
*Major Deficiencies Revealed and Lack of
Accountability Identified in State Adult Foster
Care Regulations*



In Loving Memory
of Theresa Sella Skrabis

*Driven by the Woefully Inadequate Standards of Public Act 218 and the Resulting
Failure to Protect Seniors and Ensure Quality of Care and Life*

April 18, 2023

Version 1.2

**Theresa's Law
State-by-State Comparison**

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Overview

Purpose

The purpose of the state-by-state comparison of regulations for Adult Foster Care and “like” facilities, i.e., Assisted Living (AL) is to determine where Michigan stands in comparison to other states when it comes to protecting vulnerable seniors/residents.



Aging experts agree that systemic problems exist in the Long-Term Care (LTC) industry that point to the need for more training and education of Direct Care Workers (DCW) and accountability by LTC facilities. Our research found that many states recognize these facts and assert as much within their state's regulatory statutes. Example taken from the opening statements of the Washington State Legislature, Assisted Living Regulations:

[sic] "The legislature finds that many residents of community-based long-term care facilities are vulnerable and their health and well-being are dependent on their caregivers. The quality, skills, and knowledge of their caregivers are often key to good care. The legislature finds that the need for well-trained caregivers is growing as the state's population ages and residents' needs increase. The legislature intends that current training standards be enhanced."

Objective

The objective of this analysis is two-fold: 1.) to show that the woefully inadequate standards set by Michigan for Adult Foster Care facilities pales in comparison to other states, and 2.) identify best practices that other states have set forth to ensure the elderly in their respective state are protected and provided with exemplary care, are treated with dignity and respect, and that facilities are held to high standards and accountability.

Scope

We sought information from all 50 states and the District of Columbia for four key categories: DCW training & education, financial penalties, medication administration, and nursing requirements. We could not find or ascertain data for California, Indiana, Ohio, or Oklahoma. Answers for these states were considered as 'No' for all categories but were included in the averaging of statistics.

As most states have a different name or category of facilities that provide the same level of service/care of Adult Foster Care facilities in Michigan, such as Assisted Living, Residential Care Facility, etc., we used the following definition when extracting regulations for facilities:

- A facility that provides:
 - 24/7 room and board to adults who cannot live on their own due to physical, cognitive, mental impairments or other limitations due to aging and do not require 24/7 nursing care.
 - 3 meals a day and snacks
 - assistance with Activities of Daily Living (ADL), such as: bathing, dressing, grooming, toileting, transferring, medication administration, eating, etc.

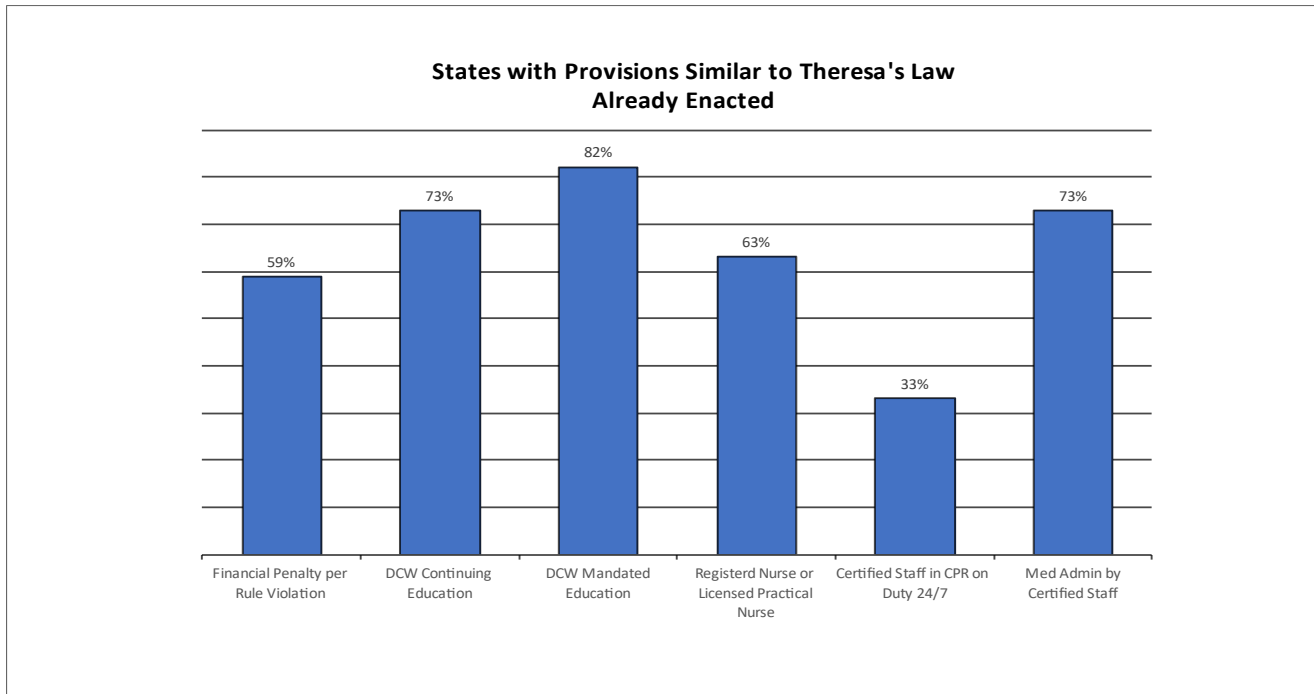
We did NOT include, for statistical purposes any of the following:

- Requirements for special care units, i.e., Alzheimer units or facilities
- Requirements for advanced levels of care. Some facilities assess residents based on the level of care needed and, in these instances, we took the lowest level of care.

Results of State-by-State Comparison

Key Findings

Our findings, like other research from professionals in aging, puts Michigan near the bottom in the quality of care and protection of seniors in Assisted Living (AL) type facilities, such as Adult Foster Care.

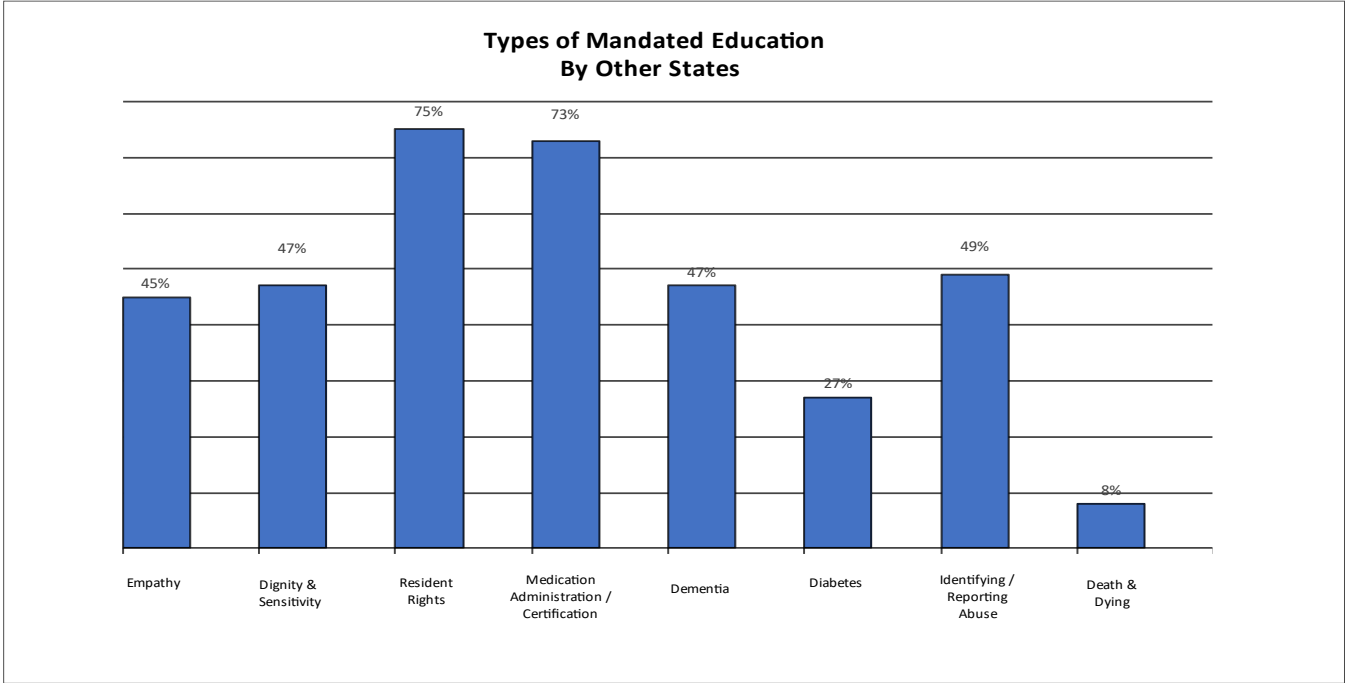


The charts above and below show the requirements we are proposing in Theresa's Law and the percentage of states that already have similar requirements enacted, based on our research, and the types of training for direct care workers. An article on Wallethub, '2022 States with the Best Elder-Abuse Protections', ranks Michigan at number 30 out of 51, which compared all 50 states plus the District of Columbia; Theresa's Law is mentioned under 'Ask the Experts' as legislation that is aimed at protecting seniors, when asked, "How can policymakers protect the elderly from abuse."

[https://wallethub.com/edu/states-with-best-elder-abuse-protection/28754#expert=Christina Marsack-Topolewski and Keith Chan](https://wallethub.com/edu/states-with-best-elder-abuse-protection/28754#expert=Christina_Marsack-Topolewski_and_Keith_Chan)

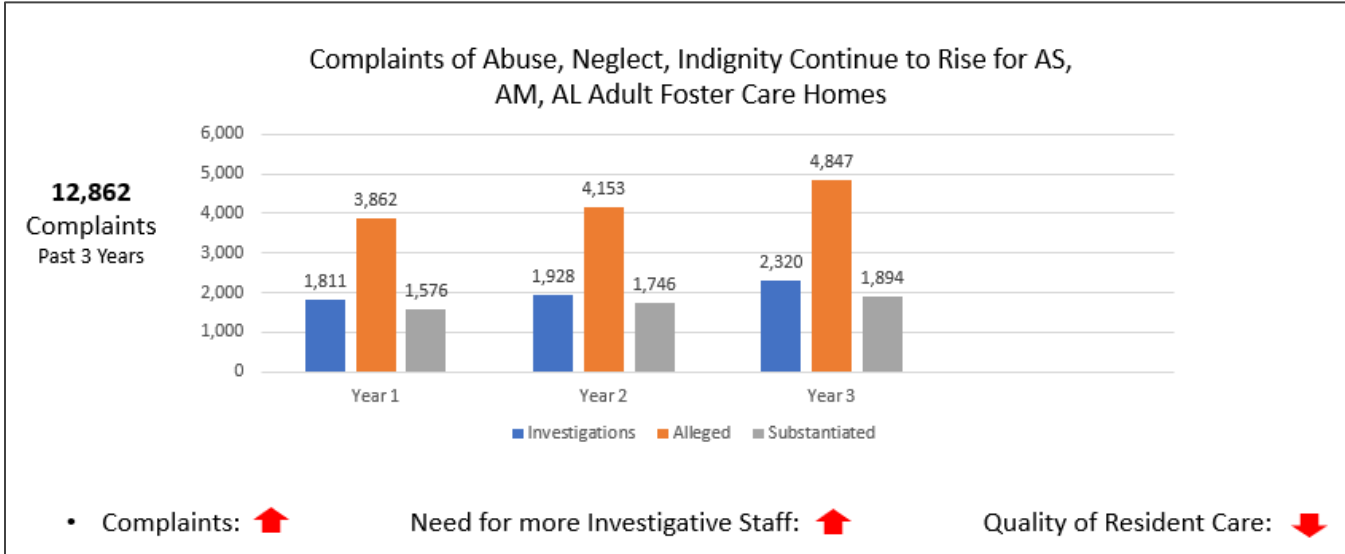
The chart at the top of Page 5, shows the proposed training/education requirements in Theresa's Law and the percentage of states that mandate these requirements.

(Please note, beginning on Page 9, 'Best Practices from Other States', all text is "as is" from the original source provided by each specific state and may contain spelling and grammatical errors. Our intent was to provide the original language.)



Statewide Trends

Complaint data obtained from the Department of Licensing and Regulatory Affairs (LARA) through FOIA (Freedom of Information Act) requests for 3 years, shows that allegations of abuse, neglect, and indignity are on the rise. Note: for purposes of this report, 'Complaints = Allegations.' With baby boomers continuing to age, failure to seek proactive solutions and continuing with the status quo, the outlook is dismal for seniors looking to age with dignity and respect in an Adult Foster Care facility in Michigan. It's also important to note that just because an allegation was unsubstantiated, doesn't mean the alleged abuse, neglect, or indignity did not occur.

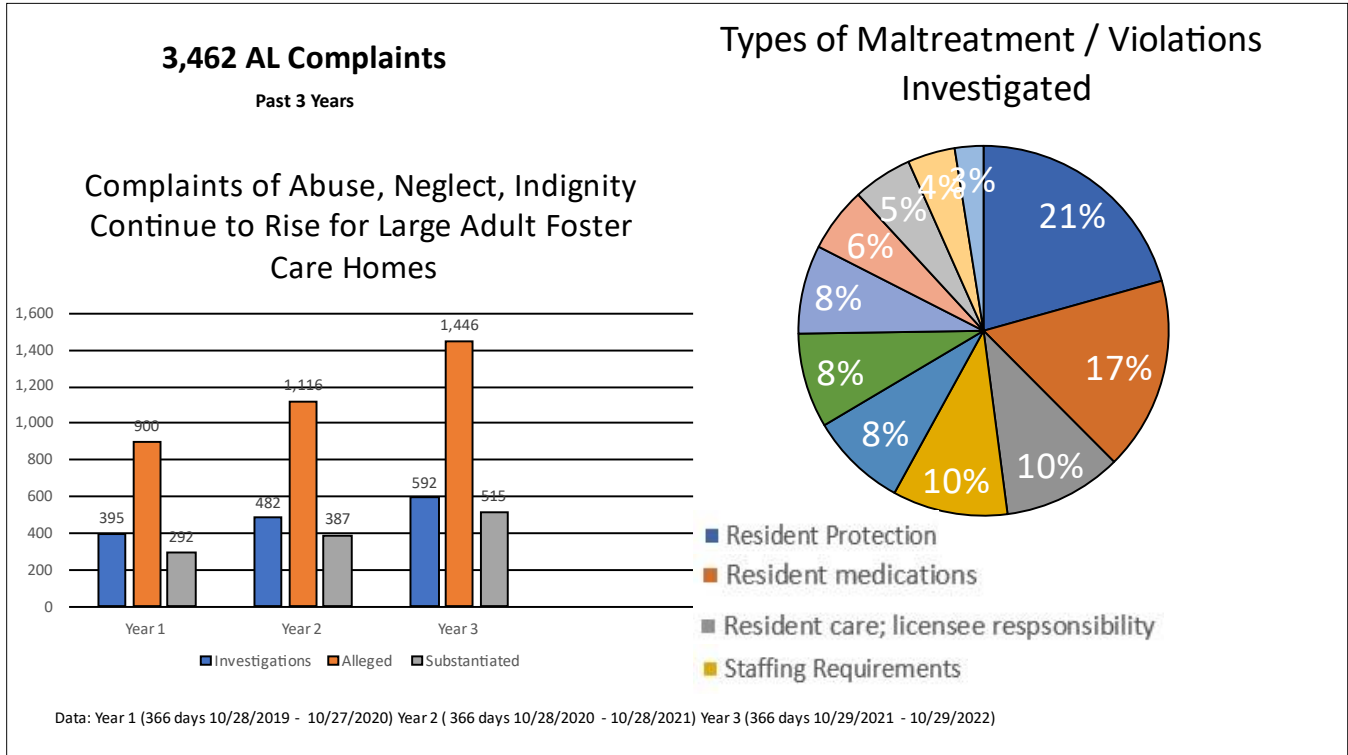


Data: Year 1 (366 days 10/28/2019 - 10/27/2020) Year 2 (366 days 10/28/2020 - 10/28/2021) Year 3 (366 days 10/29/2021 - 10/29/2022)

The answer is not to be reactive and hire more ombudsman and investigators to investigate claims of abuse and neglect, but **PROACTIVELY** enact solutions that will **IMPROVE** quality of care and lead to improved well-being and health outcomes for seniors, thereby **REDUCING** maltreatment and subsequent allegations/complaints.

Summary Findings

We focused the findings of our research on four key areas we identified based on the issues that directly impacted our mother and on the top four deficiencies in AFC care from years 1 and 2 of alleged allegations, which we believe must be added to Public Act 218. We also included an 'Other' category at the conclusion of our findings of the requirements that we believe would add value to achieving the best health outcomes for seniors and contribute to their overall well-being, but are not included in the scope of Theresa's Law.



1. Direct Care Worker Training and Education – Our research found that many states require extensive education and training of direct care workers that go beyond the bare minimum basic training that Michigan requires, including topics that address issues common to the aging population, such as dementia, diabetes, emotional loss, grief, maintaining dignity and respect, communication issues due to hearing loss, and end-of-life issues. Most states also require yearly Continuing Education (CE) and competency tests to ensure direct care workers are providing exemplary care and are retaining what they have learned through education and training. By contrast, Michigan only requires training or on-the-job training (not necessarily education courses) in the following, as indicated in the Department of Licensing and Regulatory Affairs' (LARA) 'Licensing Rules for Adult Foster Care Large Group Homes' document, and have been informed, does NOT require any CE:

- Reporting requirements
- First Aid
- CPR
- Personal care, supervision, and protection
- Resident rights
- Safety and fire prevention
- Prevention and containment of communicable diseases

2. Financial Penalties – Experts on elder abuse in LTC agree that strong regulations and policies to protect residents and ensure they receive quality care are important, but if they do not have teeth, they will not be effective and seniors will suffer as a result. Facility owners MUST have a ‘stake in the game’ to 1.) take violations seriously and make meaningful change, and 2.) proactively ensure their staff are well trained and educated to ensure quality care and avoid violations that prove harmful to residents entrusted in their care. Currently, Michigan does not allow LARA to assess financial penalties for cited violations, leaving the only recourse Corrective Action Plans (CAP), which in our experience are insubstantial and ineffective. The continued increase in alleged and substantiated violations over the past three years proves that the status quo is not working. Facility owners must be held accountable for the care they provide! Seniors living in AFC facilities should have no less protections than those in nursing homes, just because these facilities are not federally regulated.

Our research found that, worst case scenario (see ‘Scope’ section), 59% of states have some form of financial penalties for cited violations by their respective oversight agencies/departments. The policy and methods for determining the financial amount to be assessed vary. Some states determine severity and frequency of a violation, while others provide a flat fee per violation or simply provide a minimum and maximum penalty range based on specific violations. Regardless of the method best for each state, financial penalties are an effective deterrent to irresponsible owners of AFC facilities who fail to prioritize the safety and care of residents and the education and training of their staff.

Examples of abuse, neglect, and indignity substantiated violations in AFC facilities in Michigan include, but are not limited to:

- Dementia resident lockouts, froze to death
 - Residents bullied and denied rights.
 - Residents left to sit in soiled, urine-soaked undergarments without timely changes.
 - Residents not showered or bathed for days, weeks.
 - Residents dropped, injured during improper lift assists.
 - Residents sexually assaulted.
3. Medication Administration - Our research has found that 73% of states have stringent medication administration policies to ensure the safety of residents. These facilities require licensed medical professionals to administer medications and do not allow unlicensed staff to even pass medications without extensive training or certification (Certified Medication Aide) and oversight by a Registered Nurse (RN). By comparison, Michigan requires only a basic medication course and requires no certification of any kind. Nursing homes do not allow non-certified staff to pass medications – why then is it acceptable for these same medications to be passed by non-certified staff to seniors in AFC facilities? Examples of substantiated medication violations in Michigan, include but are not limited to:
- Staff crushing time released capsules.
 - Missed and untimely administration of insulin with adverse effects.
 - Residents were given double doses of medications.
 - Medications missing and/or stolen.
 - Missed doses of medication due to no trained staff on duty or errors (weeks or longer)
 - Medications given at the wrong times.
 - Staff falsifying medication logs/records.
 - Morphine dosage doubled due to staff confusion between measuring dosages in ML as opposed to MG “.**as this can be confusing for non-medical staff at the AFC**” – quote from AFC facility.

4. Nursing Requirements – We agree with the many aging experts and advocates for federal regulations of the Assisted Living (AL) industry, that nurses are critical to ensuring residents receive quality care. Our research found that 63% of states mandate a licensed nurse in various capacities for providing and overseeing patient care, training, and medication administration, including assistance with self-administration of medication for residents who do not require continuous nursing care. By comparison, to our knowledge, Michigan has no requirements for the inclusion of a licensed nurse in the care of residents in an AFC facility.

5. Other – In addition to disclosure policies that support Theresa’s Law, we discovered some great policies required by other states that are not included in Theresa’s Law in order to limit our scope but believe they would add value and have included a few of them for information purposes for future consideration.
 - Rated Certifications – A star (*) rating based on inspection findings posted for public disclosure.
 - Quality Improvement Programs – A program that identifies and addresses quality of care deficiencies, solutions, and methods for measuring continued compliance and improvement.
 - Incentive Scholarship Opportunities – While most states utilize the monies collected from fines from cited violations for ongoing stewardship of the Department’s operation, some states put these funds into an incentive scholarship type program to assist people in financial need seeking a career in nursing to offset education or certification expenses. One consideration for Theresa’s Law is that the funds collected from fines go into a memorial scholarship fund, named after Theresa Sella Skrabis, to pay the fees for Certified Nurse Aide (CNA) or Certified Medication Aide (CMA) certifications for those who meet certain financial requirements. Currently, the Theresa’s Law bill has these funds going into the Department’s general fund for operational costs of overseeing and enforcing regulations of adult foster care facilities.

Best Practices from other States
(Examples only; not an exhaustive list.)

Direct Care Worker Training and Education

Alabama

(6) Training.

(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually Assisted Living Facilities and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility.

In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:

1. State law and rules on assisted living facilities.
2. Facility policies and procedures.
3. Resident rights.
4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.
5. Identifying and reporting abuse, neglect, and exploitation.
6. Basic first aid.
7. Advance directives.
8. Protecting resident confidentiality.
9. Resident fire and environment safety.
10. Special needs of the elderly, mentally ill, and mentally retarded.
11. Safety and nutritional needs of the elderly.
12. Identifying signs and symptoms of dementia.

(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire.

An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at Assisted Living Facilities 420-5-4 28 all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization. (c) If the facility

admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training. (d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.

Arkansas

All staff including contracted personnel who provide services to residents, excluding licensed home health agency staff, shall receive orientation and training on the following topics within the time frames specified herein: a. Within seven (7) calendar days of hire:

1. Building safety and emergency measures, including safe operation of fire extinguishers and evacuation of residents from the building;
2. Appropriate response to emergencies;
- 3 Abuse, neglect, and financial exploitation and reporting requirements;
4. Incident reporting;
5. Sanitation and food safety;
6. Resident health and related problems;
7. General overview of the job's specific requirements;
8. Philosophy and principles of independent living in an assisted living residence. 26 Assisted Living Facilities Level I R. 08/01/11
9. Residents' Bill of Rights;

b. Within thirty (30) calendar days of hire:

1. Medication assistance or monitoring;
2. Communicable diseases, including AIDS or HIV and Hepatitis B; infection control in the residence and the principles of universal precautions based on OSHA guidelines;
3. Dementia and cognitive impairment;

c. Within one-hundred eighty (180) calendar days of hire:

1. Communication skills;
2. Review of the aging process and disability sensitivity training.

All staff and contracted providers having direct contact with residents and all food service personnel shall receive a minimum of six (6) hours per year of ongoing education and training to include in-service and on-the-job training designed to reinforce the training set forth in Section 504.4(a)(b)(c).

