

Topic Group Recommendations Adopted by Two-Thirds Majority of the ALW Operations

Purpose

The Operations Topic Group of the Assisted Living Workgroup had as its focus both environmental elements and operational processes which foster quality of life, quality of care, and safety for everyone involved in an assisted living residence.

Issues

The topic group made recommendations in the following areas: activities; activities for special care populations; assisted living resident councils; food storage, preparation and transporting; transportation; smoking; environmental management; building codes, fire safety, life safety, evacuation plans, contingency plans, emergency protocols; and security for wandering residents.

Participants

The topic group was co-chaired by Mary Anne Kelley of the Pioneer Network and Ken Preede of the American Seniors Housing Association.

Topic group participants included Lyn Bentley, National Center for Assisted Living; Marianna Grachek, Joint Comm. on the Accreditation of Healthcare Organizations; Rick Harris, Association of Health Facility Survey Agencies; Donna Lenhoff, National Citizens' Coalition for Nursing Home Reform; Toni McMonagle, Consulting Dieticians in Healthcare Facilities; Doug Pace, American Association of Homes and Services for the Aging; Jackie Pinkowitz, Consumer Consortium on Assisted Living; Bonnie Ruechel, National Association of Activity Professionals; Beth Singley, Assisted Living Federation of America; Catherine Zofkie, American Medical Directors Association.

Operations

O.01 Building Codes

Recommendation

Assisted living residences should comply with applicable state and/or local building codes according to the residents they serve. States should regularly update their requirements and adopt the most current national version of building codes to ensure that state of the art perspectives on building safety which have been incorporated into national building codes are incorporated in state requirements.

Implementation

Guideline for State Regulation

Rationale

There are various building codes, Building Occupational Code Authority (BOCA) and International Building Code (IBC) to name two, and the codes have been developed by professionals who are familiar with both necessary construction standards and the provider entity for which the code has been developed. It seems counter-productive for us to attempt to reinvent what is already in existence. Furthermore, states and local jurisdictions often include additional requirements specific to certain conditions in their locale: for example, requirements based on ensuring safe buildings in the event of an earthquake, a tornado or a hurricane.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Multiple Sclerosis Society, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

Center for Medicare Advocacy

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.01

1) We dissent. The general thrust of this recommendation is that ALRs must comply with existing

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state and local building codes. As such, this recommendation provides no new guidance to the states to improve quality in assisted living.

*Assisted Living Federation of America, National Association for Home Care,
National Association for Regulatory Administration, Joint Commission on
Accreditation of Health Care Organizations*

2) We support this recommendation as it is written and want to clarify a portion of the Rationale. Since the recommendation was written, the National Fire Protection Association (NFPA) 5000 Building Code was adopted by NFPA. This is the first building code developed through an open, consensus-based process that is accredited by the American National Standards Institute (ANSI), the administrator and coordinator of the United States private sector voluntary standardization system. Requirements in NFPA 5000 are designed to be consistent with the NFPA 101 Life Safety Code.

*Consumer Consortium on Assisted Living, National Center for Assisted Living,
American Seniors Housing Association, American Association of Homes and Services
for the Aging*

Operations

0.02 Life Safety Compliance

Recommendation

According to services provided and evacuation capacity assisted living residences should comply with the most appropriate chapter, and the most current version of the National Fire Protection Association Life Safety Code (NFPA 101) and/or the International Code Council's (ICC) International Fire Code (IFC), or equivalent standards.

Implementation

Guideline for State Regulation

Rationale

There are two primary Life Safety Codes that have been developed: NFPA 101 and ICC's International Fire Code. These codes have been created by groups of experts in both fire safety and the provider entity for which the code has been developed. These codes are updated on a regular basis to reflect the most current safety standards and measures recognized by fire safety professionals. Many jurisdictions develop their own codes using one of these documents as a template.

Each code is reviewed and updated on a three-year cycle. The codes always include specifications related to "new buildings" and "existing buildings". The requirements for new buildings tend to reflect the most current and up to date life safety standards that are in existence. For "existing buildings" new requirements are imposed when they reflect new, state of the art equipment or design that will clearly provide increased protection for building occupants. For example, when smoke detectors first came on the market, all new facilities had to have them and existing facilities also had to install smoke detectors. Additionally, when "significant renovations" are made to an existing building, that portion of the building shall comply with new life safety code standards for new buildings.

When a state is adopting a particular building classification, it is important to consider the type of residents who will likely be living in an assisted living facility paying particular attention to the level of frailty, cognitive ability, and the degree to which the residents may need assistance in evacuating the building. It is also important for the state to consider the cost to the consumer of the particular building classification and the relative safety that will be created.

