



CABINET FOR HEALTH
AND FAMILY SERVICES

902 KAR 20:480
Assisted Living Communities
Training – November 21, 2024
Office of Inspector General (OIG)



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902 KAR 20:480 Assisted Living Communities

- Pursuant to the 2022 passage of SB 11, this regulation replaces the current structure for certified social model assisted living communities (ALC) with a new framework. Instead of becoming certified, ALCs are now required to seek licensure to either continue as a social model ALC, or to add basic health and health-related services which may include dementia care.
- In addition, apartment-style personal care homes that meet assisted living building standards are required to convert to licensure as an ALC and all state-certified ALCs are required to transition to a licensure model in one of three (3) categories.



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Licensure Categories

In accordance with KRS 194A.710(2), the three (3) licensure categories are as follows:

Assisted Living Community License (ALC)	Assisted Living Community with Basic Health Care License (ALC-BH)	Assisted Living Community with Dementia Care License (ALC-DC)
<p>License for any facility that provides assisted living services, excluding basic health and health-related services.</p> <ul style="list-style-type: none"> Commonly referred to as a “social model” ALC. 	<p>License for any facility that:</p> <ul style="list-style-type: none"> Provides assisted living services, including basic health and health-related services directly to its residents; and Does not have a secured dementia care unit. 	<p>License for any facility that provides assisted living services and dementia care services in a secured dementia care unit.</p> <ul style="list-style-type: none"> As a condition of licensure, an ALC-DC must provide basic health and health-related services. [KRS 194A.7052(1)(e)]

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OIG Responsibilities

The OIG’s Division of Health Care is responsible for the licensure and regulation of all licensed ALCs. Oversight activities include:

- Reviewing and processing licensure applications.
- Conducting on-site surveys, investigating complaints, and if appropriate, imposing enforcement actions against the licensee.
- Communicating with providers and the public on issues related to assisted living laws and regulations.

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Survey Process and Frequency

In accordance with KRS 216.530, all inspections are unannounced.

In accordance with KRS 194A.707(2), an on-site inspection is conducted:

- As part of initial licensure
- 24 months following the date of the previous licensure inspection if the OIG **did not find** any violations that presented imminent danger to a resident that created substantial risk of death or serious mental or physical harm
- 12 months following the date of the previous licensure inspection if the OIG **did find** violations of standards that presented imminent danger to a resident that created substantial risk of death or serious mental or physical harm



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Conducting Onsite Surveys

1. Offsite Survey Preparation

- Before entering the ALC facility the surveyor will review the facility's survey history, facility properties, map of facility, and any other available data.

2. Entrance Conference

- Surveyor will introduce themselves and ask to meet with the Administrator.
- Surveyor will explain the purpose of the survey visit and encourage the facility to ask any questions and provide any clarifying information for any potential concerns identified by the surveyor.

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Conducting Onsite Surveys

3. Initial Tour

- Surveyor will walk throughout the entire facility, making note of environmental conditions.
- Surveyor will talk to staff and residents.
 - The surveyor will not enter a resident's room without first asking permission from the resident.
- A brief environmental tour of the kitchen will be conducted at this time.

4. Sample Selection

- After completing the initial tour, the surveyor will sit down to review all of the notes made during the tour.
- A selection of residents will be made for in depth review based on any observations and/or interviews with reported concerns.
 - At a minimum 10% of the resident census will be reviewed.

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Conducting Onsite Surveys

5. Information Gathering

Surveyor uses Observation, Interview, Record Review to assess compliance with all regulatory requirements.

6. General Observations

Surveyor observes meal service, staff/resident interactions, activities, etc., to determine quality of the environment the residents live in.

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Conducting Onsite Surveys

7. Kitchen/Food Service Operation (begins during initial tour)

- Menus/recipes will be reviewed. Food storage observed to ensure food supply is sufficient to prepare planned meals.
 - Food preparation areas clean?
 - Snack foods available?
 - Resident preferences being honored?
 - Diet orders being followed?

8. Resident Review

- Surveyor will review the medical record for each selected resident.
 - Has Functional Needs Assessment been completed?
 - Physician's orders for medications administered?

9. Quality of Life Assessments

- Are Instrumental Activities of Daily Living (IADL) planned for?
- Are Activities of Daily Living (ADL) planned for?

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Conducting Onsite Surveys

10. Medication Pass/Pharmacy Services

- The surveyor observes medication administration (BH-DC).
 - Are meds available as ordered?

11. Abuse Prohibition

902 KAR 20:480 4(a)(1-2) (4) Policies and procedures.

1. Each ALC, ALC-BH, and ALC-DC shall maintain written policies and procedures that are up-to-date and include:
 - (a) Reporting and recordkeeping of alleged or actual cases of abuse, neglect, or exploitation of an adult in accordance with KRS 194A.709 and KRS 209.030(2) through (4) to the:
 1. Office of Inspector General, Division of Health Care;
 - and
 2. Department for Community Based Services;

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Conducting Onsite Surveys

12. Deficiency Determination

- Surveyor evaluates evidence obtained.
 - Does it support a failure by the facility to be compliant with regulatory requirements?
 - Does the evidence support a deficient practice?