District of Columbia

Staff Training. DC ST § 44-107.02 Chapter 1. Assisted Living Residence Regulation. Subchapter VII. Staffing and Training. § 44-107.02. Staff training. (a) All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of this chapter. Prior to the date of hire, an employee must meet or possess one of the following criteria:

- (1) Be certified as a nurse's aide;

- (2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987;
- (3) Be properly trained by virtue of holding current licenses in a healthcare related field;
- (4) Be properly trained under a plan approved by the Mayor which covers the following topics, for a minimum of 40 hours:

(A) Delivering care for the bed-bound resident, including bathing, feeding, shampooing, dressing, positioning, and toileting;

(B) Use of the first aid kit and knowledge of its location;

(C) Confidential treatment of personal information;

(D) Procedures for detecting and reporting suspected abuse, neglect, or exploitation of residents;

(E) Managing difficult aggressive behavior;

(F) Advanced body mechanics;

(G) Communicating with adults, including those with communication deficits such as aphasia, hearing loss, loss of eyesight, and cognitive impairments;

(H) Recognizing the signs and symptoms of dementia;

(I) Caring for the cognitively impaired with such behaviors as wandering, repetitive questions, and confusion;

(j) Techniques for assisting residents in overcoming transfer trauma;

(K) Awareness of resident's "change in condition", including depression and ability to report changes to the appropriate staff according to the protocol of the ALR;

(L) Basic competence in housekeeping, laundry, food handling, and meal preparation; and

(M) Any specialized training for special needs not covered through the basic training.

(b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following:

(1) Their specific duties and assignments;

(2) The purpose and philosophy of the ALR;

(3) The services provided;

(4) The daily routines;

(5) The rights of residents;

(6) The emergency procedures and disaster drills and techniques of complying, including evacuating residents when applicable;

(7) Elementary body mechanics, including proper lifting and in place transfer;

(8) Choking precautions and airway obstruction, including the Heimlich Maneuver; and

(9) Infection control.

(c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following:

- (1) Emergency procedures and disaster drills;
- (2) Rights of residents;
- (3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and

(d) On an annual basis, the ALA shall complete 12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association.

Colorado

Staff and Volunteer Orientation and Training

7.8 The assisted living residence shall ensure that each staff member and volunteer receives orientation and training, as follows:

(A) The assisted living residence shall ensure each staff member or volunteer completes an initial orientation prior to providing any care or services to a resident. Such orientation shall include, at a minimum, all of the following topics:

- (1) The care and services provided by the assisted living residence;
- (2) Assignment of duties and responsibilities, specific to the staff member or volunteer;
- (3) Hand Hygiene and infection control;
- (4) Emergency response policies and procedures, including:
 - (a) Recognizing emergencies,
 - (b) Relevant emergency contact numbers,
 - (c) Fire response, including facility evacuation procedures
 - (d) Basic first aid,
 - (e) Automated external defibrillator (AED) use, if applicable,
 - (f) Practitioner assessment, and
 - (g) Serious illness injury, and/or death of a resident.
- (5) Reporting requirements, including occurrence reporting procedures within the facility;
- (6) Resident rights; CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7 Health Facilities and Emergency Medical Services Division 20
- (7) House rules;
- (8) Where to immediately locate a resident's advance directive; and
- (9) An overview of the assisted living residence's policies and procedures and how to access them for reference.

(B) The assisted living residence shall provide each staff member or volunteer with training relevant to their specific duties and responsibilities prior to that staff member or volunteer working independently. This training may be provided through formal instruction, self-study courses, or on-the-job training, and shall include, but is not limited to, the following topics:

- (1) Overview of state regulatory oversight applicable to the assisted living residence;
- (2) Person-centered care;
- (3) The role of and communication with external service providers;
- (4) Recognizing behavioral expression and management techniques, as appropriate for the population being served;
- (5) How to effectively communicate with residents that have hearing loss, limited English proficiency, dementia, or other conditions that impair communication, as appropriate for the population being served;
- (6) Training related to fall prevention and ways to monitor residents for signs of heightened fall potential such as deteriorating eyesight, unsteady gait, and increasing limitations that restrict mobility;
- (7) How to safely provide lift assistance, accompaniment, and transport of residents;
- (8) Maintenance of a clean, safe and healthy environment including appropriate cleaning techniques;
- (9) Food safety; and
- (10) Understanding the staff or volunteer's role in end-of-life care including hospice and palliative care.

Delaware

Assisted living facility resident assistants shall, at a minimum:

Be at least 18 years old;

Participate in a facility-specific orientation program that covers the following topics:

Fire and life safety, and emergency disaster plans;

Infection control, including Standard Precautions;

Basic food safety;

Basic first aid and the Heimlich Maneuver;

16.14.2.5 Job responsibilities;

16.14.2.6 The health and psychosocial needs of the population being served;

16.14.2.7 The resident assessment process; and

16.14.2.8 The use of service agreements;

16.14.2.9 16 Del.C. Ch. 11, pertaining to residents' rights; reporting of abuse, neglect, mistreatment, and financial exploitation; and the Ombudsman Program; TITLE 16 HEALTH AND SAFETY DELAWARE ADMINISTRATIVE CODE 15 16.14.2.10 Hospice services.

16.14.3 Receive, at a minimum, 12 hours of regular in-service education annually which may include but not be limited to the topics listed in 16.14.2;

16.14.4 Receive training to competently assist in activities of daily living or provide documentation of such training, and

16.14.5 Complete a Delaware Board of Nursing-approved AWSAM training course if assisting with self-administration of medications.

Georgia

Rule 111-8-63-.09 Workforce Qualifications, Training and Staffing

(1) The on-site manager and responsible staff persons must be at least 21 years of age and responsible for supervising the provision of care by all other staff. No staff person under the age of 18 is permitted to work in the assisted living community unless there is direct line-of-sight supervision being provided by the administrator, on-site manager or a responsible staff person or the staff member is at least 17 years of age and has successfully completed a vocational technical training track as a nursing assistant through a Georgia high school.

(2) Initial Training for All Staff. The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following:

- (a) residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81et seq.;
- (b) general infection control principles including importance of hand hygiene in all settings and attendance policies when ill;
- (c) training necessary to carry out assigned job duties and
- (d) emergency preparedness.

(3) Initial Training for Staff Providing Hands-On Personal Services.

In addition to the initial training required of all staff in paragraph (2) above, the administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes the following:

- (a) current certification in emergency first aid except where the staff person is a currently licensed health care professional;
- (b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;
- (c) medical and social needs and characteristics of the resident population, including special needs of residents with dementia;
- (d) residents' rights and the provision of care to residents that is individualized and helpful; and
- (e) training specific to assigned job duties, such as, but not limited to, permissible assistance with medications, contraindications for medications that must be brought to the attention of appropriate individuals, assisting residents in transferring, ambulation, proper food preparation, proper performance of health maintenance activities if serving as a designated proxy caregiver and responding appropriately to dementia-related behaviors.

(4) Trained Staff Present. At least one staff person who has completed the minimum training requirements of Rule 111-8-63-.09(2)(a) through (e) and (3)(a) through (e) above must be present in the assisted living community at all times any residents are present to provide necessary oversight and assistance to staff providing hands-on personal services who have not completed the training, to ensure that care and services are delivered safely and in accordance with these rules.

(5) Training Hours Required During First Year of Employment. All staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker. Staff providing hands-on personal services in a specialized memory care unit must have 8 hours training related specifically to dementia care, included in their 24 hours of first-year employment training. The courses offered must be relevant to assigned job duties and include such topics as cardiopulmonary resuscitation and first aid certifications, utilizing standard precautions in working with aging residents, working with residents with Alzheimer's or other cognitive impairments, working with persons who have developmental disabilities or persons who have mental illness, providing social and recreational activities, understanding legal issues, performing necessary physical maintenance, fire safety, housekeeping activities, recognizing and reporting abuse, neglect and exploitation, preparing and serving food safely, preserving the dignity and rights of residents receiving care to make meaningful choices, providing and documenting medication assistance, or other topics as determined necessary by the Department to support compliance

(6) Ongoing Staff Training. Beginning with the second year of employment, staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education as referenced in paragraph 111-8-63-.09 (5) above annually. For staff providing hands-on personal services in the memory care unit, at least two hours of the ongoing continuing education required each year must be devoted specifically to training relevant to caring for residents with dementia.

(7) Training Records. The community must maintain documentation reflecting course content, instructor qualifications, agenda and attendance rosters for all training provided.

(8) Proxy Caregiver Training. An assisted living community employing proxy caregivers must provide training to the proxy caregivers in accordance with the Rules and Regulations for Use of Proxy Caregivers, Chapter 111-8-100 subject to the limitation that only certified medication aides may administer medications on behalf of the community.

Louisiana

§6867. Staff Training

A. All staff shall receive the necessary and appropriate training to assure competence to perform the duties that are assigned to them.

1. All staff shall receive any specialized training required by law or regulation to meet residents' needs.
2. The Adult Residential Care Provider (ARCP) shall maintain documentation that orientation and annual training has been provided for all current employees.
3. Orientation shall be completed within 14 days of hire and shall include, in addition to the topics listed in §6867.B, the following topics:
 - a. the ARCP's policies and procedures; and
 - b. general overview of the job specific requirements.

B. The following training topics shall be covered in orientation and annually thereafter for all staff and ARCP contracted providers having direct contact with residents:

1. residents' rights;
2. procedures and requirements concerning the reporting of abuse, neglect, exploitation, misappropriation and critical incidents;
3. building safety and procedures to be followed in the event of any emergency situation including instructions in the use of fire-fighting equipment and resident evacuation procedures including safe operation of fire extinguishers and evacuation of residents from the building;
4. basic sanitation and food safety practices;
5. requirements for reporting changes in resident's health conditions; and
6. infection control, including, but not limited to PPE, as appropriate.

C. Training for Direct Care Staff

1. In addition to the topics listed in §6867.A.3 and §6867.B, orientation for direct care staff shall include an evaluation to ensure competence to provide ADL and IADL assistance. A new employee shall not be assigned to carry out a resident's PCSP until competency has been demonstrated and documented.
2. In addition to the required dementia training in §6867.F, direct care staff shall receive 12 hours of annual training which shall be recorded and maintained in the employee personnel file.
3. Annual training shall address the special needs of individual residents and address areas of weakness as determined by the direct care staff performance reviews.
4. All direct care staff shall receive certification in cardiac pulmonary resuscitation and adult first aid within the first 90 days of employment. The ARCP shall maintain the documentation of current certification in the staff's personnel file.
5. The requirements of §6867.C.1 may qualify as the first year's annual training requirements. However, normal supervision shall not be considered to meet this requirement on an annual basis.

F. Dementia Training 1. All employees shall be trained in the care of persons diagnosed with dementia and dementia-related practices that include or that are informed by evidence-based care practices. All new employees shall receive such training within 90 days from the date of hire and annually as required in accordance with §6867.F.1-10.b.

2. All employees who provide care to residents in a specialized dementia care Program shall meet the following training requirements.

- a. Employees who provide direct face-to-face care to residents shall be required to obtain at least eight hours of dementia-specific training within 90 days of employment and eight hours of dementia-specific training annually. The training shall include the following topics:
 - i. an overview of Alzheimer's disease and other forms of dementia;
 - ii. communicating with persons with dementia;
 - iii. behavior management;
 - iv. promoting independence in activities of daily living; and

- v. understanding and dealing with family issues.
 - b. Employees who have regular contact with residents, but who do not provide direct face-to-face care, shall be required to obtain at least four hours of dementia specific training within 90 days of employment and two hours of dementia training annually. This training shall include the following topics:
 - i. an overview of dementias; and
 - ii. communicating with persons with dementia.
 - c. Employees who have only incidental contact with residents shall receive general written information provided by the ARCP on interacting with residents with dementia within 90 days of employment and annually.
3. Employees who do not provide care to residents in a special dementia care program shall meet the following training requirements.
- a. Employees who provide direct face-to-face care to residents shall be required to obtain at least two hours of dementia-specific training within 90 days of employment and annually. This training shall include the following topics:
 - i. an overview of Alzheimer's disease and related dementias; and
 - ii. communicating with persons with dementia.
 - b. All other employees shall receive general written information provided by the ARCP on interacting with residents with dementia within 90 days of employment and annually.
4. Any dementia-specific training received in a nursing or nursing assistant program approved by the department or its designee may be used to fulfill the training hours required pursuant to this Section.
5. ARCPs may offer a complete training curriculum themselves, or they may contract with another organization, entity, or individual to provide the training.
6. The dementia-specific training curriculum shall be approved by the department or its designee. To obtain training curriculum approval, the organization, entity, or individual shall submit the following information to the department or its designee:
- a. a copy of the curriculum;
 - b. the name of the training coordinator and his/her qualifications;
 - c. a list of all instructors;
 - d. the location of the training; and
 - e. whether or not the training will be web-based.
7. A provider, organization, entity, or individual shall submit any content changes to an approved training curriculum to the department, or its designee, for review and approval. a. Continuing education undertaken by the ARCP does not require the department's approval.
8. If a provider, organization, entity, or individual, with an approved curriculum, ceases to provide training, the department shall be notified in writing within 30 days of cessation of training. Prior to resuming the training program, the provider, organization, entity, or individual shall reapply to the department for approval to resume the program.

Maine

Requirements for All Staff

(5) Have sufficient skills, training, and experience to serve the residents in a manner that is consistent with the philosophy of assisted living;

(6) Receive initial training, prior to assuming responsibility for resident care, in:

- (a) The health and psychosocial needs of the population being served;
- (b) The resident assessment process;
- (c) The use of service plans;
- (d) Cuing, coaching, and monitoring residents who self-administer medications, with or without assistance;
- (e) Providing assistance with ambulation, personal hygiene, dressing, toileting, and feeding; and
- (f) Resident rights;

(7) Receive initial training, prior to assuming responsibility for resident care, and annual training in:

- (a) Fire and life safety, including the use of fire extinguishers;
- (b) Infection control, including standard precautions, contact precautions, and hand hygiene, based on criteria published by the Centers for Disease Control;
- (c) Emergency disaster plans;
- (d) Basic food safety;
- (e) Environmental safety;
- (f) Cognitive impairment and mental illness, as described in §I of this regulation; and
- (g) Responding to choking and cardiopulmonary arrests, including hands-on exercises.

(8) Have current certification, including documented expiration dates, if involved in direct resident care, in:

- (a) Basic first aid by a first aid instructor certified by a national organization; and
- (b) Basic cardiopulmonary resuscitation (CPR), including a hands-on component, by a CPR instructor certified by a national organization;

(9) Hold appropriate licensure or certification as required by law; and

(10) Have additional Alzheimer's/dementia training initially and annually, beyond the requirements of this regulation, as specified in Regulation .27 of this chapter, for all staff who work in Alzheimer's/dementia special care units, including the designated unit manager.

A staff member who completes an approved 80-hour manager training course shall be exempt from the required annual trainings set forth in §D (7) of this regulation for a period of 4 years.

Proof of training shall include:

- (1) Date of class;
- (2) Course content;
- (3) Documentation of successful completion of the training content;
- (4) Signatures of the trainer and attendees; and
- (5) Qualifications and contact information for the trainer.

Training may be provided through various means including: (1) Classroom instruction; (2) In-service training; (3) Internet courses; (4) Correspondence courses; (5) Prerecorded training; or (6) Other training methods.

When the training method does not involve direct interaction between faculty and participant, the program shall make available to the participant during the training a trained individual to answer questions and respond to issues raised by the training.

I. Training in Cognitive Impairment and Mental Illness.

(1) When job duties involve the provision of personal care services as defined in Regulation .02B of this chapter, staff shall receive a minimum of 5 hours of initial training on cognitive impairment and mental illness. The training shall be designed to meet the specific needs of the program's population, as determined by the manager, including the content set forth in Regulation .16A(8) and (9)(a)-(c).

(2) When job duties do not involve the provision of personal care services, staff shall receive a minimum of 2 hours of initial training on cognitive impairment and mental illness. The training shall include the content set forth in Regulation .16A(8)(a), (b), and (c)(iii).

(3) Ongoing training in cognitive impairment and mental illness shall be provided annually consisting of, at a minimum:

- (a) 2 hours for staff whose job duties involve the provision of personal care services; and
- (b) 1 hour for staff whose job duties do not involve the provision of personal care services.

Personal Care Services. The [assisted living] manager shall provide or ensure the provision of all necessary personal care services, including, but not limited to, the range of assistance needed by a resident to complete the following activities of daily living[:], as defined in Regulation .02B of this chapter.

- (1) Eating or being fed;
- (2) Personal hygiene, grooming, bathing, and oral hygiene, including brushing teeth, shaving, and combing hair;
- (3) Mobility, transfer, ambulation, and access to the outdoors, when appropriate;
- (4) Toileting and incontinence care; and
- (5) Dressing in clean, weather-appropriate clothing.

Massachusetts

Training Requirements

The purposes of the requirements of 651 CMR 12.07 are to ensure employees of Assisted Living Residences have a clear understanding of their jobs and the way in which their work intersects with and supports the work of other employees, of the policies and procedures of the Residence, of the rights of the Residents, and of the particular and distinctive service needs and health concerns of the Residents.

All curricula for training should reflect current standards of practice and care, be designed to enhance the professionalism of the employees, and to enable employees to provide good service. Training requirements may be satisfied by such means as practical demonstration, lectures, lectures with accompanying role playing, video with facilitated discussion, and other generally accepted techniques.

No more than two of the seven hours required for orientation may be conducted by un-facilitated media presentations by such means as video or audio. Instructors and facilitators shall be appropriately qualified by training or demonstrated experience.

The Residence shall maintain documentation in the employee's personnel file regarding the completion of training or eligibility for any exemption.

(1) General Orientation. Prior to active employment, all staff and contracted providers who will have direct contact with Residents and all food service personnel must receive a seven-hour orientation which includes the following topics:

- (a) Philosophy of independent living in an Assisted Living Residence;
- (b) Resident Bill of Rights;
- (c) Elder Abuse, Neglect and Financial Exploitation;
- (d) Residence policies and procedures related to disaster and emergency preparedness;
- (e) Communicable diseases including, but not limited to, AIDS/HIV and Hepatitis B;
- (f) Infection control in the Residence and the principles of universal precautions based on DPH guidelines;
- (g) Communication Skills;
- (h) Review of the aging process;
- (i) Dementia/Cognitive Impairment, including a basic overview of the disease process, communication skills and behavioral interventions;
- (j) Resident Health and related problems;
- (k) General overview of the employee's specific job requirements;
- (l) The Residence's policy on emergency response to acute health issues, and first aid; and (m) Sanitation and Food Safety.

(2) Additional General Orientation Requirements.

- (a) At least one hour of general orientation training shall be devoted to the topic of elder abuse, neglect, and financial exploitation. 651 CMR: DEPARTMENT OF ELDER AFFAIRS 12.07: continued
- (b) At least two hours of general orientation training shall be devoted to the topic of dementia and cognitive impairments. All curricula for training related to dementia shall reflect current standards of practice and care.
- (c) In addition to the requirements relative to the general orientation set forth in 651 CMR 12.07(1)(a) through (m), all personnel providing Personal Care Services shall receive at least one additional hour of orientation devoted to the topic of Self-administered Medication Management provided by a nurse.
- (d) Both the Residence Manager and Service Coordinator shall receive an additional two-hour training devoted to dementia care topics.
- (e) A Residence may include the use of techniques such as the shadowing of more experienced employees during the first five days of an employee's tenure.

(Service Coordinator. The individual(s) responsible for supporting the coordination of Resident care, including the preparation and periodic review and revision of each Resident's service plan. / Manager. The individual who has general administrative charge of an Assisted Living Residence.)

(3) Orientation for Staff Working within Special Care Residences. In addition to completing requirements for general orientation as set forth under 651 CMR 12.07(1)(a) through (m), all new employees who work within a

Special Care Residence and have direct contact with Residents must receive seven hours of additional training on topics related to the specialized care needs of the Resident population (e.g., communication skills, creating a therapeutic environment, interpreting manifestations of distress, decisional capacity, sexuality, family issues, and caregiver support).

(4) Ongoing In-service Education and Training.

(a) A minimum of ten hours per year of ongoing education and training is required for all employees, with at least two hours on the specialized needs of Residents with Alzheimer's disease and related dementia.

(b) Employees working in a Special Care Residence must receive an additional four hours of training per year related to the Residents' specialized needs. Such training shall include the development of communications skills for Residents with dementia.

(c) In addition to the general ten-hour continuing education requirement for all employees, Residence Managers shall complete an additional five hours of training which shall be intended to complement the individual's background and experience. Credits for completing annual continuing education requirements for Residence managers may be transferable to other Residences.

(d) No more than 50% of the ongoing training requirement may be conducted by unfacilitated media presentations by such means as video or audio.

(e) Upon submitting proof in a manner and form prescribed by EOE, training received within the past 18 months at another Assisted Living Residence, a similar facility or agency may be used to satisfy the requirements of 651 CMR 12.07. Satisfaction of the requirements of the general orientation shall not be used to fulfill the requirements of 651 CMR 12.04(4).

(f) Specialized Training Requirements.

1. All staff providing assistance with Personal Care Services shall be trained in the Residence's policy on emergency response to acute health issues and first aid, and must also complete at least one hour of ongoing education and training per year on the topic of Self-administered Medication Management; and

2. All employees and providers shall receive ongoing in-service education and training, provided by a professional with relevant experience, that is designed to ensure orientation training is reinforced, from among the following topics: 651 CMR: DEPARTMENT OF ELDER AFFAIRS 12.07: continued

- a. Behavioral interventions, including prevention of manifestations of distress such as aggressive behavior and de-escalation techniques (mandatory);
- b. Defining, recognizing and reporting elder abuse (mandatory);
- c. Communication and teamwork;
- d. The aging process, including typical changes and those related to disease;
- e. The causes and prevention of falls and related injuries, and the Residence's established policies and procedures for an Evidence Informed Falls Prevention Program;
- f. The effects of dehydration;
- g. Alzheimer's disease and cognitive impairments;
- h. Conflict resolution; i. Resident rights;
- j. Self-administered Medication Management;
- k. Death and dying;
- l. Maintaining skin integrity;
- m. Nutrition;
- n. Emergency procedures; and

o. Training which addresses topics required in the general orientation.

5. Each residence shall conduct an annual training needs assessment to prepare the curriculum for its required training and establish a process by which it will evaluate the efficacy of its training program.

6. Personal Care Services Provider Training Requirements. Assisted Living Residence staff and contracted providers of Personal Care Services must complete an additional 54 hours of training prior to providing Personal Care Services to a Resident, 20 hours of which must be specific to the provision of Personal Care Services. The 20 hours of Personal Care training must be conducted by a qualified Registered Nurse with a valid Massachusetts license. The 54 hours of training must include the following topics:

- (a) Bathing and personal care;
- (b) The effects of dehydration;
- (c) Maintaining skin integrity;
- (d) Self-administered Medication Management;
- (e) Elimination;
- (f) Nutrition;
- (g) Human Growth, Development and Aging;
- (h) Family Dynamics;
- (i) Grief, Loss, Death and Dying;
- (j) Mobility;
- (k) Fall prevention;
- (l) Mental health, depression, and loneliness;
- (m) Maintenance of a Clean, Safe and Healthy Environment;
- (n) Home Safety; and
- (o) Assistance with Appliances. Documentation of completion of the 54-hour training for Assisted Living Residences staff and contract providers who provide Personal Care Services shall be transferable for each employee from one Residence to another.