When a state is determining to which building code assisted living facilities shall comply, there are several questions that shall be asked and answered:

- What type of evacuation capabilities will be necessary?
- What type of individuals will be living in the building and how quickly will they be likely to evacuate?
- What level of frailty will individuals residing in this building eventually reach (based on move-in and move-out criteria of provider policies and the state regulations)?
- Will many individuals require the use of assistive devices for purposes of mobility, such as walkers and wheelchairs?

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Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Multiple Sclerosis Society, National Adult Family Care Organization, National Center for Assisted Living, Pioneer Network

Organizations Opposing This Recommendation

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

National Network of Career Nursing Assistants

Supplemental Positions for O.02

1) We dissent. This recommendation has no content. It fails to set a standard and, instead, merely asks assisted living operators to voluntarily comply with what the operator believes or claims is the appropriate NFPA chapter according to services provided and evacuation capacity. A more appropriate recommendation would require states to adopt specific NFPA or other applicable safety code. We recommend NFPA Life Safety Code: Residential Board and Care Occupancies, Impractical Evacuation Capability, excluding NFPA 101A Alternative Approaches to Life Safety.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) We support this recommendation as it is written and want to clarify a portion of the rationale. The National Fire Protection Association (NFPA) 101 Life Safety Code is the only life safety code that is developed through an open, consensus-based process that is accredited by the American National Standards Institute (ANSI), the administrator and coordinator of the United States private sector voluntary standardization system. Requirements in NFPA 101 are consistent with the NFPA 5000 Building Code.

Consumer Consortium on Assisted Living, National Center for Assisted Living, American Seniors Housing Association, American Association of Homes and Services for the Aging

3) We dissent. The general thrust of this recommendation is that ALRs must comply with existing Life Safety Code standards. As such, this recommendation provides no new guidance to the states or ALRs to improve quality in assisted living.

Operations

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Operations

O.03 Communication of Life Safety Standards

Recommendation

An assisted living facility shall provide information to prospective residents and/or their families about the type of life safety standards that are in place that offer protection for residents. This information shall include such things as: whether the facility is sprinklered; and if the building is designed such that residents who require significant assistance for evacuation will be protected and able to reside in the ALR.

Implementation

Guideline for State Regulation

Rationale

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Citizens' Coalition on Nursing Home Reform, National Adult Family Care Organization, National Committee to Preserve Social Security and Medicare, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, Association of Health Facility Survey Agencies, American Seniors Housing Association, Center for Medicare Advocacy, Joint Commission on Accreditation of Health Care Organizations, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Network of Career Nursing Assistants, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.03

1) In large measure, the real need for this recommendation derives from the fact that the previous recommendation (O.02), in the form submitted by the majority, fails to ensure that appropriate life safety code standards apply to all facilities. This recommendation, then, is an inadequate attempt to provide protection to residents by ensuring some pro forma disclosure concerning the degree of life safety code protection provided. Such disclosure is no substitute for requiring compliance with specific, enforceable life safety standards. Moreover, it is not at all clear that such disclosure would really give consumers useful information about the fire safety risks in a particular facility. The codes themselves and other aspects of safety features would be difficult for the average consumer to understand, being technical in nature and addressing characteristics of materials, construction, and other building features.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy,

Operations

National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) Communication of life safety information to residents* is very important, particularly when a resident is cognitively impaired and the family seeks assurance that the individual's needs in this regard will be met. We have concern with phrase in the last sentence: "designed such that residents who require significant assistance for evacuation will be protected and able to reside in the ALR." There are no life safety protections in existence that will absolutely provide 100% safety to every individual in any building.

We suggest the recommendation should read:

An ALR should disclose upon request their life safety plan and fire plan. This information should include such things as: whether the facility is sprinklered; and if the building and evacuation plan are designed such that residents who require significant assistance for evacuation will be able to reside in the ALR with as much protection from fire as is reasonably possible.

Association of Homes and Services for the Aging, National Center for Assisted Living, American Seniors Housing Association

3) We dissent. This recommendation requires ALRs to disclose to residents if the building is designed in such a way that residents who require significant assistance for evacuation will be protected and able to reside in the ALR. The wording of the recommendation is unclear as to intent. The wording could be interpreted to mean that an ALR must give assurance a resident will be able to reside in the building if they need significant assistance for evacuation without regard for limitations set by occupancy use standards and/or life safety code standards.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Operations

0.04 Emergency and Disaster Preparedness Plans

Recommendation

An assisted living residence shall develop a written emergency and disaster preparedness plan for fires and other natural disasters. This plan shall also include emergency protocols to deal with catastrophic events such as chemical spills, biohazardous events and weather-related emergencies. Evacuation routes shall be developed for all parts of the building. The relevant evacuation route should be posted in each common area, by all building exits, by all fire extinguishers and provided to all residents on admission and updated as needed. All staff should be provided a copy of all evacuation routes.

