To: Members of the State Board of Health

From: Cheryl McMahon, Home and Community Facilities Branch Chief, Health Facilities and Emergency Medical Services Division

Through: D. Randy Kuykendall, Director, DRK

Date: December 16, 2020

Subject: Rulemaking Hearing concerning 6 CCR 1011-1, Chapter 7, Assisted Living Residences

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In April 2018, the Board of Health adopted revisions to 6 CCR 1011-1, Chapter 7, Assisted Living Residences. At that time, the rules had not undergone a comprehensive review in over 20 years, and the revisions, developed over a two-year stakeholder process, resulted in a chapter that was completely reorganized and renumbered, with thorough updates to both reflect industry standards of care and support the Division's specific health and safety expectations.

Although every effort was made at the time to address the concerns of stakeholders, some providers, namely owners/operators of small assisted living residences (those with 19 beds or fewer), had lingering concerns regarding some of the rule provisions and the potential impact that the implementation of the 2018 rules would have on their own operations, as well as the overall sustainability of the small assisted living residence (ALR) model of care. In response, Senate Resolution 18-005 was passed, requesting that work with stakeholders continue to ensure that the rules are modified as appropriate for small ALRs. Consistent with this request, the Division has engaged in subsequent stakeholder efforts, working with a workgroup comprised of small ALR representatives, along with the statutorily-created Assisted Living Advisory Committee, to evaluate and address those concerns.

In addition to identifying potential revisions through the Small ALR Workgroup process, the Division also identified some areas in need of revision for other reasons, such as updated federal laws, mitigation of unintended financial consequences, and specific feedback from stakeholders during the phased-in implementation of the 2018 rules (July 2018 through December 2020.) Issues have also been identified during the initial and ongoing experiences with and responses to the COVID-19 pandemic.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

Basis and Purpose.

The proposed revisions to Chapter 7 primarily originated through recommendations from the Assisted Living Advisory Committee (ALAC) based on feedback from small assisted living residence (ALR) providers, and feedback from other stakeholders. Additional changes and/or updates have been identified due to changes in other rule sets, federal laws, and the ongoing COVID-19 response.

Changes made in response to stakeholder feedback

When the Board adopted revisions to Chapter 7, Assisted Living Residences, in April 2018, the rules had not had a comprehensive review in over 20 years. The revisions resulted in a chapter that was completely reorganized, renumbered, and updated from the previous Chapter 7.

While the stakeholder process leading up to the 2018 revision was robust, lasting over two years, it was challenging to ensure revisions addressed the full range of ALRs licensed by CDPHE. For context, Chapter 7 is used to license and oversee ALRs ranging from small ALRs operating in single-family homes located in residential neighborhoods with 8 or fewer residents, to large ALRs with 200+ residents. Although every effort was made at the time to address the concerns of stakeholders across this spectrum during the 2018 stakeholder process, some providers, namely owners/operators of small ALRs (those with 19 or fewer beds), had lingering concerns regarding some of the rule provisions and the potential impact that the implementation of those rules would have on their own operations, as well as the overall sustainability of the small ALR model of care. In response, Senate Resolution 18-005 was passed, requesting that work with stakeholders continue to ensure that the rules are modified as appropriate for small ALRs. Consistent with this request, the Division has engaged in subsequent stakeholder efforts, working with a workgroup comprised of small ALR representatives, along with the statutorily-created Assisted Living Advisory Committee, to evaluate and address those concerns. The Division also worked with ALAC to address feedback from other sources, such as ombudsmen and/or provider organizations.

The proposed revisions based on stakeholder feedback include:

- **Administrator qualifications**. During the implementation of the rules passed in 2018, stakeholders found the new administrator qualifications to be too limiting, and not reflective of the intent to accommodate multiple combinations of education and experience to enable an individual to qualify as an administrator. In April 2019, the Department began issuing rule waivers for ALRs wishing to hire administrators with the combinations of education and experience which were inadvertently left out of the 2018 rule revision, as adopted by the Board. This was also an issue identified by the Small ALR Workgroup as an area of hardship. The Division has not observed any negative results from allowing these waivers, and the ALAC agreed with the recommendation to adopt additional pathways to demonstrate administrator

qualifications. The proposed revisions codify those pathways into the rule language, allowing the Division to eliminate the waiver.