7. Introductory Visit and Review. Prior to or within 48 hours after the provision of Personal Care Services to a Resident, a nurse shall review the Resident's service plan with all relevant personal care workers. This review may be conducted in the Resident's Unit or at another appropriate location within the Residence, as determined by the nurse. The personal care workers must demonstrate competence in the assigned personal care tasks (including Self-administered Medication Management) in the Resident's service plan. Such competence may be demonstrated either through a verbal review of these tasks or, if deemed necessary by the nurse, by the demonstrated performance of the tasks by such workers. An Introductory Visit shall also be conducted and documented in the Resident's record whenever the Resident's personal care needs change significantly, as determined by the nurse. Such documentation shall be kept current.

8. Supervision. A qualified nurse shall, at least once every six months, evaluate the Personal Care Services provided by personal care staff of the Residence or by contracted providers. A written record of the staff or provider's performance of personal care skills shall be completed after each evaluation and shall be kept in the employee's personnel file. Personal care staff who provide Self-administered Medication Management shall also be evaluated on their awareness of and compliance with SAMM regulations and the applicable Residence policies and procedures. (9) Exemptions. The following individuals are exempt from Personal Care Services Provider Training Requirements as set forth in 651 CMR 12.07(4). However, these individuals must complete the general orientation and Ongoing In-service Education and Training as set forth in 651 CMR 12.07(1) through (3). (a) Registered Nurse (RN) and a Licensed Practical Nurse (LPN) with a valid license in Massachusetts; (b) Nurse's Aides with documentation of successful completion of nurse's aide training; (c) Home Health Aides with documentation of having successfully completed the Certified Health Aide training program; and (d) Personal Care Homemakers with documentation of having successfully completed a Personal Care Homemaker training program (60 Hours)

(Assisted Living Residence or Residence. Any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria: (a) provides room and board; (b) provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, Personal Care Services for three or more adults who are not related by consanguinity or affinity to their care provider; and (c) collects payments or third-party reimbursements from or on behalf of Residents to pay for the provision of assistance with the Activities of Daily Living, or arranges for the same.)

Personal Care Service. Assistance with one or more of the Activities of Daily Living and Self-administered Medication Management, either through physical support or supervision. Supervision includes reminding or observing Residents while they perform activities.

Minnesota

Unlicensed personnel. (a) Unlicensed personnel providing assisted living services must have:

- (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or
- (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks.

(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:

- (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;
- (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or Official Publication of the State of Minnesota Revisor of Statutes 144G.60 MINNESOTA STATUTES 2021 60
- (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. (c) Unlicensed personnel performing therapy or treatment tasks delegated or assigned by a licensed health professional must meet the requirements for delegated tasks in section 144G.62, subdivision 2, paragraph (a), and any other training or competency requirements within the licensed health professional's scope of practice relating to delegation or assignment of tasks to unlicensed personnel.

144G.61 STAFF COMPETENCY EVALUATIONS.

Subdivision 1. Instructor and competency evaluation requirements. Instructors and competency evaluators must meet the following requirements:

- (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and

(2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse.

2. Training and evaluation of unlicensed personnel. (a) Training and competency evaluations for all unlicensed personnel must include the following:

- (1) documentation requirements for all services provided;
- (2) reports of changes in the resident's condition to the supervisor designated by the facility;
- (3) basic infection control, including blood-borne pathogens;
- (4) maintenance of a clean and safe environment;
- (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting;
- (6) training on the prevention of falls;
- (7) standby assistance techniques and how to perform them;
- (8) medication, exercise, and treatment reminders;
- (9) basic nutrition, meal preparation, food safety, and assistance with eating; Official Publication of the State of Minnesota Revisor of Statutes 61 MINNESOTA STATUTES 2021 144G.61
- (10) preparation of modified diets as ordered by a licensed health professional;
- (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;
- (12) awareness of confidentiality and privacy;
- (13) understanding appropriate boundaries between staff and residents and the resident's family;
- (14) procedures to use in handling various emergency situations; and
- (15) awareness of commonly used health technology equipment and assistive devices.

(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:

- (1) observing, reporting, and documenting resident status;
- (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;
- (3) reading and recording temperature, pulse, and respirations of the resident;
- (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;
- (5) safe transfer techniques and ambulation;
- (6) range of motioning and positioning; and
- (7) administering medications or treatments as required.

144G.63 ORIENTATION AND ANNUAL TRAINING REQUIREMENTS. Subdivision 1. Orientation of staff and supervisors. All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.

2. Content of required orientation. (a) The orientation must contain the following topics:

- (1) an overview of this chapter;
- (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;
- (3) handling of emergencies and use of emergency services; Official Publication of the State of Minnesota Revisor of Statutes 63 MINNESOTA STATUTES 2021 144G.63
- (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);
- (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;
- (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;
- (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;
- (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and
- (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.

(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:

- (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;
- (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or
- (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

3. Orientation to resident. Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.

4. Training required relating to dementia. All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64.

5. Required annual training. (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:

- (1) training on reporting of maltreatment of vulnerable adults under section 626.557;
- (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;
- (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, Official Publication of the State of Minnesota Revisor of Statutes 144G.63 MINNESOTA STATUTES 2021 64 and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;
- (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;
- (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and
- (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.

6. Implementation. The assisted living facility must implement all orientation and training topics covered in this section.

7. Verification and documentation of orientation and training. The assisted living facility shall retain evidence in the employee record of each staff person having completed the orientation and training required by this section.

New Hampshire

Personnel who are not licensed practitioners or nurses but who assist a resident with self-administration of medication with assistance or self-directed administration of medication shall, prior to providing such assistance, complete, at a minimum, a 4-hour medication assistance education program covering both prescription and non-prescription medication.

A licensed nurse, licensed practitioner, or pharmacist shall teach the medication assistance education program, whether in-person or through other means such as electronic media provided it meets the requirements of (ak) above and (am) below.

The medication supervision education program required by (ak) above shall include:

- (1) Infection control and proper hand washing techniques;
- (2) The 5 rights relative to medication, which are: a. The right resident; b. The right medication; c. The right dose; d. Medication administered at the right time; and e. Medication administered via the right route;
- (3) Documentation requirements;

- (4) General categories of medications such as antihypertensives or antibiotics;
- (5) Desired effects and potential side effects of medications; and (6) Medication precautions and interactions.

North Carolina

131D-4.1. Adult care homes; legislative intent.

The General Assembly finds and declares that the ability to exercise personal control over one's life is fundamental to human dignity and quality of life and that dependence on others for some assistance with daily life activities should not require surrendering personal control of informed decision making or risk taking in all areas of one's life.

The General Assembly intends to ensure that adult care homes provide services that assist the residents in such a way as to assure quality of life and maximum flexibility in meeting individual needs and preserving individual autonomy. (1995, c. 449, s. 3; c. 535, s. 9.)

Pursuant to G.S. 143B-165, the North Carolina Medical Care Commission shall adopt rules to ensure at a minimum, but shall not be limited to, the provision of each of the following by adult care homes:

A minimum of 80 hours of training for personal care aides. The training for aides shall be comparable to State-approved Certified Nurse Aide I training.

The facility may exempt from the 80-hour training requirement any personal care aides who are or have been either licensed as a health care professional or listed on the Nurse Aide Registry.

The facility may exempt from the 80-hour training requirement any personal care aides who are or have been either licensed as a health care professional or listed on the Nurse Aide Registry.

Monitoring and supervision of residents.

Oversight and quality of care as stated in G.S. 131D-4.1.

Adult care homes shall comply with all of the following staffing requirements:

- a. First shift (morning): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per each 20 residents (licensed capacity or resident census) plus 3.0 hours for all other residents, whichever is greater;
- b. Second shift (afternoon): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per each 20 residents plus 3.0 hours for all other residents (licensed capacity or resident census), whichever is greater;
- c. Third shift (evening): 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census).

The facility shall provide staff to meet the needs of the facility's residents. Each facility shall post in a conspicuous place information about required staffing that enables residents and their families to ascertain each day the number of direct care staff and supervisors that are required by law to be on duty for each shift for that day

§ 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.

(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5.

(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:

(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:

a. The key principles of medication administration.

b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.

(3) Within 60 days from the date of hire, the individual must have completed the following:

a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:

1. The key principles of medication administration.

2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

(c) By October 1, 2012, the Division of Health Service Regulation shall develop and administer an examination for individuals seeking employment as a medication aide in an adult care home. (2011-99, s. 5.)

Oregon

REQUIREMENTS APPLICABLE TO ALL TRAINING. The facility shall:

(a) Have a training program that includes methods to determine competency of direct care staff through evaluation, observation, or written testing. Facility shall also maintain documentation regarding each direct care staff's demonstrated competency.

(b) Maintain written documentation of all trainings completed by each employee.

(3) PRE-SERVICE ORIENTATION FOR ALL EMPLOYEES.

(a) Prior to beginning their job responsibilities, all employees must complete an orientation that includes training regarding:

(A) Residents' rights and the values of community-based care.

(B) Abuse and reporting requirements.

(C) Standard precautions for infection control.

(D) Fire safety and emergency procedures.

(b) If the staff member's duties include preparing food, they must have a food handler's certificate.

(c) All staff must receive a written description of their job responsibilities.

(d) PRE-SERVICE INFECTIOUS DISEASE PREVENTION TRAINING. Prior to beginning their job responsibilities, unless the employee received the training described below within the 24-month period prior to the time of hiring, all employees must complete training addressing the prevention, recognition, control and reporting of the spread of infectious disease. The Department, in consultation with the Oregon Health Authority, has determined this training must address the following curricula:

(A) Transmission of communicable disease and infections, including: (i) Policy with criteria directing staff to stay home when ill with a communicable disease, so as not to transmit disease. (ii) Respiratory hygiene and coughing etiquette.

(B) Standard precautions.

(C) Hand hygiene.

(D) Use of personal protective equipment.

(E) Cleaning of physical environment, including, but not limited to: (i) Disinfecting high-touch surfaces and equipment. (ii) Handling, storing, processing, and transporting linens to prevent the spread of infection.

(F) Isolating and cohorting of residents during a disease outbreak.

(G) Employees must also receive training on the rights and responsibilities of employees to report disease outbreaks under ORS 433.004 and safeguards for employees who report disease outbreaks.

(H) Facilities will be required to have all staff trained, as described in this rule, by July 1, 2022.

(e) **INFECTIOUS DISEASE TRAINING CURRICULUM.** Pre-service infectious disease training curriculum must be approved by the Department before facilities may offer training to staff.

(A) The pre-service training may be provided in person, in writing, by webinar or by other electronic means.

(B) Online training will be made available by the Department by January 1, 2022.

(C) Facilities or other entities that want to provide training curriculum to facilities must first present that curriculum to the Department for review and approval.

(D) The Department will review training from facilities or other entities with the goal of making training available to facilities by January 1, 2022.

(4) **PRE-SERVICE TRAINING FOR ALL DIRECT CARE STAFF.**

(a) Prior to providing care to residents, all direct care staff must complete an approved pre-service dementia training.

(b) Pre-service dementia care training requirements for: (A) 2018 - Direct care staff hired on or before December 31, 2018 shall complete pre-service dementia care training outlined in OAR 411-054-0070 by December 31, 2018, regardless of when they first provide direct care to residents. (B) 2019 and beyond - Direct care staff hired on or after January 1, 2019 shall complete required pre-service dementia training prior to providing direct care to residents.

(c) Documentation of dementia training: (A) A certificate of completion shall be issued to direct care staff who satisfactorily complete approved dementia training. Facilities shall also maintain records of all direct care staff who have successfully completed pre-service dementia training. (B) Each facility shall maintain written documentation of continuing education completed, including required pre-service dementia training, for all direct care staff.

(d) Portability of pre-service dementia training: After completing the pre-service training, if a direct care staff person is hired within 24 months by a different facility, the hiring facility may choose to accept the previous training or require the direct care staff to complete the hiring facility's pre-service dementia training.

(e) A certificate of completion must be made available to the Department upon request.

(f) Pre-service dementia care training must include the following subject areas:

(A) Education on the dementia disease process, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms.

(B) Techniques for understanding, communicating, and responding to distressful behavioral symptoms, including, but not limited to, reducing the use of antipsychotic medications for non-standard uses.

(C) Strategies for addressing social needs of persons with dementia and engaging them with meaningful activities.

(D) Information concerning specific aspects of dementia care and ensuring the safety of residents with dementia, including, but not limited to, how to: (i) Identify and address pain. (ii) Provide food and fluids. (iii) Prevent wandering and elopement. (iv) Use a person-centered approach.

(g) Pre-service orientation to resident:

(A) Prior to providing personal care services for a resident, direct care staff must receive an orientation to the resident, including the resident's service plan.

(B) Staff members must be directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services, as applicable.

(5) ANNUAL INSERVICE FOR ALL STAFF. Annual infectious disease training requires the following:

(a) Administrators and employees will be required to complete annual training on infectious disease outbreak and infection control. Such training will be included within the current number of required annual training hours and will not necessitate additional hours of training.

(b) Annual in-service training must be documented in the employee record.

(c) These annual training requirements will be required as of July 1, 2023.

(6) TRAINING WITHIN 30 DAYS OF HIRE FOR DIRECT CARE STAFF.

(a) The facility is responsible to verify that direct care staff have demonstrated satisfactory performance in any duty they are assigned.

(b) Knowledge and performance must be demonstrated in all areas within the first 30 days of hire, including, but not limited to:

(A) The role of service plans in providing individualized resident care.

(B) Providing assistance with the activities of daily living.

(C) Changes associated with normal aging.

(D) Identification of changes in the resident's physical, emotional and mental functioning and documentation and reporting on the resident's changes of condition.

(E) Conditions that require assessment, treatment, observation and reporting.

(F) General food safety, serving and sanitation.

(G) If the direct care staff person's duties include the administration of medication or treatments, appropriate facility staff, in accordance with OAR 411-054-0055 (Medications and Treatments) must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised.

(7) ANNUAL IN-SERVICE TRAINING FOR DIRECT CARE STAFF.

(a) All direct care staff must complete and document a minimum of 12 hours of in-service training annually on topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population and dementia training. Annual in-service training hours are based on the anniversary date of hire.

(b) Requirements for annual in-service dementia training:

(A) Except as provided in paragraph (B) of this section, each direct care staff must complete 6 hours of annual in-service training on dementia care.

(B) Exception: Staff hired prior to January 1, 2019 must complete 6 hours of dementia care in-service training by the anniversary of their hire date in 2020 and annually thereafter.

(C) Dementia care training may be included in the required minimum 12 hours of annual in-service training described in subsection (a) above.

(D) Dementia care training must reflect current standards for dementia care and be informed by the best evidence in the care and treatment of dementia.

(E) The facility shall determine the competency of direct care staff in dementia care in the following ways: (i) Utilize approved dementia care training for its direct care staff, coupled with methods to perform a competency assessment as defined in OAR 411-054-0005(19). (ii) Ensure direct care staff have demonstrated competency in any duty they are assigned. Facility staff in a supervisory role shall perform assessment of each direct care staff. (iii) Maintain written documentation of all dementia care training completed by each direct care staff and shall Page 92 maintain documentation regarding each employee's assessed competency.

(8) APPROVAL OF DEMENTIA TRAINING CURRICULUM. All dementia care training provided to direct care staff must be approved by a private or non-profit organization that is approved by the Department through a "Request for Application" (RFA) process.

(9) ADDITIONAL REQUIREMENTS. Staff:

(a) Under 18 years of age may not perform medication administration or delegated nursing tasks. Staff under the age of 18 must be directly supervised when providing bathing, toileting, incontinence care or transferring services.

(b) Must be trained in the use of the abdominal thrust and First Aid. Cardiopulmonary resuscitation (CPR) training is recommended, but not required.

(c) Must have sufficient communication and language skills to enable them to perform their duties and communicate with residents, other staff, family members, and health care professionals, as needed.

Pennsylvania

2800.65. Staff orientation and direct care staff person training and orientation.

(a) Prior to or during the first work day, direct care staff persons and other staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.

(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable.

(3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire.

(4) Smoking safety procedures, the residence's smoking policy and location of smoking areas, if applicable.

(5) The location and use of fire extinguishers.

(6) Smoke detectors and fire alarms.

(7) Telephone use and notification of emergency services.

(b) Direct care staff persons shall complete an initial orientation approved by the Department before providing direct care to residents.

(c) Direct care staff persons shall be certified in first aid and CPR before providing direct care to residents.

(d) A sufficient number of direct care staff persons shall be certified in obstructed airway techniques to meet the staff to resident ratios under § 2800.63(a) (relating to first aid, CPR and obstructed airway training) before providing direct care to residents.

(e) Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training that includes the following:

(1) Resident rights.

(2) Emergency medical plan. 55 § 2800.65 ADULT SERVICES MANUAL Pt. IV 2800-38 (381438) No. 502 Sep. 16 Copyright 2016 Commonwealth of Pennsylvania

(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).

(4) Reporting of reportable incidents and conditions.

(5) Safe management techniques.

(6) Core competency training that includes the following:

(i) Person-centered care.

(ii) Communication, problem solving and relationship skills.

(iii) Nutritional support according to resident preference.

(f) Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

(g) Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

(1) Training that includes a demonstration of job duties, followed by supervised practice.

(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.

(3) Initial direct care staff person training to include the following:

- (i) Safe management techniques.
- (ii) Assisting with ADLs and IADLs.
- (iii) Personal hygiene.
- (iv) Care of residents with mental illness, neurological impairments, an intellectual disability, and other mental disabilities.
- (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- (vi) Implementation of the initial assessment, annual assessment and support plan.
- (vii) Nutrition, food handling and sanitation.
- (viii) Recreation, socialization, community resources, social services, and activities in the community.
- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the residence.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) The signs and symptoms of infections and infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
- (xvii) Behavioral management techniques.
- (xviii) Understanding of the resident's assessment and how to implement the resident's support plan. Ch. 2800 ASSISTED LIVING RESIDENCES 55 § 2800.65 2800-39 (381439) No. 502 Sep. 16
- (xix) Person-centered care and aging in place.

(h) Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

(i) Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

(5) Assisted living service needs of the resident.

(6) Safe management techniques.

(7) Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

(j) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.

(3) Resident rights.

(4) The Older Adult Protective Services Act (35 P.S. §§ 10225.101— 10225.708).

(5) Falls and accident prevention.

(6) New population groups that are being served at the residence that were not previously served, if applicable.

(k) If a staff person has completed the required initial direct care staff person training within the past year as a direct care staff person at another residence, the requirement for initial direct care staff person training in this section does not apply if the staff person provides written verification of completion of the training.

(l) A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2800.69. Additional dementia-specific training. Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

South Dakota

44:70:07:07. Medication administration. A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications.

Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility.

Texas

Type B facility: Night shift staff must be immediately available and awake, regardless of the number of licensed beds.

(d) Staff training. The facility must document that staff members are competent to provide personal care before assuming responsibilities and have received the following training.

1. All staff members must complete four hours of orientation before assuming any job responsibilities. Training must cover, at a minimum, the following topics:

- (A) reporting of abuse and neglect;
- (B) confidentiality of resident information;
- (C) universal precautions;
- (D) conditions about which they should notify the facility manager;
- (E) residents' rights; and
- (F) emergency and evacuation procedures.

2. Attendants must complete 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must include:

- (A) providing assistance with the activities of daily living;
- (B) resident's health conditions and how they may affect provision of tasks;
- (C) safety measures to prevent accidents and injuries;
- (D) emergency first aid procedures, such as the Heimlich maneuver and actions to take when a resident falls, suffers a laceration, or experiences a sudden change in physical or mental status;
- (E) managing disruptive behavior;
- (F) behavior management, for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints; and
- (G) fall prevention.

3. Direct care staff must complete six documented hours of education annually, based on each employee's hire date. Staff must complete one hour of annual training in fall prevention and one hour of training in behavior management, for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints. Training for these subjects must be competency-based. Subject matter must address the unique needs of the facility. Suggested topics include:

- (A) promoting resident dignity, independence, individuality, privacy, and choice;
 - (B) resident rights and principles of self-determination;
 - (C) communication techniques for working with residents with hearing, visual, or cognitive impairment;
 - (D) communicating with families and other persons interested in the resident;
 - (E) common physical, psychological, social, and emotional conditions and how these conditions affect residents' care;
 - (F) essential facts about common physical and mental disorders, for example, arthritis, cancer, dementia, depression, heart and lung diseases, sensory problems, or stroke;
 - (G) cardiopulmonary resuscitation;
 - (H) common medications and side effects, including psychotropic medications, when appropriate;
 - (I) understanding mental illness;
 - (J) conflict resolution and de-escalation techniques; and
 - (K) information regarding community resources.
- (a) Manager qualifications. Each facility must designate, in writing, a manager to have authority over the operation.
- (1) Qualifications. In small facilities, the manager must have proof of graduation from an accredited high school or certification of equivalency of graduation. In large facilities, a manager must have:
- (A) an associate's degree in nursing, health care management, or a related field;
 - (B) a bachelor's degree; or
 - (C) proof of graduation from an accredited high school or certification of equivalency of graduation and at least one year of experience working in management or in health care industry management.

4. Training in management of assisted living facilities. A manager must complete at least one educational course on the management of assisted living facilities, which must include information on the assisted living standards; resident characteristics (including dementia), resident assessment and skills working with residents; basic

principles of management; food and nutrition services; federal laws, with an emphasis on accessibility requirements under the Americans with Disabilities Act; community resources; ethics, and financial management.

(A) The course must be at least 24 hours in length.

(i) A manager must complete eight hours of training on the assisted living standards within the first three months of employment.

(ii) The 24-hour training requirement may not be met through in-services at the facility, but may be met through structured, formalized classes, correspondence courses, training videos, distance learning programs, or off-site training courses. All training must be provided or produced by academic institutions, assisted living corporations, or recognized state or national organizations or associations. Subject matter that deals with the internal affairs of an organization will not qualify for credit.

(iii) Evidence of training must be on file at the facility and must contain documentation of content, hours, dates, and provider.

(B) A manager who can show documentation of a previously completed comparable course of study is exempt from the training requirements.

(C) A manager must complete the training required by subparagraph (A) or (B) of this paragraph, as applicable, by the first anniversary of employment as manager.

(D) An assisted living manager who was employed by a licensed assisted living facility as the manager and changes employment to another licensed assisted living facility as the manager, with a break in employment of no longer than 30 days, is exempt from the 24-hour training requirement.

5. Continuing education. All managers must show evidence of 12 hours of annual continuing education. This requirement will be met during the first year of employment by the 24-hour assisted living management course. The annual continuing education requirement must include at least two of the following areas:

(A) resident and provider rights and responsibilities, abuse and neglect, and confidentiality;

(B) basic principles of management;

(C) skills for working with residents, families, and other professional service providers;

(D) resident characteristics and needs;

(E) community resources;

(F) accounting and budgeting;

(G) basic emergency first aid; or

(H) federal laws, such as the Americans with Disabilities Act of 1990, as amended; the Civil Rights Act of 1991; the Rehabilitation Act of 1973, as amended; the Family and Medical Leave Act of 1993; and the Fair Housing Act, as amended.

6. Manager's responsibilities. The manager must be on duty 40 hours per week and may manage only one facility, except for managers of small Type A facilities, who may have responsibility for no more than 16 residents in no more than four facilities. The managers of small Type A facilities must be available by telephone or pager when conducting facility business off-site.

7. Manager's absence. An employee competent and authorized to act in the absence of the manager must be designated in writing.

(b) Attendants. Full-time facility attendants must be at least 18 years old or a high-school graduate.

(1) An attendant must be in the facility at all times when residents are in the facility.

(2) Attendants are not precluded from performing other functions as required by the facility.

(c) Staffing.

(1) A facility must develop and implement staffing policies, which require staffing ratios based upon the needs of the residents, as identified in their service plans.

