information is safeguarded against loss or unauthorized use.

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



# Provision of Care and Record Management



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.

Evidence in the resident record:

- A TB risk assessment completed, and other testing performed as appropriate.
- A medical examination prior to admission
- The results of the complete examination are to be provided to the state; the required state forms are in the ALC before or upon admission, except for emergency situations
- In the case of an emergency admission, the medical examination and completion of the state forms are completed within 72 hours
- Each resident is immunized against pneumococcal disease and annually against influenza virus, exceptions may apply

# Provision of Care and Record Management

- 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 mental health center within 30 days after admission, and to have a plan for psychiatric follow-up care when indicated

# Provision of Care and Record Management



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

Written policies and procedures describe the required components of the resident assessments and individualized care plans.

- An initial assessment of each resident is completed and includes a review of current medication.
- An assessment is completed upon admission and at least annually
- The assessment is used to determine a resident's level of functioning
- The assessment indicates if the resident requires a referral
- It's recommended that the assessment be completed by a licensed professional.
- The ALC ensure that an assessment is completed after a significant change in condition.
- In the event of a significant change in condition, the ALC makes the appropriate referrals to the physician or other licensed health professional
- All resident records have evidence of an assessment and individualized care/service plan.

# Provision of Care and Record Management



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.

The ALC ensures that a care/service plan is developed for each resident in conjunction with the assessment. The care/service plan is individualized for the personal care/service of each resident.

The assessor signs the care/service plan upon completion.

The ALC ensures that the resident's physician authorizes personal care/service 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/service specified in the care/service plan.

# Provision of Care and Record Management



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.

There is evidence in the residents records that staff provides personal care to the residents according to their care/service plan.

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

In the case of an accident or incident involving the resident the staff responds immediately to provide care and intervention according to the ALCs policies and procedures.

# Provision of Care and Record Management



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 must ensure:

- Cares/services are provided in accordance with the residents' care/service plan.
- Referrals and follow-up are completed to meet the routine and acute healthcare needs of residents.
- Documentation is present in the resident record.

# Provision of Care and Record Management



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 must describe all aspects of physical restraint use and alternative methods:

- Physical restraint
- Alternative methods (used prior to restraint use)
- The appropriate use of physical restraints – used only with a written order from a physician and applied correctly according to the manufacturer's instructions
- The circumstances under which physical restraint of a resident is to be applied
- Physical restraints are only applied by staff who have received training.
- Prior to application of restraints, an assessment 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 the resident's legal representative
- Documentation of use by facility staff in the resident's record.

# Provision of Care and Record Management



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. These drugs include but are not limited to drugs in the following categories:

- Antipsychotic
- Antidepressant
- Antianxiety
- Hypnotic

Psychotropic drugs are not given unless the medication is necessary to treat a specific condition as diagnosed and documented in the resident record. If the psychotropic drug is prescribed PRN or “as needed”, it will not be administered unless specific information has been provided by the practitioner and included in the individualized care/service plan.



# Provision of Care and Record Management



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

Written policies and procedures are established addressing medication orders:

- When to contact the resident's physician or prescribing practitioner for verification or clarification of orders.
- All orders for medications, prescription/nonprescription, and treatments are documented and maintained in the resident record, including any communication with the physician.
- Verbal orders for medications and treatments are accepted by licensed professional authorized by state occupational licensure laws, are initialed and dated by the person receiving the order and countersigned by the prescribing practitioner within 15 days from the date the order is given.
- All current orders for medications and treatments are reviewed and signed by the resident's physician or prescribing practitioner as required at least every six months.

# Provision of Care and Record Management



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

Labeling of prescription legend medications, except for medications prepared for a resident's leave of absence, is legible and includes the required information.

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.

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.

# Provision of Care and Record Management



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.

The preparation and administration of medications are in accordance with laws and regulations and the ALCs policies and procedures.

Medications are administered within the prescribed or scheduled time frames, unless precluded by emergency situations.

Recording or documenting the administration on the medication administration record (MAR) is completed by the trained staff who administers the medication immediately following administration of the medication. Pre-charting is prohibited.

The MAR is accurate and includes the required information.

The policies and procedures include medication errors and adverse medication reactions for notifications to a physician or appropriate health professional and supervisor, action steps, and documentation requirements.

# Provision of Care and Record Management



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

The ALCs 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 certain requirements are met.

There must be documentation in the resident's record that the self-administration is ordered by a physician or other person legally authorized to prescribe medications in the state.

# Provision of Care and Record Management



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

The written policies and procedures address the safe and secure storage of medications, including but not limited to:

- Self-administered medications stored safe and secure in the resident's room
- All prescription and non-prescription medications stored by the ALC under locked security.
- Medication storage area or cart is clean, well ventilated and in an orderly manner
- Accessibility is granted only to staff responsible for medication administration and the Administrator or person in charge.
- Topical or external use are separated from oral and injectable medications
- Medications requiring refrigeration are stored at 36° F to 46° F
- Medications are not to be stored in a refrigerator containing non-medications and non-medication-related items, except when stored in a separate container

# Provision of Care and Record Management

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

# Provision of Care and Record Management



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

The ALC must address controlled substances, regarding the secure storage and record-keeping of controlled substances that are in accordance with laws and regulations and ALC policies and procedures.

# Provision of Care and Record Management



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

The ALCs medication disposal policies and procedures include:

- Medications are released to or with a resident upon discharge if the resident has a physician's order to continue the medication.
- 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.
- 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 ALCs policies and procedures.