Implementation

Guideline for State Regulations

Rationale

It is essential that providers develop plans to deal with emergencies such as fires or natural disasters. Unless plans are developed before the emergency occurs, it is possible that key elements for providing protection will be overlooked. An evacuation plan is the method by which the facility is prepared to get the residents and staff out of the building (or to a point of safety within the building) in case of an emergency. It is important to note that "evacuation" may be either to the outside of the building to a point of safety, or inside the building to a point of safety. It is also important for the ALR to develop emergency protocols for events that may not require a building evacuation, but do require that the ALR take some sort of action to protect the well-being of its residents and staff (such as chemical spills and/or extreme heat or cold).

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, National Association of Local Long Term Care Ombudsmen, National Association for Regulatory Administration

Organizations Abstaining From the Vote on This Recommendation

None

Operations

Supplemental Positions for O.04

1) We dissent. While we support the intent of the recommendation, it is beyond the scope of most ALRs and particularly small providers to have protocols to deal with catastrophic chemical spills and biohazardous events. Plans to deal with these sort of catastrophic emergencies are the province of civil authorities and homeland security personnel.

*Assisted Living Federation of America, National Association for Home Care,
National Association for Regulatory Administration, Joint Commission on
Accreditation of Health Care Organizations*

2) We recommend the following revision to Recommendation O.4

An assisted living residence must develop a written emergency and disaster preparedness plan for fires and other natural disasters. This plan must also include emergency protocols to deal with catastrophic events such as chemical spills, biohazardous events and weather related emergencies. Evacuation routes must be developed for all parts of the building and posted.

*American Association of Homes and Services for the Aging, American Seniors
Housing Association, National Center for Assisted Living*

Operations

0.05 Contingency Plan

Recommendation

An assisted living residence shall have a written contingency plan in place for both short- and long-term evacuations and for when a building system fails and when utilities are interrupted.

Implementation

Guideline for State Regulation

Rationale

A contingency plan is the method by which the facility will be prepared to care for the residents after an evacuation has occurred. In some instances, the building can be immediately reoccupied, but when that is not the case, the contingency plan will prepare the facility for that eventuality. This contingency plan should be discussed with local and/or state authorities.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association for Regulatory Administration, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Adult Family Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for 0.05

1) We dissent. Contingency planning in the event of an evacuation are generally covered by local and state laws. As such, this recommendation provides no new guidance to the states that will improve quality in assisted living.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Operations

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0.06 Food Storage, Preparation and Transporting

Recommendation

Foods handled by the ALR will be stored, prepared, transported, and served in a safe and sanitary manner, and at appropriate temperatures as recommended by the Food and Drug Administration (FDA). The ALR shall have written policies and procedures that it will implement to achieve this recommendation.

Implementation

Guideline for State Regulation and Operations

Rationale

Proper food storage, handling and preparation are essential for ensuring that there are no food-borne illnesses in an ALR.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Adult Family Care Organization, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Committee to Preserve Social Security and Medicare, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Association of Health Facility Survey Agencies, National Association of Home Care, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Academy of Elder Law Attorneys, National Citizens' Coalition for Nursing Home Reform, National Network of Career Nursing Assistants, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

American Bar Association

Supplemental Positions for 0.06

1) We dissent. This recommendation is too vague to provide a meaningful standard. We believe that the only specifics that provide substance to this recommendation – now recorded in the “Operational Models” section - must be moved into the body of the recommendation to make it useful. Further, the current language should be strengthened to require that the “food service supervisor who need not be a registered dietitian” be at least knowledgeable and trained in food safety procedures as evidenced by successful completion of a state-approved course for food-handlers.

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Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

Operations

O.07 Food & Nutrition

Recommendation

The assisted living residence will ensure that food provision corresponds to the recommended number of servings and categories of food on the USDA Food Guide Pyramid.

Meals shall be provided and / or coordinated at least three times a day, seven days per week, and snacks shall be available seven days per week.

Availability of meals should allow for reasonable flexibility in resident schedules.

Menus shall be planned taking into consideration residents' personal, ethnic and religious preferences and with resident input.

Menus shall be accessible to residents when completed and when the menus are prepared by the ALR, this should be at least one week in advance.

A variety of food choices shall be available to accommodate resident preferences, special needs and diets.

Reasonable menu or food substitutions shall be offered.