- (2) Prior to admission, a facility must disclose, to prospective residents and their families, the facility's normal 24-hour staffing pattern and post it monthly in accordance with §553.271 of this subchapter (relating to Postings).
- (3) A facility must have sufficient staff to:
- (A) maintain order, safety, and cleanliness;
 - (B) assist with medication regimens;
 - (C) prepare and serve meals that meet the daily nutritional and special dietary needs of each resident, in accordance with each resident's service plan;
 - (D) assist with laundry;
 - (E) assure that each resident receives the kind and amount of supervision and care required to meet his basic needs; and
 - (F) ensure safe evacuation of the facility in the event of an emergency.
- (4) A facility must meet the staffing requirements described in this subparagraph.
- (A) Type A facility: Night shift staff in a small facility must be immediately available. In a large facility, the staff must be immediately available and awake.
- (B) Type B facility: Night shift staff must be immediately available and awake, regardless of the number of licensed beds.
- (d) Staff training. The facility must document that staff members are competent to provide personal care before assuming responsibilities and have received the following training.
- (1) All staff members must complete four hours of orientation before assuming any job responsibilities. Training must cover, at a minimum, the following topics:
- (A) reporting of abuse and neglect;
 - (B) confidentiality of resident information;
 - (C) universal precautions;
 - (D) conditions about which they should notify the facility manager;
 - (E) residents' rights; and
 - (F) emergency and evacuation procedures.
- (2) Attendants must complete 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must include:
- (A) providing assistance with the activities of daily living;
 - (B) resident's health conditions and how they may affect provision of tasks;
 - (C) safety measures to prevent accidents and injuries;
 - (D) emergency first aid procedures, such as the Heimlich maneuver and actions to take when a resident falls, suffers a laceration, or experiences a sudden change in physical or mental status;
 - (E) managing disruptive behavior;
 - (F) behavior management, for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints; and
 - (G) fall prevention.
- (3) Direct care staff must complete six documented hours of education annually, based on each employee's hire date. Staff must complete one hour of annual training in fall prevention and one hour of training in behavior management, for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints. Training for these subjects must be competency-based. Subject matter must address the unique needs of the facility. Suggested topics include:
- (A) promoting resident dignity, independence, individuality, privacy, and choice;
 - (B) resident rights and principles of self-determination;
 - (C) communication techniques for working with residents with hearing, visual, or cognitive impairment;
 - (D) communicating with families and other persons interested in the resident;
 - (E) common physical, psychological, social, and emotional conditions and how these conditions affect residents' care;
 - (F) essential facts about common physical and mental disorders, for example, arthritis, cancer, dementia, depression, heart and lung diseases, sensory problems, or stroke;
 - (G) cardiopulmonary resuscitation;
 - (H) common medications and side effects, including psychotropic medications, when appropriate;

- (I) understanding mental illness;
- (J) conflict resolution and de-escalation techniques; and
- (K) information regarding community resources.
- (4) Facilities that employ licensed nurses, certified nurse aides, or certified medication aides must provide annual in-service training, appropriate to their job responsibilities, from one or more of the following areas:
 - (A) communication techniques and skills useful when providing geriatric care (skills for communicating with the hearing impaired, visually impaired and cognitively impaired; therapeutic touch; recognizing communication that indicates psychological abuse);
 - (B) assessment and interventions related to the common physical and psychological changes of aging for each body system;
 - (C) geriatric pharmacology, including treatment for pain management, food and drug interactions, and sleep disorders;
 - (D) common emergencies of geriatric residents and how to prevent them, for example falls, choking on food or medicines, injuries from restraint use; recognizing sudden changes in physical condition, such as stroke, heart attack, acute abdomen, acute glaucoma; and obtaining emergency treatment;
 - (E) common mental disorders with related nursing implications; and
 - (F) ethical and legal issues regarding advance directives, abuse and neglect, guardianship, and confidentiality.

Utah

Personnel.

Qualified competent direct-care personnel shall be on the premises 24 hours a day to meet residents' needs as determined by the residents' assessment and service plans. Additional staff shall be employed as necessary to perform office work, cooking, housekeeping, laundering and general maintenance.

The services provided or arranged by the facility shall be provided by qualified persons in accordance with the resident's written service plan.

All personnel who provide personal care to residents in a Type I and Type II facility shall be at least 18 years of age or be a certified nurse aide and shall have related experience in the job assigned or receive on the job training.

Personnel shall be licensed, certified, or registered in accordance with applicable state laws. The administrator shall maintain written job descriptions for each position, including job title, job responsibilities, qualifications or required skills.

Facility policies and procedures must be available to personnel at all times.

Each employee must receive documented orientation to the facility and the job for which they are hired. Orientation shall include the following:

- (a) job description;
- (b) ethics, confidentiality, and residents' rights;
- (c) fire and disaster plan;
- (d) policy and procedures;
- (e) reporting responsibility for abuse, neglect, and exploitation; and
- (f) dementia specific training including:
 - (i) communicating with dementia patients and their caregivers;
 - (ii) communication methods and when they are appropriate;
 - (iii) types and stages of dementia including information on the physical and cognitive declines as the disease progresses;

- (iv) person centered care principles; and
- (v) how to maintain safety in the dementia patient environment.

Each direct-care employee shall receive 16 hours of documented one-on-one training with a direct-care employee, with at least 3 months of experience and who has completed orientation, or the supervising nurse at the facility.

- (a) This training is not transferrable to another facility and must include:
 - (i) transfer assistance; and
 - (ii) activities of daily living.
- (b) Direct-care employees hired from a staffing agency must be certified nurse aides and are exempt from the 16 hours of one-on-one training.

Each employee shall receive documented in-service training. The training shall be tailored to annually include all of the following subjects that are relevant to the employee's job responsibilities:

- (a) principles of good nutrition, menu planning, food preparation, and storage;
 - (b) principles of good housekeeping and sanitation;
 - (c) principles of providing personal and social care;
 - (d) proper procedures in assisting residents with medications;
 - (e) recognizing early signs of illness and determining when there is a need for professional help;
 - (f) accident prevention, including safe bath and shower water temperatures;
 - (g) communication skills which enhance resident dignity;
 - (h) first aid;
 - (i) resident's rights and reporting requirements of Section 62A-3-201 to 312; and
 - (j) Dementia/Alzheimer's specific training.
- (10) The facility administrator shall annually receive a total of 4 hours of Dementia/Alzheimer's specific training.

Virginia

22VAC40-73-200. Direct care staff qualifications.

A. Direct care staff shall be at least 18 years of age unless certified in Virginia as a nurse aide.

B. Direct care staff who are responsible for caring for residents with special health care needs shall only provide services within the scope of their practice and training.

C. Direct care staff shall meet one of the requirements in this subsection. If the staff does not meet the requirement at the time of employment, he shall successfully meet one of the requirements in this subsection within two months of employment. Licensed health care professionals practicing within the scope of their profession are not required to complete the training in this subsection.

1. Certification as a nurse aide issued by the Virginia Board of Nursing.
2. Successful completion of a Virginia Board of Nursing-approved nurse aide education program.
3. Successful completion of a nursing education program preparing for registered nurse licensure or practical nurse licensure.
4. Current enrollment in a nursing education program preparing for registered nurse or practical nurse licensure and completion of at least one clinical course in the nursing program that includes at least 40 hours of direct client care clinical experience.
5. Successful completion of a personal care aide training program approved by the Virginia Department of Medical Assistance Services.

6. Successful completion of an educational program for geriatric assistant or home health aide or for nurse aide that is not covered under subdivision 2 of this subsection. The program shall be provided by a hospital, nursing facility, or educational institution and may include out-of-state training. The program must be approved by the department. To obtain department approval:

a. The facility shall provide to the department's representative an outline of course content, dates and hours of instruction received, the name of the entity that provided the training, and other pertinent information.

b. The department will make a determination based on the information in subdivision 6 a of this subsection and provide written confirmation to the 38 STATE BOARD OF SOCIAL SERVICES STANDARDS FOR LICENSED ASSISTED LIVING FACILITIES 22VAC40-73 10/21 22VAC40-73-200. Direct care staff qualifications. facility when the educational program meets department requirements.

7. Successful completion of the department-approved 40-hour direct care staff training provided by a registered nurse or licensed practical nurse.

8. Direct care staff employed prior to February 1, 2018, who only cared for residents meeting the criteria for residential living care, and who were therefore not required to meet this subsection prior to February 1, 2018, shall successfully complete a training program consistent with this subsection no later than January 31, 2019. D. The facility shall obtain a copy of the certificate issued or other documentation indicating that the person has met one of the requirements of subsection C of this section, which shall be part of the staff member's record in accordance with 22VAC40-73-250. E. The administrator shall develop and implement a written plan for supervision of direct care staff who have not yet met the requirements as allowed for in subsection C of this section.

22VAC40-73-210. Direct care staff training.

A. In a facility licensed only for residential living care, all direct care staff shall attend at least 14 hours of training annually.

B. In a facility licensed for both residential and assisted living care, all direct care staff shall attend at least 18 hours of training annually.

C. Training for the first year shall commence no later than 60 days after employment.

D. The training shall be in addition to (i) required first aid training; (ii) CPR training, if taken; and (iii) for medication aides, continuing education required by the Virginia Board of Nursing.

E. The training shall be relevant to the population in care and shall be provided by a qualified individual through in-service training programs or institutes, workshops, classes, or conferences.

F. At least two of the required hours of training shall focus on infection control and prevention. When adults with mental impairments reside in the facility, at least four of the required hours shall focus on topics related to residents' 39 STATE BOARD OF SOCIAL SERVICES STANDARDS FOR LICENSED ASSISTED LIVING FACILITIES 22VAC40-73 10/21 22VAC40-73-210. Direct care staff training. mental impairments.

G. Documentation of the type of training received, the entity that provided the training, number of hours of training, and dates of the training shall be kept by the facility in a manner that allows for identification by individual staff person and is considered part of the staff member's record. EXCEPTION: Direct care staff who are licensed health care professionals or certified nurse aides shall attend at least 12 hours of annual training.

22VAC40-73-260. First aid and CPR certification.

A. First aid. 1. Each direct care staff member shall maintain current certification in first aid from the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute, community college, hospital, volunteer rescue squad, or fire department. The certification must either be in adult first aid or include adult first aid. To be considered current, first aid certification from community colleges, hospitals, volunteer rescue squads, or fire departments shall have been issued within the past three years.

2. Each direct care staff member who does not have current certification in first aid as specified in subdivision 1 of this subsection shall receive 45 STATE BOARD OF SOCIAL SERVICES STANDARDS FOR LICENSED ASSISTED LIVING FACILITIES 22VAC40-73 10/21 22VAC40-73-260. First aid and CPR certification. certification in first aid within 60 days of employment.

3. A direct care staff member who is a registered nurse, licensed practical nurse, or currently certified emergency medical technician, first responder, or paramedic does not have to meet the requirements of subdivisions 1 and 2 of this subsection.

4. In each building, there shall either be (i) at least one staff person at all times who has current certification in first aid that meets the specifications of this section; or (ii) an on-duty registered nurse, licensed practical nurse, or currently certified emergency medical technician, first responder, or paramedic. B. Cardiopulmonary resuscitation (CPR). 1. There shall be at least one staff person in each building at all times who has current certification in CPR from the American Red Cross, American Heart Association, National Safety Council, or American Safety and Health Institute, or who has current CPR certification issued within the past two years by a community college, hospital, volunteer rescue squad, or fire department. The certification must either be in adult CPR or include adult CPR.

Washington

Long-term caregiver training.

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Caregiver" includes any person who provides residents with hands-on personal care on behalf of an assisted living facility, except volunteers who are directly supervised.

(b) "Direct supervision" means oversight by a person who has demonstrated competency in the core areas or has been fully exempted from the training requirements pursuant to this section, is on the premises, and is quickly and easily available to the caregiver.

(2) Training must have the following components: Orientation, basic training, specialty training as appropriate, and continuing education. All assisted living facility employees or volunteers who routinely interact with residents shall complete orientation. Assisted living facility administrators, or their designees, and caregivers shall complete orientation, basic training, specialty training as appropriate, and continuing education.

(3) Orientation consists of introductory information on residents' rights, communication skills, fire and life safety, and universal precautions. Orientation must be provided at the facility by appropriate assisted living facility staff to all assisted living facility employees before the employees have routine interaction with residents.

(4) Basic training consists of modules on the core knowledge and skills that caregivers need to learn and understand to effectively and safely provide care to residents. Basic training must be outcome-based, and the effectiveness of the basic training must be measured by demonstrated competency in the core areas through the use of a competency test. Basic training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care. Until competency in the core areas has been demonstrated,

caregivers shall not provide hands-on personal care to residents without direct supervision. Assisted living facility administrators, or their designees, must complete basic training and demonstrate competency within one hundred twenty days of employment.

(5) For assisted living facilities that serve residents with special needs such as dementia, developmental disabilities, or mental illness, specialty training is required of administrators, or designees, and caregivers.

(a) Specialty training consists of modules on the core knowledge and skills that caregivers need to effectively and safely provide care to residents with special needs. Specialty training should be integrated into basic training wherever appropriate. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test.

(b) Specialty training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care to a resident having special needs. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training. Until competency in the core specialty areas has been demonstrated, caregivers shall not provide hands-on personal care to residents with special needs without direct supervision.

(c) Assisted living facility administrators, or their designees, must complete specialty training and demonstrate competency within one hundred twenty days from the date on which the administrator or his or her designee is hired, if the assisted living facility serves one or more residents with special needs.

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(6) Continuing education consists of ongoing delivery of information to caregivers on various topics relevant to the care setting and care needs of residents. Competency testing is not required for continuing education. Continuing education is not required in the same calendar year in which basic or modified basic training is successfully completed. Continuing education is required in each calendar year thereafter. If specialty training is completed, the specialty training applies toward any continuing education requirement for up to two years following the completion of the specialty training.

(7) Persons who successfully challenge the competency test for basic training are fully exempt from the basic training requirements of this section. Persons who successfully challenge the specialty training competency test are fully exempt from the specialty training requirements of this section.

(8)(a) Registered nurses and licensed practical nurses licensed under chapter 18.79 RCW are exempt from any continuing education requirement established under this section.

Financial Penalties

Illinois

Sec. 135. Civil penalties. (a) The Department may assess a civil penalty not to exceed \$5,000 against any establishment subject to this Act for violations of this Act. Each day a violation continues shall be deemed a separate violation.

(b) Beginning 180 days after the adoption of rules under this Act, the Department may assess a civil penalty not to exceed \$3,000 against any establishment subject to this Act for caring for a resident who exceeds the care needs defined in this Act. Each day a violation continues shall be deemed a separate violation.

Maine

Enforcement process.

After inspection, a Statement of Deficiencies (SOD) will be sent to the licensee if the inspection identifies any failure to comply with licensing regulations. An SOD may be accompanied by a Directed Plan of Correction (POC).

The licensee shall complete a POC for each deficiency, sign the plan and submit it to the department within ten (10) working days of receipt of any SOD. Failure to correct any deficiency (ies) or to file an acceptable POC with the department may lead to the imposition of sanctions or penalties as described in Sections 4.7 and 4.8 of these regulations.

Informal conference. If a licensee disagrees with the imposition or amount of any penalty assessed by the department, the licensee must submit a written notification to the department stating the nature of the disagreement, within ten (10) working days of receipt of an Assessment of Penalties. Upon receipt of this request, the Assistant Director of the Division of Licensing and Regulatory Services, Community Services Programs or his/her designee shall schedule an informal conference for the purpose of trying to resolve the dispute. The Director or his/her designee shall inform the licensee of the results of the informal conference in writing. If a provider desires to appeal the result of an affirmed or modified assessment of penalties following an informal conference, a written request for an administrative hearing, pursuant to Section 4.10, must be made. The department will stay the collection of any fiscal penalties until final action is taken on an appeal. Penalties shall accrue with interest for each day until final resolution and implementation.

Grounds for intermediate sanctions. The following circumstances shall be grounds for the imposition of intermediate sanctions:

- Operation of an assisted living program without a license;
- Operation of an assisted living program over licensed capacity;
- Impeding or interfering with the enforcement of laws or regulations governing the licensing of assisted living programs, or giving false information in connection with the enforcement of such laws and regulations;
- Failure to submit an POC within ten (10) working days after receipt of an SOD;

- Failure to take timely corrective action in accordance with a POC, a Directed POC or Conditional License;
- Failure to comply with state licensing laws or regulations that have been classified as Class I, II, III or IV pursuant to Sections 4.8.2 & 4.8.3.

Intermediate sanctions. The department is authorized to impose one or more of the following intermediate sanctions when any of the circumstances listed in Section 4.6 are present and the department determines that a sanction is necessary and appropriate to ensure compliance with State licensing regulations to protect the consumers of an assisted living program or the general public:

- The assisted living program may be directed to stop all new admissions, regardless of payment source, or to admit only those consumers the department approves, until such time as it determines that corrective action has been taken.
- The department may issue a Directed POC or Conditional License.
- The department may impose a financial penalty.

Financial penalties.

Certain provisions of these regulations have been classified as noted below. Financial penalties may be imposed only when these regulations are violated.

Certain provisions of the regulations have a single classification. Such regulations are followed by a notation (i.e., "Class I"). Classifications have been established according to the following standards:

Class I. - Any failure to comply with a regulation where that failure poses an immediate threat of death to a consumer(s).

Class II. - Any failure to comply with a regulation where that failure poses a substantial probability of serious mental or physical harm to a consumer(s).

Class III. - The occurrence of a repeated deficiency that poses a substantial risk to the health or safety of a consumer(s).

Class IV. - The occurrence of a repeated deficiency that infringes upon consumer rights.

Certain regulations have been given alternative classifications. Such regulations are followed by an alternative notation (i.e., Class I/II or Class II/III). When these regulations are not complied with, the department will determine which classification is appropriate, on a case-by-case basis, by reference to the standards set forth in Section 4.8.2.

If the department assesses financial penalties, an Assessment of Penalties will be issued. The Assessment shall describe the classification of each violation found to have been committed by the assisted living program, the regulation or law that has been violated and the scheduled amount of time corresponding to that violation. If the provider does not contest the imposition or amount of the penalty, the provider must pay within thirty (30) calendar days of receipt of the Assessment of Penalties. If the provider disagrees with the imposition or amount of the penalty, the provider must notify the department, in writing, stating the nature of the disagreement, within ten (10) working days of receipt of the Assessment of Penalties. The department will schedule an informal conference to resolve the dispute and a written decision based upon this conference will be provided. If the provider is still dissatisfied with the written decision, an administrative hearing may be requested in accordance with Section 4.10.

The amount of any penalty to be imposed shall be calculated according to the following classification system:

Any failure to comply with regulations classified as Class I, pursuant to Section 4.8.2.1; consumer per occurrence

Operation of an assisted living program or residential care facility over licensed capacity, or per day

Impeding, interfering or giving false information in connection with the enforcement of laws or regulations governing licensure.

Any failure to comply with regulations classified as Class II, pursuant to Section 4.8.2.2; consumer per occurrence

Failure to submit a POC within ten (10) working day's after receipt of an SOD; or per day

Failure to take timely corrective action in accordance with a POC, Directed POC or conditional license.

The occurrence of a repeated deficiency in complying with regulations classified as Class III, pursuant to Section 4.8.2.3; consumer per occurrence per day

The occurrence of a repeated deficiency in complying with regulations classified as Class IV, pursuant to Section 4.8.2.4.

The department may impose a financial penalty on a licensee of an assisted living program for a violation of these rules. Each day of violation constitutes a separate offense. A penalty or a combination of penalties imposed on a licensee of an assisted living program may not be greater than a sum equal to \$ times the total number of consumers served by the assisted living program per violation, up to a maximum of \$10,000 for each instance in which the department issues a statement of deficiency to a licensee of an assisted living program.

Any provider unable to immediately pay penalties may within thirty (30) calendar days from receipt of notification of penalty assessment apply to the department for a delay in payment or installment payments or, in certain circumstances, to have the penalty reduced.

In order to have the payment delayed or paid in installments, a provider must supply sufficient information to the department to demonstrate that immediate full payment of the total amount due would result in the interruption of the provision of necessary services to consumers.

In order to have a fine reduced, a provider must supply sufficient information to the department to demonstrate that payment in full would result in a permanent interruption in the provision of necessary services to consumers.

The department has the authority to determine whether the provider has supplied sufficient information.

Maryland

[.57] .52 Civil Money Penalties. A. The Secretary may impose a civil money penalty on a person if:

- (1) The person maintains or operates an unlicensed assisted living program;
- (2) A deficiency or an ongoing pattern of deficiencies exists in the assisted living program; or
- (3) The person falsely advertises a program in violation of Regulation .06B(2) .05B(2) of this chapter. B. In determining whether a civil money penalty is to be imposed, the Secretary shall consider the following factors:
 - 1) Nature, number, and seriousness of the deficiencies; 136
 - (2) The extent to which the deficiency or deficiencies are part of an ongoing pattern during the preceding 24 months;
 - (3) The degree of risk to the health, life, or safety of the residents of the program that is caused by the deficiency or deficiencies;
 - (4) The efforts made by, and the ability of the program to correct, the deficiency or deficiencies; and
 - (5) An assisted living program's prior history of compliance.

If the Department determines that a deficiency or an ongoing pattern of deficiencies exists, the Department shall notify the program of the deficiency or deficiencies and may:

- (1) Impose a per day civil money penalty until sustained compliance has been achieved;
- (2) Permit the program the opportunity to correct the deficiencies by a specific date; or
- (3) Impose a per instance civil money penalty for each instance of violation. D. If the Department permits a program the opportunity to correct the deficiencies by a specific date, and the program fails to comply with this requirement, the Department may impose a per day civil money penalty for each day of violation until correction of the deficiency or deficiencies has been verified and sustained compliance has been maintained.

If the Department proposes to impose a civil money penalty, the Secretary shall issue an order which shall state the:

- (1) Deficiency or deficiencies on which the order is based;
- (2) Amount of civil money penalties to be imposed; and
- (3) Manner in which the amount of civil money penalties imposed was calculated. [F. An order issued pursuant to this regulation shall be void unless issued within 60 days of the inspection or reinspection at which the deficiency is identified.

If the licensee fails to pay an imposed civil money penalty by the specified due date, the Department may deny the licensee's application for renewal of the program's license.

A person aggrieved by the action of the Secretary under this regulation may appeal the Secretary's action by filing a request for a hearing in accordance with Regulation .59 of this chapter.

[.58] .53 Amount of Civil Money Penalties. A. A civil money penalty imposed on a person under this chapter may not exceed [\$10,000 for each offense.] ;

- (1) \$20,000 for the first offense; and
- (2) \$30,000 for each subsequent offense.

In setting the amount of the civil money penalty under this chapter, the Secretary shall consider the following factors:

- (1) Nature, number, and seriousness of the deficiencies;
- (2) The degree of risk to the health, life, or safety of the residents of the program that is caused by the deficiency or deficiencies;
- (3) The efforts made by, and the ability of the program to correct, the deficiency or deficiencies;
- (4) Whether the amount of the civil money penalty will jeopardize the financial ability of the program to continue operation as a program; and
- (5) Other factors as justice may require.

A person aggrieved by the action of the Secretary under this regulation may appeal the Secretary's action by filing a request for a hearing in accordance with Regulation [.64] .59 of this chapter.

Minnesota

144G.31 VIOLATIONS AND FINES.

Subdivision 1. Categories of violations. Correction orders for violations are categorized by both level and scope. Official Publication of the State of Minnesota Revisor of Statutes 31 MINNESOTA STATUTES 2021 144G.31

Subd. 2. Levels of violations. Correction orders for violations are categorized by level as follows:

- (1) Level 1 is a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety;
- (2) Level 2 is a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death;
- (3) Level 3 is a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death; and
- (4) Level 4 is a violation that results in serious injury, impairment, or death.

