# *Rhode Island Department of Health*

## PUBLIC NOTICE

The Director of the Rhode Island Department of Health has determined to amend the rules and regulations listed below to remove the specific dollar value of all fees for licensing, laboratory and administrative services provided by the Department of Health from the individual regulations and reference all such fees to a new consolidated fee regulation (to be promulgated separately). These amendments are proposed pursuant to the authority contained in Public Law 2012-241, enacted by the General Assembly on 15 June 2012, and the relevant sections of the respective professional practice and licensure acts.

**The following seventy-five (75) regulations are proposed to be amended:**

1. Food Code
2. Rules and Regulations Establishing Educational and Experience Requirements for Registration as a Sanitarian
3. Rules and Regulations for Asbestos Control
4. Rules and Regulations for Bottled Water
5. Rules and Regulations for Certifying Analytical Laboratories
6. Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services
7. Rules and Regulations for Lead Poisoning Prevention
8. Rules and Regulations for Licensing Assisted Living Residences
9. Rules and Regulations for Licensing Athletic Trainers
10. Rules and Regulations for Licensing Birth Centers
11. Rules and Regulations for Licensing Chemical Dependency Professionals
12. Rules and Regulations for Licensing Clinical Laboratories and Stations
13. Rules and Regulations for Licensing Clinical Social Workers and Independent Clinical Social Workers
14. Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants
15. Rules and Regulations for Licensing Home Nursing Care Providers and Home Care Providers
16. Rules and Regulations for Licensing Hospice Care
17. Rules and Regulations for Licensing Interpreters for the Deaf
18. Rules and Regulations for Licensing Kidney Disease Treatment Centers
19. Rules and Regulations for Licensing Massage Therapists
20. Rules and Regulations for Licensing Mental Health Counselors and Marriage and Family Therapists
21. Rules and Regulations for Licensing Occupational Therapists and Occupational Therapy Assistants
22. Rules and Regulations for Licensing of Hospitals
23. Rules and Regulations for Licensing of Midwives
24. Rules and Regulations for Licensing of Nursing Facilities
25. Rules and Regulations for Licensing of Nursing Home Administrators
26. Rules and Regulations for Licensing Physical Therapists and Physical Therapist Assistants
27. Rules and Regulations for Licensing Psychologists
28. Rules and Regulations for Licensing Rehabilitation Hospital Centers

29. Rules and Regulations for Licensing Respiratory Care Practitioners
30. Rules and Regulations for Licensing Speech Pathologists and Audiologists
31. Rules and Regulations for Licensing Swimming and Wading Pools, Hot Tubs, and Spas
32. Rules and Regulations for Licensure and Discipline of Chiropractic Physicians
33. Rules and Regulations for Limited Medical Registration
34. Rules and Regulations for Radon Control
35. Rules and Regulations for the Certification of Administrators of Assisted Living Residences
36. Rules and Regulations for the Certification of Health Plans
37. Rules and Regulations for the Control of Radiation
38. Rules and Regulations for the Licensing of Freestanding Ambulatory Surgical Centers
39. Rules and Regulations for the Licensing of Freestanding Emergency Care Facilities
40. Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs
41. Rules and Regulations for the Licensing of Nursing Service Agencies
42. Rules and Regulations for the Licensing of Organized Ambulatory Care Facilities
43. Rules and Regulations for the Licensing of Podiatrists
44. Rules and Regulations for the Licensing of Radiographers, Nuclear Medicine Technologists, Radiation Therapists and Radiologist Assistants
45. Rules and Regulations for the Licensure and Discipline of Physicians
46. Rules and Regulations for the Licensure of Barbers, Hairdressers/Cosmeticians, Manicurists, Estheticians, and Instructors
47. Rules and Regulations for the Licensure of Clinical Laboratory Science Practitioners
48. Rules and Regulations for the Licensure of Physician Ambulatory Surgery Centers and Podiatry Ambulatory Surgery Centers
49. Rules and Regulations for the Licensure of Physician Assistants
50. Rules and Regulations for the Licensure of Veterinarians
51. Rules and Regulations for the Registration of Body Piercing Technicians and Body Piercing Establishments
52. Rules and Regulations for the Registration of Distributors of Controlled Substances in Rhode Island
53. Rules and Regulations for the Registration of Tanning Facilities
54. Rules and Regulations for the Registration of Tattoo Artists and Tattoo Parlors
55. Rules and Regulations for the Utilization Review of Health Care Services
56. Rules and Regulations Governing Vital Statistics
57. Rules and Regulations Pertaining to Certification of Managers in Food Safety
58. Rules and Regulations Pertaining to Dentists, Dental Hygienists, and Dental Assistants
59. Rules and Regulations Pertaining to Embalmers, Funeral Directors, and Funeral Service Establishments
60. Rules and Regulations Pertaining to Opticians
61. Rules and Regulations Pertaining to Optometrists
62. Rules and Regulations Pertaining to Permits for Screening Programs
63. Rules and Regulations Pertaining to Pharmacists, Pharmacies and Manufacturers, Wholesalers, and Distributors
64. Rules and Regulations Pertaining to Public Drinking Water
65. Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs
66. Rules and Regulations Pertaining to the Certification of Public Drinking Water Supply Treatment and Public Water Supply Transmission and Distribution Operators

67. Rules and Regulations Pertaining to the Licensing of Dietitians/Nutritionists
68. Rules and Regulations Pertaining to the Medical Examiner System
69. Rules and Regulations Pertaining to the Newborn Metabolic, Endocrine, and Hemoglobinopathy Screening Program and the Newborn Hearing Loss Screening Program
70. Rules and Regulations Pertaining to the Processing and Distribution of Shellfish
71. Rules and Regulations Prescribing Minimum Standards for Processing, Storage and Transportation of Fish and Fishery Products
72. Rules and Regulations Related to the Licensure of Hearing Aid Dealers and Fitters
73. Rules and Regulations Related to the Medical Marijuana Program
74. Rules and Regulations Related to the Practice of Electrolysis
75. Rules and Regulations Relating to Emergency Medical Services

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Notice is hereby given in accordance with the provisions of §42-35-3(a)(2) of the Rhode Island General Laws, as amended, that the Director is affording all interested persons the opportunity to submit data, views, or arguments in writing on this matter. Opportunity for public hearing shall be granted if requested by twenty-five (25) persons, by a government subdivision or agency, or by an association having not less than twenty-five (25) members. *Otherwise, no hearing shall be convened*. Should a hearing be requested by twenty-five (25) persons, by a government subdivision or agency, or by an association having not less than twenty-five (25) members, *a hearing shall be scheduled only for the regulation(s) for which the request for hearing was received*. All regulations for which a public hearing is not requested will be filed with the Rhode Island Secretary of State pursuant to Chapter 42-35 of the Rhode Island General Laws, as amended, shortly after the 10 September 2012 deadline (as below).

Such input or requests for public hearing must be received in writing **no later than Monday, 10 September 2012**. Such input or requests should be addressed to: Michael Fine, M.D., Director, Rhode Island Department of Health, Three Capitol Hill, Room #401, Providence, Rhode Island 02908-5097.

In the development of these amendments, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach, duplication, or overlap was identified based upon available information.

Copies of all regulations are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, Three Capitol Hill, Providence, Rhode Island 02908-5097, on the Secretary of State's website: http://www.sos.ri.gov/rules/, by calling 401-222-7767, or by e-mail to Bill.Dundulis@health.ri.gov.

Signed this 3rd day of August 2012

*Original signed by Michael Fine, MD*

Michael Fine, M.D., Director of Health

# RULES AND REGULATIONS
# FOR LICENSING ASSISTED LIVING RESIDENCES

[R23-17.4-ALR]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

December 1976

***AS AMENDED:***

December 1978
January 1982
April 1991
June 1991 (E)
August 1993 (E)
August 1993
November 1993
June 1994
March 1996
May 1999 (E)
September 1999 (E)
November 1999
January 2002 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
March 2002 (E)
July 2002 (E)
July 2002
January 2004
January 2007 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
September 2007
January 2012 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
**August 2012 (Proposed)**

**COMPILER'S NOTES:**
**Proposed Additions: Underlined**
**Proposed Deletions: ~~Strikeouts~~**

## *INTRODUCTION*

These amended *Rules and Regulations for Licensing Assisted Living Residences [R23-17.4-ALR]* are promulgated pursuant to the authority conferred under Chapter 23-17.4 of the General Laws of Rhode Island, as amended, and are established for the purpose of defining the minimum standards for licensed assisted living residences in Rhode Island; for the care of residents in an assisted living residence; for the maintenance and operation of assisted living residences which will: (i) promote the dignity, individuality, independence, privacy, and autonomy of residents; (ii) provide a safe and home-like environment; (iii) protect the safety, health and welfare of residents; for the encouragement of quality of life for all residents; and for the encouragement of quality in all aspects of the operations of assisted living residences.

Pursuant to the provisions of section 42-35 3(c) of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at the regulations: (a) alternative approaches to the regulations; and (b) duplication or overlap with other state regulations. Based on the available information, no known alternative approach, duplication or overlap was identified

These amended regulations shall supersede all previous *Rules and Regulations for Licensing Assisted Living Residences* promulgated by the Rhode Island Department of Health and filed with the Secretary of State.

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PART I ***Licensure Requirements***

Section 1.0 ***Definition*s**

Whenever used in these rules and regulations, the following terms shall be construed as follows:

1.1 ***"Abuse"*** means any assault as defined in Chapter 11-5 of the Rhode Island General Laws, as amended, including, but not limited to hitting, kicking, pinching, slapping or the pulling of hair, provided however, unless such is required as an element of offense, it shall not be necessary to prove that the patient or resident was injured thereby, or any assault as defined in Chapter 11-37 of the Rhode Island General Laws, as amended, or any offense under Chapter 11-10 of the General Laws; or

1.1.1 any conduct which harms or is likely to physically harm the resident except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the resident; or

1.1.2 intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional or psychological harm to the resident, including but not limited to ridiculing or demeaning a patient or resident, making derogatory remarks to a patient or resident or cursing directed towards a patient or resident, or threatening to inflict physical or emotional harm on a patient.

1.2 ***"Act"*** refers to Chapter 23-17.4 of the General Laws of Rhode Island, entitled "Assisted Living Residence Licensing Act."

1.3 "***Activities of daily living (ADLs)"*** means bathing, dressing, eating, toileting, mobility and transfer.

1.4 ***"Administrator"*** means the person who has responsibility for day to day administration or operation of an assisted living residence.

1.5 ***"Alzheimer Dementia Special Care Unit/Program"*** means a distinct living environment within an assisted living residence that has been physically adapted to accommodate the particular needs and behaviors of those with dementia. The unit provides increased staffing, therapeutic activities designed specifically for those with dementia and trains its staff on an ongoing basis on the effective management of the physical and behavioral problems of those with dementia. The residents of the unit or program have had a standard medical diagnostic evaluation and have been determined to have a diagnosis of Alzheimer's dementia or another dementia.

1.6 ***"Assisted living residence"*** means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements personal assistance to meet the resident's changing needs and preferences, lodging, and meals to two (2) or more adults who are unrelated to the licensee or administrator, excluding however, any privately operated establishment or facility licensed pursuant to Chapter 23-17 of the General Laws of Rhode Island, as amended, and those facilities licensed by or under the jurisdiction of the Department of Mental Health, Retardation and Hospitals, the Department of Children, Youth, and Families, or any other state agency. Assisted living residences include sheltered care homes, and board

and care residences, or any other entity by any other name providing the above services which meet the definition of assisted living residence.

1.7 ***"Capable of self-preservation"*** means the physical mobility and judgmental ability of the individual to take appropriate action in emergency situations. Residents not capable of self-preservation are limited to facilities that meet more stringent life safety code requirements as provided under section 23-17.4-6(b)(3) of the General Laws of Rhode Island, as amended.

1.8 ***"Change in operator"*** means a transfer by the licensee or operator of an assisted living residence to any other person (excluding delegations of authority to the administrative employees of the residence) of the licensee's authority to:

a) hire or fire the chief executive officer of the assisted living residence;

b) maintain and control the books and records of assisted living residence;

c) dispose of assets and incur liabilities on behalf of the assisted living residence; or

d) adopt and enforce policies regarding operation of the assisted living residence.

This definition is not applicable to circumstances wherein the licensee of an assisted living residence for adults retains the immediate authority and jurisdiction over the activities enumerated in subsections (a) through (d) herein.