13. Exit Conference

- Surveyor reports to Administration the results of the survey.
- Facility is given an opportunity to provide additional evidence to support they are in compliance.

*Quality of Care Assessments

Happens throughout survey process.

- Do the observations, interviews, and record reviews support that each resident is receiving the care and services required as outlined in their plan?

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Section 7. Operations and Services

902 KAR 20:480

Each ALC, ALC-BH, and ALC-DC shall;

(f) Provide an emergency response system or personal medical alert device for residents to request assistance twenty-four (24) hours per day, seven (7) days per week

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Section 7. Operations and Services

902 KAR 20:480 2(g) (2) Minimum requirements.

Each ALC, ALC-BH, and ALC-DC shall:

- (g) Allow residents the ability to furnish and decorate the resident's unit within the terms of the lease agreement;

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Section 7. Operations and Services

902 KAR 20:480 2(i)(1-3) (2) Minimum requirements.

Each ALC, ALC-BH, and ALC-DC shall:

- (i) Except for a resident of a secured dementia unit in an ALC-DC, notify the resident that the living unit shall have a lockable entry door in accordance with KRS 194A.703(1)(b). The licensee shall:
 1. Provide the locks on the unit;
 2. Ensure that only a staff member with a specific need to enter the unit shall have access to the unit and provide advance notice to the resident before entrance, if possible; and
 3. Not lock a resident in the resident's unit;

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Section 7. Operations and Services

902 KAR 20:480 2(j)(1-3) (2) Minimum requirements.

Each ALC, ALC-BH, and ALC-DC shall:

1. (j) Develop and implement a staffing plan for determining staffing levels that:
 1. Includes an evaluation conducted at least twice a year of the appropriateness of staffing levels in the facility;
 2. Ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' functional needs assessments and service plans on a twenty-four (24) hour per day basis; and
 3. Ensures that the facility can respond promptly and effectively to:
 - a. Individual resident emergencies; and
 - b. Emergency, safety, and disaster situations affecting staff or residents in the facility;

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Section 7. Operations and Services

902 KAR 20:480 2(l)(1-3) (2) Minimum requirements.

Each ALC, ALC-BH, and ALC-DC shall:

- (l) Upon the request of the resident, provide directly or assist with arranging for transportation to:
 1. Medical and social services appointments;
 2. Shopping; and
 3. Recreation;

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Section 7. Operations and Services

902 KAR 20:480 4(b) (4) Policies and procedures

Each ALC, ALC-BH, and ALC-DC shall maintain written policies and procedures that are up-to-date and include:

- (b) A description of dementia or other brain disorder-specific staff training as required by KRS 216.595(2)(i) if the facility provides special care for persons with a medical diagnosis of Alzheimer's disease or other brain disorders;

Section 7. Operations and Services.

902 KAR 20:480 5(a-d) (5) Resident grievances

Each ALC, ALC-BH, and ALC-DC shall post in a conspicuous place:

- (a) Information about the facility's grievance procedures;
- (b) The name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances;
- (c) Contact information for the state long-term care ombudsman; and
- (d) Information for reporting suspected abuse, neglect, or exploitation of an adult.

Section 7. Operations and Services.

902 KAR 20:480 4(b) (4) Resident finances and property.

(b) If an ALC, ALC-BH, or ALC-DC accepts responsibility for managing a resident's personal funds as evidenced by the facility's written acknowledgment, the facility shall comply with KRS 216.515(8).

*See next slide for KRS 216.515(8) details.

KRS 216.515(8) Rights of residents -- Duties of facilities -- Actions.

Each resident may manage the use of his personal funds. If the facility accepts the responsibility for managing the resident's personal funds as evidenced by the facility's written acknowledgment, proper accounting and monitoring of such funds shall be made. This shall include each facility giving quarterly itemized statements to the resident and the responsible party or his responsible family member or his guardian which detail the status of the resident's personal funds and any transactions in which such funds have been received or disbursed. The facility shall return to the resident his valuables, personal possessions, and any unused balance of moneys from his account at the time of his transfer or discharge from the facility. In case of death or for valid reasons when he is transferred or discharged the resident's valuables, personal possessions, and funds that the facility is not liable for shall be promptly returned to the resident's responsible party or family member, or his guardian, or his executor.

Section 9. Dietary Services

902 KAR 20:480 1(a) (1)(a) Dining area.

Access to central dining shall be provided for residents of an ALC, ALC-BH, or ALC-DC in accordance with KRS 194A.703(2), including three (3) meals and snacks made available each day in accordance with KRS 194A.705(1)(b) with flexibility for residents in a secure dementia care unit.

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Section 9. Dietary Services

902 KAR 20:480 1(b)

In addition to subsection (1) of this section, subsections (2) through (5) of this section of this administrative regulation shall apply to facilities licensed to operate as an ALC-BH or ALC-DC.