Subd. 3. Scope of violations. Levels of violations are categorized by scope as follows:

- (1) isolated, when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally;
- (2) pattern, when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive; and
- (3) widespread, when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents.

Subd. 4. Fine amounts. (a) Fines and enforcement actions under this subdivision may be assessed based on the level and scope of the violations described in subdivisions 2 and 3 as follows and may be imposed immediately with no opportunity to correct the violation prior to imposition:

(1) Level 1, no fines, or enforcement;

(2) Level 2 a fine of \$500 per violation, in addition to any enforcement mechanism authorized in section 144G.20 for widespread violations;

(3) Level 3, a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in section 144G.20;

(4) Level 4, a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in section 144G.20; and

(5) for maltreatment violations for which the licensee was determined to be responsible for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000. A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury.

(b) When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Subd.5. Immediate fine; payment. (a) For every Level 3 or Level 4 violation, the commissioner may issue an immediate fine. The licensee must still correct the violation in the time specified. The issuance of an immediate fine may occur in addition to any enforcement mechanism authorized under section 144G.20. The immediate fine may be appealed as allowed under this chapter.

(b) The licensee must pay the fines assessed on or before the payment date specified. If the licensee fails to fully comply with the order, the commissioner may issue a second fine or suspend the license until the Official Publication of the State of Minnesota Revisor of Statutes 144G.31 MINNESOTA STATUTES 2021 32 licensee complies by paying the fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.

(c) A licensee shall promptly notify the commissioner in writing when a violation specified in the order is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the order, the commissioner may issue an additional fine. The commissioner shall notify the licensee by mail to the last known address in the licensing record that a second fine has been assessed. The licensee may appeal the second fine as provided under this subdivision.

(d) A facility that has been assessed a fine under this section has a right to a reconsideration or hearing under this chapter and chapter 14.

Subd. 6. Payment of fines required. When a fine has been assessed, the licensee may not avoid payment by closing, selling, or otherwise transferring the license to a third party. In such an event, the licensee shall be liable for payment of the fine.

Subd. 7. Additional penalties. In addition to any fine imposed under this section, the commissioner may assess a penalty amount based on costs related to an investigation that results in a final order assessing a fine or other enforcement action authorized by this chapter.

Subd. 8. Deposit of fines. Fines collected under this section shall be deposited in a dedicated special revenue account. On an annual basis, the balance in the special revenue account shall be appropriated to the commissioner for special projects to improve home care in Minnesota as recommended by the advisory council established in section 144A.4799.

New Hampshire

The department shall impose fines as follows:

- (1) For a failure to cease providing unlicensed services after being notified by the department of the need for a license, in violation of RSA 151:2, the fine shall be \$2000.00 for an applicant or unlicensed entity;
- (2) For a failure to cease operations after a denial of a license, after receipt of an order to cease and desist operations, in violation of RSA 151:2 and RSA 541-A:30, or continuing to operate after a failure to renew the license by the expiration date, the fine for an applicant, unlicensed entity, or a licensee shall be \$2000.00;
- (3) For advertising services or otherwise representing themselves as having a license to provide services that they are not licensed to provide, in violation of RSA 151:2, III, and He-P 804.14(u), the fine for an applicant, licensee, or unlicensed entity shall be \$500.00;
- (4) For a failure to transfer a resident whose needs exceed the services or programs provided by the ALR-RC, in violation of RSA 151:5-a, the fine for a licensee shall be \$500.00;
- (5) For admission of a resident whose needs at the time of admission exceed the services or programs authorized by the ALR-RC licensing classification, in violation of RSA 151:5-a, II, and He-P 804.15(a), the fine for a licensee shall be \$1000.00;
- (6) For a failure to comply with the directives of a warning issued by the department in violation of RSA 151:7-a and He-P 804.11(f), the fine for an unlicensed provider or a licensee shall be \$500.00;
- (7) For a failure to submit a renewal application for a license at least 120 days prior to the expiration date, in violation of He-P 804.06(b), the fine for a licensee shall be \$100.00;
- (8) For a failure to notify the department prior to a change of ownership, in violation of He-P 804.08(a)(1), the fine for a licensee shall be \$500.00;
- (9) For a failure to notify the department prior to a change in the physical location, in violation of He-P 804.08(a)(2), the fine for a licensee shall be \$1000.00;
- (10) For a failure to notify the department of a change in e-mail address is required by He-P 804.08(n), the fine for a licensee shall be \$100.00;
- (11) For a failure to allow access by the department to the ALR-RC's premises, programs, services, or records, in violation of He-P 804.09(a), the fine for an applicant, unlicensed entity, or licensee shall be \$2000.00; NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 24 He-P 804
- (12) For a failure to submit a POC or revised POC, within 21 or 14 days, respectively, of the date on the letter that transmits the inspection report, or the date of an extension as granted, in violation of He-P 804.12(c)(2) and (5), the fine for a licensee shall be \$500.00;
- (13) For a failure to implement or maintain the corrective action set forth in any POC that has been accepted or issued by the department, in violation of He-P 804.12(c)(8), the fine for a licensee shall be \$1000.00;
- (14) For a failure to establish, implement, or comply with licensee policies, as required by He-P 804.14(b) and He-P 804.19(e), the fine for a licensee shall be \$500.00;
- (15) For a failure to provide services or programs required by the licensing classification and specified by He-P 804.14(c), the fine for a licensee shall be \$500.00;
- (16) For exceeding the licensed capacity, in violation of He-P 804.14(n), the fine for a licensee shall be \$500.00 per day;

- (17) For providing false or misleading information or documentation, in violation of He-P 804.14(t), the fine for an applicant or licensee shall be \$1000.00 per offense;
- (18) For a failure to meet the needs of a resident or residents, as described in He-P 804.15(a), the fine for a licensee shall be \$1000.00 per resident;
- (19) For placing a resident in a room that has not been approved or licensed by the department, in violation of He-P 804.09(b)(6), the fine for a licensee shall be \$500.00;
- (20) For employing an administrator or other personnel who do not meet the qualifications for the position, without having a waiver granted by the department in accordance with He-P 804.10, in violation of He-P 804.18(k), the fine for a licensee shall be \$500.00;
- (21) For failure to submit architectural plans or drawings, when applicable, prior to undertaking construction or renovation of the licensed facility in violation of He-P 804.07(a), the fine for a licensed facility shall be \$500.00;
- (22) For occupying a renovated area of a licensed facility or new construction prior to approval by local and state authorities, as required by He-P 804.09(b)(6), the fine shall be \$500 which shall be assessed daily if the facility fails to vacate the renovated area immediately upon receiving notice from the department;
- (23) When an inspection determines that there is a violation of RSA 151 or He-P 804 for which a fine was previously imposed, in addition to any other enforcement actions taken by the department, the fines assessed shall be as follows: a. If the same area of non-compliance is cited within 2 years of the original area of non-compliance, the fine for a licensee shall be \$1000.00; or b. If the same area of non-compliance is cited a third time within 2 years of being fined in a. above, the fine for a licensee shall be \$2000.00;
- (24) Each day that the individual or licensee continues to be in violation of the provisions of RSA 151 or He-P 804 shall constitute a separate violation and shall be subject to fines in accordance with He-P 804.13(c); and
- (25) If the applicant or licensee is making good faith efforts to comply with (4),(6), and (15) above, as verified by documentation or other means, the department shall not issue a daily fine. NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 25 He-P 804 (d) Payment of any imposed fine to the department shall meet the following requirements: (1) Payment shall be made in the form of check or money order made payable to the "Treasurer, State of New Hampshire" or cash in the exact amount due; and (2) Cash, money order, or certified check shall be required when an applicant or licensee has issued payment to the department by check, and such check was returned for insufficient funds. (e) An applicant, licensee, or unlicensed entity shall have 30 days after receipt of the notice of enforcement action to request a hearing to contest the action. (f) If a written request for a hearing is not made pursuant to (e) above, the action of the department shall become final.

North Carolina

(a) Violation Classification and Penalties. - The Department of Health and Human Services shall impose an administrative penalty in accordance with provisions of this Article on any facility which is found to be in violation of requirements of G.S. 131D-21 or applicable State and federal laws and regulations. Citations for violations shall be classified and penalties assessed according to the nature of the violation as follows:

(1) "Type A1 Violation" means a violation by a facility of the regulations, standards, and requirements set forth in G.S. 131D-21 or applicable State or federal laws and regulations governing the licensure or certification of a facility which results in death or serious physical harm, abuse, neglect, or exploitation. The person making the findings shall do the following:

- a. Orally and immediately inform the facility of the Type A1 Violation and the specific findings.

a1. Require a written plan of protection regarding how the facility will immediately abate the Type A1 Violation in order to protect residents from further risk or additional harm.

b. Within 15 working days of the investigation, send a report of the findings to the facility.

c. Require a plan of correction to be submitted to the Department, based on the written report of the findings, that describes steps the facility will take to achieve and maintain compliance.

The Department shall impose a civil penalty in an amount not less than five hundred dollars (\$500.00) nor more than ten thousand dollars (\$10,000) for each Type A1 Violation in facilities licensed for six or fewer beds. The Department shall impose a civil penalty in an amount not less than one thousand dollars (\$1,000) nor more than twenty thousand dollars (\$20,000) for each Type A1 Violation in facilities licensed for seven or more beds. Where a facility has failed to correct a Type A1 Violation, the Department shall assess the facility a civil penalty in the amount of up to one thousand dollars (\$1,000) for each day that the violation continues beyond the time specified for correction by the Department or its authorized representative. The Department or its authorized representative shall determine whether the violation has been corrected.

(1a) "Type A2 Violation" means a violation by a facility of the regulations, standards, and requirements set forth in G.S. 131D-21 or applicable State or federal laws and regulations governing the licensure or certification of a facility which results in substantial risk that death or serious physical harm, abuse, neglect, or exploitation will occur. The person making the findings shall do the following:

a. Orally and immediately inform the facility of the Type A2 Violation and the specific findings.

b. Require a written plan of protection regarding how the facility will immediately abate the Type A2 Violation in order to protect clients or residents from further risk or additional harm.

c. Within 15 working days of the investigation, send a report of the findings to the facility.

d. Require a plan of correction to be submitted to the Department, based on the written report of the findings, that describes steps the facility will take to achieve and maintain compliance.

The violation or violations shall be corrected within the time specified for correction by the Department or its authorized representative. The Department may or may not assess a penalty taking into consideration the compliance history, preventative measures, and response to previous violations by the facility. Where a facility has failed to correct a Type A2 Violation, the Department shall assess the facility a civil penalty in the amount of up to one thousand dollars (\$1,000) for each day that the deficiency continues beyond the time specified for correction by the Department or its authorized representative. The Department or its authorized representative shall determine whether the violation has been corrected.

(1b) Repealed by Session Laws 2016-50, s. 2, effective June 30, 2016.

(2) "Type B Violation" means a violation by a facility of the regulations, standards and requirements set forth in G.S. 131D-21 or applicable State or federal laws and regulations governing the licensure or certification of a facility which is detrimental to the health, safety, or welfare of any resident, but which does not result in substantial risk that death or serious physical harm, abuse, neglect, or exploitation will occur. The person making the findings shall do the following:

a. Orally and immediately inform the facility of the Type B Violation and the specific findings.

- b. Require a written plan of protection regarding how the facility will immediately abate the Type B Violation in order to protect residents from further risk or additional harm.
- c. Within 15 working days of the investigation, send a report of the findings to the facility.
- d. Require a plan of correction to be submitted to the Department, based on the written report of the findings, that describes steps the facility will take to achieve and maintain compliance.

Where a facility has failed to correct a Type B Violation within the time specified for correction by the Department or its authorized representative, the Department shall assess the facility a civil penalty in the amount of up to four hundred dollars (\$400.00) for each day that the violation continues beyond the date specified for correction without just reason for such failure. The Department or its authorized representative shall ensure that the violation has been corrected.

(2a) A Type A1, Type A2, or Type B Violation as defined above shall not include a violation by a facility of the regulations, standards, and requirements set forth in G.S. 131D-21 or applicable State or federal laws and regulations governing the licensure or certification of a facility if all of the following criteria are met:

- a. The violation was discovered by the facility.
- b. The Department determines that the violation was abated immediately.
- c. The violation was corrected prior to inspection by the Department.
- d. The Department determines that reasonable preventative measures were in place prior to the violation.
- e. The Department determines that subsequent to the violation, the facility implemented corrective measures to achieve and maintain compliance.

(2b) As used in this section, "substantial risk" shall mean the risk of an outcome that is substantially certain to materialize if immediate action is not taken.

(3) Repeat Violations. - The Department shall impose a civil penalty which is treble the amount assessed under subsection (a) of this section when a facility under the same management or ownership has received a citation during the previous 12 months for which the appeal rights are exhausted and penalty payment is expected or has occurred, and the current violation is for the same specific provision of a statute or regulation for which it received a violation during the previous 12 months. The counting of the 12-month period shall be tolled during any time when the facility is being operated by a court-appointed temporary manager pursuant to Article 4 of this Chapter.

(b) Repealed by Session Laws 2011-249, s. 2, effective June 23, 2011.

(c) Factors to Be Considered in Determining Amount of Initial Penalty. - In determining the amount of the initial penalty to be imposed under this section, the Department shall consider the following factors:

- (1) There is substantial risk that serious physical harm, abuse, neglect, or exploitation will occur;

- (1a) Serious physical harm, abuse, neglect, or exploitation, without substantial risk for resident death, did occur;
- (1b) Serious physical harm, abuse, neglect, or exploitation, with substantial risk for resident death, did occur;
- (1c) A resident died;
- (1d) A resident died and there is substantial risk to others for serious physical harm, abuse, neglect, or exploitation;
- (1e) A resident died and there is substantial risk for further resident death;
- (2) The reasonable diligence exercised by the licensee to comply with G.S. 131E-256 and G.S. 131D-40 and other applicable State and federal laws and regulations;
- (2a) Efforts by the licensee to correct violations;
- (3) The number and type of previous violations committed by the licensee within the past 36 months; and
- (4) Repealed by Session Laws 2011-249, s. 2, effective June 23, 2011;
- (5) The number of residents put at risk by the violation.
- (c1) The facts found to support the factors in subsection (c) of this section shall be the basis in determining the amount of the penalty. The Department shall document the findings in written record and shall make the written record available to all affected parties including:
 - (1) Repealed by Session Laws 2016-50, s. 2, effective June 30, 2016.
 - (2) The local department of social services who is responsible for oversight of the facility involved;
 - (3) The licensee involved;
 - (4) The residents affected; and
 - (5) The family member who serves as a responsible party or those who have legal authority on behalf of the affected resident.
- (c2) Local county departments of social services and Division of Health Service Regulation personnel shall submit proposed penalty recommendations to the Department within 45 days of the citation of a violation.
- (d) The Department shall impose a civil penalty of fifty dollars (\$50.00) per day on any facility which refuses to allow an authorized representative of the Department to inspect the premises and records of the facility.
- (d1) The Department shall impose a civil penalty on any applicant for licensure who provides false information or omits information on the portion of the licensure application requesting information on

owners, administrators, principals, or affiliates of the facility. The amount of the penalty shall be as is prescribed for a Type A1 Violation.

(e) Any facility wishing to contest a penalty shall be entitled to an administrative hearing as provided in Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department mails a notice of penalty to a licensee. At least the following specific issues shall be addressed at the administrative hearing:

- (1) The reasonableness of the amount of any civil penalty assessed, and
- (2) The degree to which each factor has been evaluated pursuant to subsection (c) of this section to be considered in determining the amount of an initial penalty.

If a civil penalty is found to be unreasonable or if the evaluation of each factor is found to be incomplete, the administrative law judge may order that the penalty be adjusted accordingly.

(f) Any penalty imposed by the Department of Health and Human Services under this section shall commence on the date of the letter of notification of the penalty amount.

(g) The Secretary may bring a civil action in the superior court of the county wherein the violation occurred to recover the amount of the administrative penalty whenever a facility:

- (1) Which has not requested an administrative hearing fails to pay the penalty within 60 days after being notified of the penalty, or
- (2) Which has requested an administrative hearing fails to pay the penalty within 60 days after receipt of a written copy of the decision as provided in G.S. 150B-36.

(g1) In lieu of assessing all or some of the administrative penalty, the Secretary may order a facility to provide staff training, or consider the approval of training completed by the facility after the violation, if all of the following criteria are met:

- (1) The training is determined by the Department to be specific to the violation.
- (2) The training is approved by the Department.
- (3) The training is taught by someone approved by the Department.
- (4) The facility has corrected the violation and continues to remain in compliance with the regulation.

Oregon

411-054-0120 Civil Penalties (Amended 6/29/2018) (1) For purposes of imposing civil penalties, facilities licensed under ORS 443.400 to 443.455 and ORS 443.991 are considered to be long-term care facilities subject to ORS 441.705 to 441.745.

(2) For purposes of this rule:

(a) "Person" means a licensee under ORS 443.420 or a person who the Department finds shall be so licensed but does not include any employee of such licensee or person.

(b) "Resident rights" means that each resident must be assured the same civil and human rights accorded to other citizens as described in OAR 411-054-0027.

(c) "Monitoring" means when a residential care or assisted living facility is surveyed, inspected, or investigated by an employee or designee of the Department or an employee or designee of the State Fire Marshal.

(d) As used in this rule:

(A) "Harm" means a measurable negative impact to a resident's physical, mental, financial, or emotional well-being.

(B) "Minor harm" means harm resulting in no more than temporary physical, mental or emotional discomfort or pain without loss of function, or in financial loss of less than \$1,000.

(C) "Moderate harm" means harm resulting in temporary loss of physical, mental or emotional function, or in financial loss of \$1,000 or more, but less than \$5,000.

(D) "Serious harm" means harm resulting in long-term or permanent loss of physical, mental or emotional function, or in financial loss of \$5,000 or more. Page 126

(E) "Financial loss" means loss of resident property or money as a result of financial exploitation, as defined in ORS 124.050. Financial loss does not include loss of resident property or money that results from action or inaction of an individual not employed or contracted with the facility, or that arises from the action or inaction of an individual employed or contracted with the facility if the action or inaction occurs while the individual is not performing employment or contractual duties.

(e) The Director shall assess the severity of a violation using the following criteria:

(A) Level 1 - is a violation that results in no actual harm or in potential for only minor harm.

(B) Level 2 - is a violation that results in minor harm or potential for moderate harm.

(C) Level 3 - is a violation that results in moderate harm or potential for serious harm.

(D) Level 4 - is a violation that results in serious harm or death.

(f) The Director shall assess the scope of a violation using the following criteria:

(A) An isolated violation occurs when one or a very limited number of residents or employees are affected or a very limited area or number of locations within a facility are affected.

(B) A pattern violation occurs when more than a very limited number of residents or employees are affected, or the situation has occurred in more than a limited number of locations but the locations are not dispersed throughout the facility.

(C) A widespread violation occurs when the problems causing the deficiency are pervasive and affect many locations throughout the facility or represent a systemic failure that affected, or has the potential to affect, a large portion or all of the residents or employees. Page 127

(3) Determining Civil Penalties.

(a) When the Director is considering imposition of a civil penalty under ORS 443.455(2)(a), ORS 441.710, or Or Laws 2017, ch 679, § 4 on a residential care or assisted living facility the Director shall comply with the requirements of this section.

(b) When imposing a civil penalty on a facility pursuant to this section, the Director shall consider:

(A) Any prior violations of laws or rules pertaining to the facility and, as a mitigating factor, whether violations were incurred under prior ownership or management of the facility.

(B) The financial benefits, if any, realized by the facility as a result of the violation.

(C) The facility's past history of correcting violations and preventing the reoccurrence of violations.

(D) The severity and scope of the violation.

(4) Civil Penalty Amounts. (a) The Director may impose civil penalties as follows, for a:

(A) Level 1 violation, the Director may not impose a civil penalty.

(B) Level 2 violation, the Director may impose a penalty in an amount no less than \$250 per violation, not to exceed \$500 per violation.

(C) Level 3 violation, the Director may impose a civil penalty in an amount no less than \$500 per violation, not to exceed \$1,500 per violation. Page 128

(D) Level 4 violation, the Director may impose a civil penalty in an amount no less than \$1,500 per violation, not to exceed \$2,500 per violation.

(E) Failure to report abuse of a resident to DHS as required by state law, the Director may impose a civil penalty in an amount of no more than \$1,000 per violation.

(b) The penalties imposed under paragraph (a)(A) to (D) of this section may not exceed \$20,000 in the aggregate for violations occurring in a single facility within any 90-day period.

(c) In imposing civil penalties under this section, the Director may take into account the scope of the violation.

(5) Additional Civil Penalties. The Department shall impose a civil penalty of not less than \$2,500 and not more than \$15,000 for each occurrence of substantiated abuse that resulted in the death, serious injury, rape, or sexual abuse of a resident. The civil penalty may not exceed \$40,000 for all violations occurring in a single facility within any 90-day period.

(a) To impose this civil penalty, the Department shall establish all of the following occurred: (A) The abuse arose from deliberate, or other than accidental action or inaction. (B) The conduct resulting in the abuse was likely to cause a negative outcome by a person with a duty of care toward a resident of a facility. (C) The abuse resulted in the serious injury, rape, sexual abuse, or death of a resident. (b) For purposes of this civil penalty, the following definitions apply: (A) "Negative Outcome" include serious injury, rape, sexual abuse, or death. Page 129 (B) "Serious injury" means a physical injury that creates a substantial risk of death or that causes serious disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily organ. (C) "Rape" means rape in the first degree as defined in ORS 163.375, rape in the second degree as defined in ORS 163.365, and rape in the

third degree as defined in ORS 163.355. (D) "Sexual Abuse" means any form of sexual contact between an employee of a residential care facility or a person providing services in the facility and a resident of that facility, including, but not limited to: (i) Sodomy. (ii) Sexual coercion. (iii) Taking sexually explicit photographs. (iv) Sexual harassment.

(6) A notice of a civil penalty shall be sent by registered or certified mail and shall include:

(a) A reference to the specific sections of the statute, rule, standard, or order involved.

(b) A short and plain statement of the matters asserted or charged.

(c) A statement of the amount of the penalty or penalties imposed.

(d) A statement of the party's right to request a hearing.

(e) A description of specific remediation the facility must make in order to achieve substantial compliance.

(f) A statement specifying the amount of time for the elimination of the violation. Page 130 (A) The time specified shall not exceed 30 calendar days after the first notice of a violation; or (B) In cases where the violation requires more than 30 days to correct, a reasonable time shall be specified in a plan of correction, as found acceptable by the Director. (7) For a level 2 or level 3 violation, the Department shall hold in abeyance the penalty proposed for the period of time specified in the Notice pursuant to subsection (6)(f) above.

(8) Hearing Requests. The person to whom the notice is addressed shall have 10 calendar days from the date specified in the Notice pursuant to subsection (6)(f) of this rule to make written application for a hearing before the Department.

(9) All hearings shall be conducted pursuant to the applicable provisions of ORS chapter 183.

(10) If the person notified fails to request a hearing within the time specified in the notice, an order may be entered by the Department assessing a civil penalty.

(11) If, after a hearing, the Department prevails, an order may be entered by the Department assessing a civil penalty.

(12) A civil penalty imposed by the Department shall be remitted or reduced in a manner consistent with the public health and safety, as follows:

(a) The Department shall reduce the penalty by not less than 25 percent if the facility self-reports abuse that results in less than serious harm.

(b) The Department shall withdraw some or all of the penalty if the facility achieves substantial compliance for a level 2 or 3 violation.

(13) If the order is not appealed, the amount of the penalty is payable within 10 calendar days after the order is entered. If the order is appealed and is sustained, the amount of the penalty is payable within 10 calendar days Page 131 after the court decision. The order, if not appealed or sustained on appeal, shall constitute a judgment and may be filed in accordance with the provisions of ORS 18.005 to 18.428. Execution may be issued upon the order in the same manner as execution upon a judgment of a court of record.

