Appendix A

Best Practices / Operational Models
Operational Model

AO.06 Components of a State Accountability and Oversight System

In addition to the traditional methods of survey and enforcement some states are using or introducing new programs of technical assistance for ALRs:

California

California’s Technical Support Program is an example of a consultative approach that emphasizes prevention through education. TSP staff offer consultation in individual ALRs and provide group-training sessions for providers. TSP services are provided free of charge and on a voluntary basis. Attached is a detailed description of the TSP operated by the Community Care Licensing Division under the California Department of Social Services.

North Carolina

North Carolina enacted House Bill 1068, which directed the Department of Health and Human Services to establish a quality improvement consultation program. The purpose of the program is to assist providers in the development of quality improvement plans for each assisted living community. The NC legislature came to recognize that the imposition of penalties for deficiencies in meeting licensure requirements is not the exclusive method for ensuring quality of care in licensed adult care homes (the licensure term for assisted living in North Carolina).

House Bill 1068 will allow incentives toward the provision of quality, including, but not limited to: 1) amending current law to allow an extension of the licensure period and survey period for Adult Care Homes with a good record of compliance and in the absence of consumer complaints; 2) review aspects of the quality assessment/monitoring process that should be changed or modified under state law; and 3) the Department of Health and Human Services will offer joint training of Facility Services Consultants, county DSS adult home specialists and Adult Care Home Providers.

The bill also calls for the identification of rules that impede direct care of residents or prohibit resident choice, and allows for the development of proposals to repeal those rules as necessary.
Operational Model

D.10 Identification of Cognitive Impairment/Dementia

To train staff to be aware of the signs and symptoms of cognitive impairment/dementia, assisted living facilities should use the Alzheimer's Association's 10 Warning Signs and the six symptoms listed in the Agency for Health Care Policy and Research (AHCPR) 1996 Clinical Practice Guideline, "Early Identification of Alzheimer's Disease and Related Dementias." The presence of these signs and symptoms does not show that the person has dementia, but rather that he/she needs a diagnostic assessment by an appropriately trained and qualified professional. (AHCPR, the Alzheimer's Association, and the other two consensus groups that have considered procedures for identifying people with possible dementia have recommended staff training about these signs and symptoms rather than formal screening with instruments, such as the MMSE.)

Once cognitive impairment/dementia has been recognized in a resident, assisted living staff may find it valuable to evaluate the person's level of impairment by using one of the available rating instruments. These instruments include the Global Deterioration Scale (Reisberg et al., 1982) and the Clinical Dementia Rating Scale (Hughes et al., 1982).
Operational Model

0.04 Emergency and Disaster Preparedness Plans

The following should be considered when developing Emergency and Disaster Preparedness Plans:
--The means by which residents or their families or representatives are notified of the evacuation plan;
--The training that staff will receive related to the plan, specifically execution of the plan, how soon after hiring the training will occur, and how frequently review of the plan with staff will occur;
--The manner in which staff, residents and their families or representatives will be educated about changes to the evacuation plan;
--Specific responsibilities for staff members related to evacuation of residents;
--Current list of each resident who will need physical assistance or specialized equipment in order to evacuate the building and a designated location, known to all staff, as to where this list is kept;
--Identification of the staff member responsible for at a minimum each of the following:
  --Ensuring all residents are accounted for;
  --When time permits, ensuring medications for all residents for whom medications are centrally stored are taken from the building; and
  --When time permits, ensuring the residents' medical records are taken from the building.
  --When time does not allow for gathering of medications and residents' medical records, a back-up plan shall be in place for obtaining medications and pertinent medical information following the evacuation.
--The method for notifying families or representatives of residents when an evacuation has occurred;
--The frequency with which execution of the plan will be practiced by staff, by residents and by both following these guidelines:
  --Every six months each shift shall evacuate the building;
  --When this occurs between 9 pm and 6 am, a coded announcement may be used instead of normal audible alarm signals. These practice executions of the plan may be conducted without disturbing sleeping residents by using simulated residents or empty wheelchairs.
--Every month, on alternating shifts, tabletop evacuation practices should take place.
--A method for evaluation of the effectiveness of the plan.

An additional consideration for providers is to have a written agreement updated annually, which has been signed by all parties, with another location (e.g., hospital, nursing facility, community center, hotel, church, school) in case of the need to relocate residents during an emergency.
Operational Model

O.05 Contingency Plan

Factors to be considered when developing the contingency plan include:
--Where the residents will be housed until the facility can again be occupied;
--How the residents will be transported to the alternate location;
--The method for notifying residents' families or representatives that the resident is in an "emergency" location;
--The manner in which adequate and appropriate materials and equipment consistent with the needs of the residents and the contingency location will be identified, gathered and transported;
--How the facility will ensure that there is adequate staff for assistance and transporting of residents and for providing the required care for the residents when they are residing at the contingency location.