# Provision of Care and Record Management



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 discharge of a resident initiated by the ALC is based on the following, which includes but is not limited to:

- The discharge is necessary for the resident's welfare and the resident's needs cannot be met in the ALC
- The resident's health has improved sufficiently so the resident no longer needs the care/services provided by the ALC
- The health or safety of other individuals in the ALC is endangered
- Failure to pay the costs of care/services and accommodations
- 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

# Provision of Care and Record Management

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.

The reason for discharge is documented in the resident's record.

# Tips for Compliance

- Utilize audit tools to audit resident records
  - Is the care/service plan current and correct?
  - Are all verbal orders documented in the chart?
  - Are all care/services notes properly documented?
  - Do you see evidence that newly identified problems have been documented and communicated to the appropriate responsible person for evaluation?
  - Have all relevant physicians been notified as appropriate?
  - Are forms compliant?
- Fix any identified issues in the correct manner per state regulations and ALC policy

# Workbook Tools

- Compliance Checklist
- Resident Record Audit
- Medication Orders
- Medication Administration Record (MAR)
- Self-Audit

# Poll Question





Questions?



Break time

# 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.



# Quality Outcomes/Performance Improvement



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 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.
- Resident and staff satisfaction surveys
- Resident record review
- Resident grievances/complaints
- Adverse events to residents
- Ongoing monitoring of processes that involve preventing and controlling infectious and communicable diseases
- Physical plan maintenance.

# Quality Outcomes/Performance Improvement



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.

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.

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.

# Quality Outcomes/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



Standard AL6-E: Performance Improvement (PI) activities include the ongoing monitoring of residents' 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.

# Quality Outcomes/Performance Improvement



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

- 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.
- .

# Quality Outcomes/Performance Improvement

- 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.

# Quality Outcomes/Performance Improvement



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



# Quality Outcome/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



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)
- Problem-prone (has tended to cause problems for personnel or residents in the past)

# Quality Outcomes/Performance Improvement



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

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

# Quality Outcomes/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



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.

# Quality Outcomes/Performance Improvement



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 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.

# Tips for Compliance

- Review of PI materials
  - Job description
  - What is being monitored
  - What are established thresholds
  - Performance Improvement Projects
  - Evidence of personnel involvement
  - Complaint logs
  - Incident logs
  - Satisfaction surveys
  - Evidence of chart audits
  - Annual PI report



# Workbook Tools

- Compliance Checklist
- PI Activity/Audit Descriptions
- Sample PI Plan
- Self-Audit

# Poll Question





Questions?

# 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.

# Risk Management: Infection and Safety Control



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 must maintain and document an effective infection control program that protects residents and personnel by preventing and controlling infections and communicable diseases.

Written policies and procedures detail OSHA Blood Borne Pathogen and TB Exposure Control Plan.

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

# Risk Management: Infection and Safety Control



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.

# Risk Management: Infection and Safety Control



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

The ALC must maintain a coordinated facility-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the ALC's performance improvement program.

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.

Data is utilized to assess the effectiveness of the infection control program.

# Risk Management: Infection and Safety Control



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 meets design and construction requirements in accordance with laws and regulations for existing buildings and new construction.

- ALCs building plans:
  - All new construction, additions, and renovations to existing buildings must meet the requirements of the state National Fire Protection Association (NFPA)
  - Any existing building converted from another use to an ALC must meet all requirements of “change of use” as cited in NFPA 101.
- Fire and building safety report:
  - Current sanitation, fire, and building safety inspection reports readily available for review.
  - Where rules, codes, or standards have any conflict the most stringent requirement will apply.
  - 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.



# Risk Management: Infection and Safety Control



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.

# Risk Management: Infection and Safety Control



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 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.
- 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.
- Fire extinguishers in accordance with state and local regulations.

Fire drills are conducted quarterly on each shift, the drills must involve participation of the staff. All drills are documented.

# Risk Management: Infection and Safety Control



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 ALC will have its emergency preparedness plan approved by county or state authorities, if it's required by state or local regulations.

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.

# Risk Management: Infection and Safety Control



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.

Written policies and procedures include the types of safety training and frequency of training. Safety training is provided at orientation and at least annually for all personnel.

Personnel safety training includes but is not limited to the following:

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

# Risk Management: Infection and Safety Control



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 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.

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

# Risk Management: Infection and Safety Control



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.

Policies and procedures describe the process for reporting, monitoring, investigating, and documenting a variance.

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.

There is a standardized form developed by the organization that is used to report incidents involving personnel.

# Risk Management: Infection and Safety Control

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.

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

New small facilities – LSC 32.2

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



# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

New large facilities – LSC 32.3

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

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

Existing small facilities – LSC 33.2:

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

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

Existing large facilities – LSC 33.3:

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

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

Suitability of an existing apartment building to house a board and care occupancy – LSC 33.4

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

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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).

New apartment building to house a board and care occupancy – LSC 32.4

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

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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.

# Risk Management: Infection and Safety Control



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.

Life safety code inspection.

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.

# Risk Management: Infection and Safety Control



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

Life safety code inspection.

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



# Tips for Compliance

- Infection control plan
  - Staff in-service records
  - Resident education materials
- Evidence of safety
  - Fire drill results
  - Crisis/disaster drill results
  - Testing of emergency power systems
- Standardized form for reporting of employee incidents
- Safety and maintenance logs for equipment
- Check for sufficient amount of supplies used for the provision of cares/services to meet the needs of the residents

# Workbook Tools

- Compliance Checklist
- Hints for Developing a Disaster Plan
- Safety Audit
- Infection Control Tracking Form
- Hints for an Infection Control Plan
- Sample Employee Accident Investigation
- Self-Audit

# — Poll Question





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# Questions?

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