(14) A violation of any general order or final order pertaining to a residential care or assisted living facility issued by the Department, other than a Level 1 violation, is subject to a civil penalty.

(15) Judicial review of civil penalties imposed under ORS 441.710 shall be as provided under ORS 183.480, except the court may, in its discretion, reduce the amount of the penalty. (16) All penalties recovered under ORS 443.455, Or Laws 2017, ch 679, § 4, and ORS 441.710 to 441.740 shall be paid to the Quality Care Fund.

Pennsylvania

§ 2800.261. Classification of violations. (a) The Department will classify each violation of this chapter into one of three categories as described in paragraphs (1)—(3). A violation identified may be classified as Class I, Class II, or Class III, depending upon the severity, duration and the adverse effect on the health and safety of residents.

(1) Class I. Class I violations have resulted in or have a substantial probability of resulting in death or serious mental or physical harm to a resident. 55 § 2800.253 ADULT SERVICES MANUAL Pt. IV 2800-92 (351566) No. 431 Oct. 10 Copyright 2010 Commonwealth of Pennsylvania

(2) Class II. Class II violations have a substantial adverse effect upon the health, safety or well-being of a resident.

(3) Class III. Class III violations are minor violations, which have an adverse effect upon the health, safety or well-being of a resident.

(b) The Department's guidelines for determining the classification of violations are available from the Department. Cross References This section cited in 55 Pa. Code § 2800.268 (relating to notice of violations). § 2800.262. Penalties and corrective action.

(a) The Department will assess a penalty for each violation of this chapter.

(b) Penalties will be assessed on a daily basis from the date on which the citation was issued until the date the violation is corrected, except in the case of Class II and Class III violations.

(c) In the case of a Class II violation, assessment of the penalty will be suspended for 5 days from the date of citation to permit sufficient time for the residence to correct the violation. If the residence fails to provide proof of correction of the violation to the Department within the 5-day period, the fine will be retroactive to the date of citation. The Department may extend the time period for good cause.

(d) The Department will assess a penalty of \$20 per resident per day for each Class I violation. Each Class I violation shall be corrected within 24 hours.

(e) The Department will assess a minimum penalty of \$5 per resident per day, up to a maximum penalty of \$15 per resident per day, for each Class II violation.

(f) There is no monetary penalty for Class III violations unless the residence fails to correct the violation within 15 days. Failure to correct a Class III violation within the 15-day period may result in a penalty assessment of up to \$3 per resident per day for each Class III violation retroactive to the date of the citation.

(g) If a residence is found to be operating without a license, a penalty of \$500 will be assessed. After 14 days, if the residence operator cited for operating without a license fails to file an application for a license, the Department will assess an additional \$20 for each resident for each day during which the residence operator fails to apply.

(h) A residence charged with a violation of this chapter or Chapter 20 (relating to licensure or approval of facilities and agencies) has 30 days to pay the assessed penalty in full.

2800.263. Appeals of penalty. (a) If the residence that is fined intends to appeal the amount of the penalty or the fact of the violation, the residence shall forward the assessed penalty, not to exceed \$500, to the Secretary for placement in an escrow account with the State Treasurer. A letter appealing the penalty shall be submitted with the assessed penalty. This process constitutes an appeal.

(b) If, through an administrative hearing or judicial review of the proposed penalty, it is determined that no violation occurred or that the amount of the penalty shall be reduced, the Secretary will, within 30 days, remit the appropriate amount to the legal entity together with interest accumulated on these funds in the escrow deposit.

(c) Failure to forward payment of the assessed penalty to the Secretary within 30 days will result in a waiver of the right to contest the fact of the violation or the amount of the penalty.

(d) After an administrative hearing decision that is adverse to the legal entity, or a waiver of the administrative hearing, the assessed penalty amount will be made payable to the "Commonwealth of Pennsylvania." It will be collectible in a manner provided by law for the collection of debts.

(e) If a residence liable to pay the penalty neglects or refuses to pay the penalty upon demand, the failure to pay will constitute a judgment in favor of the Commonwealth in the amount of the penalty, together with the interest and costs that may accrue on these funds. § 2800.264.

Use of fines. (a) Money collected by the Department under this section will be placed in a special restricted receipt account.

(b) Money collected will be used first to defray the expenses incurred by residents relocated under this chapter.

(c) The Department will use money remaining in this account to assist with paying for enforcement of this chapter. Fines collected will not be subject to 42 Pa.C.S. § 3733 (relating to deposits into account)

2800.268. Notice of violations.

(a) The administrator shall give each resident and the resident's designated person written notification of a Class I violation within 24 hours of the citation. Ch. 2800 ASSISTED LIVING RESIDENCES 55 § 2800.267 2800-95 (351569) No. 431 Oct. 10

(b) The administrator shall give each resident and the resident's designated person oral or written notification of a Class I or Class II violation, as defined in § 2800.261 (relating to classification of violations), which remains uncorrected for 5 days after the date of citation.

(c) If a Class II violation remains uncorrected within 5 days following the citation, the administrator shall give written notice of the violation to each resident and the resident's designated person on the 6th day from the date of the citation.

(d) The Department will provide immediate written notification to the appropriate long-term care ombudsman of Class I violations, and notification of Class II violations which remain uncorrected 5 days after the date of citation.

South Carolina

s. E. In determining an enforcement action, the Department shall consider the following factors:

- 1. Specific conditions and their impact or potential impact on health, safety or well-being of the residents including, but not limited to: deficiencies in medication management, such as evidence that residents are not routinely receiving their prescribed medications; serious waste water problems, such as toilets not operating or open sewage covering the grounds; housekeeping/maintenance/fire and life safety related problems that pose a health threat to the residents; power/water/gas or other utility and/or service outages; residents exposed to air temperature extremes that jeopardize their health; unsafe condition of the building/structure such as a roof in danger of collapse; indictment of an administrator for malfeasance or a felony, which by its nature, such as drug dealing, indicates a threat to the residents; direct evidence of abuse, 12 | Regulation 61-84 neglect, or exploitation; lack of food or evidence that the residents are not being fed properly; no staff available at the facility with residents present; unsafe procedures/treatment being practiced by staff;
 - 2. Repeated failure of the licensee/facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services. (II)
 - 3. Efforts by the facility to correct cited violations;
 - 4. Overall conditions of the facility;
 - 5. History of compliance;
 - and 6. Any other pertinent conditions that may be applicable to current statutes and regulations.
- F. When imposing a monetary penalty, the Department may invoke 1976 Code Section 44-7-320 (C) to determine the dollar amount or may utilize the following schedule: Frequency of violation of standard within a 36-month period:

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$500-1,500	\$300-800	\$100-300
2nd	1000-3000	500-1500	300-800
3rd	2000-5000	1000-3000	500-1500
4th	5000	2000-5000	1000-3000
5th	5000	5000	2000-5000
6th	5000	5000	5000

Figure 1 South Carolina Penalty Ranges

Tennessee

1200-08-25-.05 REGULATORY STANDARDS.

(1) A Department of Health representative shall make an unannounced inspection of every ACLF holding a license granted by the Board for its compliance with applicable state law and regulations within fifteen (15) months following the date of its last inspection, and as necessary, to protect the public’s health, safety, and welfare. An ACLF must cooperate during Department of Health conducted inspections, including allowing entry at any hour and providing all required records.

(2) Plan of Correction. When Department of Health inspectors find that an ACLF has committed a violation of this chapter, the Department of Health, as the Board’s representative, will issue a statement of deficiencies to the ACLF. Within ten (10) days of receipt of the statement of deficiencies, the ACLF must return a plan of correction including the following: STANDARDS FOR ASSISTED-CARE LIVING FACILITIES CHAPTER 1200-08-25 (Rule 1200-08-25-.05, continued) June, 2019 (Revised) 10

- (a) How the deficiency will be corrected;

(b) The date upon which each deficiency will be corrected;

(c) What measures or systemic changes will be put in place to ensure that the deficient practice does not recur; and (

d) How the corrective action will be monitored to ensure that the deficient practice does not recur.

(3) Either failure to submit a plan of correction in a timely manner or a finding by the Department of Health that the plan of correction is unacceptable may subject the ACLF's license to disciplinary action.

(4) Upon a finding by the Board that an ACLF has violated any provision of the Health Facilities and Resources Act, Part 2—Regulation of Health and Related Facilities (T.C.A. §§ 68-11- 201, et seq.) or the rules promulgated pursuant thereto, action may be taken, upon proper notice to the licensee, to impose a civil penalty, deny, suspend, or revoke its license.

(5) Civil Penalties. The Board may, in a lawful proceeding respecting licensing (as defined in the Uniform Administrative Procedures Act), in addition to or in lieu of other lawful disciplinary action, assess civil penalties for violations of statutes, rules or orders enforceable by the Board in accordance with the following schedule:

Violation Penalty T.C.A. § 68-11-201(4)(B) \$0-\$1000 (Provision of Room and Board and Non-Medical Living Assistance Services)

T.C.A. § 68-11-201(4)(C) \$0-\$1000 (Provision of Medical and other Professional Services; Medicare Services; Oversight of Medical Services; Plan of Care & Assessment; Personal and Medical Records; and Fire Safety)

T.C.A. § 68-11-213(i)(2) \$0-\$3000 (Admission or Retention of Inappropriately Placed Resident.) Each resident shall constitute a separate violation.)

T.C.A. § 68-11-213(i)(1) \$0-\$5000 (Operating ACLF without Required License. Each day of operation shall constitute a separate violation.) In determining the amount of any civil penalty to be assessed pursuant to this rule the Board may consider such factors as the following:

(a) Willfulness of the violation;

(b) Repetitiveness of the violation; STANDARDS FOR ASSISTED-CARE LIVING FACILITIES CHAPTER 1200-08-25 (Rule 1200-08-25-.05, continued) June, 2019 (Revised) 11

(c) Magnitude of the risk of harm caused by the violation.

(6) Each violation of any statute, rule or order enforceable by the Board shall constitute a separate and distinct offense and may render the ACLF committing the offense subject to a separate penalty for each violation.

(7) A licensee may appeal any disciplinary action taken against it in accordance with the Uniform Administrative Procedures Act, Tennessee Code Annotated § 4-5-101, et seq.

(8) Reconsideration and Stays. The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-04-01-.18 regarding petitions for reconsiderations and stays in that case.

Texas

HHSC (Health and Human Services Commission) imposes an administrative penalty of \$500 for failure to inform the resident of facility policies regarding the implementation of advance directives.

Administrative Penalties:

(a) Assessment of an administrative penalty. HHSC may assess an administrative penalty if a license holder:

(1) violates:

(A) Texas Health and Safety Code, Chapter 247;

(B) a rule, standard, or order adopted under Texas Health and Safety Code, Chapter 247; or

(C) a term of a license issued under Texas Health and Safety Code, Chapter 247;

(2) makes a false statement of material fact that the license holder knows or should know is false:

(A) on an application for issuance or renewal of a license;

(B) in an attachment to the application; or

(C) with respect to a matter under investigation by HHSC;

(3) refuses to allow an HHSC representative to inspect:

(A) a book, record, or file that a facility must maintain; or

(B) any portion of the premises of a facility;

(4) willfully interferes with the work of, or retaliates against, an HHSC representative or the enforcement of this chapter;

(5) willfully interferes with, or retaliates against, an HHSC representative preserving evidence of a violation of Texas Health and Safety Code, Chapter 247; a rule, standard, or order adopted under Texas Health and Safety Code, Chapter 247; or a term of a license issued under Texas Health and Safety Code, Chapter 247;

(6) fails to pay an administrative penalty not later than the 30th calendar day after the penalty assessment becomes final;

(7) fails to notify HHSC of a change of ownership before the effective date of the change of ownership;

(8) willfully interferes with the State Ombudsman, a certified ombudsman, or an ombudsman intern performing the functions of the Ombudsman Program as described in Chapter 88 of this title (relating to State Long-Term Care Ombudsman Program); or

(9) retaliates against the State Ombudsman, a certified ombudsman, or an ombudsman intern:

(A) with respect to a resident, employee of a facility, or other person filing a complaint with, providing information to, or otherwise cooperating with the State Ombudsman, a certified ombudsman, or an ombudsman intern; or

(B) for performing the functions of the Ombudsman Program as described in Chapter 88 of this title.

(b) Criteria for assessing an administrative penalty. HHSC considers the following in determining the amount of an administrative penalty:

(1) the gradations of penalties established in subsection (d) of this section;

(2) the seriousness of the violation, including the nature, circumstances, extent, and gravity of the situation, and the hazard or potential hazard created by the situation to the health or safety of the public;

(3) the history of previous violations;

(4) deterrence of future violations;

(5) the license holder's efforts to correct the violation;

(6) the size of the facility and of the business entity that owns the facility; and

(7) any other matter that justice may require.

(c) Late payment of an administrative penalty. A license holder must pay an administrative penalty within 30 calendar days after the penalty assessment becomes final. If a license holder fails to timely

pay the administrative penalty, HHSC may assess an administrative penalty under subsection (a)(6) of this section, which is in addition to the penalty that was previously assessed and not timely paid.

(d) Administrative penalty schedule. HHSC uses the schedule of appropriate and graduated administrative penalties in this subsection to determine which violations warrant an administrative penalty.

(e) Administrative penalty assessed against a resident. HHSC does not assess an administrative penalty against a resident unless the resident is also an employee of the facility or a controlling person.

(f) Proposal of administrative penalties.

(1) HHSC issues a preliminary report stating the facts on which HHSC concludes that a violation has occurred after HHSC has:

(A) examined the possible violation and facts surrounding the possible violation; and

(B) concluded that a violation has occurred.

(2) HHSC may recommend in the preliminary report the assessment of an administrative penalty for each violation and the amount of the administrative penalty.

(3) HHSC provides a written notice of the preliminary report to the license holder not later than 10 calendar days after the date on which the preliminary report is issued. The written notice includes:

(A) a brief summary of the violation;

(B) the amount of the recommended administrative penalty;

(C) a statement of whether the violation is subject to correction in accordance with subsection (g) of this section and, if the violation is subject to correction, a statement of:

(i) the date on which the license holder must file with HHSC a plan of correction for approval by HHSC; and

(ii) the date on which the license holder must complete the plan of correction to avoid assessment of the administrative penalty; and

(D) a statement that the license holder has a right to an administrative hearing on the occurrence of the violation, the amount of the penalty, or both.

(4) Not later than 20 calendar days after the date on which a license holder receives a written notice of the preliminary report, the license holder may:

(A) give HHSC written consent to the preliminary report, including the recommended administrative penalty; or

(B) make a written request to HHSC for an administrative hearing.

(5) If a violation is subject to correction under subsection (g) of this section, the license holder must submit a plan of correction to HHSC for approval not later than 10 calendar days after the date on which the license holder receives the written notice described in paragraph (3) of this subsection.

(6) If a violation is subject to correction under subsection (g) of this section, and after the license holder reports to HHSC that the violation has been corrected, HHSC inspects the correction or takes any other step necessary to confirm the correction and notifies the facility that:

(A) the correction is satisfactory and HHSC is not assessing an administrative penalty; or

(B) the correction is not satisfactory, and a penalty is recommended.

(7) Not later than 20 calendar days after the date on which a license holder receives a notice that the correction is not satisfactory and that a penalty is recommended under paragraph (6)(B) of this subsection, the license holder may:

(A) give HHSC written consent to HHSC report, including the recommended administrative penalty; or

(B) make a written request to HHSC for an administrative hearing.

(8) If a license holder consents to the recommended administrative penalty or does not timely respond to a notice sent under paragraph (3) of this subsection (written notice of the preliminary report) or paragraph (6)(B) of this subsection (notice that the correction is not satisfactory and recommendation of a penalty):

(A) HHSC assesses the recommended administrative penalty;

(B) HHSC gives written notice of the decision to the license holder; and

(C) the license holder must pay the penalty not later than 30 calendar days after the written notice given in subparagraph (B) of this paragraph.

(g) Opportunity to correct.

(1) HHSC allows a license holder to correct a violation before assessing an administrative penalty, except a violation described in paragraph (2) of this subsection. To avoid assessment of a penalty, a license holder must correct a violation not later than 45 calendar days after the date the facility receives the written notice described in subsection (f)(3) of this section.

(2) HHSC does not allow a license holder to avoid a penalty assessment based on its correction of a violation:

(A) described by subsection (a)(2)-(9) of this section;

(B) of Texas Health and Safety Code §260A.014 or §260A.015;

(C) related to advance directives as described in §553.259(d) of this chapter (relating to Admission Policies and Procedures);

(D) that is the second or subsequent violation of:

(i) a right of the same resident under §553.267 of this chapter (relating to Rights);

(ii) the same right of all residents under §553.267 of this chapter; or

(iii) §553.255 of this chapter (relating to All Staff Policy for Residents with Alzheimer's Disease or a Related Disorder) that occurs before the second anniversary of the date of a previous violation of §553.255 of this chapter;

(E) that is written because of an inappropriately placed resident, except as described in §553.259(e) of this chapter;

(F) that is a pattern of violation that results in actual harm;

(G) that is widespread in scope and results in actual harm;

(H) that is widespread in scope, constitutes a potential for more than minimal harm, and relates to:

(i) resident assessment as described in §553.259(b) of this chapter;

(ii) staffing, including staff training, as described in §553.253 of this chapter (relating to Employee Qualifications and Training);

(iii) medication administration as described in §553.261(a) of this chapter (relating to Coordination of Care);

(iv) infection control as described in §553.261(f) of this chapter;

(v) restraints as described in §553.261(g) of this chapter; or

(vi) emergency preparedness and response as described in §553.275 of this chapter (relating to Emergency Preparedness and Response); or

(I) is an immediate threat to the health or safety of a resident.

(3) Maintenance of violation correction.

(A) A license holder that corrects a violation must maintain the correction. If the license holder fails to maintain the correction until at least the first anniversary of the date the correction was made, HHSC may assess and collect an administrative penalty for the subsequent violation.

(B) An administrative penalty assessed under this paragraph is equal to three times the amount of the original administrative penalty that was assessed but not collected.

(C) HHSC is not required to offer the license holder an opportunity to correct the subsequent violation.

(h) Hearing on an administrative penalty. If a license holder timely requests an administrative hearing as described in subsection (f)(3) or (7) of this section, the administrative hearing is held in accordance with HHSC rules at 1 TAC Chapter 357, Subchapter I (relating to Hearings under the Administrative Procedure Act).

(i) HHSC may charge interest on an administrative penalty. The interest begins the day after the date the penalty becomes due and ends on the date the penalty is paid in accordance with Texas Health and Safety Code §247.0455(e).

(j) Amelioration of a violation.

(1) In lieu of demanding payment of an administrative penalty, the commissioner may allow a license holder to use, under HHSC supervision, any portion of the administrative penalty to ameliorate the violation or to improve services, other than administrative services, in the facility affected by the violation. Amelioration is an alternate form of payment of an administrative penalty, not an appeal, and does not remove a violation or an assessed administrative penalty from a facility's history.

- (2) A license holder cannot ameliorate a violation that HHSC determines constitutes immediate jeopardy to the health or safety of a resident.
- (3) HHSC offers amelioration to a license holder not later than 10 calendar days after the date a license holder receives a final notification of the recommended assessment of an administrative penalty that is sent to the license holder after an informal dispute resolution process but before an administrative hearing.
- (4) A license holder to whom amelioration has been offered must:
- (A) submit a plan for amelioration not later than 45 calendar days after the date the license holder receives the offer of amelioration from HHSC; and
 - (B) agree to waive the license holder's right to an administrative hearing if HHSC approves the plan for amelioration.
- (5) A license holder's plan for amelioration must:
- (A) propose changes to the management or operation of the facility that will improve services to or quality of care of residents;
 - (B) identify, through measurable outcomes, the ways in which and the extent to which the proposed changes will improve services to or quality of care of residents;
 - (C) establish clear goals to be achieved through the proposed changes;
 - (D) establish a timeline for implementing the proposed changes; and
 - (E) identify specific actions the license holder will take to implement the proposed changes.
- (6) A license holder's plan for amelioration may include proposed changes to:
- (A) improve staff recruitment and retention;
 - (B) offer or improve dental services for residents; and
 - (C) improve the overall quality of life for residents.
- (7) HHSC may require that an amelioration plan propose changes that would result in conditions that exceed the requirements of this chapter.
- (8) HHSC approves or denies a license holder's amelioration plan not later than 45 calendar days after the date HHSC receives the plan. If HHSC approves the amelioration plan, any pending request the license holder has submitted for an administrative hearing must be withdrawn by the license holder.
- (9) HHSC does not offer amelioration to a license holder:
- (A) more than three times in a two-year period; or
 - (B) more than one time in a two-year period for the same or a similar violation.

Medication Administration

Louisiana

Staff Administration of Medication

- a. The ARCP shall administer medications to ARCP residents in accordance with their PCSP. Staff administration of medications may be provided by all levels of ARCPs.
- b. Medications shall be administered only by an individual who is currently licensed to practice medicine or osteopathy by the appropriate licensing agency for the state, **or** by an individual who is currently licensed as an RN or LPN by the appropriate state agency.

Assistance with Self-Administration. Unless otherwise indicated in the PCSP, residents may elect assistance with self-medication if it is a service offered by the ARCP. Residents who are appropriate for this service will be aware of what the medication is, what it is for and the need for the medication.

- a. Assistance with self-administration may be provided by staff members who hold no professional licensure, as long as that employee has documented training on the policies and procedures for medication assistance, including the limitations of assistance. This training must be repeated at least annually.
- b. Assistance with self-administration of medication shall be limited to the following:
 - i. reminding residents that it is time to take medication(s), where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed;
 - ii. reading the medication regimen as indicated on the container to the resident;
 - iii. physically assisting residents who are familiar with their medications by opening a medication container and/or providing assistance with pouring medications;
 - iv. offering liquids to residents who are familiar with their medications to assist that resident in ingesting oral medications; and
 - v. physically bringing a container of oral medications to residents.
- c. Assistance with self-administration of medications shall not include:
 - i. administering injections of any kind;
 - ii. administering any prescription medications including, but not limited to, eye drops, ear drops, nose drops, liquid medications, inhalers, suppositories, or enemas;
 - iii. prompting or reminding a resident that it is time to take a PRN, or as-needed medication;
 - iv. crushing or splitting medications;
 - v. placing medications in a feeding tube;
 - vi. mixing medications with foods or liquids; or
 - vii. filling a single day or multi-day pill organizer for the resident.

Alabama

Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.

A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.

Assistance with self-administration of medications shall under no circumstances include any of the following practices:

- (a) Medication administration as defined in these rules.
- (b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction Assisted Living Facilities 420-5-4 53 and control of the resident, provided that the resident is capable of determining the amount of medication to be given.
- (c) Giving a resident injections of any kind.
- (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.
- (e) Placing medications in a feeding tube. (f) Giving enemas or suppositories.
- (g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.
- (h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.
- (i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.

District of Columbia:

Pgs. 35-36 **10124.5** An ALR shall provide or arrange for a licensed practical nurse, registered nurse, advanced practice registered nurse, physician, physician assistant, trained medication employee ("TME"), or certified medication aide to administer, or assist in the self-administering of, medication to a resident, provided that:

(a) The resident has been determined not capable of self-administering medication pursuant to paragraph (c) of § 10124.2 or has elected not to self-administer his or her own medications, and he or she has not arranged with a third-party to administer, or assist in the self-administering of, his or her medication in accordance with § 10124.3;

(b) The healthcare professional holds the requisite certificate, registration, or license to practice issued by the District; 36

(c) The healthcare professional does not exceed his or her authority to administer or assist in the administration of medication to the resident under District and federal laws or regulations;

(d) The ALR discloses, orally and in writing, any fees, rates, or charges associated with providing assistance with or the administration of a medication that are additional to the resident's existing bill, in accordance with § 10111 of this chapter;

(e) Prior to the provision of the medication administration or assistance, the resident (or surrogate) provides in writing:

(1) Acceptance of the medication administration or assistance offered by the ALR; and

(2) Acknowledgment of receiving the ALR's medication administration policy and the disclosure of fees required in paragraph (c) of this subsection; and

(f) The ALR has in place education, remediation, and discipline procedures by which to address recurring medication errors perpetrated by the licensed practical nurse, registered nurse, advanced practice registered nurse, physician, physician assistant, TME, or certified medication aide.