All staff should be informed of the most current contingency plan and each individual's role in executing the plan. This should occur annually at a minimum.
Operational Model

O.06 Food Storage, Preparation and Transporting

To ensure that food is safely stored, prepared and handled, assisted living residences should follow related guidelines from the Food and Drug Administration. This includes but is not limited to: storing, reheating, and serving food at appropriate temperatures; protecting food from contamination; preventing the growth of food borne pathogens; controlling lighting, ventilation and humidity to prevent moisture condensation and mold growth; thoroughly cleaning and sanitizing work surfaces, supplies and equipment after use; and requiring appropriate hand washing before transporting food and before and during food preparation.

A food service supervisor, who need not be a registered dietitian, should oversee general kitchen management, including ordering of food and supplies; receiving, storing and preparing foods; providing safe and sanitary kitchen areas and equipment; providing staff in-service training of food safety practices; and establishing and updating written food safety and food handling policies and procedures.

Staff involved in the storage, handling and preparation of food should be free of signs and symptoms of communicable disease. Smoking and the use of tobacco products should be prohibited in food preparation and service areas. Food preparation methods that retain nutrient values should be encouraged. The assisted living residences should segregate food from non-consumable supplies such as medical equipment and supplies, medications, cleaning supplies and poisons.

Soiled linen should be handled and transported so that there is no cross-contamination of food preparation, service and storage areas. In instances where this is problematic because of physical plant, soiled linens should be placed in bags for transportation to laundry areas.
Operational Model

O.08  Smoking

If the assisted living residence permits smoking, the assisted living residence must have a written smoking policy which addresses: who may and may not smoke; when and where smoking may occur; appropriate signage in designated smoking areas; what information is relayed to residents regarding the impact of smoking on themselves and others and smoking related safety; what information is relayed to staff regarding the impact of smoking on themselves and others, smoking safety and handling smoking related emergencies; how smoking policies will be communicated and enforced throughout the assisted living residence, including smoking related move out criteria; what documentation is required to support individual resident smoking including intake, periodic screening, evaluation, education and informed consent; how and how often residents who wish to smoke will be screened for their ability to smoke independently or with assistance, with the components of a smoking screening process including the following risk factors at a minimum level of cognition, ability to smoke unsupervised, medication use in relation to smoking, and safety issues (e.g. smoking and oxygen use); and maintenance of ventilation and fire protection systems.
Operational Model

O.09 Activities

Staff, volunteers, family members, and students involved in planning or implementing activities must receive training that includes but is not limited to: the philosophy, intent and importance of activity services; the diversity of residents' learning styles; preparation and set-up of environment and materials; and how to provide positive interaction and communication.

Activity calendars must be current, understandable and accessible to resident, families, staff and volunteers. Repeated oral communication with residents must be utilized so that residents can be comfortable knowing what will be available during that month / week / day and have the opportunity to choose accordingly.
Operational Model

0.10 Activities for Special Care Residents

The Alzheimer's Association with input from National Association of Activity Professionals offer a course entitled "Activity Based Alzheimer Care: Building a Therapeutic Program" which encompasses philosophy, activity domains, and categories that can be incorporated into an ALR program for special care residents. The Alzheimer's Association also has a course for staff training entitled "Alzheimer's Care Enrichment Philosophy: Building a Caregiving Team." For further information, contact your local Alzheimer's Association Chapter.
Operational Model

O.13 Assisted Living Residence Councils

Resident Council can find many worthwhile activities and projects in which to participate, including welcoming committees, get well committees, residence newsletters, recognizing individuals for special efforts, and employee of the month awards.
Operational Model

R.09 Pre-Admission Disclosure on Advance Directives

As part of the ALR's pre-move in screening process, the facility should provide to residents' information about their rights under state law to execute advance directives, which may include a booklet or statement provided by the State or other respected source outlining its advance directive legislation. The explanation approved for hospitals, nursing facilities, hospices and home health agencies by the state's medical assistance program under the federal Patient Self-Determination Act may be used as a model.
Operational Model

R.10 Pre-Admission Disclosure on End-of-Life Care

Operational Model
The ALR’s pre-move in screening process should provide to residents information about any state laws or regulations which will limit its ability to provide certain types of end of life care and support. The ALR should state its philosophy about the provision of end of life care in the ALR including, but not limited to, access to palliative care or hospice services from outside providers. The ALR should provide a written statement (either separate or as part of other materials) of its philosophy and policies concerning limitations on delivery of medical services, food, or hydration as part of a palliative or hospice plan of care. In addition, the ALR should disclose how it implements or assists end of life care plans, including pain management, palliative symptom management, and the provision of psychosocial and spiritual support. Information and regulations affecting operational models include: Medicare Regulations, Publications of the Last Acts Campaign, Policies/procedures recommended by the National Hospice and Palliative Care Organization.
Operational Model

S.11 Qualifications for Administrators

This is an operational model of a course to prepare individuals to take the AL certification or licensure exam.

