

## Frequently Asked Questions: Assisted Living Communities (ALC)

### CARE QUESTIONS

#### **Q1: May nurses working in ALCs do intermittent nursing care?**

**A1:** No. “Intermittent nursing “ through nurses employed by the ALCs is not allowed under the rules. See Rule 111-8-63-.17(11) which states that ...”nursing (other than developing and updating care plans, training, medication administration and skills competency determinations)...required on a periodic basis, or for short-term illness, must not be provided as services of the assisted living community. When such services are required, they shall be purchased by the resident or the resident’s representative or legal surrogate, if any, from appropriately licensed providers which are managed independently and not owned or operated by the assisted living community...”

#### **Q2: May licensed practical nurses perform “health maintenance activities” as proxy caregivers on behalf of the ALC?**

**A2:** No. The definition of a proxy caregiver contained in the law and the rules states that the caregiver is “an unlicensed person...”. Because the nurse holds a license, s/he cannot be a “proxy caregiver” who performs health maintenance activities. The licensed practical nurse is permitted to perform personal services for the residents, which might include tasks that would fall within the definition of a “health maintenance activity” if performed by a proxy caregiver.

#### **Q3: What is meant by “personal services”?**

**A3:** Personal services includes, but is not limited to, individual assistance with or supervision of self-administered medications and assistance with the essential activities of daily living, such as eating, bathing, grooming, dressing, toileting, ambulation and transfer.

#### **Q4: Are licensed practical nurses assisting with the administration of medications required to take the certified medication aide training?**

**A4:** Georgia-licensed LPNs are not required to complete the CMA training certification program in order to assist in the administration of medications in an assisted living community. An ALC may want the LPN to complete the training as a competency refresher, etc. However, please keep in mind, that LPNs are required to work under the supervision of a registered nurse and that the assisted living community must employ certified medication aides.

#### **Q5: Will an order be required for all assistive devices?**

**A5:** Yes, a physician’s order is required for all assistive devices that fall within the definition as specified in Rule 111-8-63-.03(e). However, the definition of “assistive device” contained in the rules is somewhat narrower than how the term “assistive device” is generally used. For instance, while a cane or wheel chair would generally be referred to as an assistive device, because it helps the person walk or self-propel, it would not necessarily be considered an assistive device under the ALC rules. Items such as transfer

belts, geri chairs, full bed rails, hoist lifts and lap boards are “assistive devices” that would require a physician order because they involve a caregiver putting something on or near the resident that either restrains or supports alignment and has a risk of significant injury for the resident if the assistive device is used improperly.

**Q6: Who are included in the term caregivers and permitted to effectuate a DNR order if done in good faith?**

**A6:** A caregiver is an employee of the licensed assisted living community who provides care to a resident. See O.C.G. A. §31-39-7 which lists the persons who may effectuate an order relating to cardio-pulmonary resuscitation in good faith. The list includes the following: physician, health care professional, nurse, physician assistant, caregiver, health care facility, other licensed facility, emergency medical technician, or person employed by, acting as the agent of, or under contract with any of the foregoing.

### **FIRE SAFETY QUESTIONS**

**Q7: Who defines designated points of safety for resident evacuations, etc.?**

**A7:** The ALC is responsible for identifying points of safety for resident evacuations in their Emergency Preparedness plan. If you have questions about what constitutes a point of safety for your community, discuss this issue with your fire inspector when the inspector is on site to conduct an inspection.

**Q8: If a personal care home is going to apply/become an Assisted Living Community, are there different building codes/requirements that must be met? If so, where can I find them?**

**A8:** Assisted living communities must meet fire safety standards of a limited healthcare facility. Please contact the State Fire Marshal's office regarding fire safety code differences for personal care homes and assisted living communities. Here is a link to their website where you can find contact information: <http://www.qainsurance.org/FireMarshal/Home.aspx>.

### **ADMINISTRATIVE QUESTIONS**

**Q9: Where can we obtain a Licensed Residential Facility Profile?**

**A9:** The form is under development and will be posted on the HFRD website under forms and applications when it is available.

**Q10: The rules require the community to obtain and use feedback from residents and their representatives on the quality of services provided at least annually. Is an annual survey sufficient?**

**A10:** Yes, so long as the community maintains documentation reflecting that it is actually using the results of the annual surveys to measure the quality of the services provided and identify improvement opportunities. The survey is one component of quality improvement. The rules also require the

community to use information derived from investigation of incidents where residents suffer an injury to improve performance as well.

**Q11: Do we still need to complete a new owner's affidavit when we apply to become licensed as an ALC?**

**A11:** Yes. HB 87 requires the state to obtain such an affidavit every time a public benefit, such as a license is issued.