Resident meals, snacks and nutritional supplements shall be attractive and palatable. Fluids shall be available and appropriately offered to residents and assistance provided, as needed, to promote adequate fluid intake.

Menus shall be reviewed and approved by a registered dietitian for nutritional adequacy and variety.

Implementation

Guideline for State Regulation and Operations

Rationale

Food service is more than meeting nutritional needs; at its best, it is an opportunity for social engagement, enjoyment and meeting nutritional needs. Meals served at consistent and culturally appropriate dining times and for a sufficient length of time to meet resident needs will help to achieve these goals. It is also important for residents to be able to obtain delivery of meals under special circumstances such as illness, injury, or needs delineated in service plans.

Because fluid intake plays a critical role in health and well being, assisted living residences should encourage residents to drink fluids during and between meals and make fluids available to residents throughout the day, both in private areas and areas where residents gather and group activities occur.

Organizations Supporting This Recommendation

Operations

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Association for Regulatory Administration, National Adult Family Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, Joint Commission on Accreditation of Health Care Organizations, National Association of Home Care

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.07

1) We agree with much of this recommendation but believe that certain parts should be eliminated. We believe the recommendation should read:

The assisted living residence will ensure that food provision corresponds to the recommended number of servings and categories of food on the USDA Food Guide Pyramid or other generally accepted guidelines.

Meals must be provided and/or coordinated at least three times a day, seven days per week, and snacks must be available seven days per week.

Availability of meals should allow for reasonable flexibility in resident schedules.

Menus must be planned taking into consideration residents' personal, ethnic and religious preferences with resident input.

Menus must be accessible to residents when completed and when the menus are prepared by the ALR, this should be at least one week in advance.

A variety of food choices must be available to accommodate resident preferences, special needs and diets. Reasonable menu or food substitutions must be offered.

Resident meals, snacks and nutritional supplements must be attractive and palatable. Fluids must be available and appropriately offered to residents and assistance provided, as needed, to promote adequate fluid intake.

National Center for Assisted Living, American Seniors Housing Association

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O.08 Smoking

Recommendation

The assisted living residence will have a policy regarding smoking and the use of other tobacco products, which will be disclosed to the prospective resident prior to his/her entering into a residency agreement.

Implementation

Guideline for State Regulation

Rationale

Smoking in assisted living residences is a hotly debated issue, with some states more permissive than others in allowing smoking and some states silent on this issue. In assisted living residences where smoking is permitted, this recommendation provides for clearly articulated and communicated smoking guidelines for the well being and safety of residents, staff, families and visitors and the reduction of passive smoking to others.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Conference of Gerontological Nurse Practitioners, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

Center for Medicare Advocacy

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.08

1) We dissent. Recommendation micromanages the house rules of an ALR. Beyond the mandate of the ALW.

Assisted Living Federation of America, National Association for Home Care

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O.09 Activities

Recommendation

Assisted living residences shall provide daily structured and unstructured, and individual and group, activities in accordance with residents needs, interests, choices, beliefs, values, functioning levels and abilities. Activity programs shall be directed by appropriately qualified and trained individuals. Activity plans, identifying resident preferences, shall be part of each resident's ongoing assessment and service plan. Current, understandable and accessible activity calendars shall be conspicuously posted in assisted living residences.

Assisted living residences shall adopt objective methods that include measures of resident satisfaction for evaluating the participation in, and effectiveness of, activities.

Implementation

Guideline for State Regulation

Rationale

Properly designed and delivered activities can maintain and enhance resident life. To achieve maximum outcomes, activities shall be: resident centered; provide materials, approaches, interactions and environments which enhance resident well-being; and assist in achieving or maintaining resident functional levels and abilities, focusing on resident strengths and not weaknesses. Given the diversity of residents in assisted living, it is important that those responsible for planning activities understand resident characteristics in order to provide a meaningful activity environment, with activities that create a stimulating social culture within the assisted living community.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Medical Directors Association, American Seniors Housing Association, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Association for Regulatory Administration, National Adult Family Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, National Association of Home Care

Organizations Abstaining From the Vote on This Recommendation

American College of Health Care Administrators

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Supplemental Positions for 0.09

None Submitted

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O.10 Activities for Special Care Residents

Recommendation

ALRs that accommodate special care residents shall provide daily interactions and experiences that are meaningful (based upon residents' interests, feelings, and lifestyle), appropriate (for their abilities and functioning levels), and respectful (of their age, beliefs, cultures, values, and life experiences) of residents, as determined by individual assessments and indicated in their service plans.

Activity programs shall be directed by appropriately qualified and trained individuals who have experience in activities responsibilities and training in special care.