Required Knowledge & Skill Areas for Each Domain

Organizational Management and Governance
--Governing body's mission, philosophy, goals, and ethics
--Equal Employment Opportunity Commission, Americans with Disabilities Act and immigration laws and regulations
--Area agencies on aging, assisted living, ombudsman programs
--Communication methods for disseminating goals and objectives
--Goal-setting and implementation
--Professional ethics
--Management - science, art, and practice
--Needs assessment
--Risk management principles
--Public relations and marketing of assisted living residences
--Planning, implementation, evaluation of strategies, methods, and outcomes
--Problem-solving and decision-making
--Resource allocation and management
--Forecasting techniques to anticipate demand for assisted living services
--Partnership development with health care providers in the community
--Information dissemination techniques for community awareness of the residence and its services
--Outreach services - their cost and impact on referrals and community opinion
--Federal, state, and local government regulations, standards, and guidelines that effect residence operation and methods of compliance
--Legislative process
--Requirements for the participation in experimental research
--Methods of estimating, and the uses for, resident turnover data
--Records systems, including automation, retention, security, and applicable laws and regulation
--Family, resident, and staff satisfaction procedures to monitor and improve quality of services

Resident Services
--Communication methods for disseminating and providing resident care services
--Resident assessments and implementation of care services
--Implementation of quality improvement program to insure quality and timely care to residents
--Move-out planning, discharge resources and associated liability issues
--Legal rights of resident including privacy, right to information, informed consent, self-determination, and advance directives
--Planning, implementation and evaluation of food service program that meets the
Operational Model

- Nutritional needs of the residents and promotes socialization
- Medical and psychosocial needs of the elderly and chronically ill
- Social services, activities, food services, residents records and pharmacology
- Determination and assessment of resident care goals and appropriate documentation
- Residents' Bill of Rights and Responsibilities
- Development of resident rules, regulations and policies
- Needs assessment and implementation of staffing patterns necessary for quality services and residence requirements

Clinical Services for Specialty Residences
- Basic requirements for special diets and administration protocols
- Rehabilitation Services
- Respiratory Services
- Procedures for teaching individuals about illness and care needs
- Basic disease processes, appropriate clinical care, infection control, and acuity requirements
- Development and implementation of systems for handling, administering, labeling, and destroying drugs
- Role of pharmacist and/or consulting pharmacist
- Process for medication management
- Infection control techniques and protocols related to care and services
- Basic medical terminology
- Medical services and their role in the organization
- Techniques to gather and utilize necessary information for resident and organizational outcomes

Environmental Management
- Architectural and environmental design to accommodate all age groups and those physically challenged
- Building code rules and regulations
- Community emergency resources
- Effective training for emergencies
- Evaluation procedures for housekeeping and physical plant
- Sanitation and infection control
- Materials management
- Preventative maintenance
- Procedures for designating responsibility in emergency planning
- Pest control
- Safety, fire, and disaster guidelines of the National Fire Protection Association and the Life Safety Codes as well as local ordinances
- Security measures

Financial Management
- Ancillary and other revenue producing sources
- Capital budgeting
- Computer management information systems for financial management
Operational Model

--Cost components for services, programs, renovation/expansion of residence and new construction
--Financial analyses
--Generally accepted accounting practices (e.g., budgeting, cash flow, inventory, banking, auditing procedures, fixed costs, variable costs, investments, collection, billing, purchasing, etc.)
--Interpreting financial results
--Insurance needs for residence
--Loan acquisition
--Materials management, including inventory and purchasing
--Resident financial evaluations, banking procedures and account management
--Resident fund and petty cash management and liability
--Payroll procedures
--Regulatory requirements for budgeting
--Reimbursement regulations
--Tax laws and reporting (proprietary and nonprofit)
--Techniques for determining reasonable costs/pricing
--CPA audit reports

Personnel Management

--Labor laws
--Development of personnel policies, regulations and laws including grievance procedures; job descriptions, labor, tax, minimum wage and federal/state/local regulations; worker's compensation; benefits and wages; current market value of labor; employee recruitment, assessment, motivation and recognition methods; information, communication and counseling channels with the residence; in-service/training needs assessment, program planning, costs, implementation, and evaluation; analysis of absenteeism and turnover rate; organization theory, lines of authority and responsibility; job description development and maintenance
--Recruitment and interviewing
--Staffing methods and patterns, including job analysis
--Written and oral communication skills for effective employee relations
Operational Model

S.12 Recruitment and Retention: Management Practices

The complex issues regarding recruitment, development, and retention of staff throughout the LTC industry in the present, and into the future, may best be addressed by all sectors combining their resources and talents to create public/private collaborations that promote the creation, testing, implementation, and evaluation of new initiatives.

Such efforts may include, but not be limited to collaborations with public agencies, educational institutions, community-based initiatives, and/or other providers.

The report to the Pennsylvania Intra-Governmental Council on Long Term Care entitled "Pennsylvania's Frontline Workers in Long Term Care" (Polisher Research Institute at the Philadelphia Geriatric Center; Feb. 2001) represents one state-wide examination of these issues across the entire long term care continuum of facility-based and community-based providers, advocating public/private partnerships and "...close cooperation between various government departments and agencies and between the different provider segments within the long term care industry" as guiding principles for designing new statewide initiatives.

Massachusetts has established the Direct Care Workers Initiative, "...a coalition of consumer advocates, providers, labor unions and worker advocates that seeks to improve the quality of long-term care by improving the quality of jobs for direct care workers."

Effective structures and practices may include, but not be limited to:
- quality improvement teams to assist in developing, implementing, monitoring, and evaluating ALR practices
- interdepartmental and across-shifts information and communication practices
- interdisciplinary teams for collaborative resident care planning, implementation, and evaluation.