**Q12: Does an entire facility have to apply/register as an Assisted Living Community or could they just license part of the facility that way...say wings 1-A, 2-A and 3-A (where A is the side of the building and the number is the floor) and then license 1-B, 2-B and 3-B as a Personal Care Home?**

**A12:** Any facility that applies to become licensed as an Assisted Living Community must meet all of the requirements of the Assisted Living Community Rules, Chapter 111-8-63. It is possible, in some instances, that two separately licensed facilities, such as an ALC and a personal care home could be co-located on the same premises, PROVIDED each facility independently meets the rules applicable to that particular licensure program within the confines of its separately licensed space. The physical design of the building would have to be such that the wings meet all of the requirements for the respective licensure program and there is a clear delineation, for example, fire walls, between the licensed programs. For instance, CMAs in the ALC could not administer medications in the PCH. The ALC would need to have its own common areas as would the personal care home. And both would need to have their own entrances.

**Q13: Could a facility remain a Personal Care Home and somehow utilize the Proxy Caregiver rule to have resident's that can't self administer medications receive their medications?**

**A13:** Yes, it is possible that a personal care home could employ proxy caregivers to administer medications to residents incapable of self-administration if the requirements of the proxy caregiver rules are met. However, please keep in mind that the personal care home would not be permitted to admit residents who required assisted self-preservation or retain a limited number of such residents unless a waiver was obtained.

**Q14: If a facility has an Alzheimer's wing, is there any way they could remain a personal care home?**

**A14:** Yes, it is possible that a personal care home could provide a memory care unit, depending upon how the unit is managed, the needs of the residents in the unit and the staffing that the home provides for that unit. The personal care home may not admit or retain residents who require assisted self-preservation.

**Q15: What do the ALC rules require the community to disclose to a resident, resident's representative or legal surrogate regarding adverse changes in the resident's condition?**

**A15:** Rule 111-8-63-.26(1) requires the ALC to maintain in the resident's file a record of adverse changes and the community's response to them. This information is to be shared with resident/family. For instance, the resident falls in her bedroom and calls for assistance and appears in pain. The ALC calls 911 and family representative and documents the incident and the ALC's response in the resident's file. In addition, this report of the fall would be maintained in a central file for the facility's quality assurance review as specified in Rule 111-8-63-.26(3). It would be expected that the ALC would investigate the incident/fall to determine what corrective/preventative actions, if any, to prevent further injury and file this detailed incident report in confidence with the Department. The rules do not require the ALC to share its quality assurance review reports with family members, though an ALC may do so if it wishes.

**Q16: We employ students as dietary aides in the evening under the supervision of the cook. They all have CPR/First Aide training is this okay?**

**A16:** Rule 111-8-63-.09 spells out the minimum qualifications for any person employed by the ALC. You would need to check this rule to make sure the staff you classify as students meet the requirements. See especially .09(1) which addresses the age of the employees. The individual must be 18 unless the student is at least 17 and has completed a vocational technical training track as a nursing assistant through a Georgia high school.

**Q17: We are concerned about checking the National Sex Offender Registry. What do we do if 25 John Brown names pop up?**

**A17:** The Sex Offender Registry has pictures of the offenders and tells the state they are located in. It should not be too time consuming to click through the pictures and verify information concerning your resident. The rule does not prohibit you from providing care to a former sex offender, but it does require you to develop a care plan that keeps the residents safe.

**Q18: We rely on our 911 EMS for emergency transportation? Do the ALC rules require the ALCs to have their own vehicle always available to handle emergency transportation?**

**A18:** Please note that not all emergencies are medical emergencies for residents. In a medical emergency, contacting 911 EMS for emergency transportation, if it is available, would meet the needs of the resident as well as the requirements of the ALC rules. Also, each assisted living community must develop and utilize a comprehensive emergency preparedness plan for responding to internal and external disasters and emergency situations which address obtaining emergency transportation, sheltering in place, loss of power and water, evacuation and transporting the residents away from the community. See Rule 111-8-63-.14(4).

**Q19: The rules require residents and their representatives to be given opportunities to provide feedback in writing and otherwise on their satisfaction with services. Can this feedback be documented using a log book?**

**A19:** Yes, but it depends on how the log book is set up and used. The rule requires residents and their representative to be given opportunities to provide feedback in the following areas: quality of care, food, activities, cleanliness of the community and helpfulness of the staff. Having just a log

book set up to receive complaints doesn't meet the requirements of this rule. The log book would need to be set up in such a way to provide opportunities to comment on all of the listed services.

### **SUPPLY QUESTIONS**

**Q20: We ask residents to bring in two complete sets of linens and bath towels at a minimum when they move in. Are we required to also have a supply stock of these items?**

**A20:** Yes. An ALC must maintain spare linens even if the residents furnish their own linens. Rule 111-8-63-.12(11) states..."Whether or not the resident declines linen services, the assisted living community must maintain an adequate supply of spare linens on hand to accommodate the needs of the residents".

**Q21: Our residents furnish their own apartments. Do we have to provide the residents with extra-long mattresses?**

**A21:** Residents may provide their own furnishings. But if a particularly tall resident wants the community to provide an extra-long mattress, the community would need to provide it.