(2) Therapeutic diets. If the facility provides therapeutic diets and the staff member responsible for food services is not a licensed dietician or certified nutritionist, the responsible staff person shall consult with a licensed dietician or certified nutritionist

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Section 9. Dietary Services

(3) Menu planning.

- (a) Menus shall be planned in writing and rotated to avoid repetition.
- (b) An ALC-BH or ALC-DC shall meet the nutritional needs of residents.
- (b) Meals shall correspond with the posted menu.
- (c) Menus shall be planned and posted at least one (1) week in advance.
- (d) If changes in the menu are necessary:
 1. Substitutions shall provide equal nutritive value;
 2. The changes shall be recorded on the menu; and
 3. Menus shall be kept on file for at least thirty (30) days.

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Section 9. Dietary Services

(4) Food preparation and storage.

- (a) There shall be at least a three (3) day supply of food to prepare well-balanced, palatable meals.
- (b) Food shall be prepared with consideration for any individual dietary requirement.
- (c) Modified diets, nutrient concentrates, and supplements shall be given only on the written order of a licensed health professional.
- (d) At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the evening meal and breakfast.
- (e) At least two (2) hot meals daily shall be offered.
- (f) Between-meal snacks, including an evening snack before bedtime shall be offered to all residents
- (g) Adjustments shall be made if medically contraindicated

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Section 9. Dietary Services

(h) Food shall be:

1. Prepared by methods that conserve nutritive value, flavor, and appearance; and
 2. Served at the proper temperature and in a form to meet individual needs.
- (i) A file of tested recipes, adjusted to appropriate yield, shall be maintained.
- (j) Food shall be cut, chopped, or ground to meet individual needs.
- (k) If a resident refuses food served, substitutes of equal nutritional value and complementary to the remainder of the meal shall be offered and recorded.
- (l) All opened containers or leftover food items shall be covered and dated when refrigerated.
- (m) Drinking water shall be readily available to the residents at all times.
- (n) Food services shall be provided in accordance with 902 KAR 45:005. *Kentucky Food Code

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Section 9. Dietary Services

902 KAR 20:480 5(a-c) (5)(a)

Nothing in this administrative regulation shall be construed as taking precedence over the resident's right to make decisions regarding his or her eating and dining.

- (b) Information about the resident's eating and dining preferences shall be included in the resident's service plan based on the resident's preferences.
- (c) If the resident's eating and dining preferences have a potential health risk, staff shall inform the resident and the resident's designated contact person or legal representative

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Section 10. Employee Records and Requirements

902 KAR 20:480 1(a-b)

- (1) Each ALC, ALC-BH, or ALC-DC shall maintain a current record of each:
- (a) Staff person employed by the facility directly or by contract;
and
 - (b) Regularly scheduled volunteer providing direct care

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Section 10. Employee Records and Requirements

902 KAR 20:480 2(a-f)

- (2) The record for each staff person shall include:
- (a) Evidence of current professional licensure, registration, or certification, if applicable;
 - (b) Documentation of orientation completed within thirty (30) days from the date of hire and annual training;
 - (c) Documentation of annual performance evaluations
 - (d) Current job description, including qualifications, responsibilities, and identification of each staff person who provides supervision;

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Section 10. Employee Records and Requirements

- (e) Documentation of background checks in accordance with Section 14(1) of this administrative regulation; and
- (f) Record of any health exams related to employment, including compliance with the tuberculosis testing requirements of 902 KAR 20:205.

*TB Testing for Health Care Workers

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Section 10. Employee Records and Requirements

902 KAR 20:480 1(a-b)

- (1) Each ALC, ALC-BH, and ALC-DC shall maintain written evidence of compliance with the screening and testing requirements of:
 - (a) 902 KAR 20:200, Tuberculosis (TB) testing for residents in long-term care settings: and
 - (b) 902 KAR 20:205, Tuberculosis (TB) testing for health care workers.

902 KAR 20:200

- (a) A two-step baseline TST (tuberculin skin test) shall be required on admission for each resident.
- (b) The second-step test shall be initiated seven (7) to twenty-one (21) days after the first test.

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Section 12. Disaster planning and emergency preparedness

902 KAR 20:480 1(a)(1-4)

Each ALC, ALC-BH, and ALC-DC shall:

(a) Have a written emergency disaster plan that:

1. Contains a plan for evacuation, including the written policy required by Section 7(4)(c) of this administrative regulation and KRS 194A.717(5);

**See next 2 slides for details of Section 7(4) (c) and KRS 194A.717(5)

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Section 12. Disaster planning and emergency preparedness

Section 7 Operation and Services: (Referenced on previous slide)

(4) Policies and procedures. Each ALC, ALC-BH, and ALC-DC shall maintain written policies and procedures that are up-to-date and include:

- (c) How priority will be given to assist a resident during an emergency if evacuation of the facility is necessary and the resident requires hands-on assistance from another person to walk, transfer, or move from place to place with or without an assistive device pursuant to KRS 194A.717(5);

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Section 12. Disaster planning and emergency preparedness

194A.717 Staffing requirements -- Emergency evacuation policy.