Staff involved in planning and implementing activities for special care residents shall, on an on-going basis, be given training that includes, but is not limited to: basic physiological understanding of dementia and other special conditions of residents being served; behavioral symptoms and consequences; behavioral intervention and management strategies, including redirection techniques; understanding of individual resident's special needs, appropriate activities and accommodations for meeting special resident needs (e.g. cognitive, language, behavioral, motor, and social skills).

Implementation

Guideline for State Regulation

Rationale

ALRs are encouraged to view activities as every interaction that occurs between the resident and their environment and as the foundation for quality care. The scope of activities therefore includes every encounter and exchange between residents and all members of and visitors to the ALR community. Interactions centered around activities of daily living and scheduled activities should be viewed by staff and family members as significant elements in meeting resident's physical, psycho-social and behavior management needs and enhancing resident's care and quality of life. Education, collaboration and communication among staff and family members is a relevant component in achieving intended outcomes of meeting the residents' needs and fostering quality care and psychological comfort within the ALR.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Home Care, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Association for Regulatory Administration, National Committee to Preserve Social Security and

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Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

American Assisted Living Nurses Association

Supplemental Positions for O.10

1) We dissent. We respect the fact that many states have set additional requirements for ALRs that seek a special designation to serve people with cognitive impairments. However, we do not attempt to prescribe the specific procedures that a state must regulate.

Residents with mild to moderate dementia can still participate in care decisions and express life long values and wishes regarding the care they are currently receiving. Therefore, our recommended guidance to the states and ALRs is to consider a quality monitoring component that focuses on the perspective of the resident and other responsible parties to look beyond the procedures, and to see if the resident and other affected parties feel that their choices are being respected, their needs are being met, and their opinion is sought as to the quality of the services provided.

Examples of suggested areas for quality monitoring could include:

- Does the resident acknowledge having opportunities to exercise lifestyle preferences (dining, receiving visitors, activities, directing provision of services)
- Does the resident acknowledge being consulted as to his/her satisfaction with the quality of care and services provided;
- Does the staff have the willingness and the ability to communicate with, and respond to, resident's preferences;
- Does the surrogate decision-maker acknowledge that he/she is encouraged to be involved in the development and implementation of the resident's service plan.
- Do family members report having opportunities for involvement in resident's care.
- Does the resident acknowledge being able to make decisions regarding services to be provided to the extent possible and involvement of his or her family as appropriate.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

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O.11 Transportation

Recommendation

All assisted living residences shall provide and/or arrange for both the scheduled and unscheduled transportation needs of its residents. Clear, written information shall be provided to all assisted living residents and prospective residents about which types of transportation are available, at what times those services are available by the ALR and in the community (e.g., regularly scheduled van trips to the shopping mall), and any additional costs associated with transportation services over and above the monthly service fee.

In cases in which the assisted living residence owns or leases the vehicle providing transportation to the residents, all safety and inspection records shall be kept and the vehicle shall meet all local and state safety standards for the class of vehicle.

Staff responsible for the operation of vehicles will receive training on how to operate the vehicles and the equipment inside the vehicle, and how to assist residents who are utilizing the service, including assisting residents with special needs for transportation, such as those with cognitive impairments, dementia or special needs due to physical disabilities. When transporting residents with special needs, the ALR will ensure that adequate staff is provided.

Staff responsible for the operation of vehicles will have current, appropriate licenses and classes of licenses to operate the vehicles.

Implementation

Guidelines for State Regulation

Rationale

According to the most recent research, the proportion of assisted living residents who still own or drive a car is less than 5%. Because the vast majority of assisted living residents no longer drive or own a car, an assisted living residence's transportation services are considered a key component of its service package.

There are several ways that an assisted living residence can meet the transportation needs of its residents: by directly providing the transportation with an assisted living residence owned or leased vehicle (e.g., a bus or van), and/or by arranging for transportation service through a third party (e.g., a service agreement with a local taxi cab company or utilizing other currently offered transportation programs).

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of

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Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, National Association of Home Care

Organizations Abstaining From the Vote on This Recommendation

American Seniors Housing Association

Supplemental Positions for O.11

None Submitted

Operations

O.12 Environmental Management

Recommendation

The ALR shall maintain safe conditions for residents, staff, and visitors. The facility shall be properly maintained in compliance with applicable federal, state and local laws. Appropriate to the size of the ALR and the scope of services provided, buildings and outdoor areas shall maintain effective utility capacity (electric, plumbing, water, refrigeration, etc), lighting, and accommodate residents' needs and safety. Common areas shall accommodate residents using assistive devices for mobility. The ALR and outdoor areas shall be kept clean and free of potential hazards and hazardous substances.