- **Training**. Revisions have been made to the general training requirements with specific considerations for small ALRs. Topics have been reorganized (e.g., moving some from initial orientation to required training and vice versa), and time requirements for when that training should be completed have been modified. The proposed rule takes into account what the stakeholders and ALAC felt ALR staff should have knowledge about prior to their first shift (initial orientation,) and separates those topics from those that can wait for on-the-job training, which is offered less frequently in small ALRs. For the training that applies to all ALRs, no topics were added or deleted, only reorganized. Training on resident care plans was added as a requirement for ALRs providing a secure environment, and the required hours of other training for that setting were reduced to offset that addition. These changes allow training to occur as topics become relevant to the care and services being provided.
- **Defining "volunteer**." There are several places in the rules that require a volunteer providing ALR services to meet the same standards as staff, such as criminal history record checks, training, maintenance of a personnel file, etc. Providers expressed concern that these requirements could be interpreted too broadly, since there was no definition of "volunteer" in the chapter. "Volunteer" is now defined, providing clarity for the application of these volunteer-related standards.
- **Food safety**. Several minor revisions were made to the standards related to food safety for small ALR facilities with 19 beds or fewer, including clarification around glove use, food holding temperatures, food sources, and dishwasher requirements. These revisions were developed with the assistance of the Division of Environmental Health and Sustainability after several meetings with the small ALR workgroup members to discuss food safety practices and expectations in small ALR settings.
- **Medication destruction and disposal**. Current rules require ALRs to dispose of expired or otherwise unneeded/unused medications at least every 30 days. During rule implementation, this was found to be financially burdensome on providers due to the costs associated with medication disposal. The proposed revisions now require medications be destroyed in accordance with federal, state, and local regulations within 30 days, and continue to require disposal in compliance with the State's Hazardous Waste regulations.
- **Ombudsman-related standards.** Revisions are proposed to clarify facility reporting to state and local ombudsmen agencies. Revisions also clarify that "access to residents" includes access to residents' contact information in order to ensure ombudsman access when in-person contact cannot occur, as experienced during the Division's COVID-19 response.
- **Applicability of FGI exceptions.** The Division is responsible for setting standards for ALRs to ensure "the premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care to the residents" (Section 25-27-104(2)(c), C.R.S.) As part of the 2018 revision of the ALR rules, standards from the Facilities Guidelines Institute (FGI) were adopted for this purpose. During that revision process, the Division agreed with stakeholders that there were standards within FGI that would be difficult for ALRs with 10 beds or fewer to meet. Therefore, the current rules include exceptions to the FGI requirements that the ALR have a gurney-sized elevator, and that each resident have access to a bathroom without entering a corridor. The proposed revision removes the 10 beds or fewer language, and instead applies the exceptions to ALRs in residential neighborhoods operating in structures that were built

as single-family homes. The change should provide more flexibility for ALRs, while still meeting the intent of the exceptions in the current rules.

Miscellaneous corrections and updates

There are a number of revisions proposed that did not originate from the Small ALR Workgroup process or broader stakeholder feedback. These originated due to changes in 6 CCR 1011-1, Chapter 2, General Licensure Standards and federal law, internal review, new information from external sources, and the passage of time.

- Removed language regarding incorporation by reference, as the information is now incorporated within 6 CCR 1011-1, Chapter 2, General Licensure Standards, and is no longer necessary to include within Chapter 7.
- Added requirements for the identification, reporting, investigation and documentation of injuries of unknown origin, and for policies related to the same. These are not new requirements. They had been previously included in rules referring to statutorily-required occurrence reporting and investigation. However, no such requirement is included in the occurrence statute. While not a statutory occurrence, investigation of injuries of unknown origin is an important step for facilities to take in order to rule out abuse or mistreatment and identify opportunities for staff training. This requirement was therefore made a stand-alone requirement within the rules.
- Revised language about fingerprint-based criminal history record checks of owners and administrators for consistency with statutory authority.
- Struck detailed language around occurrence reporting, instead referring to the standards in Chapter 2, to both clarify and ensure consistency between chapters.
- Struck general language around FGI building standards, as those standards are now in Chapter 2. (ALR-specific FGI requirements and exceptions remain in this Chapter 7.)
- Updated references to Chapter 2, General Licensure Standards, throughout the chapter, and revised definitions to reflect the current Chapter 2 language.
- Added language to ensure an ALR's infection control policies are based on nationally-recognized guidelines and comply with CDPHE guidance.
- Deleted language around phased-in fee increases, as all implementation dates have now passed.
- Updated the federal statutory reference for ombudsman requirements, as the federal law was updated in 2020. A correction was also made to a reference to Colorado statutes related to the ombudsman.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Section 25-27-104, C.R.S.
Section 25-27-111, C.R.S.