Susan Eaton in "Beyond 'Unloving Care: Linking Human Resource Management and Patient Care Quality in Nursing Homes" (text at http://www.ksg.harvard.edu/socpol/eatonpaper.htm) describes a regenerative community model. "This study examines the link between human resource management, work organization, and patient care quality in U.S. long-term care settings, proposing a key role for both management philosophy and improved front line staffing arrangements in delivering consistently higher quality care, defined to include both physical and psychological outcomes... The original research includes case studies conducted in 20 facilities in California and Pennsylvania, USA." "The 'high quality' homes are distinguished by more nurses working on each shift at the RN, LVN, and NA levels, more gerontological training for all staff, greater information-sharing, more team-work and more continuity of care."

In "Recruiting and Retaining Frontline Workers in Long-Term Care: Organizational Practices in Ohio" Scripps Gerontology Center Miami University Oxford, OH, June 1999 (Full report at www.scripps.muohio.edu - under Publications section) Jane Karnes
Operational Model

Straker & Robert C. Atchley delineate "...conditions and management practices that differentiated organizations reporting minimal problems in recruiting and retaining staff in frontline positions from those that reported serious problems" in LTC facilities and home health care programs. "To keep employees once they are hired employers must provide adequate training to inspire confidence on the job, adequate staff to prevent overload and burnout, and time to maximize relationships with care recipients. Strategies used by low turnover organizations provide ideas of where other organizations can begin." "Only low turnover nursing homes were interested in offering additional opportunities for employee input, although at least one study has shown that the only factor that had a significant impact on nursing home turnover was the degree to which aides were able to contribute their own opinions about resident care. Where aides participated in care planning meetings, turnover was even lower (Wilner & Wyatt, 1999)."
Operational Model

S.13 Recruitment and Retention: Human Resource Practices

The complex issues regarding recruitment, development, and retention of staff throughout the LTC industry in the present, and into the future, may be best addressed by all sectors combining their resources and talents to create public/private collaborations that promote the creation, testing, implementation, and evaluation of new initiatives.

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Operational Model

S.16 Personal Care Assistant (PCA) Training

Dementia Care in Assisted Living: Resources for Staff Training

Note: In addition to the materials and programs listed, many local Alzheimer's Association chapters have programs to assist with staff training. Contact information for local Alzheimer's Association chapters is at www.alz.org/findchapter.asp.


American Psychiatric Nurses Association, Choice and Challenge: Caring for Aggressive Older Adults, training program for nurses and nursing assistants, 22-minute video, available from Terra Nova Films, tnf@terranova.org, $139.

Assisted Living Federation of America, Alzheimer's Care Series (Wandering: Is it a Problem? Resisting Care...Putting Yourself in Their Shoes, Agitation...It's a Sign), three 14-minute videos with study guides, available from Fanlight Productions, www.fanlight.com, $169 each or $400 for all three.

Assisted Living Federation of America, Alzheimer's/Dementia Care, a training program including participant manuals, final exams, instructor guides, and 5 videos for 10 CEU hours, available at 800-258-7030, cost varies according to materials selected.


Caring for the Cognitively Impaired Patient, Lexington, KY: Alzheimer's Disease Research Center & College of Nursing, University of Kentucky, 1990.

Communicating with Moderately Confused Older Adults, 1997, video, available from Terra Nova Films, 800-779-8491, $129.

Communicating with Severely Confused Older Adults, 1997, video, available from Terra Nova Films, 800-779-8491, $129.
Staffing

Operational Model


Greater Washington Alzheimer’s Association Chapter, Person Centered Care: Skill Building for Caregivers of People with Dementia, a 12-hour training program provided by the chapter with subsidies from the State of Virginia.


Miami Valley Alzheimer’s Association Chapter, Dress Him While He Walks: Management in Caring for Residents With Alzheimer’s, 1993, video, available from Terra Nova Films, 800-779-8491, $139.


Philadelphia Geriatric Center, Recognizing and Responding to Emotion in Persons with Dementia, 22-minute video and instructors guide, available from Health Professions Press, 888-337-8808, $139.

Rabins, P.V., Alzheimer’s Care Kit, University of Maryland School of Medicine, 3 videos (Signs and Symptoms of Alzheimer’s Disease, 33 minutes, Responsive Care Plans, 21 minutes, and Minimizing Care Problems, 35 minutes), available from www.videopress.org, $400.
Staffing

Operational Model

Rabins, P.V., Assessing the Mental Status of the Older Person, University of Maryland School of Medicine, 34-minute video demonstrating assessment of persons with Alzheimer's disease for students and nursing assistants, available from www.videopress.org, $150.


University of Arizona, Alzheimer's Disease: Pieces of the Puzzle, 1990, include 5 videos, available from Terra Nova Films, 800-779-8491, $199.


University of Texas Southwestern Medical Center, Nurses' Aides—Making a Difference: Skills for Managing Difficult Behaviors in Dementia Victims, includes a 31-minute video and 16-page manual, available from ADEAR, 1-800-438-4380.