1.9 ***"Change in owner"*** means:

(1) in the case of an assisted living residence which is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;

(2) in the case of an assisted living residence which is an unincorporated solo proprietorship, the transfer of the title and property to another person;

(3) in the case of an assisted living residence which is a corporation:

a) a sale, lease, exchange or other disposition of all, or substantially all of the property and assets of the corporation; or

b) a merger of the corporation into another corporation; or

c) the consolidation of two or more corporations, resulting in the creation of a new corporation; or

d) in the case of an assisted living residence which is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or

e) in the case of an assisted living residence which is a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.

1.10 ***"Director"*** means the Director of the Rhode Island Department of Health.

1.11 ***"Division of Fire Safety"*** means the Division of Fire Safety, Executive Department, state of Rhode Island.

1.12 ***"Elopement"***, as used herein, means leaving the premises without notice when the residence has assumed responsibility for the resident's whereabouts.

1.13 ***"Employee"*** means any individual, whether paid or unpaid, directly employed by or under contract with the residence, who provides or delivers direct care services to residents and/or who has routine contact with residents without the presence of other employees.

1.14 "***Established resident***" means a person living in an assisted living residence with a contract and service plan in place based upon a complete assessment.

1.15 ***"Fiduciary agent"*** means one who holds a fiduciary relation or acts in a fiduciary capacity.

1.16 ***"Health oversight agency"*** means a public authority or other agency or organization authorized by law to investigate or otherwise oversee the reporting of allegations of failure to meet professional practice standards or misconduct.

1.17 ***"High managerial agent"*** means an officer of a residence, the administrator and assistant administrator of the residence, the director and assistant director of nursing services, or any other agent in a position of comparable authority with respect to the formulation of policies of the residence or the supervision in a managerial capacity of subordinate employees.

1.18 ***"Indirect supervision"*** means supervision provided by a licensed professional, as indicated in section 20.3.2 , who does not need to be on the premises while medication duties are being performed, but who is responsible for the assignment of duties and evaluation of the performance of the employees who are centrally storing and administering medications.

1.19 ***"Level of licensure"*** means the licensed authority to admit residents according to the following classifications: [Note that residences must have both an "F" (fire) and an "M" (medication) classification].

***Fire Code Classifications:***

a) ***Level F1 licensure:*** for residents who are not capable of self preservation. This level requires a more stringent life safety code, as defined in section 1.22**;** ***or***

b) ***Level F2 licensure:*** for residents who are capable of self preservation; ***and***

***Medication Classifications:***

c) ***Level M1 licensure:*** for one (1) or more residents who require central storage and/or administration of medications; ***or***

d) ***Level M2 licensure:*** for residents who require assistance (as elaborated in section 20.3.1 ) with self-administration of medications;

***and (if applicable)***

e) ***"Dementia care***" licensure shall be required when one (1) or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following:

(i) safety concerns due to elopement risk or other behaviors;

(ii) inappropriate social behaviors that adversely impact the rights of others;

(iii) inability to self preserve due to dementia;

(iv) a physician's recommendation that the resident needs dementia support consistent with this level; or if the residence advertises or represents special dementia services or if the residence segregates residents with dementia. In addition to the requirements for the basic license, licensing requirements for the "dementia care" level shall include the following:

A) staff training and/or requirements specific to dementia care as determined by the Department;

B) a registered nurse on staff and available for consultation at all times;

C) the residence shall provide for a secure environment appropriate for the resident population.

1. A residence licensed at the "dementia care" level shall:

A) Be licensed as an "F1--M1" residence in accordance with the requirements of sections 1.19 (a) and 1.19 (c) above; and

B) Meet the requirements of section 22.0 herein.

1.20 ***"Licensee***" means any person who holds an assisted living residence license from the licensing agency.

1.21 ***"Licensing agency"*** means the Rhode Island Department of Health.

1.22 ***"Life Safety Code"*** means the current applicable Rhode Island State Fire Safety Code, as found in reference 7.

1.23 ***"Mistreatment"*** means the inappropriate use of medications, isolation, or use of physical or chemical restraints as punishment, for employee convenience, as a substitute for treatment or

care, in conflict with a physician's order, or in quantities which inhibit effective care of treatment, which harms or is likely to harm the patient or resident.

1.24 ***"Neglect"*** means the intentional failure to provide treatment, care, goods and services necessary to maintain the health and safety of the patient or resident, or the intentional failure to carry out a plan of treatment or care prescribed by the physician of the patient or resident, or the intentional failure to report patient or resident health problems or changes in health conditions to an immediate supervisor or nurse, or the intentional lack of attention to the physical needs of a patient or resident including, but not limited to toileting, bathing, meals and safety. "Neglect", as used herein, also means failure to promptly act upon any change in a resident's condition that would disqualify that resident from admission to the residence pursuant to section 10.1 of these regulations, including but not limited to, the transfer of the resident to a health care facility. Provided, however, no person shall be considered to be neglected for the sole reason that he or she relies or is being furnished treatment in accordance with the tenets and teachings or a well recognized church or denomination by a duly-accredited practitioner thereof.

1.25 ***"Person"*** means any individual, trust or estate, partnership, corporation (including associations, joint stock companies, or limited liability companies) state or political subdivision or instrumentality of a state.

1.26 ***"Personal assistance"*** means the provision of one (1) or more of the following services, as required by the resident or as reasonably requested by the resident, on a scheduled or unscheduled basis, including: (a) assisting the resident with personal needs, including activities of daily living; (b) assisting the resident with self-administration of medication; or administration of medications by appropriately licensed staff; (c) providing or assisting the resident in arranging for health and supportive services as may be reasonably required; (d) monitoring the activities of the resident while on the premises of the residence to ensure his or her health, safety, and well-being; and (e) reasonable recreational, social and personal services.

1.27 "***Qualified person***", as used herein, means a licensed registered nurse or a certified assisted living residence administrator.

1.28 ***"Resident"*** means an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging and meals and may require the administration of medication. A resident must be capable of self-preservation in emergency situations, unless the residence meets a more stringent life safety code as required under 23-17.4-6(b)(3) of the General Laws of Rhode Island, as amended. Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to twenty-one (21) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that such care is received. For purposes of the Act and the rules and regulations herein, "resident" shall also mean the resident's agent as designated in writing or legal guardian.

1.29 "***Significant change***" means an improvement or decline in the resident's health status, behavior, or cognitive and/or functional abilities that results in a change in the resident's independence or quality of life, including but not limited to:

a) Resident's ability to perform activities of daily living;
b) A change in the resident's behavior or mood resulting in behavioral symptoms that present a threat to the resident's self or others;
c) The elimination of problematic behavior on a sustained basis;
d) Requirements for resident's level of service.

Section 2.0 ***General Requirements for Licensing***

2.1 No person, acting alone or jointly with any other person, shall conduct or maintain an assisted living residence in this state without a license in accordance with the requirements of section 23-17.4-4 of reference 1 and in conformity with the rules and regulations herein.

2.2 No person, acting severally or jointly with any other person, shall admit or retain a resident in an assisted living residence which residence (1) does not meet the definition and requirements of the Act; or (2) is not able to provide the services needed by a resident as agreed to in the service plan required under section 23-17.4-15.6 of the Rhode Island General Laws, as amended.

2.3 Each license shall specify the licensed resident capacity of the residence. The occupancy of the residence shall never exceed the licensed resident capacity.

2.3.1 The residence shall identify to the licensing agency the location of beds and shall maintain proper space and furnishings for such locations.

2.3.2 The residence may not house more assisted living residents than the licensed capacity at any given time.

2.4 Proposed changes in bed capacity within a residence shall be submitted to the licensing agency in writing and shall be subject to the approval of the licensing agency.

2.5 No person and/or combination per area of residence shall represent itself as an assisted living residence or use the term residential care or any other similar term in its title, advertising, publication or other form of communication, unless licensed as an assisted living residence in accordance with the provisions herein.

***Levels of Licensure***

2.6 An assisted living residence shall only admit residents according to the level of licensure for which the residence has been licensed. A residence may have areas which are licensed separately.

***Quality Assurance***

2.7 In accordance with section 23-17.4-10.1 of the Rhode Island General Laws, as amended, each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program.

2.7.1 The purpose of this program shall be to attain and maintain a high quality assisted living residence through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved. Areas subject to quality assurance review shall include no less than the following: 1. personal assistance and resident services; 2. resident satisfaction; 3. incidents (for example, resident complaints, medication errors, resident falls, and injuries of unknown origin).

2.7.2 The administrator shall be responsible for maintaining a written plan that includes, at a minimum, the three (3) areas for quality assurance/improvement review cited in section 2.7.1 above. Said plan shall describe the monitoring, identification, and evaluation processes; tracking methods; as well as cite the name of the responsible person, and the schedule of meetings and events.

2.7.3 The program shall track appropriate quality indicators covering at least the three (3) areas noted above (section 2.7.1) on an annual basis, at a minimum. When areas are targeted for improvement, on-going monitoring shall continue to measure the effectiveness of the program.

2.7.4 Quality improvement documentation shall be kept on file for a minimum of five (5) years.

***Financial Interest Disclosure***

2.8 Any licensed assisted living residence which refers clients to any health care facility licensed pursuant to Chapter 23-17 of the Rhode Island General Laws, as amended, or to another assisted living residence licensed pursuant to Chapter 23-17.4 or to a certified adult day care program in which the referring entity has a financial interest shall, at the time a referral is made, disclose the following information to the client: (1) that the referring entity has a financial interest in the residence or provider to which the referral is being made; (2) that the client has the option of seeking care from a different residence or provider which is also licensed and/or certified by the state to provide similar services to the client.

2.9 The referring entity shall also offer the client a written list prepared by the Department of Health of all such alternative licensed and/or certified facilities or providers. Said written list may be obtained by contacting:

Rhode Island Department of Health, Office of Facilities Regulation
3 Capitol Hill, Room 306
Providence, RI 02908 401.222.2566

2.10 Non-compliance with sections 2.8 and 2.9 (above) shall constitute grounds to revoke, suspend or otherwise discipline the licensee or to deny an application for licensure by the Director, or

may result in imposition of an administrative penalty in accordance with Chapter 23-17.10 of the Rhode Island General Laws, as amended.

Section 3.0 ***Application for License***

3.1 Application for a license to conduct, maintain or operate an assisted living residence shall be made to the licensing agency upon forms provided by the licensing agency and shall contain such information as the licensing agency reasonably requires which may include affirmative evidence of ability to comply with the provisions of reference 1 and the rules and regulations therein and compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, and other relevant health and safety requirements. The licensing application shall include evidence from the applicant that criminal background checks on owners and operators of licensed assisted living residences have been completed.

3.1.1 Each application shall be accompanied by a non-refundable application fee ~~of three hundred thirty dollars ($330.00)~~ per license plus an additional fee ~~of seventy dollars ($70.00)~~ per licensed bed, ~~made payable to the Rhode Island General Treasurer.~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*

3.2 A notarized listing of the names and addresses of direct and indirect owners whether individual, partnership, or corporation, with percentages of ownership designated, shall be provided with the application for licensure and shall be updated annually. If a corporation, the list shall include all officers, directors and other persons or any subsidiary corporation owning stock.

Section 4.0 ***Issuance and Renewal of License***

4.1 Upon receipt of an application for a license, the licensing agency shall issue a license if the applicant meets the requirements of reference 1 and the rules and regulations herein.

The license issued, unless sooner suspended or revoked, shall expire by limitation on the 31st day of December following its issuance and may be renewed from year to year subject to inspection and approval by the licensing agency, including the Office of Food Protection, and the Division of Fire Safety.

4.1.1 All renewal applications shall be accompanied by a non-refundable application fee ~~of three hundred thirty dollars ($330.00)~~ per license plus an additional fee ~~of seventy dollars ($70.00)~~ per licensed bed, ~~made payable to the Rhode Island General Treasurer.~~ as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*

4.2 Each license shall be issued only for the premises and persons named in the application, and shall not be transferable or assignable except with the written approval of the licensing agency.

4.3 The license will specify the level of licensure or combination of services that the residence may provide, and the area where service can be provided (i.e., residents requiring assistance with self preservation, and/or medication may only be admitted to facilities [or areas] with appropriate licensing level).

4.4 A license issued hereunder shall be the property of the state and loaned to such licensee and it shall be kept posted in a conspicuous place on the premises.

4.5 In cases where a building has a mixed population of independent and assisted living residents, the location of the units on the assisted living license shall be documented in a roster available at all times and certified by the administrator, or his/her designee, and kept current on a daily basis.

Section 5.0 ***Inspections***

5.1 The licensing agency shall make or cause to be made such inspections and investigations as it deems necessary by duly authorized agents of the Director at such time and frequencies as determined by the licensing agency.