- (5) When a resident requires hands-on assistance of another person to walk, transfer, or move from place to place with or without an assistive device, the assisted living community shall have a policy that describes how priority will be given by staff sufficient to assist that resident during times of emergency when evacuation may be necessary.

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Section 12. Disaster planning and emergency preparedness

902 KAR 20:480 1(a)(1-4)

2. Addresses elements of sheltering in place or provides instructions for finding a safe location indoors and staying there until given an all clear or told to evacuate;
3. Identifies temporary relocation sites; and
4. Details staff assignments in the event of a disaster or an emergency.

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Section 12. Disaster planning and emergency preparedness

902 KAR 20:480 1(b)

(1) Each ALC, ALC-BH, and ALC-DC shall:

- (b) Post an emergency disaster plan prominently
- (c) Provide building emergency exit diagrams to all residents;
- (d) Post emergency exit diagrams on each floor; and
- (e) Have a written policy and procedure regarding missing tenant residents.

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Section 12. Disaster planning and emergency preparedness

(2)(a) Each ALC, ALC-BH, and ALC-DC shall:

1. Provide emergency and disaster training to all staff during the initial staff orientation and annually; and
2. Make emergency and disaster training available to residents annually.

(2)(b) Staff who have not received emergency and disaster training shall work only if staff trained for emergencies and disaster are also working on site.

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Section 13. Resident Records

- (1) Each ALC, ALC-BH, and ALC-DC shall maintain a record for each resident
- (2) Entries in the resident record shall be current, legible, permanently recorded, dated, and authenticated with the name and title of the staff person making the entry.
- (3) Each resident record shall include the:
 - (a) Resident's name, date of birth, address, and telephone number;
 - (b) Name, address, and telephone number of the resident's legal representative or designated contact person;
 - (c) Names, addresses, and telephone numbers of the resident's health and medical service providers, if known;

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Section 13. Resident Records

- (d) Health information, including medical history, allergies, tuberculosis test results, vaccination information, and if the provider is managing medications, treatments, or therapies, documentation of the administration of all medications or delivery of treatments or therapy services;
- (e) The resident's advance directives, if any;
- (f) Copies of any health care directives, guardianships, powers of attorney, or conservatorships;
- (g) The resident's current and previous functional needs assessments and service plans;
- (h) All records of communications pertinent to the resident's services;
- (i) Documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or licensed health professional;

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Section 13. Resident Records

- (j) Documentation of any incident or accident involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or licensed health professional;
- (k) Documentation that services have been provided as identified in the service plan and according to any required orders received from the resident's health care practitioner;
- (l) Documentation of administration of medications and delivery of therapeutic services;
- (m) Documentation of all verbal prescription orders received by phone and signed by the authorized health professional within thirty (30) days;

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Section 13. Resident Records

- (n) Documentation that the resident has received and reviewed the resident's rights;
- (o) Documentation of complaints received and any resolution;
- (p) Documentation of move-out or transfer to another setting, if applicable; and
- (q) Other documentation relevant to the resident's services or status.

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Section 14. Staff Requirements

902 KAR 20:480 1(a)(1)

(1) Background checks.

(a) All owners, staff, and regularly scheduled volunteers in a position that involves providing direct care services to residents, which may include access to the belongings, funds, or personal information of residents, shall:

1. Have a criminal record check performed pursuant to KRS 216.789(3);

*KRS 216.789 (3) details on next slide.

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Section 14. Staff Requirements

KRS 216.789(3)

Prohibition against employing certain felons at long-term care facilities, health care services agencies providing staff to nursing facilities, or in assisted living communities -- Preemployment check with Justice and Public Safety Cabinet -- Temporary employment.

- (1) No long-term care facility as defined by KRS 216.535(1), health care services agency providing staff to a nursing facility, or assisted living community shall knowingly employ a person in a position which involves providing direct care services to a resident or client if that person has been convicted of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime.

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Section 14. Staff Requirements

902 KAR 20:480 1(a)(6)

(1) Background checks.

- (a) All owners, staff, and regularly scheduled volunteers in a position that involves providing direct care services to residents, which may include access to the belongings, funds, or personal information of residents, shall:
6. In accordance with KRS 216.532, not be listed on the nurse aide abuse registry established by 906 KAR 1:100.

Section 14. Staff Requirements

KRS 216.532

Prohibition against long-term care facility's being operated by or employing a person on the nurse aide abuse registry. Long-term care facilities as defined in KRS 216.510 shall not be operated by or employ any person who is listed on the nurse aide abuse registry required by 42 C.F.R. 483.156.

42 C.F.R. 483.156 Registry of Nurse Aides

- (a) Establishment of registry. The State must establish and maintain a registry of nurse aides that meets the requirement of this section.
- (b) Only the State survey and certification agency may place on the registry findings of abuse, neglect, or misappropriation of property.
- *nurse aide abuse registry established by 906 KAR 1:100.