University of Washington, STAR: Staff Training in Assisted Living Residences, Seattle, WA, program to reduce problems and enhance care, (more information to be provided by 2/11/03).
Appendix B

List of ALW Recommendations
# Accountability and Oversight

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<tr>
<th>AO</th>
<th>Description</th>
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<td>Center for Excellence in Assisted Living</td>
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<tr>
<td>AO.02</td>
<td>Increased Funding for Long Term Care Ombudsmen</td>
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<td>AO.03</td>
<td>State-level Public Meetings to Review ALW Recommendations</td>
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<td>Pre-licensure Review</td>
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<td>Supply Constraints</td>
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<td>Components of a State Accountability and Oversight System</td>
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<td>AO.07</td>
<td>Public Access to Statutes, Regulations, Survey and Inspection Reports</td>
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<td>AO.08</td>
<td>Federal Jurisdiction Over Assisted Living</td>
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<td>AO.09</td>
<td>Licensure of Assisted Living</td>
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<td>AO.10</td>
<td>Stakeholder Involvement in Federal Actions</td>
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<td>AO.11</td>
<td>Measure of Resident Outcomes</td>
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<tr>
<td>AO.12</td>
<td>Consumer Reports</td>
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Affordability

A.01 Consumer Directed Long-Term Care Benefit  Pass
A.02 Home and Community Based Waiver  Pass
A.03 Additional Federal and State Funding for Affordable Assisted Living  Pass
A.04 SSI Payment for Assisted Living  Pass
A.05 Government Reimbursement for Services and the Cost of Care  Pass
A.06 Medicaid Assisted Living Rate Setting Tool  Pass
A.07 Retroactive Medicaid Payments in Assisted Living  Pass
A.08 Governmental Subsidies and Resident Income Calculation  Pass
A.09 Tenant Service Payment and Housing Subsidy Income Calculations  Pass
A.10 Medicaid Program Rules: Family Contributions and Room and Board Maximums  Pass
A.11 Third Party Service Payments and Housing Subsidy Income Calculations  Pass
A.12 Medicare & Medicaid Physician House Call Payments in Assisted Living  Pass
A.13 Transportation  Pass
A.14 HUD and HHS Collaboration to Deliver Affordable Assisted Living  Pass
A.15 Federal Housing Subsidy Programs and Assisted Living  Pass
A.16 Federal Housing Subsidies and the Cost of Common Facilities in Assisted Living  Pass
A.17 HUD Assisted Living Conversion Program  Pass
A.18 Assisted Living Conversion Program for Public Housing  Pass
A.19 Affordable Assisted Living Demonstrations in Subsidized Housing  Pass
A.20 HUD Housing Choice Voucher Rules in Assisted Living  Pass
A.21 LIHTC QAP & Set Aside for Affordable Assisted Living  Pass
A.22 Assisted Living Tax Credit  Pass
A.23 Advisory Boards for Government Initiative in Affordable Assisted Living  Pass
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## Direct Care

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<td>Palliative Care</td>
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<td>Identification of Cognitive Impairment/Dementia</td>
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<td>Care for People with Cognitive Impairment/Dementia and Dementia Special Care Units and Facilities</td>
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<td>Medication Administration by Medication Assistive Personnel</td>
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<td>Curriculum for MAP Training Program</td>
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</tr>
<tr>
<td>M.13</td>
<td>Storage</td>
<td>Pass</td>
</tr>
<tr>
<td>M.14</td>
<td>Medication Records</td>
<td>Pass</td>
</tr>
<tr>
<td>M.15</td>
<td>Definitions</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.16</td>
<td>Supervision of Medication Assistive Personnel</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.17</td>
<td>MAP and PRN Medications</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.18</td>
<td>MAP and Insulin Injections</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.19</td>
<td>MAP and Enteral Medication Administration</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.20</td>
<td>Telephone Orders</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.21</td>
<td>Quality Improvement</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>M.22</td>
<td>Consultant Pharmacist Role</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>O.01 Building Codes</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.02 Life Safety Compliance</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.03 Communication of Life Safety Standards</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.04 Emergency and Disaster Preparedness Plans</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.05 Contingency Plan</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.06 Food Storage, Preparation and Transporting</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.07 Food &amp; Nutrition</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.08 Smoking</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.09 Activities</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.10 Activities for Special Care Residents</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.11 Transportation</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.12 Environmental Management</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.13 Assisted Living Residence Councils</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.14 Community Environment &amp; Standards</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.15 Security for Wandering Residents</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>O.16 Restraints</td>
<td>2/3 Maj. Not Reached</td>
<td></td>
</tr>
</tbody>
</table>
## Resident Rights