5.2 A duly authorized representative of the licensing agency shall have the right to enter at any time without prior notice, to inspect the premises and services for which an application has been received, or for which a license has been issued.

5.2.1 Refusal to permit inspection or investigation shall constitute a valid ground for suspension or revocation of license or curtailment of activities.

5.3 Every residence shall be given notice by the licensing agency of all deficiencies reported as a result of an inspection or investigation.

Section 6.0 ***Change of Ownership, Operation and/or Location***

6.1 When a change of ownership or operation or location of an assisted living residence or when discontinuation of services is contemplated, the licensing agency shall be given written notice of pending changes.

6.2 A license shall immediately expire and become void and shall be returned to the licensing agency when operation of an assisted living residence is discontinued or when any changes in ownership occur.

6.2.1 Prior to operating under a new owner or operator, the prospective licensee shall apply for a new license in accordance with section 3.0, "Application for License." Upon receipt of a complete application and if there are no changes in existing operations of the residence, including:

- resident capacity,
- level of licensure,
- modifications or construction of the physical plant,

the Department may, following a review of the complete application, issue a license to the prospective licensee without first inspecting the premises.

6.2.2 When there is a change in ownership or in the operation or control of the residence, and provided a complete application is submitted in accordance with section 6.2.1 above, the licensing agency reserves the right to extend the expiration date of the existing license, allowing the residence to operate under the same license which applied to the prior licensee for such time as shall be required for the processing of a new application or reassignment of residents, not to exceed six (6) weeks.

6.3 When a change of certified administrator is contemplated, the licensing agency shall be given written notice prior to the change and at the time of the actual change.

## Section 7.0 ***Denial, Suspension, Revocation of License or Curtailment of Activities***

7.1 The licensing agency is authorized to deny, suspend or revoke the license or curtail activities of any assisted living residence which: (1) has failed to comply with the rules and regulations herein; (2) has offered or provided service to residents outside of the scope of its appropriate level of license; (3) has failed to correct deficiencies or complete corrective action plan; or (4) has failed to comply with the provisions of reference 1.

7.1.1 Reports of deficiencies shall be maintained on file in the licensing agency and shall be considered by the licensing agency in rendering determinations to deny, suspend or revoke the license or to curtail activities of the assisted living residence.

7.2 Whenever an action shall be proposed to deny, suspend or revoke an assisted living residence license, or curtail its activities, the licensing agency shall notify the residence by certified or registered mail or by personal service setting forth reasons for the proposed action, and the applicant or licensee shall be given an opportunity for a prompt and fair hearing in accordance with section 23-17.4-8 of reference 1 and section 42-35-9 of the General Laws of Rhode Island, as amended, and the provisions of section 30.0 herein.

7.2.1 However, if the licensing agency finds that the safety and welfare of residents requires emergency action and incorporates a finding to that effect in its order, the licensing agency may order summary suspension of license or curtailment of activities pending proceedings for revocation or other action in accordance with sections 42-35-14 (c) and 23-1-21 of the General Laws of Rhode Island, as amended.

7.3 The appropriate state and federal agencies shall be notified of any action taken by the licensing agency pertaining to either denial, suspension, or revocation of license, or curtailment of activities.

## PART II *Organization and Management*

### Section 8.0 *Administrative Management*

8.1 All licensees shall provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well being of the residents, according to the appropriate level of licensing. At least one (1) staff person who has completed employee training as outlined in section 8.7 herein shall be on the premises at all times.

8.2 Each licensee shall have responsible adult(s) who are employee(s) or who have a contractual relationship with the residence to provide the services required herein who is at least eighteen (18) years of age and

a) awake and on the premises at all times,

b) designated in charge of the operation of the residence; and

c) physically and mentally capable of communication with emergency personnel.

8.3 Pursuant to section 23-17.4-15.1.1 of the Rhode Island General Laws, as amended, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to section 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following:

8.3.1 the management and operation of the residence and services to the residents;

8.3.2 compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and all rules and regulations herein.

8.3.3 staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services;

8.3.4 establishment of written policies and procedures governing the operation of the residence which are aimed, to the extent possible, at maintaining the independence of residents. Such policies shall include provisions to implement no less than the following:

a) the appropriate provisions of section 14.0 herein and other applicable provisions pertaining to admission, transfer, discharge, visitation privileges, availability and utilization of community resources, leisure time and such other;

b) accountability of the residence when acting as a fiduciary agent for the resident pursuant to section 14.0 herein;

c) notification of next of kin or other responsible person designated by the resident in the event of illness, accident or death; and

d) such other provisions as may be deemed appropriate.

8.3.5 compliance with all requirements appropriate to the service level for which the residence is licensed.

8.4 C***ardiopulmonary Resuscitation***: At all times, one person on-site shall have successfully completed instruction by the American Heart Association, the American Red Cross, or the National Safety Council at the minimal ("Heartsaver") level to perform cardiopulmonary resuscitation.

8.5 A certified administrator shall be in charge of no more than three residences with an aggregate resident total of no more than one hundred twenty (120) residents.

8.6 The certified administrator shall not leave the premises without delegating necessary authority for operation of the residence to a competent employee(s).

***Employee Training***

8.7 The administrator shall ensure that all new employees shall receive at least two (2) hours of orientation and training in the areas listed below within ten (10) days of hire and prior to beginning work alone in the assisted living residence, in addition to any training that may be required for a specific job classification at the residence.

Such areas include:
a) fire and emergency procedures;
b) recognition and reporting of abuse, neglect, and mistreatment;
c) assisted living philosophy (goals/values: dignity, independence, autonomy, choice);
d) resident's rights;
e) confidentiality.

8.8 The administrator shall ensure that all new employees who will have regular contact with residents and provide residents with personal care shall receive at least ten (10) hours of orientation and training in the areas listed below within thirty (30) days of hire and prior to beginning work alone in the assisted living residence, in addition to the areas stipulated in sections 8.7 above. Such areas include:

a) basic sanitation and infection control (i.e., universal precautions);
b) food service;
c) medical emergency procedures;
d) basic knowledge of aging-related behaviors;
e) personal assistance;
f) assistance with medications;

g) safety of residents;
h) record-keeping;
i) service plans;
j) reporting;
k) and where appropriate, basic knowledge of cultural differences.

8.9 *Dementia care level*: The administrator shall ensure that all new employees who will assist residents with personal care at the dementia level of care receive at least twelve (12) hours of orientation and training in the areas listed below within thirty (30) days of hire and prior to beginning work alone in the assisted living residence, in addition to the areas stipulated in sections 8.7 and 8.8 above. Such areas include:

a) understanding various dementias;
b) communicating effectively with dementia residents;
c) managing behaviors.

***Inservice Training***

8.10 Employees shall have on-going inservice training as appropriate for their job classifications and including the topics cited in sections 8.7, 8.8, and 8.9 above.

8.11 All new employee orientation and on-going inservice training shall be documented in the employee's personnel file.

***Personnel Records***

8.12 The residence shall maintain personnel records for each employee.

8.13 Said personnel records shall be reviewed and updated annually and shall include, but not be limited to, all of the following components:

a) completed job application and/or resume;

b) written statements of references or documentation of verbal reference check;

c) written functional job descriptions;

i) These descriptions shall be updated annually and shall include, but not be limited to, minimal qualifications for the position, major duties and responsibilities, and shall be signed and dated by the individual employee.

d) evidence of credentials, current professional licensure and/or certification;

e) documentation of education and/or continuing training, including continuing education units (CEUs) related to administrator certification, food management, etc., medication administration, and dementia care;

f) documentation of attendance at in-service training and/or orientation;

g) documentation of at least one (1) performance evaluation annually;

h) signed copy of employee's awareness of resident's rights;

i) results of the criminal record (BCI) check.

***Personnel Criminal Records Check***

8.14 Pursuant to section 23-17.4-27 of the Rhode Island General Laws, as amended, all employees of assisted living residences licensed under the Act, hired after October 1, 1991, and having routine contact with a resident or having access to a resident's belongings or funds shall undergo a criminal background check to be processed, prior to, or within one (1) week of employment.

8.15 Said employee, through the employer, shall apply to the bureau of criminal identification of the state or local police department for a statewide criminal records check. Fingerprinting shall not be required as part of this check.

8.16 In those situations in which no disqualifying information has been found, the bureau of criminal identification (BCI) of the state or local police shall inform the applicant and the employer in writing.

8.17 Any disqualifying information as defined in these regulations, according to the provisions of section 23-17.4-30 of the Rhode Island General Laws, as amended, will be conveyed to the applicant in writing, by the bureau of criminal identification. The employer shall also be notified that disqualifying information has been discovered, but shall not be informed of the nature of the disqualifying information.

8.18 The employer shall maintain on file, subject to inspection by the Department of Health, evidence that criminal records checks have been initiated on all employees seeking employment after October 1, 1991, as well as the results of said check. Failure to maintain this evidence shall be grounds to revoke the license or registration of the employer.

8.19 If an applicant has undergone a statewide criminal records check within eighteen (18) months of an application for employment, then an employer may request from the bureau a letter indicating if any disqualifying information was discovered. The bureau will respond without disclosing the nature of the disqualifying information. This letter may be maintained on file to satisfy the requirements of Chapter 23-17.4-28 of the Rhode Island General Laws, as amended.

8.20 An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer. The administrator shall make a judgement regarding the continued employment of the employee.

Section 9.0 ***Management of Services***

9.1 Each residence shall provide services with adequate professional and ancillary employees and in accordance with applicable state law. Further, the residence shall assure that all services are rendered in a safe and effective manner and consistent with the requirements herein.

9.2 The residence shall have a policy and procedure manual that is reviewed and updated annually by the administrator, and shall include, but not be limited to, the following items:

a) a written description of all services available to residents that shall be designed to promote the resident's efforts to maintain independence;

b) a written statement of admission criteria that shall include, at a minimum, the following information regarding the resident population: (a) nature and extent of disabling condition(s) served; and (b) restrictions (if any).

i) The statement of admission criteria shall include a statement that no otherwise qualified applicant shall be denied admission to the residence solely on the basis of race, creed, color, religion, sexual orientation, or national origin.

9.3 The residence shall develop and maintain written admission procedures that shall include no less than the following components:

a) procedures for informing residents of house rules (e.g., necessary information, tour of residence);

b) a resident assessment process;

c) provision of information to each resident related to:

i) results of initial assessment;
ii) procedures for involuntary transfer within the residence;
iii) procedures for involuntary discharge;
iv) procedures for advanced directives;
v) grievance procedures;
vi) availability of nursing services, if any.

d) policies and procedures on elopement;

e) procedures to be followed, including those for referral (in those cases where an applicant is found to be ineligible for admission);

9.4 Prior to admission, the resident and/or legal guardian shall be informed of any charges for services rendered, including charges for special diets, if any.

9.5 The residence shall develop, maintain, and enforce written policies and procedures for employee documentation of personal care services/activities of daily living (ADLs) rendered to residents.

9.6 The residence shall maintain a written policy and procedures for assisting a resident in locating and/or obtaining needed services, as appropriate.

9.7 The residence shall maintain a written policy regarding reportable incidents and events in accordance with section 13.0 herein.

9.8 The residence shall develop and maintain a statement of discharge criteria that specifies the conditions under which a resident is considered to be ineligible for continued residency and conditions under which a resident's advanced rental fees are refunded.

9.9 Policies and procedures pertaining to the provision of services, and supported by appropriate manuals or reference materials where applicable, shall be established by a designated professional employee or administrator and approved by the licensee. Such policies shall pertain to no less than the following:

a) residence staffing patterns;

b) employee responsibility(ies) for the provision of services;

c) a statement that services rendered shall be performed in accordance with all applicable laws and regulations for each service provided;

d) a description of services that are included in the monthly charge(s) and the additional cost(s), if any, for other available services or amenities;

e) policies/procedures regarding medication management and/or assistance with medication(s);

f) a policy that medical waste as defined in the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste* (DEM-DAH-MW-01-92, April 1994) promulgated by the Rhode Island Department of Environmental Management, shall be managed in accordance with the provisions of the aforementioned regulations;

g) a policy regarding compliance with food service and *Food Code* requirements;

h) disclosure of resident information in accordance with the requirements of reference 10 herein;

i) the procedure(s) for resolution of resident grievances, including the inclusion of the name, address, and telephone number of all pertinent resident advocacy groups, the state ombudsman, and the Department.

j) quality assurance program.