Implementation

Guideline for State Regulation

Rationale

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Adult Family Care Organization, National Association of Social Workers, National Association of Activity Professionals, National Association of Home Care, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Conference of Gerontological Nurse Practitioners, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Hospice and Palliative Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Center for Medicare Advocacy, National Academy of Elder Law Attorneys

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.12

1) We dissent. The general thrust of this recommendation is that ALRs must comply with existing laws and regulations. As such, this recommendation provides no new guidance to the states as to how improve quality in assisted living.

However, the degree to which a resident feels that his/her assisted living community is a safe and homelike residential environment is of vital importance to a resident's perception of their quality of life. Therefore, our recommended guidance to the states and ALRs is to consider a quality

Operations

monitoring focus from the perspective of the resident to look at how well the residential environment is supporting consumer choice, autonomy, independence, and privacy.

For example:

- Does the resident acknowledge that the AL setting feels homelike.
- Resident acknowledges/denies having opportunities to control private space:
 - food storage/preparation
 - individual temperature control
 - roommate provision consultation
 - use of personal vs. ALR furnishings in unit
 - modifications to unit
 - availability of personal key to unit
- Does the resident acknowledge availability of staff assistance to help resident use inaccessible public areas?
 - Dining rooms, activity room, library, TV room; limitations to areas within/outside setting due to: cognitive limitations; physical barriers (steps, doorways, etc.)
- Does the resident report a lack of access to a private phone/key to a mailbox
- Is the staff able/unable to demonstrate knowledge regarding methods to promote a homelike setting; resident lifestyle preferences; methods to protect resident privacy.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Operations

O.13 Assisted Living Residence Councils

Recommendation

ALRs shall provide opportunities and space for resident council meetings, schedule regular meetings, and encourage residents to attend those meetings. The Resident Council may be organized by the staff but should be led by the residents. The staff may participate in the Resident Council, as invited by residents.

An ALR may have a Family Council as part of the activity or social service programming, with space made available by the ALR. This council allows families to be aware of, and participate in, residence operations in a welcoming and productive manner.

Implementation

Guideline for State Regulation

Rationale

Community Councils offer meaningful opportunities for enhanced participation and community-building that ultimately benefit the quality of life for all members of the ALR. Resident Councils are formal meetings where residents can learn, interact and come to better understand the various psycho-social activities of the assisted living residence. Because assisted living residents are the guiding force in planning activities, their wishes should always be taken into consideration and Resident Council gives the residents a place to ask questions and express concerns, with the aim of information sharing, building community and resolving potential problems. Residents may also desire to fulfill a needed role through volunteering, which can increase their sense of self-esteem and usefulness, as well as provide opportunities to meaningfully utilize the vast experience they have attained during their lives for the betterment of the ALR and/or extended community. Family Councils can provide opportunities for support and education within a comfortable peer group setting.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Adult Family Care Organization, National Association of Social Workers, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Conference of Gerontological Nurse Practitioners, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

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Assisted Living Federation of America, National Association of Home Care, National Academy of Elder Law Attorneys

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.13

1) We dissent. Resident input is critical to a well-run community. Yet, there are any number of methods ALR management might employ to assure that input is both solicited and acted upon. Some managers might prefer focus groups. Other might utilize customer satisfaction surveys. Yet others might “manage by walking around” and engaging residents in one-on-one discussions. All can be effective. No one process is likely to be unique in achieving desired results. Yet, this recommendation is reflective of the ALW’s focus, not on outcomes, but on the means by which facilities, in the ALW’s judgment, must strive to achieve those outcomes.

Rather than specifying that the required process for scheduling and convening a resident council meeting, our Supplemental Position recommends suggested areas for monitoring to determine if the desired result of promoting resident autonomy is being met. For example:

- Do residents report having opportunities to provide input into development and implementation of existing house rules and community decision-making;
- Do residents report that requested changes to rules that have been accepted or acted upon by management.
- Do residents acknowledge receiving an explanation for maintaining current policy upon request for a change;
- Do residents acknowledge management/staff responsiveness to grievances/complaints.
- Do residents acknowledge receiving requested clarification of existing rules
- Do residents acknowledge being informed of community governance events (Resident Council, committee meetings, etc.)

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Operations

O.14 Community Environment & Standards

Recommendation

Pets may be allowed to live in or to visit the ALR to provide resident companionship and comfort if it is within the policy of the ALR. For live-in pets, it shall be clearly determined who is responsible for feeding, grooming and providing for the general care of the pet, and veterinary records and vaccination records shall be made available to the ALR. Pet policies shall follow applicable state and local health regulations.