<table>
<thead>
<tr>
<th>R.01</th>
<th>Consistency in Contracts and Marketing</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.02</td>
<td>Contracts and Agreements: Consistency with Applicable Law</td>
<td>Pass</td>
</tr>
<tr>
<td>R.03</td>
<td>Contracts and Agreements: Readability and Pre-Signing Review</td>
<td>Pass</td>
</tr>
<tr>
<td>R.04</td>
<td>Contracts and Agreements: Required Elements</td>
<td>Pass</td>
</tr>
<tr>
<td>R.05</td>
<td>Contracts and Agreements: Prohibition on Waiver of Right to Sue</td>
<td>Pass</td>
</tr>
<tr>
<td>R.06</td>
<td>Posting Contact Information</td>
<td>Pass</td>
</tr>
<tr>
<td>R.07</td>
<td>Pre-Admission Disclosure for Specialized Programs of Care</td>
<td>Pass</td>
</tr>
<tr>
<td>R.08</td>
<td>Contracts and Agreements: Third Party Responsibility</td>
<td>Pass</td>
</tr>
<tr>
<td>R.09</td>
<td>Pre-Admission Disclosure on Advance Directives</td>
<td>Pass</td>
</tr>
<tr>
<td>R.10</td>
<td>Pre-Admission Disclosure on End-of-Life Care</td>
<td>Pass</td>
</tr>
<tr>
<td>R.11</td>
<td>Resident Rights and Provider Responsibilities</td>
<td>Pass</td>
</tr>
<tr>
<td>R.12</td>
<td>Ethics Committee/Consultation</td>
<td>Pass</td>
</tr>
<tr>
<td>R.13</td>
<td>Room/Unit Hold During Resident Absence</td>
<td>Pass</td>
</tr>
<tr>
<td>R.14</td>
<td>Acceptance of Public Funds: ALR Policy and Information for Residents</td>
<td>Pass</td>
</tr>
<tr>
<td>R.15</td>
<td>Fee Increases, Security Deposits and Resident Finances</td>
<td>Pass</td>
</tr>
<tr>
<td>R.16</td>
<td>Resident Rights Upon Transfer or Discharge</td>
<td>Pass</td>
</tr>
<tr>
<td>R.17</td>
<td>Access to State Survey/Inspection Reports</td>
<td>Pass</td>
</tr>
<tr>
<td>R.18</td>
<td>Disclosure of Staffing Levels</td>
<td>Pass</td>
</tr>
<tr>
<td>R.19</td>
<td>Lost and Stolen Property</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>R.20</td>
<td>Medicaid Reimbursement</td>
<td>2/3 Maj. Not Reached</td>
</tr>
</tbody>
</table>
### Staffing

<table>
<thead>
<tr>
<th>S.01</th>
<th>Staffing Qualifications: Communication</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.02</td>
<td>Federal Criminal Background Checks</td>
<td>Pass</td>
</tr>
<tr>
<td>S.03</td>
<td>Staff Qualifications: Use of Information from Criminal Background Checks</td>
<td>Pass</td>
</tr>
<tr>
<td>S.04</td>
<td>Federal Abuse Registry</td>
<td>Pass</td>
</tr>
<tr>
<td>S.05</td>
<td>Verification of Employment History</td>
<td>Pass</td>
</tr>
<tr>
<td>S.06</td>
<td>Compliance with Federal Employment Laws</td>
<td>Pass</td>
</tr>
<tr>
<td>S.07</td>
<td>24-Hour Awake Staff</td>
<td>Pass</td>
</tr>
<tr>
<td>S.08</td>
<td>Authorized Acting Administrator</td>
<td>Pass</td>
</tr>
<tr>
<td>S.09</td>
<td>Vaccinations</td>
<td>Pass</td>
</tr>
<tr>
<td>S.10</td>
<td>Discussion of Job Descriptions with Potential Employees</td>
<td>Pass</td>
</tr>
<tr>
<td>S.11</td>
<td>Qualifications for Administrators</td>
<td>Pass</td>
</tr>
<tr>
<td>S.12</td>
<td>Recruitment and Retention: Management Practices</td>
<td>Pass</td>
</tr>
<tr>
<td>S.14</td>
<td>Orientation for All ALR Staff</td>
<td>Pass</td>
</tr>
<tr>
<td>S.15</td>
<td>Staff Performance Evaluations</td>
<td>Pass</td>
</tr>
<tr>
<td>S.16</td>
<td>Personal Care Assistant (PCA) Training</td>
<td>2/3 Maj. Not Reached</td>
</tr>
<tr>
<td>S.17</td>
<td>Staffing Workload</td>
<td>2/3 Maj. Not Reached</td>
</tr>
</tbody>
</table>
Appendix C

Glossary of Terms
Activities of Daily Living (ADL) – Physical functions that a person performs every day that typically include dressing, eating, bathing, toileting and transferring. Disability is often measured by limitations in activities of daily living. See also Instrumental Activities of Daily Living (IADL).

Acuity-Based Staffing – A model in which the number of staff is determined by the health care needs and functional dependencies "acuity" of the residents, as well as the number of residents with significant needs requiring hands-on care.

Advance Directives – The process of deciding in advance what course of action or approaches to care an individual would like to be followed in the event that he or she is incapable of making such decisions. Written forms of such directives would be living wills and durable powers of attorney.

Adverse Drug Reaction – In pharmacology, an adverse event is any unexpected or dangerous reaction to a drug.

Americans with Disabilities Act – A federal civil rights law enacted in 1991 to protect the rights of persons with disabilities regarding employment, transportation, public accommodations, and public programs.