9.10 ***Smoking policy***: If the residence permits smoking, it shall have a policy that includes the following:

a) location of designated smoking area(s) separate from the common area;

b) prohibition of smoking in any area other than the designated area(s);

c) adequate ventilation in smoking areas.

9.11 ***Advance directives:*** The residence shall have written policies and procedures that address advanced directives that shall include, but not be limited to, sufficient instructions for employees to follow in the event of emergencies and the resuscitation of residents.

## PART III ***Residency Requirements***

### Section 10.0 ***Residency Requirements***

10.1 Each licensee, or his/her designee, through the assessment and evaluation procedures delineated herein (see section 12.3 and Appendix "C") shall be responsible to ensure that admission to and residency in an assisted living residence be limited to those individuals who meet the definition of "resident" in accordance with section 1.28 herein.

***Disclosure***

10.2 Each assisted living residence shall disclose certain information about the residence to each potential resident, the resident's interested family, and the resident's agent as early as practical in the decision-making process and at least prior to the admission decision being made. The disclosed information shall be in print format and shall include at a minimum:

a) Identification of the residence and its owner and operator;

b) Level of license and an explanation of each level of licensure;

c) Admission and discharge criteria;

d) Services available;

e) Financial terms to include all fees and deposits, including any first month rental arrangements, and the residence's policy regarding notification to tenants of increases in fees, rates, services and deposits;

f) Terms of the residency agreement.

g) The names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the state ombudsperson, and local police offices.

***Residency Agreement or Contract***

10.3 Pursuant to section 23-17.4-16.3 of the Rhode Island General Laws, as amended, prior to exchange of any funds and prior to admission, the residence shall execute a residency agreement or contract, signed by both the residence and the resident, that defines the services the residence will provide and the financial agreements between the residence and the resident or the resident's representative.

10.3.1 Any advanced deposit, application fee, or other pre-admission payment shall be subject to a signed document explaining fully the terms of the payment.

10.3.2 In cases of emergency placement, the residency agreement or contract shall be executed within five (5) working days of admissions.

10.4 The residency agreement or contract shall include (or reference other documents that include) no less than the following items:

a) resident's rights;
b) admission criteria;
c) discharge criteria;
d) discharge policies;
e) description of the unit to be rented by the resident;
f) description of shared space and facilities;
g) services to be provided;
h) services that can be arranged;
i) financial terms between resident and residence;
    i) basic rates;
    ii) extra charges at signing;
    iii) extra charges that may apply in the future;
    iv) deposits and advanced fees;
    v) rate increase policy.
j) special care provisions (as applicable);
k) resident's responsibilities and house rules;
l) initial and on-going assessment and service plan;
m) grievance procedure.

10.5 The minimum prior notification time for changes in rates, fees, service charges, or any other payments required by the residence shall be thirty (30) days written notice to the resident.

Section 11.0 ***Resident Records***

11.1 Each residence shall, at a minimum, maintain the following information for each resident:

a) the resident's name;

b) the resident's last address;

c) the name of the person or agency referring the resident to the home;

d) the name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident;

e) the date the resident began residing in the home;

f) a list of medications taken by the resident, including dosage, and specific records of medication administration as required by the licensing agency;

    i) In residences licensed at the M2 level, if a resident refuses to provide the information cited in section 11.1 (f) (above), this fact shall be documented in the resident’s service agreement.

g) written acknowledgments that the resident has signed and received copies of the rights as provided in section 23-17.4-16;

h) information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders;

i) a record of personal property and funds which the resident has entrusted to the residence;

j) the name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian;

k) any other health-related emergency, or pertinent information which the resident requests the residence to keep on record;

l) a copy of the initial and periodic assessments described in section 12.0 herein;

m) a copy of the service plan and nurse review as described in section 12.0 herein;

n) a copy of the residency agreement as described in section 10.3 herein.

11.2 Such information shall be contained in record formats appropriate to the efficient and effective delivery of resident services and accessible for review upon request by the licensure agency or other appropriate health oversight agency.

11.3 The licensee shall retain resident records for five (5) years from the date of discharge in accordance with the provisions of reference 10.

***Statement of Resident's Rights***

11.4 In accordance with section 23-17.4-16.1 of the Rhode Island General Laws, as amended, each resident and/or legal guardian shall be given a written statement of the resident's rights and responsibilities in the residence that shall be signed by the resident and/or guardian attesting to his/her comprehension of these rights and responsibilities as explained by the employee who shall witness the resident's signature. A copy of the signed document shall also be placed in the resident's record.

Section 12.0 ***Resident Assessments and Service Plans***

12.1 Prior to the admission of a resident, or the signing of a residency agreement with a resident, the administrator shall have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse.

12.2 This assessment shall be used to determine if the resident's needs and preferences can be met by the assisted living residence within the range of services offered by the residence at its licensure level. The conclusions shall be shared with the resident or the resident's representative. If a

reasonable accommodation can enable a resident to live in an assisted living residence, the nature of that accommodation and a plan for implementation or reason for denial should be included in the assessment. Provided, however, any reasonable accommodation provided to a resident shall be provided within the range of services offered by the residence at its licensure level.

12.3 The Department-approved assessment form, or such other assessment form as approved by the Department, shall be utilized in completing the assessment on each resident who is admitted to the residence. (Approved Department form is available for downloading in Appendix "C" herein and on-line at **www.health.ri.gov**).

12.3.1 On the date that this section goes into effect, assisted living residences not intending to use the Department's form shall forward their proposed assessment forms with a cover letter of intent to:

Rhode Island Department of Health
Office of Facilities Regulation, Assisted Living Program
3 Capital Hill, Room 306
Providence RI 02908

12.3.2 All assessment forms shall report information appropriate to determine compatibility and compliance with the residency criteria, and shall indicate that the resident's needs can be met by the assisted living residence, and shall gather information appropriate for the development of an individualized service plan.

12.3.2 a) The assessment form shall be designed to demonstrate compliance with the assisted living residence's criteria for residency by assessing at least the following:

- Resident's ability to self-preserve including cognitive and physical considerations;
- Medication services required;
- Health status including medical and nursing needs; and
- Dementia care needs.

12.3.2 b) The assessment form shall also be designed to demonstrate that the assisted living residence can meet the resident's needs and preferences by assessing at least the following:

- Lodging;
- Meals;
- Personal assistance:
  - assistance level with personal needs, including activities of daily living;
  - assistance level with medications;
  - providing or arranging for health and supportive services;
  - monitoring activities to ensure health, safety, and well–being.

- Cognitive needs;
- Functional needs;
- Social needs.

12.3.3 The assessment form shall also be designed to provide information appropriate for the development of an individualized service plan in accordance with section 12.6 herein.

12.4 The assessment shall be reviewed and updated on a periodic basis (minimum of annually) and each time a resident's condition changes significantly.

12.5 In case of an emergency admission, the required assessment shall take place within five (5) working days.

12.5.1 An emergency admission shall include the following:

a) an immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed assisted living residence, independent living situation, community residential facility, or private residence;

b) an immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted;

c) conditions or circumstances warranting emergency admission and as approved by Office of Facilities Regulations staff within forty-eight (48) hours.

***Nurse Review***

12.6 Nurse review is necessary for all levels of licensure.

12.6.1 A registered nurse shall visit the residence at least once every thirty (30) days except as provided in section 12.6.2 herein and shall complete a review to include the following:

a) monitor the medication regimen for all residents;

b) review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status;

c) evaluate the appropriateness of placement;

d) make any necessary recommendations to the administrator;

e) follow up on previous recommendations;

f) provide a signed, written report in the residence documenting:

i. date and time of visit;

ii. recommendations for follow-up;

iii. progress on previous recommendations;

iv. verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only);

v. physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement;

vi. such reports shall be on file at the residence.

g) Complete the quarterly evaluation of the residence's unlicensed staff members' administration of medication in accordance with the state-approved protocol of Appendix "D" herein.

12.6.2 In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent) on-site, the nurse review shall be completed at least once every ninety (90) days.

***Service Plans***

12.7 Within a reasonable time after move-in, the Administrator shall be responsible for the development of a written service plan based on the initial assessment. The service plan shall include at least:

a) the services and interventions needed;

b) description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered;

c) party responsible for arranging the service; and

d) the resident's requested and/or therapeutically needed recreational and social activities.

12.8 The service plan shall be developed by a qualified person and shall be signed, approved, and dated by both parties.

12.9 The service plan shall be reviewed by both parties periodically (at least annually) and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties.

12.10 A copy of the service plan shall be placed in the resident's record.

Section 13.0 ***Reporting Requirements***

13.1 The person responsible for the operation of the residence shall promptly notify the next of kin as instructed or other responsible person designated by the resident or guardian of any illness, injury or death of a resident.

13.2 Accidents on the premises resulting in out-of-residence emergency medical services, inpatient hospitalization of any resident shall be reported in writing to the licensing agency (Department of Health, Office of Facilities Regulation) by the end of the next working day on the form supplied in Appendix "B" herein. A copy of each report shall be retained by the residence for review during subsequent inspections by the licensing agency.

13.3 The death of any resident of an assisted living residence occurring on the premises within twenty-four (24) hours of assuming residency shall be reported to the Office of the State Medical Examiners and the Office of Facilities Regulation in accordance with the requirements of Appendix "B" herein. Also, all deaths occurring in the residence which are sudden or unexpected, suspicious or unnatural, the result of trauma, remote or otherwise, or when unattended by a physician or are otherwise reportable in accordance with the provisions of reference 2 herein shall be reported to the state Medical Examiners Office.

13.4 Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director of the Department of Health. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents and that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing, as required by Appendix "B" herein.

13.4.1 Upon receipt of such information or allegation, the Director of Health or his/her designee, shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island.

13.5 Reporting requirements, pursuant to Chapter 23-17.8 of the Rhode Island General Laws, as amended, must be posted in the residence in plain view of all residents and employees.

13.6 The administrator shall notify the Department in writing of any emergency admissions in accordance with section 12.5.1 (c) herein within forty-eight (48) hours on the form supplied in Appendix "B" herein.

13.7 The administrator shall be responsible for the investigation and documentation of incidents that involve residence operations, resident services, or related event(s) that directly or indirectly jeopardize the health and safety of residents, or that results in a resident injury that requires assessment by a licensed practitioner or where the injury was not witnessed or explained by the resident.

13.7.1 Documentation of incidents shall include:

a) date and time of incident;
b) reporter's name;
c) name of resident(s) involved or affected;
d) any injury(ies) to resident(s); and
e) action taken by the residence in response to the incident.

13.7.2 Such documentation shall be made available for review during a survey inspection by the licensing agency or as required by any health oversight agency.

13.7.3 Such documentation shall be retained by the licensee for no less than five (5) years after the event or incident.

## Section 14.0 ***Rights of Residents***

14.1 In accordance with section 23-17.4-16 of the Rhode Island General Laws, as amended, "Rights of Residents", every assisted living residence for adults licensed hereunder shall observe the following standards and such other appropriate standards as may be prescribed in rules and regulations promulgated by the licensing agency with respect to each resident of the residence:

For purposes of sections (2)(b), (d), (k), (m), (n), (q) and (r)(i), the term "resident" shall also mean the resident's agent as designated in writing or legal guardian.

(1) Residents are entitled to all rights recognized by state and federal law with respect to discrimination, service decisions (including the right to refuse services), freedom from abuse and neglect, privacy, association, and other areas of fundamental rights including the right to freedom of religious practice. Some of these basic rights include:

(a) To be offered services without discrimination as to sex, race, color, religion, national origin, or source of payment.

(b) To be free from verbal, sexual, physical, emotional and mental abuse, corporal punishment and involuntary seclusion;

(c) To be free from a physical or chemical restraints for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except on order of a physician;

(d) To have their medical information protected by applicable state confidentiality laws.

(e) To have a service animal, consistent with the "reasonable accommodations" clause of the fair housing act (such as seeing eye dog); and

(2) In addition to these basic rights enjoyed by other adults, the residents of assisted living also have the right to:

(a) Be treated as individuals and with dignity, be assured choice and privacy and the opportunity to act autonomously;

(b) Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations;

(c) Arrange for services not available through the setting at their own expense as long as the resident remains in compliance with the resident contract and applicable state law and regulations;

(d) Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities;

(i) Each resident shall receive a copy of their rights.

(ii) Each resident shall acknowledge receipt in writing; and

(iii) Each resident shall be informed promptly of any changes.