10124.6 An ALR shall require that administration or assistance in the administration of medication to a resident by a healthcare professional pursuant to §§ 10124.3 and 10124.5 be in accordance with the prevailing standard of acceptable medication administration rights in the healthcare professional's field.

(24) "Trained Medication Employee" or "TME"-- means an individual employed to work in an ALR who has successfully completed the training program developed by the Mayor pursuant to § 44-109.06 and who is certified to administer medication to residents. (assisted living law.pdf)

DC ST § 44-109.06 Chapter 1. Assisted Living Residence Regulation. Subchapter IX. Medication Management. § 44-109.06.

Medication management training program. (a) The Mayor shall develop medication management training courses which shall be approved by the Board of Nursing. The medication administration training program shall include instruction in the following areas:

(1) Cuing, coaching, and monitoring residents who self-administer medications with or without assistance;

(2) Pharmacology;

(3) Terminology related to medication;

(4) Procedures and precautions in administering medication;

- (5) Types of medication;
- (6) Actions, interactions, and effects of medication;
- (7) Administration of medication in emergency or life-threatening circumstances;
- (8) Recordkeeping, storage, handling, and disposal requirements for medications;
- (9) Rights of residents;
- (10) Monitoring of vital signs;
- (11) Federal and District of Columbia laws governing medication; and
- (12) Reference sources related to medication.

(b) The Mayor shall maintain a list of approved medication administration courses for the training of persons to be certified by the District of Columbia as TMEs.

(c) In order to maintain certification, every 2 years a TME shall successfully complete a clinical update or refresher course approved by the Mayor.

DC ST § 44-109.02 § 44-109.02. Pre-Admission Medication. Management Assessment. DC ST § 44-109.02 Chapter 1. Assisted Living Residence Regulation. Subchapter IX. Medication Management. § 44-109.02. Pre-admission medication management assessment. Within 30 days prior to admission, the ALR shall consult with the prospective resident's healthcare practitioner regarding:

- (1) The prospective resident's current medication profile, including a review of nonprescription drugs;
- (2) Possible adverse interactions;
- (3) Common expected or unexpected side effects; and
- (4) The potential that such medications have to act as chemical restraints.

Colorado

PART 14 – MEDICATION AND MEDICATION ADMINISTRATION General Requirements: 14.1 An assisted living residence shall not allow an employee or volunteer to administer or assist with administering medication to a resident unless such individual is a practitioner, nurse, qualified medication administration person (QMAP), or certified nurse medication aide (CNA-Med) acting within his or her scope of practice.

SECTION 6 – TRAINING PROGRAM COURSE CONTENT 6.1 The course content shall be developed, implemented and managed by the training entity and approved by the Department.

(A) Each approved training entity shall, prior to implementation, promptly provide the Department with information concerning any anticipated changes that significantly alter the approved course content or competency evaluation. 6.2 The course content shall contain the required items specified by the Department and contained in this Chapter. 6.3 Classroom and skills practice in the required content must be completed before students proceed to the competency examination. 6.4 Classroom and skills practice shall be taught and overseen by a qualified instructor. 6.5 The competency evaluation shall include written and practical skills testing and be administered by a qualified instructor who shall document each student's success with the competencies. (A) The written portion of the competency evaluation shall cover, at a minimum, all the required curriculum content set forth in section 6.7 of this Chapter.

(B) The practical skills portion of the competency evaluation shall assess, at a minimum, whether each student is capable of safe, sanitary and accurate medication administration from preparation to allowable routes of administration and documentation. 6.6 Approved training entities shall retain student competency evaluation records for a minimum of three years. 6.7 The course content shall include classroom and skills practice in all of the following areas:

(A) The principles of administering medications that include, at a minimum:

(1) The scope of service of a qualified medication administration person including, but not limited to:

- (a) Authorized settings and requirements,
- (b) Medication restrictions,
- (c) Roles, responsibilities, and cautions,
- (d) Seven rights of medication administration,
- (e) Routes and forms of acceptable medication administration,
- (f) Reading, understanding, and validating medication orders, and
- (g) Expiration and refill dates. CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 24 Health Facilities and Emergency Medical Services Division 6

(2) The uses and forms of drugs including but not limited to:

- (a) The purpose of prescribed medications.
- (b) Controlled substance classification and accountability.
- (c) Medication effects including therapeutic, side, and adverse effects.
- (d) When where and how to properly navigate appropriate medication reference resources.

(3) Medication administration records (MARs) including, but not limited to:

- (a) Medication timing options (specified vs. time window), and
- (b) Rules and practice for documenting administration of medication to resident or client.

(4) Communication and interpersonal skills for addressing unique needs and behaviors of individuals who are elderly, have impaired physical capacity, impaired cognitive ability, behavioral issues, dementia and/or Alzheimer's.

(5) Infection control.

(6) Safety and emergency procedures

(7) Drug diversion awareness.

(8) Preventing and reporting abuse, neglect and misappropriation of resident or client property.

(B) Medication administration procedures including, but not limited to:

(1) Administering, monitoring and self-administration,

- (2) Administering PRN medications in accordance with scope of practice,
- (3) Standards, precautions, and safe practice,
- (4) Preparing or altering medication for administration in accordance with manufacturer's instructions and authorized practitioner's orders,
- (5) Counting, administering, and documenting controlled substances,
- (6) Proper documentation of medication administration,
- (7) Determining, documenting and reporting medication errors,
- (8) Medication storage and disposal, and
- (9) Filling and administration of medication reminder boxes and day/trip packs

7.4 Qualified medication administration persons shall not administer medication through a gastrostomy tube or administer insulin unless specifically authorized to do so pursuant to rules adopted by the Department of Health Care Policy and Financing or the Department of Human Services.

7.5 A qualified medication administration person shall not administer epinephrine injections unless the QMAP: (A) Has been directed to do so by a 911 emergency call operator as an urgent first aid measure, or (B) Has completed an anaphylaxis training program conducted by a nationally recognized organization and is authorized to use an epinephrine injector pursuant to section 25-47- 103, C.R.S.

Florida (disclosure section)

If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.

The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

Georgia

(3) Community Administration of Medications.

Where the residents either are not capable of self-administration of medications or choose not to self-administer medications with assistance or supervision, the assisted living community must provide medication administration services to the residents in accordance with physicians' orders, the needs of the residents and these rules.

(4) Specialized Staffing for Medication Administration. The assisted living community offering medication administration services **must employ certified medication aides, at a minimum**, to administer medications.

(5) Certified Medication Aide Requirements. An assisted living community using certified medication aides to administer specific medications must do all of the following:

- (a) Check the Registry. Ensure that the medication aides employed in the community are listed in good standing on the Georgia Certified Medication Aide Registry and have no record of being terminated for

cause relating to the performance of medication aide tasks before permitting the aides to administer medications.

(b) Administer Skills Competency Checks. Determine and document that the medication aides who have been certified for more than one year upon hiring, continue to have the knowledge and skills necessary to administer medications properly for the particular community. The community must use a skills competency checklist which meets the requirements contained in the standardized clinical skills competency checklist used to certify medication aides.

(c) Quarterly Observations. Use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules and report any issues to the assisted living community administration for resolution.

(d) Quarterly Drug Regimen Reviews. Secure the services of a licensed pharmacist to perform all of the following duties: 1. Conduct quarterly reviews of the drug regimen for each resident of the assisted living community and report any irregularities to the assisted living community administration. 2. Remove for proper disposal any drugs that are expired, discontinued or in a deteriorated condition or where the resident for whom such drugs were ordered is no longer a resident. 3. Establish or review policies and procedures for safe and effective drug therapy, distribution, use and control. 4. Monitor compliance with established policies and procedures for medication handling and storage.

(e) Authorized Tasks for Certified Medication Aides. An assisted living community may allow a certified medication aide to do only the following tasks related the administration of medications utilizing only unit or multidose packaging of medications:

1. Administer physician ordered oral, ophthalmic, topical, optic, nasal, vaginal and rectal medications.
2. Administer insulin, epinephrine, and B12 pursuant to physician direction and protocol.
3. Administer medications via a metered dose inhaler.
4. Conduct finger stick blood glucose testing following established protocol.
5. Administer a commercially prepared disposable enema ordered by a physician.
6. Assist residents in the supervision of self-administration of medications.

(f) Annual Competency Reviews. Complete comprehensive clinical skills competency reviews for each certified medication aide utilizing the skills competency checklist at least, annually after hiring to determine that the aides continue to have the necessary skills to perform the medication tasks assigned competently. Such skills competency checklists must be administered by Georgia-licensed registered nurses, pharmacists, or physicians, who indicate in writing that the tasks observed are being performed competently.

(g) Proper Notice of Separation for Cause. Ensure that where a medication aide is terminated for cause relating to the performance of medication aide tasks, the aide is provided with the following:

1. a separation notice that clearly describes the facts that support the termination for cause;
2. written notice that being terminated for cause related to the administration of medications, if not successfully appealed through a hearing on right to unemployment benefits will result in the loss of good standing on the Georgia Certified Medication Aide Registry; and
3. the loss of good standing on the Certified Medication Aide Registry will make the aide ineligible for hiring as a certified medication aide by another assisted living community; and (h) Registry Notification. Submit to the Georgia Certified Medication Aide Registry a copy of the Separation

Notice for the certified medication aide only if the separation related specifically to the performance of medication aide tasks and the termination for cause has either been finally upheld by the Department of Labor or the time for appealing the Separation Notice has expired.

(6) Communities Conducting Certified Medication Aide Training. A community choosing to provide a certified medication aide training program must do all of the following:

- (a) Utilize the state-approved medication aide training program ensuring that the training is administered by a Georgia-licensed registered nurse, pharmacist, or physician.
- (b) Require the aide to demonstrate the requisite clinical skills to serve as a medication aide before a Georgia-licensed registered nurse, pharmacist or physician utilizing the standardized medication administration checklist developed by the Department.
- (c) Prepare the aide to take the written competency examination to become a certified medication aide.
- (d) Verify that the aide is in good standing on the Georgia certified nurse aide registry.
- (e) Provide information to the aide on the registration and locations for taking the written competency examination.
- (f) Provide the documentation to the Georgia Certified Medication Aide Registry that is necessary to complete the application for placement of the aide's name on the Georgia Certified Medication Aide Registry.
- (g) Not permit the aide to administer medications independently unless the aide is listed on the Georgia certified medication aide registry in good standing.

(7) Basic Medication Training for Staff Assisting with Self-Administration. The assisted living community must provide and document medication training for the unlicensed staff who are not certified medication aides but who are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

- (a) the assisted living community's medication policy and procedures, including actions to take if concerns regarding resident's capacity to self-administer medications are identified;
- (b) how to read prescription labels including common abbreviations;
- (c) providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medications;
- (d) actions to take when concerns regarding medications are identified;
- (e) infection control procedures relative to providing assistance with medications;
- (f) proper medication storage and disposal;
- (g) recognition of side effects and adverse reactions for the specific medications;
- (h) understanding the common classifications of medications, typical side effects and adverse reactions and medications for which unlicensed staff may never provide assistance with or supervision of self-administration; and
- (i) proper documentation and record keeping using the Medication Assistance Record.

(8) Medication Skills Competency Determinations. Unlicensed staff who are not certified as medication aides providing assistance with or supervision of self-administered medications must demonstrate when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently by completing skills competency checklists before appropriately trained community staff.

The admission agreement must disclose how and by what level of staff medications are handled in the community. The agreement must also specify who is responsible for initial acquisition and refilling of prescribed medications utilizing unit or multidose packaging for the resident. Either this responsibility will remain with the resident, representative or legal surrogate, if any, or be assigned to the assisted living community operating through the administrator or on-site manager

Idaho

645. ASSISTANCE WITH MEDICATIONS. 01. Training Requirements. To provide assistance with medications, staff must have the following training requirements, and be delegated as described in this rule. (3-15-22)

a. Before staff can begin assisting residents with medications, successful completion of a medication assistance course offered by one (1) of Idaho's community colleges. This training is not included as part of the minimum of sixteen (16) hours of orientation training or minimum of eight (8) hours of continued training per year. (3-15-22)

b. Staff training on documentation requirements and how to respond when a resident refuses or misses a medication, receives an incorrect medication, or when medication is unavailable or missing. (3-15-22) 02. Delegation. The facility nurse must delegate and document assistance with medications and other nursing tasks. Each medication assistant must be delegated individually, including skill demonstration, prior to assisting with medications or nursing tasks, and any time the licensed nurse changes.

Maine

Unlicensed assistive personnel must be trained by a **registered professional nurse in regard to the management of persons with diabetes**. The registered professional nurse must provide in-service training and documentation to include: *[Class III]*.

- Dietary requirements;
- Anti-Diabetic Oral Medications – inclusive of adverse reactions and interventions, hyper and hypo glycemic reactions;
- Insulin mixing including insulin action;
- Insulin storage;
- Injection techniques and site rotation including signs/symptoms;
- Treatment and prevention of insulin reaction;
- Foot care;
- Lab testing, urine testing and blood glucose monitoring; and
- Standard Precautions.
- Documentation of training shall be included in the employee record.

Unlicensed assistive personnel. Unlicensed assistive personnel administering medications and/or treatments must successfully complete training approved by the Department. There shall be evidence available in the assisted living program that such training has been successfully completed. Whenever the standards or guidelines of the medication administration course are substantially revised, unlicensed personnel must be re-certified within one (1) year of the revision, by a method approved by the Department. An additional exception will be made on a

case-by-case basis for persons who only administer dietary supplements and/or minor medicated treatments, shampoos, lotions and creams that could be obtained over the counter without a physician's order.

A person qualified to administer medications must be on site at the assisted living program whenever a resident(s) have medications prescribed "as needed" (PRN) if this medication is not self-administered.

All unlicensed assistive personnel administering medications and/or treatments must complete a Department-approved eight (8) hour refresher course biennially for re-certification within two (2) years of the original certification.

Maryland

Medication Management and Administration. A. All staff who administer medications to residents shall have completed the medication administration course that is taught by a registered nurse who is approved by the Maryland Board of Nursing.

B. The [assisted living] manager shall document completion of the medication technician training and certification as a medication technician by the Maryland board of Nursing per COMAR 10.39.04 in the personnel file or other readily available record of each unlicensed staff member who administers medications.

New Mexico

MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.

A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.

B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.

Pennsylvania

2800.182. Medication administration. (a) A residence shall provide medication administration services for a resident who is assessed to need medication administration services in accordance with § 2800.181 (relating to self-administration) and for a resident who chooses not to self-administer medications.

(b) Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence.

(4) A staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

(c) Medication administration includes the following activities, based on the needs of the resident:

(1) Identify the correct resident.

(2) If indicated by the prescriber's orders, measure vital signs, and administer medications accordingly.

(3) Remove the medication from the original container.

(4) Crush or split the medication as ordered by the prescriber.

(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.

(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

(7) Complete documentation in accordance with § 2800.187 (relating to medication records).

2800.190. Medication administration training. (a) A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

(b) A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a **Department-approved diabetes patient education program within the past 12 months.**

(c) A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Rhode Island

Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.

a. The resident or guardian must provide written authorization for the residence to provide administration of medications.

b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service.

c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.

- d. The resident must be identified prior to administration of any medication.
- e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.
- f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.
- g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with Part 20-15-6 of this Title, Hypodermic Needles, Syringes, and Other Such Instruments.
 - (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture-resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.
- h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.
- i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.
- j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.
- k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.25(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.

Medication Classifications a. Level M1 licensure: for one (1) or more residents who require central storage and/or administration of medications; or b. Level M2 licensure: for residents who require assistance (as elaborated in § 2.4.25(A)(3)(a) of this Part) with self-administration of medications.

Texas

(a) Medications.

(1) Administration. Medications must be administered according to physician's orders.

(A) Residents who choose not to or cannot self-administer their medications must have their medications administered by a person who:

- (i) holds a current license under state law that authorizes the licensee to administer medication;
- (ii) holds a current medication aide permit and who:
 - (I) acts under the authority of a person who holds a current nursing license under state law that authorizes the licensee to administer medication; and
 - (II) functions under the direct supervision of a licensed nurse on duty or on call by the facility; or
- (iii) is an employee of the facility to whom medication administration has been delegated by a registered nurse, who has trained the employee to administer medications or verified their

training. The delegation of the medication administration is governed by 22 TAC Chapter 225 (concerning RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions), which implements the Nursing Practice Act.

Vermont

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

- (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c.
- (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.
- (3) The registered nurse must accept responsibility for the proper administration of medications and is responsible for:
 - i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;
 - ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; Page 28 of 48
 - iii. Assessing the resident's condition and the need for any changes in medications; and
 - iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.
- (4) All medications must be administered by the person who prepared the doses unless the nurse responsible for delegation approves of an alternative method of preparation and administration of the medications.
- (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.
- (6) Insulin. Staff other than a nurse may administer insulin injections only when:
 - i. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegating the administration; and
 - ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and
 - iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. 5.10.e

Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse:

- (1) The basis for determining "assistance" versus "administration".
- (2) The resident's right to direct the resident's own care, including the right to refuse medications.
- (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route.

- (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives.
- (5) The home's policies and procedures for assistance with medications.

Virginia

2VAC40-73-670. Qualifications and supervision of staff administering medications. When staff administers medications to residents, the following standards shall apply:

1. Each staff person who administers medication shall be authorized by § 54.1- 3408 of the Virginia Drug Control Act. All staff responsible for medication administration shall:
 - a. Be licensed by the Commonwealth of Virginia to administer medications; or
 - b. Be registered with the Virginia Board of Nursing as a medication aide, except as specified in subdivision 2 of this section.
2. Any applicant for registration as a medication aide who has provided to the Virginia Board of Nursing evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.
3. Medication aides shall be supervised by one of the following:
 - a. An individual employed full time at the facility who is licensed by the Commonwealth of Virginia to administer medications;
 - b. The administrator who is licensed by the Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training but need not include the prerequisite for the program or the written examination for registration. The administrator must also meet the requirements of 22VAC40-73-160 E; or
 - c. For a facility licensed for residential living care only, the designated assistant administrator, as specified in 22VAC40-73-150 E, who is licensed by the 98 STATE BOARD OF SOCIAL SERVICES STANDARDS FOR LICENSED ASSISTED LIVING FACILITIES 22VAC40-73 10/21 22VAC40-73-670. Qualifications and supervision of staff administering medications. Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for designated assistant administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training but need not include the prerequisite for the program or the written examination for registration. The designated assistant administrator must also meet the requirements of 22VAC40-73-160 E.

22VAC40-73-670. Qualifications and supervision of staff administering medications. Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for designated assistant administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68

hours of student instruction and training but need not include the prerequisite for the program or the written examination for registration.

The designated assistant administrator must also meet the requirements of 22VAC40-73-160 E. 22VAC40-73-680. Administration of medications and related provisions.

A. Staff who are licensed, registered, or acting as medication aides on a provisional basis as specified in 22VAC40-73-670 shall administer drugs to those residents who are dependent on medication administration as documented on the UAI.

B. Medications shall be removed from the pharmacy container, or the container shall be opened, by a staff person licensed, registered, or acting as a medication aide on a provisional basis as specified in 22VAC40-73-670 and administered to the resident by the same staff person. Medications shall remain in the pharmacy issued container, with the prescription label or direction label attached, until administered to the resident.

C. Medications shall be administered not earlier than one hour before and not later than one hour after the facility's standard dosing schedule, except those drugs that are ordered for specific times, such as before, after, or with meals.

Nursing Requirements

District of Columbia

10116.13 An Assisted Living Residence (ALR) shall cause no less than one.

(1) registered nurse to be available to the Assisted Living Administrator (ALA) and the ALR's staff members twenty-four (24) hours a day, seven (7) days a week. For the purpose of this subsection, "available" means the registered nurse is required to:

- (a) Be accessible to the ALA and ALR staff members in-person or by real-time communication methods, such as telephone, text message, or video call; and
- (b) Respond to the ALA or ALR staff members' attempts to contact him or her within 1 hour; and
- (c) Be able to present him or herself, in person, to the ALR's premises to respond to a significant change in a resident's health status if the nurse determines, in his or her professional opinion, that the change in health status necessitates his or her presence.

10116.14 The contact information for the available registered nurse shall be posted conspicuously for, and shall be easily accessible to, the ALR staff.

Delaware

16.11 Every assisted living facility shall have a Director of Nursing who is a registered nurse. Facilities licensed for 25 assisted living beds or more shall have a full-time Director of Nursing. Facilities licensed for 5 through 24 assisted living beds shall have a part-time Director of Nursing on-site and on-duty at least 20 hours a week.

The nursing director of a facility for 4 assisted living beds or fewer shall be on-site at least 8 hours a week. 16.12

The Director of Nursing shall comply with the provisions of 24 Del.C. Ch. 19 and the rules and regulations of the Board of Nursing. 16.13

The Director of Nursing shall have overall responsibility for the coordination, supervision, and provision of the nursing department /services.

Florida

The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

Idaho

Licensed Registered Nurse (RN). A licensed registered nurse (RN) must visit the facility at least once every ninety (90) days to conduct initial and quarterly nursing assessments for each resident as described in Section 305 of these rules. The licensed registered nurse is responsible for delegation of nursing functions, according to IDAPA 24.34.01, "Rules of the Idaho Board of Nursing."

305. REQUIREMENTS FOR THE LICENSED REGISTERED NURSING ASSESSMENT.

For each resident, the licensed registered nurse must assess and document, including date and signature, the following: (3-15-22)

01. Resident Medications and Therapies. Each resident's use of, and response to all medications, (including over-the-counter, and prescribed therapies), the monitoring of side effects, interactions, abuse, or other adverse effects, and ensuring the resident's physician or authorized provider is notified of any identified concerns with medications and therapies. (3-15-22)

02. Current Medication Orders and Treatment Orders. Each resident's medication and treatment orders are current and verified for the following: (3-15-22)

a. The medication listed on the medication distribution container, including over-the-counter medications, is consistent with physician or authorized provider orders; (3-15-22)

b. The physician or authorized provider orders related to therapeutic diets, treatments, and medications for each resident are followed; and (3-15-22)

c. A copy of the actual written, signed, and dated orders are present in each resident's care record. (3-15-22)

03. Resident Health Status. The health status of each resident by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status. (3-15-22)

04. Recommendations. Recommendations to the administrator regarding any medication needs, other health needs requiring follow-up, or changes needed to the NSA. The nurse must notify the physician or authorized provider of recommendations for medical care and services that are needed. (3-15-22)

05. Progress of Previous Recommendations. The progress of previous recommendations regarding any medication needs or other health needs that require follow-up. (3-15-22)

06. Self-Administered Medication. Each resident participating in a self-administered medication program at the following times: (3-15-22) a. Before the resident can self-administer medication to ensure resident safety; and (3-15-22) b. Every ninety (90) days to evaluate the continued validity of the assessment to ensure the resident is still capable of safely self-administer medication(s). (3-15-22)

07. Resident and Facility Staff Education. Recommendations for any health care-related educational needs, for both the resident and facility staff, as the result of the nursing assessment or at the direction of the resident's health care provider.