Ancillary Services – Services beyond the basic package of everyday supportive services that are rendered to a resident on site. These services may be provided by the assisted living operator or by third party providers. Costs for such services are typically paid in addition to the basic monthly or daily fee.

Assisted Living Quality Coalition – A group of four provider organizations (American Association of Homes and Services for the Aging, American Health Care Association, American Seniors Housing Association, and Assisted Living Federation of America) and two consumer organizations (AARP and Alzheimer's Association) that issued a final report on a quality initiative in August 1998.

Assisted Living Residence (ALR) – A setting that meets the ALW definition of assisted living, where residents live and receive services, used in preference to "facility" in the ALW report because the emphasis is on the housing and residential aspects of living rather than the more institutional aspects.

Assisted Living Workgroup (ALW) – A group of roughly fifty national organizations with interests in assisted living assembled to address the request of the U.S. Senate Special Committee on Aging for recommendations to promote quality.

Authorized Prescriber – A licensed health professional that meets the federal and state requirements for prescribing medications and treatments.

Board and Care Homes – Group living arrangements (sometimes called group homes, domiciliary care homes, or personal care homes) that provide limited services to persons with disabilities. Many board and care homes serve persons with very low incomes who receive funding through the Supplemental Security Income program along with state supplements where available. Board and care homes do not typically offer the level of
services or privacy provided in assisted living, though some states continue to use the same licensure category for both types of residential care.

Certificates of Need – A certificate of need is allocated to a provider permitting that provider to enter a market area and open an ALR. A state will describe a process that must be followed and criteria that must be met in order to award the certificate of need. For example, a state may require that an applicant ALR prove, through a specified methodology, that there is a need for the service being offered in the particular area where the ALR proposes to operate.

Clinical Skills Practicum – That component of a training program that provides training in and demonstration of the clinical skills that are required for personal care job responsibilities.

Colostomy – An alternative exit from the colon created to divert waste through a hole in the colon and through the wall of the abdomen. A colostomy is commonly performed by severing the colon to attach the end leading to the stomach to the skin through the wall of the abdomen. The end of the colon that leads to the rectum is closed off and becomes dormant.

Continuing Care Retirement Community (CCRC) – A community that provides more than one living and services option on the same campus. Typically these levels include independent living apartments, assisted living, and skilled nursing.

Contract Staff – All individuals who provide services to residents or within the assisted living residence based upon a written agreement between the ALR and the individual or an agency employing that individual.

Controlled Drug – means a drug or other substance, or immediate precursor, included in schedule I, II, III, IV, or V. The Controlled Substances Act places all substances that are regulated under existing federal law into one of five schedules. This placement is based upon the substance's medicinal value, harmfulness, and potential for abuse or addiction. Schedule I is reserved for the most dangerous drugs that have no recognized medical use, while Schedule V is the classification used for the least dangerous drugs. (DEA)

Dementia – A decline in cognitive functioning measured by impairment of memory, orientation, judgment, learning, and calculation. Often accompanied by emotional and behavioral manifestations, dementia is a group of symptoms caused by some underlying disease such as Alzheimer's disease, Parkinson's disease, or stroke.

Direct Service Staff – All staff, paraprofessional (e.g., personal care assistants, medication assistive personnel) or professional (e.g., nurses or other health care professionals), who provide hands-on or direct services to residents and have most direct contact with families at any time. Also referred to as direct care staff.

Elopement – Inappropriate wandering from an ALR by a resident, usually by a resident with cognitive impairments to their judgment.
Full Disclosure - Complete and accurate written and verbal information presented by a residence that describes services, fees, conditions for move in and move out, and other information about a residence.

Home and Community-Based Services - Long-term supportive services provided to persons with disabilities outside of institutional settings.

Home and Community-Based Waivers - Funding for home and community-based services provided under the Medicaid program. States can receive waivers from certain Medicaid requirements in order to provide targeted assistance to different populations in different settings. Forty-one states now provide some Medicaid funding to assisted living, most frequently through home and community-based waivers.

Hospice - Programs that provide palliative and supportive services to persons who are terminally ill and their families.

Ileostomy - An opening into the ileum, part of the small intestine, from the outside of the body. An ileostomy provides a new path for waste material to leave the body after part of the intestine has been removed.

Indirect Service Staff - Staff who assist in providing services within the ALR or to residents but whose primary responsibilities do not include resident contact. Examples include maintenance, housekeepers, and food service personnel.

Instrumental Activities of Daily Living (IADL) - Functions that involve managing one’s affairs and performing tasks of everyday living, such as preparing meals, taking medications, walking outside, using the telephone, managing money, shopping, and housekeeping. The amount of help a person needs in performing these tasks is frequently used as one measure of disability. See also Activities of Daily Living (ADL).

Licensed administrator - Administrator meeting the required qualification, completing and passing a state-approved licensure or certification exam of proficiency assessed and monitored by a recognized testing organization or board.

Long-Term Supportive Services - Personal care and health-related services provided to persons with disabilities or illnesses. The ALW uses “supportive services” in preference to “care” to stress a less paternalistic and institutional model of supporting people with disabilities.

Measures of Clinical Outcomes - Measures associated with the implementation of clinical activities such as resident assessment, service planning, medication management, and wellness/preventive programs.