Section 14. Staff Requirements

902 KAR 20:480 1(b)(1-2)

Regulation Definition Interpretive Guideline Custom Help

(1)(b) Staff in a position that involves providing direct care services to residents shall submit to a:

1. Criminal background check upon initial hire and no less than every two (2) years thereafter; and
2. Check of the following registries upon initial hire and annually thereafter:
 - a. Caregiver misconduct registry;
 - b. Nurse aide abuse registry; and
 - c. Central registry established by 922 KAR 1:470.

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Section 14. Staff Requirements

922 KAR 1:470. Central registry

(2) The cabinet shall conduct a check of the central registry for each individual who:

(a) Submits a request for a check of the central registry in accordance with subsection(4) of this section

(3) A request for a central registry check shall be made:

(a) By electronically submitting to the cabinet through the Kentucky Online Gateway:

1.a. A completed DCC-374, Child Care Central Registry Check, for an individual in childcare as specified by 42 U.S.C. 9858f, KRS 199.466, or 922 KAR 2:280; or b. A completed DPP-156, Central Registry Check, for an individual required by a law not specified in clause a. of this subparagraph no later than five (5) working days after:

- (i) The date of employment of an individual required by law to submit to a central registry check; or
- (ii) A volunteer's first day, if the volunteer is required by law to submit to a central registry check.

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Section 14. Staff Requirements

902 KAR 20:480 3(b)(1-2)

(3) Staffing.

(b) In accordance with KRS 194A.717(2), at least one (1) staff person shall be awake and on-site at all times at each:

1. Licensed entity; or
2. Building on the same campus for two (2) or more buildings

(4) Availability of nurse. An ALC-BH and ALC-DC shall have a nurse readily available in person, by telephone, or by other means of live, two-way communication to unlicensed staff at times the staff is providing delegated nursing tasks

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Section 14. Staff Requirements

(8) Orientation and annual training.

(a) Prior to working independently with residents and within thirty (30) days from the date of hire, all staff and management shall receive orientation education that addresses the topics required by KRS 194A.719(1)(a) through (k) with emphasis on those most applicable to the employee's assigned duties.

(b) All staff and management shall receive annual training in accordance with KRS 194A.719(2), which shall include in-service education regarding Alzheimer's disease and other types of dementia.

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Section 15. Medication Management

902 KAR 20:480 1(a)

(1) Medication management services.

(a) This section of this administrative regulation shall apply to facilities licensed to operate as an ALC-BH or ALC-DC

(1) Medication management services.

(c) Each facility under this section shall develop, implement, and maintain written medication management policies and procedures developed under the supervision and direction of a nurse, appropriate licensed health professional, or pharmacist consistent with scope of practice standards.

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Section 15. Medication Management

(1) Medication management services.

(d) The policies and procedures shall address:

1. Requesting and receiving prescriptions for medications;
2. Preparing and giving medications;
3. Verifying that prescription drugs are administered as prescribed;
4. Documenting medication management activities;
5. Storage of medications, which shall include compliance with the requirements established in clauses a. through c. of this subparagraph.

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Section 15. Medication Management

- 5a. All medications shall be kept in a locked place.
- 5b. All medications requiring refrigeration shall be kept in a separate locked box in the refrigerator in the medication area.
- 5c. Drugs for external use shall be stored separately from those administered by mouth or injection;
6. Monitoring and evaluating medication use;
7. Resolving medication errors;
8. Communicating with the prescriber, pharmacist, resident, and if applicable, designated contact person or legal representative;
9. Disposing of unused medications; and
10. Educating residents and designated contacts or legal representatives about medications.

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Section 15. Medication Management

902 KAR 20:480 1(f)

(1) Medication management services.

(f) All resident medications shall be plainly labeled with the:

1. Resident's name;
2. Name of the drug;
3. Strength;
4. Name of the pharmacy;
5. Prescription number;
6. Date;
7. Prescriber's name; and
8. Caution statements and directions for use, unless a modified unit dose drug distribution system is used.

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Section 15. Medication Management

902 KAR 20:480 4(a-c)

(4) Resident refusal. The ALC-BH or ALC-DC shall:

- (a) Document in the resident's record any refusal for an assessment for medication management;
- (b) Discuss the possible consequences of the resident's refusal with the:
 - 1. Resident;
 - 2. Resident's designated contact person or legal representative; or
 - 3. Both individuals established by subparagraphs 1. and 2. of this paragraph; and
- (c) Document the discussion in the resident's record.

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Section 15. Medication Management

(5) Individualized medication management plan.

- (b) The medication management record shall be updated if there is a change and contain:
 - 1. A statement describing the medication management services that will be provided to the resident;
 - 2. A description of storage of medications that:
 - a. Is based on the resident's needs and preferences;
 - b. Reduces risk of diversion; and
 - c. Is consistent with the manufacturer's directions;
 - 3. Documentation of specific instructions relating to the administration of medications to the resident;
 - 4. Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis.

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Section 15. Medication Management

5. Identification of medication management tasks that may be delegated to unlicensed personnel;
6. Procedures for staff to notify a nurse or appropriate licensed health professional if a problem arises with medication management services; and
7. Any resident-specific requirements related to:
 - a. Documenting medication administration;
 - b. Verification that all medications are administered as prescribed; and
 - c. Monitoring of medication use to prevent possible complications or adverse reactions.