(e) Remain in their room or apartment unless a change in room or apartment is related to resident preference or to transfer conditions stipulated in their contract;

(f) Consistent with the terms of the resident contract, furnish their own rooms and maintain personal clothing and possessions as space permits, consistent with applicable life safety, fire or similar laws, regulations and ordinances;

(g) Be encouraged and assisted to exercise rights as a citizen; to voice grievances through a documented grievance mechanism and suggest changes in policies and services to either employees or outside representatives without fear of restraint, interference, coercion, discrimination, or reprisal;

(h) Have visitors of their choice without restrictions so long as those visitors do not pose a health or safety risk to other residents, employees or visitors, or a risk to property, and comply with reasonable hours and security procedures;

(i) Have personal privacy in their medical treatment, written communications and telephone communications, and to the fullest extent possible, in accommodation, personal care, visits, and meetings;

(j) Have prominently displayed a posting of the residence's grievance procedure, the names, addresses and telephone numbers of all pertinent resident advocacy groups, the state ombudsperson and the state licensing agency;

(k) Choose his or her own physician(s) and to have ready access to the name, specialty and way of contacting the physician(s) responsible for the resident's care;

(l) Have the residence record and periodically update the address and telephone number of the resident's legal representative or responsible party;

(m) Manage his or her financial affairs. The residence may not require residents to deposit

their personal funds with the residence. Upon written authorization of a resident and with the agreement of the residence, the residence holds, safeguards, manages and accounts for personal funds of the resident as follows:

(i) Funds in excess of three hundred dollars ($300) must be in an interest bearing account, separate from any residence operating account, that credits all interest on the resident's funds to that account and the residence shall purchase a surety bond on this account;

(ii) A full and separate accounting of each resident's personal funds maintained must be available through quarterly statements and on request of the resident;

(iii) Resident funds shall not be commingled with residence funds or with funds of any person other than another resident;

(iv) Upon the death of a resident, the residence must convey within thirty (30) days the resident's funds deposited with the residence, and a full accounting of those funds to the resident's responsible party, or the administrator of the resident's estate;

(n) Have access to representatives of the state ombudsperson and to allow the ombudsperson to examine a resident's records with the permission of the resident and consistent with state law;

(o) Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of:

(i) the scope of the services available through the residence's service program, including health services, and of all related fees and charges, including charges not covered either under federal and/or state programs by other third party payors or by the residence's basic rate;

(ii) the residence's policies regarding overdue payment including notice provisions and a schedule for late fee charges;

(iii) the residence's policy regarding acceptance of state and federal government reimbursement for care in the residence both at time of admission and during the course of residency if the resident depletes his or her own private resources;

(iv) the residence's criteria for occupancy and termination of residency agreements;

(v) the residence's capacity to serve residents with physical and cognitive impairments;

(vi) support any health services that the residence includes in its service package or will make appropriate arrangements to provide therefor;

(p) To be encouraged to meet with and participate in activities of social, religious, and

community groups at the resident's discretion;

(q) Upon provision of at least thirty (30) days notice, if a resident chooses to leave a residence, the resident shall be refunded any advanced payment made provided that the resident is current in all payments;

(r) The residence can discharge a resident only for the following reasons and within the following guidelines:

(i) except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the state ombudsperson’s office;

(ii) if resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;

(iii) if resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records;

(iv) for failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and

(v) the residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated;

(s) The residence provides for a safe and orderly move out, including assistance with identifying a resource to help locate another setting, regardless of reason for move-out;

(t) To have the resident's responsible person, and physician notified when there is:

(i) an accident involving the resident which results in injury and required physician intervention;

(ii) a significant change in the resident's physical, mental or psychosocial status or treatment;

(u) To be able to share a room or unit with a spouse or other consenting resident of the residence in accordance with terms of the resident contract;

(v) To live in a safe and clean environment;

(w) To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of small personal valuables;

(x) To receive a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special medical dietary needs;

(y) To attain or maintain the highest practicable physical, mental, and psychosocial well-being; and

(z) To be allowed to maintain an amount of money to cover reasonable monthly personal expenses the amount of which shall be at least equal to that amount required for individuals on SSI as provided under Rhode Island General Laws section 40-6-27(a)(3).

(aa) The residence must implement written policies and procedures to ensure that all residence employees are aware of and protect the resident's rights contained herein.

(ab) Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the state ombudsperson; and local police offices.

(ac) Upon request, the resident shall have the right to receive information concerning hospice care, including the benefits of hospice care, the cost, and how to enroll in hospice care. (The provisions of this subsection ac) shall take effect on July 1, 2004).

14.2 Each residence shall provide each resident or his or her representative upon admission, a copy of the provisions of section 23-17.4-16 "Rights of Residents," and shall display in a conspicuous place on the premises a copy of the "Rights of Residents."

Section 15.0 ***Accessibility to the Residence and Residents***

15.1 Pursuant to section 23-17.4-11, access to assisted living residences for adults and its residents by individuals other than relatives and friends of the residents, shall be permitted at reasonable hours by duly authorized agents of state and municipal agencies other than the licensing agency and the division of fire safety, private or public institutions, organizations, associations or such other service agencies whose purpose includes discharging legally authorized responsibilities or rendering volunteer assistance or service to residents with respect to personal, social, legal, religious services or such other as civil and human rights. Such access shall not substantially disrupt the operation of the residence.

15.1.1 Anyone entering the residence shall produce appropriate identification prior to being granted permission to enter the premises. Entering a resident's room and visitation privilege with residents by such persons referred to in section 15.1 herein shall be subject to the provisions of the "Rights of Residents" (see section 14.0 herein).

## PART IV ***Residential Care Services***

### Section 16.0 ***Illness and Emergencies***

16.1 Each residence shall have written procedures for residents in the event of temporary illness and emergencies which shall include procedures for the evacuation of the premises.

16.2 Residents shall not be restricted from obtaining community health services at any time or when confined to the residence for a temporary illness.

16.3 When infectious diseases present a potential hazard to residents or personnel, or when outbreaks of food borne illness are suspected, such shall be reported promptly to the Rhode Island Department of Health, Division of Disease Prevention & Control.

### Section 17.0 ***Food Services***

17.1 Residents shall be provided three balanced, varied meals each day.

17.2 Food shall be served on dinnerware of good quality, such as ceramic, plastic or other materials that are durable.

17.3 The food service in each residence shall comply with the appropriate requirements of references 3, 4, and 5 and such other applicable statutory or regulatory provisions.

17.4 In the event of any construction, addition or alteration, the residence shall comply with the requirements of reference 6.

17.5 Weekly menus shall be posted in each residence and followed accordingly.

17.6 Residences must provide residents with a diet appropriate to their medical regime.

17.7 All food services shall be conducted in accordance with the *Rules and Regulations Pertaining to Certification of Managers in Food Safety (R21-27-CFS),* promulgated by the Department of Health, that include but are not limited to the following provisions:

17.7.1 Each residence where potentially hazardous foods are prepared shall employ at least one (1) full-time, on-site manager certified in food safety who is at least eighteen (18) years of age.

17.7.2 Residences that primarily serve the elderly and individuals with diminished immune systems shall have a manager certified in food safety present during preparation of all hot potentially hazardous foods.

17.7.3 Residences that have a licensed capacity of twenty-six (26) or more residents and that employ ten (10) or more full-time equivalent employees directly involved in food preparation shall employ at least two (2) full time, on-site managers certified in food safety.

17.7.4 Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food, shall only be required to employ one (1) full time manager certified in food safety.

17.7.5 Once a manager certified in food safety terminates employment, establishments shall have sixty (60) days to employ a new manager certified in food safety, or have an individual enrolled in a Office of Food Protection approved food manager certification program in food safety. However, said time period may be extended by the Office of Food Protection at the Department of Health.

a) Residences that have a licensed capacity of twenty-five (25) or fewer residents and that employ five (5) or fewer full-time equivalent employees involved in preparation and serving of food shall only have fifteen (15) days to employ a new manager certified in food safety. However, said time period may be extended by the Office of Food Protection.

17.7.6 Department of Health certificates for managers certified in food safety shall be prominently posted in the residence next to the license to operate. The certificate shall be removed when the individual is no longer employed by the residence.

17.7.7 No person shall use the title "Manager Certified in Food Safety", or in any way represent himself as a manager certified in food safety unless he holds a current certificate pursuant to the *Rules and Regulations Pertaining to Certification of Managers in Food Safety (R21-27-CFS).*

Section 18.0 ***Housekeeping***

18.1 The residence shall maintain a comfortable, safe, clean, sanitary and orderly environment, free of litter, rubbish and offensive odors.

Section 19.0 ***Laundry Services***

19.1 Each residence shall make provisions for the cleaning of personal laundry of residents and all linens and other washable goods either directly or through other suitable arrangement.

Section 20.0 ***Medication Services***

***Medication Services:***

20.1 For M1 and M2 licensure levels, each resident shall have the right to:

20.1.1 retain the services of his/her own personal physician and dentist;

20.1.2 select the pharmacy or pharmacist of his/her choice provided that the pharmacy or pharmacist supplies medications suitably packaged for the residence's program;

20.1.3 refuse any or all medications;

20.1.4 retain possession and control of his/her medications, provided that such possession and control is deemed safe by the resident, the resident's guardian, if appropriate, and the administrator or his/her designee in consultation with the resident's physician(s).

20.2 For M1 and M2 licensure levels, the residence shall have the right:

20.2.1 to inform family, guardian, physician, or other party designated by the resident or guardian if a resident has refused medication(s).

20.2.2 not to accept, and/or to evict a resident who refuses assistance with medications if the residence reasonably feels that the resident cannot safely possess and control medications without danger to self or others, in accordance with the requirements of the Resident's Rights statement.

20.3 Each residence shall provide medication services only in accordance with the appropriate level of licensure for which the residence is licensed, which shall be as follows:

20.3.1 For assisted living residences licensed at the M2 Level, assistance with self-administration by unlicensed employees means that the residence shall only be responsible for reminding residents to take medications, and:

a) The resident or guardian must provide written authorization for the residence to provide assistance with the self-administration of medications;

b) The residence must provide, in writing, a description of services provided by the residence to each physician prescribing for a resident, including limitations on services;

c) Employees may only remind the resident and observe the self-administration of medication;

d) The resident shall not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken;

e) Except as provided in section 20.3.1 (g) below, the medication shall be in the original pharmacy-dispensed container with proper label and directions attached;

f) Unlicensed employees shall not monitor health indicators, make medication decisions, adjust medications or provide other medical or nursing decisions;

g) For residents capable of self-administration of medication but who wish to ask assisted living residence employees to use a medi-set (pre-poured packaging distribution system), only unlicensed person(s) who have completed a state-approved course in drug administration and who have demonstrated competency

in accordance with the state-approved protocol in drug administration, licensed nurse, or pharmacist shall organize the medications for up to one (1) week;

h) All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely. All medications shall be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents, visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.

i) There shall be documented policies or procedures regarding medication disposal and inventory procedures in the policies and procedures manual.

j) Each person assisting residents with self-administration of medications shall:

i. be an employee of the residence;

ii. be literate in English; and

iii. receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or

iv. be a licensed nurse.

k) M2 level facilities may limit record keeping for residents who retain possession and control of medications to the requirements of section 11.1(f ) herein.

20.3.2 For assisted living residences licensed at the M1 level, licensed employees (registered nurses, licensed practical nurses) or unlicensed persons who have completed a state-approved course in drug administration and have demonstrated competency in accordance with the state-approved protocol in drug administration may administer oral or topical drugs and monitor health indicators if indirect supervision is provided for unlicensed staff by a nurse or physician. However, schedule II medications shall only be administered by licensed personnel. The physician or nurse supervisor shall conduct and document quarterly evaluations of the unlicensed employees who are administering drugs and place a copy in the employee's personnel record.

***Administration of Medications:***

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

*Furthermore:*

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

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

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

d) The resident must be identified prior to administration of any medication.

e) The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.

f) Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.

g) There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments.

i) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.

A) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (l) use.

B) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture-resistant container for disposal. Intact needles shall be placed directly into the collection containers.

C) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment /destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.

h) Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.

i) Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.

j) Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.

k) All medication in the residence, regardless of whether controlled by employees or by

the resident, shall be stored securely as stated in section 20.3.1 (h) herein.

l) All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel.

20.3.4 For M1 and M2 licensure levels, unused or discontinued prescription medications that are left with a residence shall be inventoried and disposed of in accordance with the following requirements:

***Disposal of Controlled Substances***

i) M1 residences that are lawfully in possession of excess and undesired controlled substances that are centrally stored shall inventory and dispose of all such controlled substances in accordance with all applicable federal, state, and local laws and regulations.

ii) Only centrally stored medications in M1 residences may be disposed of in the following manner:

Two (2) licensed professionals may carry out flushing destruction activity, and appropriate records shall be maintained at the residence for two (2) years, as permitted by state and local laws and regulations. The Director, or her/his designee, is authorized to enter any premises and inspect any and all aspects of the disposal process and related records.