Measures of Functional Outcomes - The measurement of an individual’s ability to perform activities of daily living such as bathing, dressing or walking independently, and the degree to which that ability has improved, declined or been maintained with or without intervention.
Medicaid – A joint federal and state-funded program, administered by the states, that provides a broad array of health and personal care services to individuals with low incomes or to persons whose health-related needs have exhausted their financial resources.

Medicaid Waiver – See Home and Community-Based Waiver.

Medicare – Federally funded and administered health insurance program for persons aged 65 and older and for persons who have been eligible for Social Security disability payments for two years or more.

Medication Administration – Involves opening a container of medications, removing a prescribed dosage and giving the medication by injection, insertion in the mouth, eye, ear, or body cavity, or applying it to the skin. In most cases, only a nurse or specially trained assistant can administer medications.

Medication Management – Involves storing medications, opening medications for a resident, reminding residents to take medications and other assistance not involving the administration of medications.

Nebulizer – A device for administering a medication by spraying a fine mist into the mouth, nose or both. Also known as an atomizer.

Negotiated Risk Agreement – See Shared Responsibility Agreement.

Occupancy Agreement – An agreement between a resident and the assisted living residence that outlines the conditions for living in the residence and the conditions under which a resident will no longer be able to remain.

Over-the-Counter Medication – A drug for which a prescription is not needed.

Palliative Services – Services to relieve pain and suffering without the goal of curing the disease. Palliative services are most often given to people with a terminal diagnosis.

Performance Measures – A quantitative tool such as a ratio, rate, index or percentage that provides an indication of an ALR’s performance in relation to a specific process or outcome.

Personal Care – Assistance provided by another person to help with walking, bathing, grooming, dressing, eating and other routine daily tasks.

Prescribed Medication – A drug requiring a prescription from an authorized prescriber, as opposed to an over-the-counter drug, which can be purchased without one.

PRN Medication – Abbreviation meaning "when necessary" (from the Latin "pro re nata", for an occasion that has arisen, as circumstances require, as needed). Used to refer to a medication that is taken when needed, rather than on a fixed schedule.
Provider Capacity – The ability of an ALR to meet minimum standards as defined by the state, both operational and financial.

Receivership – A legal proceeding in which a person is appointed to take charge of the funds or property of an ALR when there is danger that, in the absence of this appointment, the property will be lost, removed or injured.

Resident(*) – Consumers who live in assisted living residences. In the ALW report, the term resident often is followed by an asterisk (*) to indicate that the term implies family or other surrogate decision-makers where appropriate.

Residential Care – A term that often includes assisted living, board and care, adult foster care, and other types of supportive housing not licensed as nursing homes.

Responsive Complaint Investigation Process – This process would include the following elements:
- A state-adopted process for receiving complaints from residents* of ALRs; and
- A method for promptly tracking, responding to and resolving complaints.

Shared Responsibility – A shared responsibility agreement is a written agreement between the resident and the assisted living residence that memorializes the parties’ discussions and agreements regarding preferences and how they will be accommodated in the community. Shared responsibility agreements, sometimes known as negotiated risk agreements, are generally used when the resident’s preferences require a deviance from accepted standards or rules where the risk of an adverse outcome is substantial.

Significant Change – A new or markedly different physical, functional, cognitive or psychosocial condition in a resident that impacts the service delivery of the resident’s individual service plan, to include:
- Deterioration or improvement in an individual’s health status or ability to perform activities of daily living;
- A deterioration or improvement in an individual’s behavioral or mood status.

Special Care Units – A section within an assisted living residence or nursing home with a specified number of units devoted to residents with specific needs. The most common type of special care unit is for residents with dementia.

Specialized Medication Packaging – Refers to medication packaging other than the traditional vial or bottle system.

State Plan Services – Those services that a state must provide to Medicaid recipients because they are identified in the state Medicaid plan submitted to CMS. Federal law requires some of those services and some are included at the option of the state. State plan services are an entitlement, which means that all beneficiaries who meet the eligibility criteria must be served.

Stomal – Refers to administering medications through an opening into the body from the outside created by a surgeon. Typically used in reference to a colostomy or ileostomy. (see colostomy)
Sublingual – Underneath the tongue. A sublingual medication is dissolved under the tongue.

Supplemental Security Income – Federal program under the Social Security program that guarantees a minimum monthly income to every person who is age 65 or older, disabled or blind and meets income and asset requirements.

The Aging Network – An organizational structure that includes the U.S. Administration on Aging at the federal level, the State Units on Aging at the state level, and the Area Agencies on Aging at the local level. The Aging Network also extends to public and private service providers such as social service agencies, senior centers, and advocacy groups. Each part of the network operates from a different perspective, but all have the common goal of improving the quality of life for older people and their caregivers.

Topical – A medication that is applied to the surface of the skin, often in the form of an ointment or cream.

Unit Dose – Unit-dose packaging means an individual drug product container, usually consisting of foil, molded plastic or laminate with indentations into which a single solid oral dosage form is placed, with any accompanying materials or components including labeling. Each individual container is fully identifiable and protects the integrity of the dosage form (Massachusetts Department of Public Health).