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Section 16. Assisted Living Communities with Dementia Care

902 KAR 20:480 2

(2) An ALC-DC shall comply with KRS 194A.7065 and KRS 216.595.

KRS 194A.7065 (1) A licensee of an assisted living community with dementia care is responsible for:

- (a) The care and housing of persons with dementia;
- (b) The provision of person-centered care that promotes each resident's dignity, independence, and comfort; and
- (c) The supervision, training, and overall conduct of the staff.

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Section 16. Assisted Living Communities with Dementia Care

KRS 216.595 Requirements for assisted living communities and long-term care facilities claiming to provide special care for persons with Alzheimer's disease or other brain disorders -- Waiver on building requirements to address specific needs.

Any assisted living community that claims to provide special care for persons with a medical diagnosis of Alzheimer's disease or other brain disorders shall maintain a written and current manual that contains the information specified in subsection (2) of this section. This manual shall be maintained in the office of the community's or facility's director and shall be made available for inspection upon request of any person.

(2) The community or facility shall maintain and update written information on the following:

- (a) The assisted living community's or long-term care facility's mission or philosophy statement concerning the needs of residents with Alzheimer's disease or other brain disorders;

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Section 16. Assisted Living Communities with Dementia Care

KRS 216.595 (Continued)

(b) The process and criteria the assisted living community uses to determine placement into services for persons with Alzheimer's disease or other brain disorders;

(c) The process and criteria the assisted living community or long-term care facility uses to transfer or discharge persons from special services for Alzheimer's or other brain disorders;

(d) The supervision provided for residents with a medical diagnosis of Alzheimer's disease or other brain disorders;

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Section 16. Assisted Living Communities with Dementia Care

KRS 216.595 (Continued)

- (e) The family's role in care;
- (f) The process for assessing, planning, implementing, and evaluating the plan of care for persons with Alzheimer's disease or other brain disorders;
- (g) A description of any special care services for persons with Alzheimer's disease or other brain disorders;
- (h) Any costs associated with specialized services for Alzheimer's disease or other brain disorders; and
- (i) A description of dementia or other brain disorder-specific staff training that is provided, including but not limited to the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.

Resident Criteria

In accordance with KRS 194A.711, a resident of an ALC, ALC-BH, or ALC-DC shall be ambulatory unless due to a "temporary condition".

- "Ambulatory" is defined by KRS 194A.700(2) as the ability to walk, transfer, or move from place to place with or without hands-on assistance of another person, and with or without an assistive device, including but not limited to a walker or a wheelchair.
- "Temporary condition" is defined by KRS 194A.700(26) as a condition that affects a resident as follows:
 - The resident is not ambulatory before or after entering a lease agreement with the ALC but is expected to regain ambulatory ability within six (6) months of loss of ambulation, as documented by a licensed health care professional, and the ALC has a written plan in place to mitigate risk; or
 - The resident is not ambulatory after entering a lease agreement with the ALC but is not expected to regain ambulatory ability, hospice services are provided by a hospice program licensed under KRS Chapter 216B or other end-of-life services are provided by a licensed health care provider in accordance with KRS 194A.705, as documented by a licensed hospice program or other licensed health care professional, and the ALC has a written plan in place to mitigate risk.

In accordance with KRS 216.765(1), an individual shall have a medical examination prior to admission to an ALC, ALC-BH, or ALC-DC. The medical examination must include a medical history, physical examination, and diagnosis.

Functional Needs Assessment

An ALC, ALC-BH, or ALC-DC must complete a standardized functional needs assessment (Form OIG – 20:480-A) and provide a copy to the resident:

- Upon move-in
- As needed with updated information if there is a change in the resident’s condition, but no later than once every twelve (12) months



The functional needs assessment is used to ensure that the prospective or current resident meets the eligibility criteria of KRS 194A.711 and has at least minimal ability to verbally and physically participate in activities of daily living (ADL) or instrumental activities of daily living (IADL) during the time in which assistance is provided.



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Minimum Services

In accordance with KRS 194A.705, all ALCs, ALCs-BH, and ALCs-DC must provide each resident with access to the following services according to the lease agreement:



Assistance with ADLs and IADLs;




Three (3) meals and snacks each day, with flexibility in a secured dementia care unit to meet the needs of residents with cognitive impairments who may eat outside of scheduled dining hours;



Scheduled daily social activities that address the general preferences of residents



Assistance with self-administration of medication



Housing



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Lease Agreement

Upon entering into a lease agreement, an ALC, ALC-BH, or ALC-DC must inform the resident in writing about policies related to the provision of services by the facility and contracting or arranging for additional services.