***Disposal of All Other Legend Drugs ( i.e., Non-Controlled Substances)***

iii) All other legend drugs (i.e., those not classified as controlled substances) shall be the responsibility of the resident or authorized personnel to dispose of as provided in the following ways:

Legend drugs may be disposed of as solid waste provided that all of the following conditions are met: (1) the legend drugs are rendered unrecognizable; (2) the legend drug would not pose a threat to the public or to the environment; and (3) the legend drugs cannot be recycled. ***or***

The legend drugs may be disposed of as regulated medical waste through the use of an entity holding a regulated medical waste transporter permit issued pursuant to the requirements and in compliance with the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste* (DEM-DAH-MW-01-92).

***Ordering medications:***

20.3.5 In M1 and M2 facilities, when assistance is needed, the certified administrator, or his/her qualified designee, shall assist with ordering medications. Assistance shall

include coordinating prescriptions and delivery of medications, reorders of prescriptions, and receiving deliveries.

Section 21.0 ***Recreational and Other Services***

21.1 Reasonable recreational and social activities and/or services shall be offered to each resident to:

21.1.1 promote opportunities for engaging in normal pursuits including religious activities of the resident's choice;

21.1.2 promote the physical, social and mental well-being of each resident;

21.1.3 promote independent as well as group activities;

21.1.4 harmonize with each resident's needs.

21.2 Each assisted living residence licensed for providing dementia care shall specifically design recreational and social activities (see section 21.1 above) for the particular needs of each resident in order to engage each resident at his/her individual level of functioning.

21.3 The residence shall post a calendar or schedule of social and recreational events offered to the residents and shall keep a record of the events that were actually presented to the residents. Said calendars and records shall be retained for at least one (1) year by the residence.

21.4 Personal assistance shall be provided as necessary, pursuant to the provisions of section 1.26 herein and shall consist of activities such as bathing, oral hygiene, fingernail care, shampooing, shaving, dressing or assistance with ambulation or nutrition and hydration.

Section 22.0 ***Alzheimer Dementia Special Care Unit/Program Disclosure***

22.1 Any assisted living residence which offers to provide or provides services to residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia Special Care Unit/Program shall be required to disclose the type of services provided, in addition to those services required by the rules and regulations herein.

22.2 Said disclosure shall be made to the licensing agency and to any person seeking placement in an Alzheimer Dementia Special Care Unit/Program of an assisted living residence.

22.3 The information disclosed shall explain the additional care that is provided in each of the following areas:

a) ***Philosophy****:* the Alzheimer Dementia Special Care Unit's/Program's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia;

b) ***Pre-Occupancy, Occupancy, and Termination of Residence:*** the process and criteria for occupancy, transfer or termination of residency from the unit;

c) ***Assessment, Service Planning & Implementation:*** the process used for assessment and establishing the plan of service and its implementation, including the method by which the plan of service evolves and is responsive to changes in condition;

d) ***Staffing Patterns & Training Ratios:*** staff training and continuing education practices;

e) ***Physical Environment:*** the physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;

f) ***Resident Activities:*** the frequency and types of resident activities;

g) ***Family Role in Providing Support and Services:*** the involvement in families and family support programs;

h) ***Program Costs:*** the cost of care and any additional fees.

22.4 The licensing agency shall develop a standard disclosure form and shall review the information provided on the disclosure form by the assisted living residence to verify the accuracy of the information reported on it. Any significant changes in the information provided by the assisted living residence shall be reported to the licensing agency at the time the changes are made.

22.5 Any residence that provides care for residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia Special Care Unit/Program shall maintain written policies and procedures that detail specific services, including admission and discharge criteria, for residents and/or their responsible parties on the Unit/Program.

22.6 Training for employees who work in Alzheimer Dementia Special Care Units/Programs shall meet all of the requirements of sections 8.7--8.10 herein.

22.7 The assisted living residence that has an Alzheimer Dementia Special Care Unit/Program shall have on staff a registered nurse(s) with appropriate training and/or experience with dementia to manage and supervise all resident dementia-related health and behavioral issues. The nurse shall be on-site, as needed, and shall be available for consultation at all times.

22.8 The assisted living residence with an Alzheimer Dementia Special Care Unit/Program shall provide a secure environment appropriate for the resident population. This requirement may include, but not be limited to, a locked unit, secured perimeter, or other mechanism to ensure resident safety and quality of life. The residence shall have elopement policies in place in accordance with the requirements of section 9.3 (d) herein.

## PART V *Physical Plant*

### Section 23.0 *New Construction, Modification, Additions, or Room Conversions*

23.1 All new construction, modification, additions, or room conversions of an existing residence shall be subject to the provisions of references 7 (State Fire Code), 8 (State Building Code), 15 (ANSI Code), 16 (Americans with Disabilities Act), and such other applicable state and local laws, codes and regulations as may be applicable. Where there is a difference between codes, the code having the more stringent standard shall apply. In addition, any other applicable state and local laws, codes and regulations shall apply. Where there is a difference between codes, the code having the higher standard shall apply.

### Section 24.0 *General Provisions*

***Fire Code and Structural Requirements***

24.1 Existing facilities shall be constructed, equipped and maintained to protect the safety and well-being of residents, and shall provide a comfortable, sanitary environment, and shall furthermore comply with the applicable requirements of reference 7 as determined by the state Division of Fire Safety and the rules and regulations herein.

24.1.1 Pursuant to section 23-17.4-6 of reference 1, a residence with fire code deficiencies may be granted a license which may be renewed subject to the submission of a plan of correction acceptable to the state Division of Fire Safety and provided the nature of the deficiencies are such that they do not jeopardize the health, safety, and welfare of the residents.

24.1.2 A residence with residents who are blind, deaf, and physically disabled shall be subject to the applicable requirements of the American National Standards Institute (ANSI standards)(1961), and any other provisions that may be required by rules and regulations herein.

24.1.3 Resident occupancy shall be permitted only in those areas where building design or structural limitations do not prevent, delay or reduce a resident from exercising self-preservation in an emergency.

24.1.4 A residence that elects to comply with a higher life safety code (F1) and is so approved by the state Division of Fire Safety and meets the Department's requirements for the appropriate level of licensure may admit residents not capable of self preservation.

24.2 Assisted living residences shall not be utilized for any other purposes, unless such purposes are compatible with the objectives and the nature of an assisted living residence and are approved by the licensing agency.

24.3 All rooms utilized by resident(s) shall have proper ventilation and shall have an outside opening with satisfactory screening.

24.4 All steps, stairs and corridors shall be suitably lighted, both day and night. Stairs used by residents shall have banisters, hand rails or other types of support. All stair treads shall be well maintained to prevent hazards.

***Heat Relief***

24.5 Any assisted living residence which does not provide air conditioning in every resident lodging unit shall provide an air conditioned room or rooms in a residential section(s) of the residence to provide relief to residents when the outdoor temperature exceeds eighty (80) degrees Fahrenheit.

Section 25.0 ***Residents Rooms, Toilets and Bathing Fixtures***

25.1 The bedroom of residents shall be designed and equipped with suitable furnishings for the safety, comfort and privacy of each resident and with no more than two (2) beds per room.

25.1.1 Single rooms shall be no less than one hundred (100) square feet in area and no less than eight (8) feet wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules.

25.1.2 Double bedrooms shall be no less than one hundred sixty (160) square feet in area and no less than ten (10) feet wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules.

25.2 Provisions shall be made for an area within the resident's bedroom and/or residence to be under lock for the safe keeping of personal possessions.

25.3 Each bedroom shall have a window which can be easily opened. The window sill shall not be higher than three (3) feet above the floor and shall be above ground level.

25.4 Comfortable temperature levels shall be maintained in all parts of the residence occupied by residents with a centralized heating system to maintain a minimum of seventy degrees Fahrenheit (70°F) during the coldest periods.

25.5 There shall be no less than one (1) bath per ten (10) beds and one (1) toilet per eight (8) beds or fraction thereof on each floor where residents rooms are located and which are not otherwise serviced by bathing facilities within the resident's room.

25.5.1 Polices and procedures shall be in place to ensure resident comfort and safety regarding water temperature at each site in the residence where residents shower or bathe. Provided, however, such policies/procedures shall state that in resident areas hot water temperatures shall not be less than one hundred degrees Fahrenheit (100°F) nor exceed one hundred ten degrees Fahrenheit (110°F) (plus or minus two (2) degrees). Thermometers (accuracy of which can be plus or minus two (2) degrees) shall be provided in resident areas to check water temperature periodically at each site where residents bathe or shower.

Section 26.0 ***Dining and Living Areas***

26.1 Each residence shall provide one (1) or more clear, orderly and appropriately furnished and easily accessible room of adequate size to include all residents for resident dining and activity, which shall be appropriately lighted.

26.1.1 If a multi-purpose room is used, there must be sufficient space to accommodate all residents for dining and activities and to prevent interference between activities.

Section 27.0 ***Safety Requirements***

27.1 Halls and exit ways shall be free from all encumbrances and/or impediments.

27.2 All locks on bedrooms shall be operable by a master key, under the control of the person in charge in accordance with sections 8.2 and 8.3 herein.

27.3 Every closet door latch shall be a type that cannot be locked from the inside.

27.4 Every bathroom door shall be designed to permit the opening of the locked door from outside in an emergency.

27.5 There shall be no portable cooking equipment (employing flame, gasoline, kerosene or exposed electrical heating elements) used in residents' rooms.

27.6 Portable space heaters shall not be permitted.

27.7 Proper safeguards shall be taken at all times against the fire hazards involved in smoking.

27.8 A telephone shall be easily accessible to residents in the event of emergencies. (Pay phones shall not be acceptable substitutes). The telephone number of the local fire department and law enforcement agencies serving the residence shall be posted by each telephone.

27.9 Each residence shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency, based on F1 / F2 licensure requirements, Fire Code requirements, and the suggested Evacuation Guidelines of Appendix A.

27.9.1 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the residence.

27.9.2 Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan shall be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least fifty percent (50%) of these drills shall be obstructed drills, as defined in state fire safety regulations.

The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in

the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Fire Code. Exits and means of escape not used in any fire drill shall not be credited in meeting the requirements of the Fire Code.

a) Documentation of fire drills shall be maintained and shall include no less than the following information:

i) name of the person conducting the drill;
ii) date and time of the drill;
iii) amount of time taken to evacuate the building or unit;
iv) type of drill (i.e., obstructed or unobstructed);
v) record of problems encountered and steps taken to rectify them;
vi) employee observation of each resident's ability to carry out evacuation procedures.

27.9.3 Residents shall be instructed in all alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record described in section 27.9.2 (a) above.

27.9.4 Each new resident shall be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record.

27.10 Appropriate fire extinguishers shall be installed on each occupied level and maintained in a usable condition, inspected at specified intervals as stipulated by manufacturers and the Division of Fire Safety.

27.11 Each residence shall develop written emergency plans related to internal and external disasters.

***Disaster Preparedness***

27.12 Each residence shall develop back-up or contingency plans to address possible internal systems and/or equipment failures.

***Fire/ Disaster Reporting***

27.13 Each residence administrator shall notify the Department immediately by telephone of any unscheduled implementation of the fire evacuation or disaster plan and shall follow up in writing within two (2) business days using Appendix "B" herein.

## PART VI ***Practices and Procedures, Violations, Sanctions and Severability***

### Section 28.0 ***Variance Procedure***

28.1 The licensing agency may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents.

28.2 A request for a variance shall be filed by an applicant in writing, setting forth in detail the basis upon which the request is made.

28.2.1 Upon the filing of each request for variance with the licensing agency, and within a reasonable time thereafter, the licensing agency shall notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the residence appeals the denial and held in accordance with the provisions of section 30.0 herein.

### Section 29.0 ***Deficiencies and Plans of Correction***

29.1 The licensing agency shall notify the licensee and the residence's administrator or other legal authority of the residence of violations of individual standards through a notice of deficiencies which shall be forwarded to the residence within fifteen (15) days of inspection of the residence unless the Director determines that immediate action is necessary to protect the health, welfare, or safety of the public or any member thereof through the issuance of an immediate compliance order in accordance with section 23-1-21 of the General Laws of Rhode Island, as amended.