Implementation

Guideline for Operations

Rationale

Assisted living residences are based on a home-like model and pets can be a nurturing element within the ALR. Pets can provide companionship, comfort, and stimulation, and enhance positive feelings among all community members.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Adult Family Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, National Association of Home Care

Organizations Abstaining From the Vote on This Recommendation

Center for Medicare Advocacy

Supplemental Positions for O.14

None Submitted

Operations

O.15 Security for Wandering Residents

Recommendation

If an ALR accommodates residents who exhibit unsafe wandering behaviors, then the ALR shall have a secure boundary or perimeter to safely accommodate residents. In no event shall locking devices violate life safety codes. Approved locking devices shall not be considered a physical restraint. An ALR with secure perimeters shall conduct frequent staff training on the importance of preventing unsafe wandering and maintaining alarm systems and door locking systems in a functional capacity.

Implementation

Guideline for State Regulation

Rationale

A secure perimeter defines the boundaries within which wandering residents may be safely accommodated. These boundaries may change during the day or during other periods, and may depend on such factors as exterior weather and scheduled, supervised activity periods. For example, an interior courtyard may be included within the secure perimeter during daylight hours on a warm day, but may be outside the secure perimeter at night or on a cold winter day. Exterior building walls and doors, and walled or fenced outdoor areas may be used to form this boundary. Doors forming parts of the outer boundary of a secure perimeter may be secured by electrical or electro-magnetic locking devices with key card or security code keypad access, by physical human intervention (as, for example, when the front door of a building has a reception desk that is staffed by individuals who are trained and prepared to intervene if a resident attempts to exit), with manual locks (if and only if the manually locked door is not part of a required means of egress from the building), or by some combination of these methods.

Assisted living residents who exhibit wandering behavior are likely to be residents with dementia, although other residents may also exhibit this behavior. A 1997/98 study of 2,078 residents age 65+ in 193 assisted living residences in 4 states (FL, MD, NJ, and NC) found that, depending on the size and type of facility, 19% to 26% of residents with dementia in non-specialized facilities and 28% to 44% of residents with dementia in special care units exhibited pacing and aimless wandering behaviors. In contrast, only 4% to 5% of non-demented residents exhibited these behaviors (Sloan, P.D. et al., "Caring for Persons with Dementia." Assisted Living: Needs, Practices, and Policies in Residential Care for the Elderly, Baltimore, MD: Johns Hopkins University Press, 2001).

Clearly, not all pacing and wandering behaviors are unsafe, but assisted living staff are rightly concerned about residents who may wander off and get lost. In addition to secure perimeters, many other approaches for managing pacing and wandering have been developed and tested (Rader, J. "A Comprehensive Approach to Problem Wandering," Gerontologist 27(6): 756-760, 1987). These other approaches begin with identification of the reason for the behavior. Some residents with dementia may believe they have to go to work or go home to take care of their children; often staff can find ways to distract or otherwise satisfy them. Other residents with dementia may pace and wander because they do not know where they are; environmental cues can help them find their way to their

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room or other familiar spot in the facility. Pacing and wandering can also indicate general restlessness or boredom; individual escorted walking and activity programs may reduce or eliminate these problems. Exercise programs can help not only with pacing and wandering behaviors but also with agitation and sleep problems. Lastly, residents with dementia who exhibit potentially unsafe wandering behaviors should be enrolled in the Alzheimer's Association's Safe Return Program so that they can be quickly located if they do become lost.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Association of Homes and Services for the Aging, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Social Workers, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Seniors Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Association of Local Long Term Care Ombudsmen, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for O.15

1) We dissent. Although some of the material in the rationale is useful, the recommendation itself is too weak to serve as a guideline for state regulation, or even as operational guidance. It does not address or specify such essential areas as:

- Ensuring that secure perimeters are never substituted for an adequate number of well-trained direct care staffs and well-designed programs that respond to the special needs of cognitively impaired residents;
- Ensuring that any measures to protect residents who are cognitively impaired and/or engage in unsafe wandering behavior are based on sound initial and ongoing assessments and care/service planning, and are designed to protect the resident from harm while maximizing autonomy and quality of life;
- Assurance that residents have routine access to safe outdoor areas and, as appropriate, to opportunities for planned community excursions; and
- Assurance that the secured environment is kept free of ordinary substances, objects and furnishings that might be hazardous to seriously cognitively impaired residents

Also, this recommendation states "[an] Approved locking devices shall not be considered a physical

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restraint.” This language is much too general; any types of physical restrictions must be subject to strict scrutiny to ensure they do not constitute inappropriate restraints.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants

2) We dissent. Infringes on state authority and flexibility to decide how it will meet the intent of an appropriate recommendation in equally effective alternative ways.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Topic Group Recommendations That Did Not Reach Two-Thirds Majority Operations

The following recommendations did not reach a two-thirds majority of the ALW. The recommendations showing a voting record were unable to reach two-thirds majority at the final vote. The recommendations that do not have a voting record were unable to reach two-thirds majority during the development process.