KRS 194A.713 establishes the requirements for lease agreements, which must include:

- Resident data, such as the emergency contact person's name, and name of the responsible party or legal guardian if applicable, attending physician's name, information regarding personal preferences and social factors, and advance directives if desired by the resident
- ALC's policy on terminating lease agreements
- Terms of occupancy
- General services and fee structure
- Information regarding specific services provided
- Provisions for modifying resident services and fees
- 30-day notice of a change in the ALC's fee structure
- 30-day move-out notice for nonpayment, subject to applicable landlord/tenant laws
- Provisions for assisting a resident who has received a move-out notice to find appropriate living arrangements prior to the move-out date
- Refund and cancellation policies
- A description of any special programming, staffing, or training if the ALC is marketed as providing special programming, staffing, or training for residents with particular needs
- Other resident rights, which include resident rights under KRS 216.515
- Grievance policies.

Policies and Procedures

Each ALC, ALC-BH, or ALC-DC shall maintain written policies and procedures that are up-to date and include:

- Reporting and recordkeeping of alleged or actual adult abuse, neglect, or exploitation to the OIG and Department for Community Based Services;
- A description of dementia or other brain disorder-specific staff training as required by KRS 216.595(2)(i) if the facility provides special care for persons with a medical diagnosis of Alzheimer's disease or other brain disorders;
- How priority will be given to assist a resident during an emergency evacuation if the resident requires hands-on assistance to walk or transfer;
- Grievance policies required by KRS 194A.713(14);
- Conducting a functional needs assessment;
- Infection control practices;
- Reminders for medications, treatments, or exercises, if applicable;
- Medication and treatment management, if the facility provides these services;
- Cardiopulmonary resuscitation unless the policies of the facility state that this procedure is not initiated by its staff;
- Compliance with the requirements of KRS 216B.165, including assurance that retaliatory action shall not be taken against a staff member who in good faith reports a resident care or safety problem;
- Except for a social model ALC, a method that incorporates at least four (4) components in an ongoing resident assessment;
- Except for a social model ALC, ensuring that all nurses and health professionals have current and valid licenses to practice;
- Except for a social model ALC, delegation of nursing tasks, therapeutic, or other tasks assigned by nurses or other licensed health professionals;
- Except for a social model ALC, supervision of nurses and licensed health professionals; and
- Except for a social model ALC, supervision of unlicensed personnel performing delegated tasks.

Certified Medication Aides

KRS 194A.705 requires **all** long-term care facilities that provide basic health and health-related services or dementia care services to ensure that unlicensed staff who administer medications under the delegation of a nurse to have successfully completed a medication aide training and skills competency evaluation program approved by the Kentucky Board of Nursing (KBN).

- If administration of oral or topical medication is delegated by a nurse in an ALC-BH or ALC-DC, the unlicensed staff person shall have a:
 1. Certified medication aide (CMA) I credential from a training program approved by KBN; or
 2. Kentucky medication aide credential from the Kentucky Community and Technical College System.
- If administration of a preloaded insulin injection is delegated in addition to oral or topical medication, the unlicensed staff person shall have a certified medication aide (CMA) II credential from a training program approved by KBN.

Limited grace period for certain staff: KRS 194A.705 allows additional time for an apartment-style personal care home required to convert to an ALC to come into compliance with the certified medication aide requirements. They have until December 29, 2023.



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Staff Training – KRS 194A.719

Orientation: Prior to working independently with residents and within thirty (30) days from the date of hire, all assisted living staff and management must receive orientation education that covers the topics required by KRS 194A.719 with emphasis on those most applicable to the employee's assigned duties.


Orientation topics must include:

- | | |
|--|---|
| • Resident rights | • Emergency procedures |
| • Community policies | • Aging process |
| • Adult first aid | • Assistance with ADLs and IADLs; |
| • Cardiopulmonary resuscitation unless the policies of the ALC state that this procedure is not initiated by its staff | • Particular needs or conditions if the ALC markets itself as providing special programming, staffing, or training on behalf of residents with particular needs or conditions |
| • Adult abuse and neglect | • Assistance with self-administration of medication |
| • Alzheimer's disease and other types of dementia | |

Annual Training: All staff and management must receive annual training in accordance with KRS 194A.719(2), which includes in-service education regarding Alzheimer's disease and other types of dementia.



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KRS 194A.7201

The manager of an ALC-DC must complete at least ten (10) hours of dementia-specific training annually that includes the following topics:

- Medical management of dementia;
- Creating and maintaining supportive and therapeutic environments for residents with dementia; and
- Transitioning and coordinating services for residents with dementia.

KRS 194A.7201(2) identifies acceptable training methods such as classroom style training, Web-based training, workshops, etc.

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KRS 194A.7203

- ALCs-DC must comply with the staffing standards established by KRS 194A.7203, including the requirement that only dementia-trained staff who have been instructed in the person-center care approach provide care for residents unless a temporary emergency situation exists.
 - In an emergency and if trained staff are not available, the ALC-DC may assign staff who have not completed the required training.
 - The emergency situation must be documented and address the:
 - Nature of the emergency;
 - Duration of the emergency; and
 - Names and positions of staff who provided coverage and assistance.
- The ALC-DC must ensure that staff who provide support for residents with dementia demonstrate a basic understanding and ability to apply dementia training to the residents' emotional and unique health care needs using person-centered planning delivery.
- ALC-DC staffing levels must be sufficient to meet the scheduled needs of residents. During nighttime hours, staffing levels must be based on the sleep patterns and needs of residents

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KRS 194A.7205

In addition to the training required for all ALC staff pursuant to KRS 194A.719, ALCs-DC shall ensure compliance with the training requirements of KRS 194A.7205 for direct care staff who work in the facility's secured dementia care unit.