29.2 A licensee, or their designee, who receives a notice of deficient practices must submit a plan of correction to the licensing agency within fifteen (15) days of the date of the notice of deficient practices. The plan of correction shall detail any requests for variances as well as document the reasons therefore.

29.2.1 An acceptable plan of correction shall include, for each individual standard cited: 1. How the licensee or their designee intends to correct each deficiency and comply with the stated regulation; 2. What measures will be put in place, or what systemic changes will be made to ensure that the deficient practice does not reoccur; and 3. The date the deficiency shall be corrected.

29.2.2 The criteria for acceptability shall be whether the submitted plan shall achieve compliance with section 23-17-4 of the General Laws of Rhode Island, as amended, and the rules and regulations herein.

29.2.3 The plan of correction shall detail any requests for variances in accordance with section 28.0 herein.

29.3 The licensing agency will be required to accept or reject the plan of correction submitted by a residence in accordance with sections 29.2.1 and 29.2.2 above within fifteen (15) days of receipt of the plan of correction.

29.4 If the licensing agency rejects the plan of correction, or if the residence does not provide a plan of correction within the fifteen (15) day period stipulated in 30.2 above, or if a residence whose plan of correction has been approved by the licensing agency fails to execute its plan within a reasonable time, the licensing agency may invoke the sanctions enumerated in section 7.0 herein. If the residence is aggrieved by the sanctions of the licensing agency, the residence may appeal the decision and request a hearing in accordance with Chapter 42-35 of the General Laws of Rhode Island, as amended.

29.5 The notice of the hearing to be given by the Department of Health shall comply in all respects with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended. The hearing shall in all respects comply therein.

Section 30.0 ***Rules Governing Practices and Procedures***

30.1 All hearings and reviews required hereunder shall be held in accordance with the provisions of Chapter 42-35 of the General Laws of Rhode Island, as amended, and the *Rules and Regulations of the Rhode Island Department of Health Regarding the Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)* of reference 9.

Section 31.0 ***Violations and Sanctions***

31.1 Any person establishing, conducting, managing or operating an assisted living residence without a license pursuant to the provisions of reference 1 shall be liable to the penalty of section 23-17.4-14 of reference 1.

31.2 Any person who obtains access to an assisted living residence or to its residents under false representation shall be subject to the provisions of section 23-17.4-12 of reference 1.

***Penalty for Violation of Section 23-17.4-10***

31.3 In accordance with section 23-17.4-10.2 of the Rhode Island General Laws, as amended, every person or corporation who shall willfully and continually violate the provisions of the Act and the rules and regulations herein will be subject to a fine of not less than three hundred dollars ($300) or more than two thousand dollars ($2,000) for each violation of this section.

Section 32.0 ***Severability***

32.1 If any provision of the rules and regulations herein or the application thereof to any residence or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of the rules and regulations which can be given effect, and to this end the provisions of the rules and regulations are declared to be severable.

PART VII ***References***


1. "Residential Care and Assisted Living Facilities," Chapter 23-17.4 of the General Laws of Rhode Island, as amended.

2. "Office of State Medical Examiners," Chapter 23-4 of the General Laws of Rhode Island, as amended.

3. "Sanitation in Food Establishments," Chapter 21-27 of the General Laws of Rhode Island, as amended.

4. "Rhode Island Food, Drugs and Cosmetics Act," Chapter 21-31 of the General Laws of Rhode Island, as amended.

5. *Food Code (R23-1, 21-27-FOOD),* Rhode Island Department of Health, Office of Food Protection, July 1994 and subsequent amendments thereto.

6. "Approval of Construction by Director," Section 23-1-31 of the General Laws of Rhode Island, as amended.

7. "Rhode Island State Fire Safety Code," Chapter 23-28.1 of the General Laws of Rhode Island, as amended.

8. "Rhode Island State Building Code," Chapter 23-27.3 of the General Laws of Rhode Island, as amended.

9. *Rules and Regulations of the Rhode Island Department of Health Regarding the Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP),* Rhode Island Department of Health, March 2003 and subsequent amendments thereto.

10. "Vital Statistics", Section 23-3-26 of the General Laws of Rhode Island, as amended.

11. *Rules and Regulations Pertaining to the Registration of Nursing Assistants*, Rhode Island Department of Health, November 2001 and subsequent amendments thereto.

12. "Special Care Unit Disclosure by Facilities," Chapter 23-17.4-16.2 of the Rhode Island General Laws, as amended.

13. *Rules and Regulations Governing the Disposal of Legend Drugs (R21-31-LEG)*, Rhode Island Department of Health, March 1998 and subsequent amendments thereto.

14. *Rules and Regulations Governing Hypodermic Needles, Syringes & Other Such Instruments (R21-28-CS-4*), Rhode Island Department of Health, February 2001and subsequent amendments thereto.

15. *American National Standard: Specifications for Making Buildings and Facilities Accessible to, and Usable by , the Physically Handicapped*, American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 [Publication number: ANSI A117.1-1961 (R1971)].

16. "The Americans with Disabilities Act," U.S. Code Title 42 Sections 12101--12213; Title 47 Sections 152, 221, 225, 611; Title 29 Section 706 effective July 21, 1990. Amendments effective November 21, 1991: 105 Stat. 1077, 1095.

17. *Rules and Regulations Pertaining to Certification of Managers in Food Safety (R21-27-CFS),* Rhode Island Department of Health, March 1993 and subsequent amendments thereto.

18. *Rules and Regulations Pertaining to Pharmacists, Pharmacies & Manufacturers, Wholesalers and Distributors (R5-19-PHAR),* Rhode Island Department of Health, October 2003 (E) and subsequent amendments thereto.

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*Monday, 30 July 2012*

*APPENDIX "A"*

## *SUGGESTED EVACUATION PROCEDURES IN CASE OF FIRE*

1. **SOUND ALARM** – Or, per residence policy,
   call the local **Fire Department** at:
   (Phone #)

2. Implement residence procedures for FIRE:

   - One responsible person only use a fire extinguisher, if appropriate,
   - All other responsible/available persons **immediately evacuate residents from building**,
   - Residents, visitors, staff in the close vicinity to the fire and upper floors (especially, over the fire) should evacuate the building first.

**NOTE FOR DRILLS**:

**F2 Residences** – All residents **MUST** be capable of self-evacuation (physically and cognitively). This is a criteria based on your **building structure and the existing fire code**, not just a licensing function.

**F1 Residences** – Residents may be moved immediately to the pre-identified and marked SAFE areas. Full evacuation should be initiated in cooperation with the on-scene fire coordinator.

3. Residents and staff evacuate the building and go to the following:

**Prearranged destination:** , and await further instructions.

4. **DO NOT** stop to dress or collect valuables, take a blanket (if convenient) and evacuate the building.

5. **DO NOT** wedge or prop open any doors, especially fire doors.

6. Neighbors or passers-by should be utilized to assist until arrival of the Fire Department.

7. After all residents evacuate a responsible person should account for all residents, visitors, staff, and notify on-scene fire coordinator of anyone missing.

8. A responsible person should be the last to leave the building and report to the on-scene fire coordinator.

**SOUND ALARM** – Or, per residence policy, call the local **Fire Department:**

The reason for a rule such as this is to prevent you from making a mistake that may be fatal to you and residents. In case after case, evidence indicates a contributing factor in major fires is the delay of sounding an alarm. A fire can engulf the whole building in an incredibly short time.

Fire is a treacherous enemy that requires a trained eye to determine the extent of danger involved. What appears to be a minor fire may be concealing a raging furnace within a wall, under a floor, or in an attic. "Sounding the Alarm" immediately notifies the largest number of people to the situation. The fire that appears to be extinguished could reoccur. Fire departments never complain when the fire is out upon their arrival.

**IMPLEMENT FIRE PROCEDURES:** MAKE AN EMERGENCY PLAN IN ADVANCE**.**

Plans for emergency situations must be made before the emergency occurs. An emergency plan for temporary accommodation and all other emergency considerations should be made in advance.

- One responsible person only use a fire extinguisher, if appropriate:
  After the alarm bell has been rung and the fire department notified/called one responsible person should try to put the fire out using extinguishers or taking other necessary action as APPROPRIATE to the circumstances and their individual training. If the fire is of such nature that more than one person is required to extinguish it, then it is of sufficient size to endanger life. Your first obligation is protecting and saving the lives entrusted to your care.

- Immediately evacuate residents from building:
  By having regular fire drills, all residents should know to leave the building when they hear the alarm bell or other FIRE ALARM device.

  Designate a place outside where all residents and employees will assemble and be accounted for immediately upon evacuation. Residents should be kept warm and dry, receive attention, and be fed and clothed as needed. Emergency plans should account for movement of residents to larger areas (e.g., heated garages, churches, business and lodge rooms) if necessary.

  Strict adherence to protocol during all drills is required of employees and residents so they will respond appropriately during any actual emergency. Instruct any capable ambulatory residents to assist in emergencies.

- Residents near fire or on upper floors should evacuate the building first:
  The residents in the same room as a fire or directly over the fire in the case of multi-level residences are in the greatest immediate danger and should be moved first. Residents that are ill or temporarily non-ambulatory due to an episodic health issue (F2 residences) should also receive immediate attention.

  Fire will seldom travel laterally as fast as it will travel in an upward path. It is the responsibility of the attendant to use this as a guide to intelligent action.

**NOTE FOR DRILLS**:

**F2 Residences** – All residents **MUST** be capable of self-evacuation (physically and cognitively). This is a criteria based on your **building structure and the existing fire code**, not just a licensing function.

**F1 Residences** – Residents may be moved immediately to the pre-identified and marked SAFE areas. Full evacuation should be initiated in cooperation with the on-scene fire coordinator.

**FIRE AND FIRE DRILL GUIDANCE**

**DO NOT** stop to dress or collect valuables, take a blanket (if convenient) and evacuate the building.

Everyone's first thought should be preservation/protection of life. Under no circumstance should anyone take time to dress or gather belongings.

**DO NOT** wedge or prop open any doors, especially fire doors.

Fire doors are designed to keep fire, heat, smoke and life threatening gases from traveling from one part of the building to another. Doors and doorways should never be wedged or propped open or blocked and self-releasing mechanisms should never be tampered with in any way. After all residents are moved from a room, the door should be completely closed.

**ENCOURAGE HELP:**
Neighbors or passers-by should be utilized to assist until arrival of the Fire Department.

**ACCOUNT FOR RESIDENTS:**
After all residents evacuate, a responsible person should account for all residents, visitors, staff, and notify on-scene fire coordinator of anyone **NOT** accounted for.

**REPORT:**
A responsible person should be the last to leave the building and report to the on-scene fire coordinator.

A residence staff member should document the event in accordance with the residence's procedures and include; pertinent information regarding the process, problems with resident evacuation, problems with the alarm or response system, and recommendations for improvement.

**NOTE**:

Actual fire events, unscheduled events and false alarms that involve the documented participation by the residents and staff may be counted as a "drill event" in meeting the fire code and licensure fire drill requirements.