Operations

O.16 Restraints

2/3 Maj. Not Reached

Recommendation

No form of restraint or seclusion shall be applied to residents of an ALR except in extreme emergency situations when the resident presents a danger of harm to himself or herself or to other residents. In such an event, the ALR shall immediately notify the resident's physician and sponsor, and appropriate treatment, transfer to an appropriate health care facility, or both shall be provided without any avoidable delay.

Implementation

Guideline for State Regulations

Rationale

None

Organizations Supporting This Recommendation

No Vote Recorded

Organizations Opposing This Recommendation

Organizations Abstaining From the Vote on This Recommendation

Supplemental Positions for O.16

1) We strongly support this failed recommendation. Restraints are dangerous medical devices that should not be used in the assisted living setting, except in extreme emergency situations pending the arrival of emergency personnel or transport to an appropriate psychiatric facility.

Restraints are so dangerous that hospitals require stringent safety measures and extraordinary physician oversight when restraints are used in emergency situations. It is unlikely that any assisted living residence has the ability to offer similar safety measures, and for good reason. ALR's are not psychiatric treatment facilities for violent patients.

The use of restraints in the long term setting for chronic (non-emergency) conditions has long been discredited among knowledgeable medical professionals. This is because they often result in serious injury or death even when properly applied, and, when improperly applied, as frequently occurs, the risks of serious adverse outcomes become even greater. Restraints result in more serious injuries than the ones they are implemented to prevent. It is often said about restraints that the cure is worse than the disease.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) The use of restraints is an important topic to address in assisted living. The undersigned support the following guideline for state regulations regarding restraints.

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Assisted living residents have the right to be free from physical or chemical restraints for the purposes of discipline or convenience or to prevent wandering. Restraints shall only be used when required to treat the resident's medical symptoms. The resident* has the right to accept or refuse restraints. The ALR shall implement a system that emphasizes alternatives to restraints, with the goal of achieving a restraint-free environment.

There are limited circumstances under which the use of a restraint is temporarily justified for an assisted living resident. Under these circumstances, restraints shall be safely and appropriately used. Restraints shall be used only when based on a documented assessment of the resident's needs. Restraints shall be used only after an evaluation of less restrictive alternatives and only if and when these less restrictive measures have been ruled out as ineffective. No form of restraint or involuntary seclusion shall be applied to residents of an ALR except in an emergency and under a physician's order. The physician's order shall last not more than 12 hours. In such an event, the ALW shall immediately notify the resident's physician and sponsor and the local ombudsman without any avoidable delay. Use of a restraint in an emergency situation is to be temporary, while appropriate treatment is sought. When restraints are used, the resident shall be observed and assessed, attention shall be paid to the resident's needs, and the restraints shall be periodically removed or released in accordance with the resident's needs.

States shall enforce standards to eliminate the unnecessary use of physical and chemical restraints. States shall ensure that physicians, ALR staff, and families are educated about the negative effects of restraints and about alternatives to their use.

Definitions

"Chemical restraints" are any drugs that are used for discipline or convenience and not required to treat medical symptoms.

"Emergency" shall be defined as an unanticipated and rarely occurring situation when the resident presents an immediate and serious danger of harm to himself or herself, residents, staff, or other individuals in the ALR.

"Involuntary seclusion" is a means of separation of a resident from other residents or from his or her room against the resident's will.

"Physical restraints" are any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restrict freedom of movement or normal access to one's body. "Physical restraints" include, but are not limited to, bedrails, leg restrains, arm restrains, hand mitts, soft ties or vests, and wheelchair safety-bars and lap trays. Also included are ALR practices that meet the definition of restraints.

AARP, American Seniors Housing Association, American Assisted Living Nurses Association, NCB Development Corporation, National Association of Social Workers, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network

3) There are limited circumstances under which the use of a restraint is temporarily justified for an assisted living resident. No form of restraint or seclusion shall be applied to residents of an ALR except in the extreme emergency situations when the resident presents a danger of harm to himself or herself, to other residents or staff. In such an event, the ALW shall immediately notify the resident's physician and sponsor without any avoidable delay. Use of a restraint in an extreme emergency situation is to be temporary, limited to only a few hours, while appropriate treatment is

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sought.

Consumer Consortium on Assisted Living, American Assisted Living Nurses Association, National Association of Professional Geriatric Care Managers

Operations