Specifically, all ALC-DC staff must receive at least eight (8) hours of dementia-specific orientation within the first thirty (30) days of working in the secured dementia care unit.

- Until this initial training is complete, an employee shall not provide direct care unless there is another employee on site who has completed the initial eight (8) hours of training on topics related to dementia care and who can act as a resource and assist as needed.
- The initial 8-hour dementia-specific orientation must include:
 - Information about the nature, progression, and management of Alzheimer's and other dementia illnesses and disorders;
 - Methods for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementia illnesses and disorders;
 - Methods for identifying and minimizing safety risks to residents with Alzheimer's and other dementia illnesses and disorders; and
 - Methods for communicating with individuals with Alzheimer's and other dementia illnesses and disorders.

All ALC-DC direct care staff members shall receive an additional eight (8) hours of orientation training after the 8-hour initial training but still within the first thirty (30) days of caring for residents that includes at a minimum:

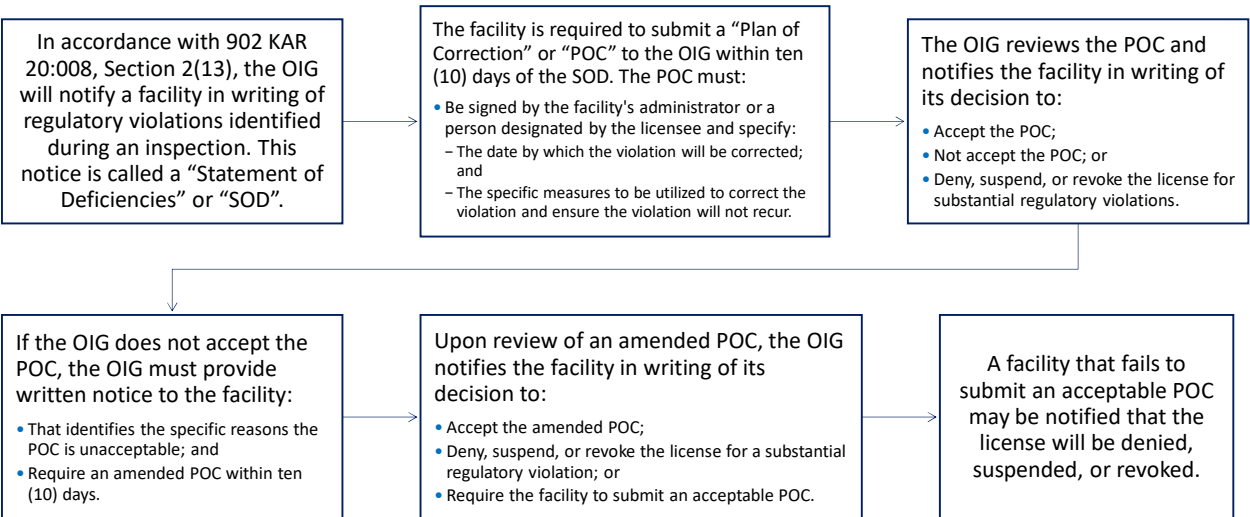
- General training, including: (1) Development and implementation of comprehensive and individual service plans; (2) Skills for recognizing physical and cognitive changes in residents; (3) General infection control principles; and (4) Emergency preparedness training; and
- Specialized training in dementia care, including: (1) The nature of Alzheimer's and other dementia illnesses and disorders; (2) The unit's philosophy related to the care of residents with Alzheimer's and other dementia illnesses and disorders; (3) The unit's policies and procedures related to the care of residents with Alzheimer's and other dementia illnesses and disorders; (4) Behavioral problems commonly found in residents with Alzheimer's and other dementia illnesses and disorders; (5) Positive therapeutic interventions and activities; (6) Skills for maintaining the safety of the residents; and (7) The role of family in caring for residents with Alzheimer's and other dementia illnesses and disorders.

All ALC-DC direct care staff shall complete a minimum of eight (8) hours of specialized training in dementia care annually.



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Procedures for Correcting Violations



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Contact Information

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Division of Health Care
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This presentation is not a substitute for reading and understanding all regulatory and statutory requirements for assisted living communities established by 902 KAR 20:480 and the enabling statutes, KRS 194A.700 – 194A.729.

902 KAR 20:480: <https://apps.legislature.ky.gov/law/kar/titles/902/020/>

KRS 194A.700 – 194A.729: <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38056>

Division of Health Care website: <https://chfs.ky.gov/agencies/os/oig/dhc/Pages/default.aspx>

Questions may be emailed to: kyoighcsupport@ky.gov



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2024 Annual Meeting
Session #6: Assisted
Living Regulations:
Navigating
Implementation and
Survey Process Updates
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