**ALL employees and residents should read, understand, and participate in drills based on these instructions and their residence's procedures for response to fire and emergencies.**

**APPENDIX "B"**
**STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS**
**DEPARTMENT OF HEALTH, OFFICE OF FACILITIES REGULATION**
**DOCUMENTATION OF REQUIRED REPORTING**

**Please complete both sides of this form to report to the Department as outlined in sections 13.1—13.6 and 27.13 within two (2) business days of the occurrence.**

**Residence** _____ **License Number** _____
**Administrator or designee:**

_____

**(Mark [X] One):** Person(s) Affected ____ Client ____ Staff Names:

**Date of Incident:** ____/____/____ Time of Incident: ____/____/____ AM/PM (Circle)

**Day of Week:** (Circle) Sun Mon Tues Wed Thur Fri Sat

**Location of Incident**: (Include address) _____

_____

**Nature of Incident:** (Mark "X")

1. _____ Serious or accidental injury (resulting in transport and admission to the hospital)
2. _____ Death
3. _____ Suicide or suicide attempt
4. _____ Assault requiring medical attention or the police summoned
5. _____ Medication error with an adverse effect
6. _____ Fire, evacuation, or disaster
7. _____ Abuse, Neglect, Mistreatment
8. _____ Elopement
9. _____ Other (e.g., emergency admission) _____

**(List type)**

**Description of incident** and immediate action taken in response to incident; include name of persons involved, including witnesses. _____

_____

_____

**Reported by:** _____ _____/_____/_____
Signature Date
_____ _____
Print Name Title

**COMPLETE THIS FORM AND MAIL WITHIN TWO (2) BUSINESS DAYS TO:**
**DEPARTMENT OF HEALTH, OFFICE OF FACILITIES REGULATION**
**THREE CAPITOL HILL, ROOM 306, PROVIDENCE, RI 02908-5097**

**Confidential Report** **Confidential Report** **Confidential Report**

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH, OFFICE OF FACILITIES REGULATION

**INVESTIGATION RESULTS**

**Please complete this form to notify the Department of the results of your investigation.**

**Residence** _____

**Date Incident was Reported** to Department of Health _____/_____/_____

**Resident/staff involved:** _____

_____

**Brief Description** of Incident: _____

_____

_____

_____

**Results** of Investigation: _____

_____

_____

_____

**Action Taken** to Resolve Incident _____

_____

_____

_____

**Long Range System Changes:** _____

_____

_____

_____

**Reported by**: _____ _____/_____/_____
Signature Date

_____ _____
Print Name Title

**MAIL TO: DEPARTMENT OF HEALTH OFFICE OF FACILITIES REGULATION**
**THREE CAPITOL HILL, ROOM 306**
**PROVIDENCE, RI 02908-5097**

**Confidential Report** **Confidential Report**
**Confidential Report**

## APPENDIX "C": ASSISTED LIVING RESIDENT INITIAL ASSESSMENT

***SECTION ONE- General information***

| Name: | DOB: | ____ Male<br>____ Female |
|---|---|---|
| Medicaid #: | Medicare #: | |
| Current Address: | City: | State: |

| | |
|---|---|
| Primary Physician:_____<br><br>Phone:_____<br><br>Other Physicians:_____<br>Phone:_____ | Referred by:<br><br>Individual:_____<br><br>Agency:_____<br><br>Telephone:_____<br>Date:_____ |

| Emergency/Family Contact Names: | Relationship: | Telephone: |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | |
|---|---|
| Reason(s) resident is requesting admission to ALR: | Alternate Decision Maker:<br>___ None<br>___ Guardian<br>___ Power of Attorney (Health Care)<br>___ Power of Attorney<br>___ Living Will<br>___ Rep Payee<br>Name: _____Phone: _____<br><br>Relationship:_____ |

Assessment Date(s)/Type:

Initial: Date_____ Reviewed_____ Signed_____

Update: Date_____ Reviewed_____ Signed_____

Update: Date_____ Reviewed_____ Signed_____

***Section Two - Activities Of Daily Living***

Directions: (**Note: Identify Each Update By Writing Date In Margin Next To Change)**
Check One Of The Following Codes: N = None MI = Minimal MO = Moderate E = Extensive T = Total

| | | |
|---|---|---|
| Eating Meals:<br><br>Identify the level of assistance needed to perform the activity of feeding and eating (list special equipment if regularly used) | **Assistance Required**<br>___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | **Comments:** |
| Toileting:<br><br>Identify the resident's ability to get to and from the toilet | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Ambulation:<br><br>Identify the resident's physical ability to get around, both inside and outdoors (list mechanical aids if needed) | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Transferring:<br><br>Identify the resident's ability to transfer independently. | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Personal Hygiene:<br><br>Identify the resident's ability to maintain personal hygiene, (shave, care for mouth, comb hair etc). | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Dressing:<br><br>Identify the resident's ability to dress and undress, including selection of clean clothing or appropriate seasonal clothing. | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Bathing:<br><br>Identify the resident's ability to bathe and wash hair. | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |

## *SECTION THREE- Functional Abilities*

Directions: (Note: Identify each update by writing date in margin next to change)
Check one of the following codes: N = None MI = Minimal MO = Moderate E = Extensive T = Total

| | | |
|---|---|---|
| Finances:<br><br>Identify resident's ability to manage his/her own finances. | **Assistance Required**<br>___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | Comments: |
| Shopping:<br><br>Identify resident's ability to shop for personal needs, etc. | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Laundry:<br><br>Identify resident's ability to do own laundry and/or need for assistance | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Housekeeping:<br>Identify resident's ability to attend to housekeeping tasks, clean surfaces in living quarters, and/or need for assistance | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Night Needs:<br>Identify resident's need for assistance at night and/or nightly checks | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Health Services:<br>Identify the resident's ability to arrange for his or her own health and supportive services | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | |
| Recreational/Social Activities:<br><br>Identify the resident's ability and/or willingness to participate in activities | ___ N<br>___ MI<br>___ MO<br>___ E<br>___ T | What activities does the resident wish to participate in? |
| Religious and/or Spiritual Needs:<br>Identify the resident's desire and/or ability to participate in religious or spiritual activities.<br>Religion _____ | Participation<br>__Participate<br>__None by choice<br>__Not able | |

List any medical equipment the resident requires (ex cane, walker, wheelchair)

***SECTION FOUR- Behavioral Information***

| **Check One Answer For Each Question Below:** | |
|---|---|
| **wandering:** moving about aimlessly; wandering without purpose or regard to safety.<br>___does not wander.<br>___wanders within the residence or facility and may wander outside but does not jeopardize health or safety.<br>___wanders within the residence or facility. may wander outside; health or safety may be jeopardized, but resident is not combative about returning and does not require professional consultation and/or intervention.<br>___wanders outside and leaves immediate area. has consistent history of leaving immediate area, getting lost, or being combative about returning. requires constant supervision, behavioral management, intervention, and/or professional consultation. | **Comments:** |
| **assaultive /destructive behavior:** assaultive or combative to others (throws objects, strikes or punches, bites, scratches, kicks, makes dangerous maneuvers, destroys property etc.).<br>___is not assaultive or dangerous.<br>___is sometimes assaultive. requires special tolerance or management, but does not require professional consultation and/or intervention.<br>___is frequently assaultive, and may require behavioral management, intervention and/or professional consultation.<br>___is assaultive, and requires constant supervision, behavioral management, intervention and/or professional consultation. | |
| **danger to self:** indicated by self-neglect, suicidal thoughts, self mutilation, suicide attempts etc.<br>___does not display self-injurious behavior.<br>___displays self-injurious behavior but can be redirected away from those behaviors.<br>___displays self-injurious behavior, and behavioral control intervention and/or medication may be required to manage behavior.<br>___displays self-injurious behavior and requires constant supervision with intervention and/or medication. | |
| **self-preservation:** ability to avoid situations in which he/she may be in danger.<br>___physical and judgmental ability to take appropriate action in emergency situations.<br>___is clearly aware of surroundings, able to discern and avoid situations in which he/she may be in danger, and physically capable of self-preservation and/or evacuation in emergencies.<br>___is able to discern situations in which he/she may be in danger but due to physical limitations may need some assistance to self-preserve or evacuate<br>___is frequently confused and unable to discern and/or avoid situations in which he/she may be in danger and needs guidance and assistance.<br>___requires constant supervision due to his/her inability to self-preserve.<br>**Note: Persons residing in f2 level licensure <u>must be capable of self-preservation including evacuating the building w/o assistance in emergency situations.</u>** | |

***Section Five – Medications***

____ Resident will self administer medication _____ Needs medication administration

____ Total Number of Medications Prescribed

| Name/Dosage (List) | Frequency |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Comments regarding medication use:

Does resident use any over the counter medications (OTC) or home remedies?
____ no _____ yes (if yes please list)

self medication assessment
(to be completed on all residents self administering medications)

Resident has cognitive ability to self administer: _____ yes ____ no
_____ with assistance _____ with supervision

Physical limitations:

List any assistance needed (ex oversight, reminding):

Comments:

***SECTION SIX-Health Information***

Current Medical Diagnoses:

Current Mental Health Diagnoses:
(Depression, Anxiety Disorders, Other)

Dementia ____ Yes ____ No

Other Problems:
Cardiological_____

Respiratory_____

Gastrointestinal_____

Neurological_____

Muscular/skeletal_____

Skin_____

Substance Abuse_____

History of Falls
___ None
___ Some
___ Frequent

___ Monitoring required
___ Fall risk evaluation suggested

Sleep Habits and Problems

Bladder Control: (check one)
____ Continent
____ Occasional Incontinence
____ Frequent Incontinence
____ Total Incontinence

Bowel Control: (check one)
____ Continent
____ Occasional Incontinence
____ Frequent Incontinence
____ Total Incontinence
____ Ostomy

Treatments/ Therapies ____ Check here if none

List any current treatment/therapies resident is currently under and their frequency (ex physical therapy, respiratory therapy):

Will assistance with follow through be necessary? ____ Yes ____ No
Comments:

Communication
Aphasia: ___Expressive ___ Receptive
Sign language use: ____ Yes ___No

Primary language:_____
Able to____ Understand ____Speak ____Read ____Write
Secondary language:_____
Able to____ Understand ____Speak ____Read ____Write

Vision (with glasses if used)
___ Adequate
___ Impaired- sees large print but not regular print
___ Moderately impaired- limited, cannot see headlines
___ Severely impaired- no vision or sees only light

Hearing (with hearing aid if used)
___ Hears adequately
___ Minimal difficulty
___ Intermittently impaired
___ Highly impaired

Diet Information
Currently on special diet ordered by physician? ____ Yes ____No
Is resident following the prescribed diet? ____ Yes ____No

Please specify type diet:

____ ADA calorie-calculated ____ Low cholesterol ____ Low fat ____ Restricted sodium
____ Diabetic ____ Lactose intolerance ____ Liquid
____ Regular diet w/added nutrients. ____ Regular diet w/o concentrated sugar. ____ Regular diet w/o added salt. ____Other

Resident's height (initial assessment) _____ Resident's weight (initial assessment)_____
Appetite:_____

Potential Diet Problems

| Yes | No | |
|---|---|---|
| ____ | ____ | Does resident have mouth or tooth problems that make it hard to chew ? |
| ____ | ____ | Has resident gained or lost ten or more pounds in the last six months w/o wanting to ? |
| ____ | ____ | Is resident able to self feed ? |
| ____ | ____ | Does resident have difficulty swallowing ? |
| ____ | ____ | Nausea/Vomiting ? |
| ____ | ____ | Heartburn/Reflux ? |

***Section Seven- Assessment Summary***

**Conclusion**

Level of service required/recommended
___ F1 ___F2
___ Special Care Unit
___M1 ___M2

Resident is suitable for ALR admission or continued ALR residence:
_____ short term
_____ long term
_____ with accommodations
_____ not suitable

Physical Limitations:

Health Needs:

Other Recommendations:

Assessment Completed By: Date Of Assessment:

_____ _____

Please Print

_____

Signature

Administrator Approval: Date:

_____ _____

If admitted to ALR, date of admission:_____

*APPENDIX "D"*

## *Unlicensed Medication Technician Evaluation Checklist*

| | Yes | No | Remarks |
|---|---|---|---|
| **ORAL MEDICATION(s)** | | | |
| 1. Understands the order as written on medication sheet and med card. | ☐ | ☐ | |
| 2. Brings med sheet or card to med room, closet or cart. | ☐ | ☐ | |
| 3. Washes hands. | ☐ | ☐ | |
| 4. Identifies medication container with med sheet or card. | ☐ | ☐ | |
| 5. Removes medication from shelf or cart. | ☐ | ☐ | |
| 6. Compares medication label with med sheet or card. | ☐ | ☐ | |
| 7. Determines dosage and proper amount of medication to pour. | ☐ | ☐ | |
| 8. Pours without touching medication. | ☐ | ☐ | |
| 9. Compares medication label with card or med sheet. | ☐ | ☐ | |
| 10. Keeps poured medication and med sheet or card together. | ☐ | ☐ | |
| 11. Returns medication to shelf or cart. | ☐ | ☐ | |
| **LIQUID MEDICATION(s)** | | | |
| 12. Proceeds as for oral medication. Items # 1 – 8 above. | ☐ | ☐ | |
| 13. Holds medication with label turned toward palm of hand. | ☐ | ☐ | |
| 14. Holds med cup with liquid at eye level to measure. | ☐ | ☐ | |
| 15. Wipes bottle before returning to shelf or cart. | ☐ | ☐ | |
| 16. Locks medication room, closet, or cart when done. | ☐ | ☐ | |
| **INPATIENT AREAS** | | | |
| 17. Identifies patient thoroughly. | ☐ | ☐ | |
| 18. Offers medication and water. | ☐ | ☐ | |
| 19. Remains with patient until medication is swallowed. | ☐ | ☐ | |
| 20. Charts correctly. | ☐ | ☐ | |

**GENERAL COMMENTS:**

_____

_____

_____

_____

_____

**SIGNATURES:**

**Date Completed:** _____ **R.N.** _____

**Residence:** _____

**Student/Med Technician:** _____