Minnesota

(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week. (from 'Minimum Assisted Living Requirements' section)

(13) delegation of tasks by registered nurses or licensed health professionals; (from 'Policies and Procedures' section)

Nebraska

4-006.03C2 Registered Nurse: Each assisted-living facility must provide for a registered nurse to review medication administration policies and procedures and to provide or oversee the training of medication aides at such facility. Training of medication aides must include, but is not limited to: EFFECTIVE NEBRASKA HEALTH AND HUMAN SERVICES ALF 4/3/07 REGULATION AND LICENSURE 175 NAC 4 24

1. Facility procedures for storing, handling and providing medications;

2. Facility procedures for documentation of medications;
3. Facility procedures for documentation and reporting medication errors and adverse reactions;
4. Identification of person(s) responsible for direction and monitoring of medication aides; and
5. Other resident-specific training on providing medications in accordance with the limits and conditions of the Medication Aide Act.

Oregon

411-054-0045 Resident Health Services (Amended 6/29/2018) (1) RESIDENT HEALTH SERVICES. The facility must provide health services and have systems in place to respond to the 24-hour care needs of residents. The system must:

- (a) Include written policies and procedures on medical emergency response for all shifts.
- (b) Include an Oregon licensed nurse who is regularly scheduled for onsite duties at the facility and who is available for phone consultation.
- (c) Assure an adequate number of nursing hours relevant to the census and acuity of the resident population. IICs must meet contract requirements concerning nursing hours.
- (d) Ensure that the facility RN is notified of nursing needs as identified in OAR 411-054-0034 (Resident Move-In and Evaluation) or OAR 411-054-0036 (Service Plan – General).
- (e) Define the duties, responsibilities and limitations of the facility nurse in policy and procedures, admission, and disclosure material.
- (f) Licensed nurses must deliver the following nursing services: Page 70

(A) Registered nurse (RN) assessment in accordance with facility policy and resident condition. At minimum, the RN must assess all residents with a significant change of condition. The assessment may be a full or problem focused assessment as determined by the RN. A chart review or phone consultation may be performed as part of this assessment. The RN must document findings, resident status, and interventions made as a result of this assessment. The assessment must be timely, but is not required prior to emergency response in acute situations.

(B) Delegation and Teaching. Delegation and teaching must be provided and documented by a RN in accordance with the Oregon Administrative Rules adopted by the Oregon State Board of Nursing in chapter 851, division 047.

(C) Monitoring of Resident Condition. The facility must specify the role of the licensed nurse in the facility's monitoring and reporting system.

(D) Participation on Service Planning Team. If the resident experiences a significant change of condition and the service plan is updated, the licensed nurse must participate on the Service Planning Team, or must review the service plan with date and signature within 48 hours.

(E) Health Care Teaching and Counseling. A licensed nurse must provide individual and group education activities as required by individual service plans and facility policies.

(F) Intermittent Direct Nursing Services. If a resident requires nursing services that are not available through hospice, home health, a third-party referral, or the task cannot be delegated to facility staff, the facility must arrange to have such services provided on an intermittent or

temporary basis. Such services may be of a temporary nature as defined in facility policy, admission agreements and disclosure information.

Pennsylvania

(d) In addition to the staffing requirements in this chapter, the residence shall have a licensed nurse available in the building or on call at all times. The licensed nurse shall be either an employee of the residence or under contract with the residence.

Rhode Island

Nurse Review 1. Nurse review is necessary for all levels of licensure.

a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following:

- (1) Monitor the medication regimen for all residents;
 - (2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status;
 - (3) Evaluate the appropriateness of placement for each resident;
 - (4) Make any necessary recommendations to the administrator;
 - (5) Follow up on previous recommendations;
 - (6) Provide a signed, written report in the residence documenting: (AA) Date and time of assessment; (BB) Recommendations for follow-up; (CC) Progress on previous recommendations; (DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only); (EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement; (FF) Such reports shall be on file at the residence.
 - (7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online).
- b. In those residences that have one (1) or more licensed registered nurses (i.e., at least one (1) full-time equivalent equal to thirty-five (35) hours) on-site, the nurse review shall be completed at least once every ninety (90) days.

South Dakota

Resident care. The facility shall employ or contract with a licensed nurse who assesses and documents that the resident's individual personal care, and medical, physical, mental, and emotional needs, including pain management, have been identified and addressed. Any outside services utilized by a resident shall comply with and complement facility care policies. Each resident shall receive daily care by facility personnel as needed to keep skin, nails, hair, mouth, clothing, and body clean and healthy. The facility shall provide linens, equipment, and basic toiletries for personal care and for other activities of daily living commensurate with the needs of the resident served.

Total activities of daily living assistance. A facility may admit or retain a resident who requires one or two staff members for total assistance with completing activities of daily living (ADL). Each direct care staff member shall

complete an approved certified nurse aide training program pursuant to article 44:74 or equivalent program approved by the department before assisting a resident who requires total assistance. In the assisted living center, the registered nurse may be the program coordinator and the primary instructor.

The licensed nurse shall conduct and document a nursing assessment as to the resident's need of total assistance initially upon requiring the services, upon a significant change in the resident's condition, and at least semi-annually. The facility shall have a licensed nurse to work the day shift at least 32 hours a week when any resident requires the assistance of two staff members. A licensed nurse shall be on call at all times. A facility who provides total assistance is not eligible for a staffing exception allowed under § 44:70:03:02.01. If a mechanical lift is used, it shall be operated by at least two staff members with training documented for the use of the mechanical lift. A resident toileting room and bathing room must be large enough to accommodate two person assistance.

44:70:06:18. Dining assistance program. A facility that admits or retains any resident who requires dining assistance shall develop a nutrition and hydration assistance program and provide therapeutic diets. Any staff member providing dining assistance shall be a certified nurse aide or must have completed an approved nutrition and hydration dining assistance program. The curriculum shall include instruction from both a licensed speech-language pathologist and a registered dietitian. The program shall consist of a minimum of ten hours of training and clinical experience. Any dining assistant shall work under the supervision of a licensed nurse. A resident shall be assessed by a registered nurse before participating in a nutrition and hydration assistance program. A resident who has difficulty swallowing, recurrent lung aspirations, or tube feeding may not participate. A dietitian shall document any special nutritional needs and instructions on the resident's care plan or service plan. The facility shall have a licensed nurse to work the day shift at least 32 hours a week. A licensed nurse shall be on call at all times.

44:70:07:07. Medication administration. A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications.

Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility.

Utah

R432-270-15. Nursing Services.

- (1) The facility must develop written policies and procedures defining the level of nursing services provided by the facility.
- (2) A Type I assisted living facility must employ or contract with a registered nurse to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.
- (3) A Type II assisted living facility must employ or contract with a registered nurse to provide or supervise nursing services to include:
 - (a) a nursing assessment on each resident;
 - (b) general health monitoring on each resident; and
 - (c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with the Utah Nurse Practice Act R156-31B-701.
- (4) A Type I assisted living facility may provide nursing care according to facility policy. If a Type I assisted living facility chooses to provide nursing services, the nursing services must be provided in accordance with R432-270-15(3)(a) through (c).
- (5) Type I and Type II assisted living facilities shall not provide skilled nursing care, but must assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply:
 - (a) The complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel.

(b) Care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident.

(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.

Wyoming

Staffing. (i) The staffing level shall be sufficient to meet the needs of all residents of the facility and ensure the appropriate level of care is provided.

(ii) There shall be personnel on duty to maintain order, safety, and cleanliness of the premises, to prepare and serve meals, to keep an adequate supply of clean linens, to assist the residents in personal needs and recreational activities, and to meet the other operational needs of the facility.

(iii) The assisted living facility shall not employ an individual as a nurse 12-7 assistant who is not currently certified by the Wyoming State Board of Nursing. Certification must be verified by the manager of the assisted living facility.

(iv) There shall be at least one (1) RN, LPN or CNA on duty every shift. There shall be at least one (1) person on duty and awake at all times.

(v) If the assisted living facility does not employ an RN, the facility shall Contract with an RN to provide the initial assessment, periodic reviews, assistance plans, as well as the periodic updates of resident assessment, reviews, assistance plans, and medication management.

Dementia Unit - (ii) Level 2 Staffing Requirements. (A) Nursing Staff. (I) The facility shall ensure adequate numbers of qualified nursing staff are available to meet the routine and emergency needs of residents. (II) A licensed nurse shall be on duty, and in the facility, for a minimum of eight (8) hours during a daily 24-hour period. The eight (8) hours are not required to be consecutive. (1.) May be an LPN if an RN is available on premises or by telephone. (2.) To administer P.R.N. medications. (3.) To perform ongoing resident evaluations in order to ensure appropriate, timely interventions. (III) At least one (1) licensed nurse or CNA shall be on duty and in the secure dementia unit at all times. (iii) Level 2 Direct Care Staff. In addition to meeting all other requirements for direct care staff stated in this Chapter, assisted living Level 2 direct care staff must receive additional documented training in: (A) The facility or units philosophy and approaches to providing care and supervision of persons with severe cognitive impairment; (B) The skills necessary to care for, intervene, and direct residents who are unable to independently perform activities of daily living; (C) Techniques for minimizing challenging behaviors: (I) Wandering; (II) Hallucinations, illusions, and delusions; and 12-33 (III) Impairment of senses; (D) Therapeutic programming to support the highest level of residents function including: (I) Large motor activity; (II) Small motor activity; (III) Appropriate level cognitive tasks; and (IV) Social/emotional stimulation; (E) Promoting residents dignity, independence, individuality, privacy, and choice; (F) Identifying and alleviating safety risks to residents; (G) Recognizing common side effects and reactions to medications; and (H) Techniques for dealing with bowel and bladder aberrant behavior. (I) At least one staff member with this specialized training must be available on the unit at all times to provide supervision and care to the residents, as well as to assist the residents in evacuation of the facility. (J) Staff must have at least twelve (12) hours of continuing education annually related to care of persons with dementia.

8. Planning and implementation of therapeutic activities and the methods used for monitoring; and 9. Identification of what stages of Alzheimer's or related dementia for which the unit will provide care.

Other
(Notable Practices from other States)

Disclosures Requirements

North Carolina

131D-24. Notice to resident.

(a) A copy of the declaration of the residents' rights shall be posted conspicuously in a public place in all facilities. A copy of the declaration of residents' rights shall be furnished to the resident upon admittance to the facility, to all residents currently residing in the facility, to a representative payee of the resident, or to any person designated in G.S. 131D-22, and if requested to the resident's responsible family member or guardian. Receipts for the declaration of rights signed by these persons shall be retained in the facility's files. The declaration of rights shall be included as part of the facility's admission policies and procedures.

(b) The address and telephone number of the section in the Department of Health and Human Services responsible for the enforcement of the provisions of this Article shall be posted and distributed with copies of G.S. 131D-21. The address and telephone number of the county social services department, and the appropriate person or office of the Department of Health and Human Services shall also be posted and distributed. (1981, c. 923, s. 1; 1997-443, s. 11A.118(a).)

Medication Administration Policy disclosure

Florida

If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.

The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

Georgia

- (i) The admission agreement must disclose how and by what level of staff medications are handled in the community. The agreement must also specify who is responsible for initial acquisition and refilling of prescribed medications utilizing unit or multidose packaging for the resident. Either this responsibility will remain with the resident, representative or legal surrogate, if any, or be assigned to the assisted living community operating through the administrator or on-site manager.

Arkansas

Disclosure Statement: A written statement prepared by the facility and provided to individuals or their responsible parties, and to individuals families, prior to admission to the unit, disclosing form of care, treatment, and related services especially applicable or suitable for the ASCU. The disclosure statement shall be approved by the Department prior to use, and shall include, but not be limited to, the following information about the facility's ASCU:

1. The philosophy of how care and services are provided to the residents;
2. The pre-admission screening process;
3. The admission, discharge and transfer criteria and procedures;
4. Training topics, amount of training time spent on each topic, and the name and qualification of the individuals used to train the direct care staff;
5. The minimum number of direct care staff assigned to the unit each shift;
6. A copy of the Residents' Rights;
7. Assessment, Individual Support Plan & Implementation. The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
8. Planning and implementation of therapeutic activities and the methods used for monitoring; and
9. Identification of what stages of Alzheimer's or related dementia for which the unit will provide care.

Texas

An assisted living facility must prominently and conspicuously post for display in a public area of the facility that is readily available to residents, employees, and visitors:

- (1) the license issued under this chapter;
- (2) a sign prescribed by HHSC that specifies complaint procedures established under these rules and specifies how complaints may be filed with HHSC;
- (3) a notice in the form prescribed by HHSC stating that inspection and related reports are available at the facility for public inspection and providing HHSC toll-free telephone number that may be used to obtain information concerning the facility;
- (4) a copy of the most recent inspection report relating to the facility;
- (5) Residents' Bill of Rights
- (6) Providers' Bill of Rights;
- (7) the telephone number of the managing local ombudsman and the toll-free number of the Ombudsman Program, 1-800-252-2412;
- (8) the facility's normal 24-hour staffing patterns; and
- (9) a sign stating: "Cases of Suspected Abuse, Neglect, or Exploitation must be reported to HHSC by calling 1-800-458-9858."

Facility Rated Certifications – example, North Carolina

131D-10. Adult care home rated certificates.

(a) Rules adopted by the North Carolina Medical Care Commission for issuance of certificates to adult care homes shall contain a rating based, at a minimum, on the following:

(1) Inspections and substantiated complaint investigations conducted by the Department to determine compliance with licensing statutes and rules. Specific areas to be reviewed include:

- a. Admission and discharge procedures.
- b. Medication management.
- c. Physical plant.
- d. Resident care and services, including food services, resident activities programs, and safety measures.
- e. Residents' rights.
- f. Sanitation grade.
- g. Special Care Units.
- h. Use of physical restraints and alternatives.

(b) The Division of Health Service Regulation shall issue ratings to a facility pursuant to the rules adopted under this section based on both of the following:

(1) Inspections and investigations of complaints conducted pursuant to G.S. 131D-2.11 and G.S. 131D-26 that revealed noncompliance with statutes and rules.

(2) The facility's participation in any quality improvement programs approved by the Department.

(c) Repealed by Session Laws 2017-184, s. 5, effective October 1, 2017.

(c1) The Division of Health Service Regulation shall issue a star rating to a facility within 45 days from the date the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.

(d) Adult care homes shall display the rating certificate in a location visible to the public. Certificates shall include the Web site address for the Department of Health and Human Services, Division of Health Service Regulation, which can be accessed for specific information regarding the basis of the facility rating. For access by the public on request, adult care homes shall also maintain on-site a copy of information provided by the Department of Health and Human Services, Division of Health Service Regulation, regarding the basis of the facility rating.

(e) The Department shall make available free of charge to the general public on the Division of Health Service Regulation Web site each facility rating and specific information regarding the basis for calculating each facility rating. (2007-544, s. 3(b); 2017-184, s. 5.)

In an annual inspection by Adult Care Licensure Section, each facility begins with a base score of 100 points. Based on the facility's compliance or non-compliance with rule areas during inspections, the facility earns merit or demerit points which are added or subtracted from the 100 base points respectively.

Quality Improvement Programs

Arkansas

506 QUALITY ASSURANCE The Assisted Living Facility shall develop and maintain a quality assessment unit. The unit shall meet at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary, and to develop and implement appropriate plans of action to correct identified quality deficiencies The quality assessment unit shall consist of the individual or individuals identified by the facility as having the ability to recognize and identify issues of quality deficiencies and to implement changes to facility and employee practices designed to eliminate identified issues of quality deficiencies. Good faith attempts by the unit to identify and correct quality deficiencies will not be used as a basis for sanctions.

Delaware

15.0 Quality Assurance The assisted living facility shall develop, implement, and adhere to a documented, ongoing quality assurance program that includes an internal monitoring process that tracks performance and measures resident satisfaction. 13 DE Reg. 1328 (04/01/10)

Arizona

R9-10-804. Quality Management A manager shall ensure that: 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes: a. A method to identify, document, and evaluate incidents; b. A method to collect data to evaluate services provided to residents; c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care; d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and e. The frequency of submitting a

documented report required in subsection (2) to the governing authority; 2. A documented report is submitted to the governing authority that includes: a. An identification of each concern about the delivery of services related to resident care, and b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Georgia

(7) The administrator is responsible for ensuring that the assisted living community has an effective quality assurance program which includes at least the following: (a) investigating resident incidents which result in injuries or death in order to identify and implement opportunities for improvement in care; (b) implementing changes made to support improved care, such as those necessary to minimize illness outbreaks and eliminate identified rule violations; (c) monitoring staff performance to ensure that care and services are being delivered safely and in accordance with these rules and community policies; and (d) obtaining and using feedback from the residents and representatives, at least annually, on the quality of services provided by the community and opportunities for improvement of services.

Maryland

[(61)] (66) "Quality assurance" means a system for maintaining professionally acceptable standards of care by: (a) Identifying opportunities to improve; (b) Studying problems if any, and their root causes; and (c) Implementing and monitoring interventions to ensure the intended improvement is achieved and sustained.

Massachusetts

(10) Quality Assurance and Performance Improvement. The Residence shall establish an effective, ongoing quality improvement and assurance program to evaluate its operations and services to continuously improve services and operations, and to assure Resident health, safety, and welfare. The program should encompass oversight and monitoring of Residence services, ongoing quality improvement, and implementation of any plan that addresses improved quality of services. Residence staff shall periodically gather, review and analyze data at least quarterly to evaluate its provision of services to its residents and assess the overall outcome of services and planning and Resident experience of care. The program must be based on analysis of relevant information focusing on Resident safety, well-being and satisfaction. The program shall include but not be limited to review and assessment of the following operations: (a) Service Planning. The Residence shall review a random sample of Resident assessments, service plans and progress notes at least once each year to ensure that the Residents' service plans have been implemented and meet the Resident's general needs and any self-identified goals. (b) Resident Safety Assurances. The Residence shall review policies and procedures designed to ensure a safe environment for all residents. Such policies and procedures shall include an Evidence Informed Falls Prevention Program. (c) Medication Quality Plan. The Residence shall develop and implement systems that support and promote safe SAMM, and if applicable, LMA programs. The Medication quality plan shall include but need not be limited to the following components: 651 CMR: DEPARTMENT OF ELDER AFFAIRS 12.04: continued 1. Semiannual evaluation of each Personal Care worker that examines his or her awareness of SAMM and LMA regulations and applicable policies and verifies his or her demonstrated ability to comply with SAMM and LMA regulations and related Residence policies and procedures; and 2. A quarterly audit of a random sample of the Residence medication documentation sheets required under 651 CMR 12.04(2)(b)2. to ensure compliance with SAMM and LMA protocols and Residence policies. (d) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, to resolve problems and communicate outcomes of actions taken or refused. Information solicited from Residents should be collected in a manner which offers anonymity (e.g., suggestion box, resident satisfaction surveys, etc.). (e) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of Resident harm. The Residence shall maintain documentation demonstrating it has collected and analyzed data, implemented appropriate actions to address identified issues and resolve problems, and shall note any recommended follow-up actions and whether or not they were performed. (f) The result of the quality assurance and performance improvement program cannot be the sole basis for a determination of non-compliance pursuant to 651 CMR 12.09.

Minnesota

Subd. 2. Quality management. The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating Official Publication of the State of Minnesota Revisor of Statutes 39 MINNESOTA STATUTES 2021 144G.42 the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.

Nebraska

4-006.05 Consumer Satisfaction/Improvement: Each assisted-living facility must develop and implement a process to measure consumer satisfaction.

New Hampshire

He-P 804.24 Quality Improvement. (a) The ALR-RC shall develop and implement a quality improvement program that reviews policies and services and maximizes quality by preventing or correcting identified problems. (b) As part of its quality improvement program, a quality improvement committee shall be established. (c) The ALR-RC shall determine the size and composition of the quality improvement committee based on the size of the facility and the care and services provided. (d) The quality improvement committee shall: (1) Determine the information to be monitored; (2) Determine the frequency with which information will be reviewed; (3) Determine the indicators that will apply to the information being monitored; (4) Evaluate the information that is gathered; (5) Determine the action that is necessary to correct identified problems; NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 54 He-P 804 (6) Recommend corrective actions to the ALR-RC; and (7) Evaluate the effectiveness of the corrective actions and determine additional corrective actions as applicable. (e) The quality improvement committee shall meet at least quarterly. (f) The quality improvement committee shall generate dated, written minutes after each meeting. (g) Documentation of all quality improvement activities, including minutes of meetings, shall be maintained on-site for at least 2 years from the date the record was created.

Oregon

QUALITY IMPROVEMENT PROGRAM. The facility must develop and conduct an ongoing quality improvement program that evaluates services, resident outcomes, and resident satisfaction.

Pennsylvania

§ 2800.26. Quality management. (a) The residence shall establish and implement a quality management plan. (b) The quality management plan must address the periodic review and evaluation of the following, to assure compliance with law and with the relevant standard of care: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable. (c) The quality management plan must include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Rhode Island

2.4.3 Quality Assurance A. In accordance with R.I. Gen. Laws § 23-17.4-10.1, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program. 1. The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. 2. Each licensed residence shall establish a quality improvement committee which shall include at least the following: assisted living administrator, registered nurse and a representative of dietary services. 3. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit. 4. The quality improvement committee shall review and approve the quality improvement

plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the public upon request. 5. Each assisted living residence shall establish a written quality improvement plan that includes: a. Program objectives; b. Oversight responsibility (e.g., reports to the governing body, QI records); c. Includes methods to identify, evaluate, and correct identified problems; d. Provides criteria to monitor personal assistance and resident services, including, but not limited to: (1) Resident/family satisfaction; (2) Medication administration/errors; (3) Reportable incidents as specified in § 2.4.17 of this Part; (4) Resident falls; (5) Plans of correction developed in response to the Department's inspection reports.

B. In addition to the requirements of §§ 2.4.3(A)(1) through (5) of this Part, all assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan: 1. Prevention and treatment of decubitus ulcers; 2. Dehydration, nutritional status and weight loss or gain; and 3. Changes in mental or psychological status. 4. Quality improvement documentation shall be kept on file for a minimum of five (5) years.

Vermont

7.2 Quality Improvement. The licensee shall develop a quality improvement program that identifies and addresses quality issues. At a minimum, the licensee shall: (a) Have an internal quality improvement committee that shall: (i) consist of the director of the assisted living residence, a registered nurse, at least one other direct care staff member, a resident and other representatives as needed to achieve program objectives; (ii) meet at least quarterly to identify issues with respect to quality improvement, to develop and implement appropriate plans of action and to review and act upon resident satisfaction surveys. (iii) allow residents to have meaningful opportunities to provide input, to discuss grievances and to review plans of action. (b) Conduct resident satisfaction surveys at least annually and compile the results of such surveys to identify issues to be addressed by the quality improvement committee. (c) Maintain confidentiality of individual resident information from satisfaction surveys, input at committee meetings or from the complaint or grievance process, with specific complaints and grievances reviewed only by appropriate staff and outside parties, as requested by the resident. Such information shall be made available to the licensing agency upon request.

Wyoming

Quality Improvement. (i) The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services. (A) A member of the facility's staff shall be designated to coordinate the quality improvement program. (B) The quality improvement program shall encompass a review of all services and programs provided for all residents. The program shall have: (I) A written description; (II) Problem areas identified; (III) Monitor identification; (IV) Frequency of monitoring; (V) A provision requiring the facility to complete annually a self-assessment survey of compliance with the regulations; and (VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually. (C) Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions. (D) The quality improvement program shall be re-evaluated at least annually.

Incentive Scholarship Opportunities

Kentucky

All administrative fines collected by the cabinet pursuant to KRS 194A.700 to 194A.729 shall be deposited in the Kentucky nursing incentive scholarship fund created pursuant to KRS 314.025.