Is this rulemaking due to a change in state statute?

______ Yes, the bill number is ______. Rules are ___ authorized ___ required.

___X__ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

_______ Yes ___ URL

___X___ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

_______ Yes

___X___ No

Does the proposed rule language create (or increase) a state mandate on local government?

__X_ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/S/B
Assisted Living Residences Licensees	707	C
Residents living in ALRs	Over 20,000*	B
Industry organizations	3	S
Consumer advocacy groups	6	S
*estimate based on 25,150 licensed ALR beds		

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

C = individuals/entities that implement or apply the rule.
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

These revisions primarily clarify existing rule language, making it easier for providers to comply with the rules, which will result in increased resident safety. The proposed rule is expected to improve the experience or outcomes for all populations, including previously disenfranchised, un-served or underserved, or marginalized populations.

<u>Economic outcomes</u>
Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

Licensees should experience an overall cost benefit from these proposed revisions, including:

- The change from requiring medication disposal every 30 days, which stakeholders reported costing approximately $500 per disposal, to allowing medications to be destroyed (rendered non-retrievable to prevent diversion) within 30 days, and disposed of less frequently, resulting in lower costs for providers.
- The addition of multiple pathways for meeting administrator qualifications should make it easier for ALRs to recruit and fill administrator positions.
- Changing from a bed-based limit to a broader definition for exemptions from specified FGI requirements may expand the ability of small ALR owners to operate in residential settings.

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Favorable non-economic outcomes include:

C: Removing the time requirement on staff training, in current rules as no later than 30 days after hire, and instead requiring the training be complete prior to staff working independently with residents, gives ALRs more flexibility to provide training on an as-needed basis.

The requirement for ALRs to base their infection control policies on nationally-recognized guidelines and guidance from CDPHE provides facilities with more information regarding what infection control should address, which is expected to mitigate future difficulties similar to those that have been encountered in the Division's COVID-19 response and day-to-day infectious disease prevention, both for the facilities trying to provide quality care, and for the residents receiving that care.

S: Clarifying that ombudsmen "access to residents" includes not only in-person access, but access to residents' contact information, enables the ombudsmen to better fulfill their advocacy and oversight role. The Ombudsman Office reported difficulty in obtaining residents' contact information from ALRs for telephone and video contact when in-person contact was not possible. This change will provides better protection to ALR residents by increasing their access to ombudsmen.

B: Clarifications around the meaning of "volunteer," requirements for infection control policies and practices, and more detailed rules on investigations of injuries of unknown origin offer better protection of ALR residents, while making compliance with the rules easier for providers.

Requiring staff training prior to the staff working independently increases resident safety by ensuring staff have the knowledge to provide appropriate care at the time they are assigned to provide it.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

A. Anticipated CDPHE personal services, operating costs or other expenditures:

N/A

Anticipated CDPHE Revenues:

N/A

B. Anticipated personal services, operating costs or other expenditures by another state agency:

N/A

Anticipated Revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

_x__ Comply with a statutory mandate to promulgate rules.
___ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
___ Maintain alignment with other states or national standards.
___ Implement a Regulatory Efficiency Review (rule review) result
_X__ Improve public and environmental health practice.
_x__ Implement stakeholder feedback.
___ Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities Goal 2, Increase Efficiency, Effectiveness and Elegance Goal 3, Improve Employee Engagement Goal 4, Promote health equity and environmental justice Goal 5, Prepare and respond to emerging issues, and Comply with statutory mandates and funding obligations

Strategies to support these goals:
___ Substance Abuse (Goal 1)
___ Mental Health (Goal 1, 2, 3 and 4)
___ Obesity (Goal 1)
___ Immunization (Goal 1)
___ Air Quality (Goal 1)
___ Water Quality (Goal 1)
___ Data collection and dissemination (Goal 1, 2, 3, 4, 5)
___ Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
___ Employee Engagement (Goal 1, 2, 3)
___ Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
__x_ Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)

_X__ Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

Inaction would cause a gap in criminal history record check procedures for ALR owners and administrators, leaving in place rules that are inconsistent with statutory authority. Additional outdated references to Colorado and federal law, and 6 CCR 1011-1, Chapter 2, General Licensure Standards, could create confusion regarding the authority for rules and application of these licensing rules.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The rules as proposed are not expected to result in additional costs from the current rule, as they do not substantially change any operational principles, and were developed with substantial stakeholder involvement. The proposed rules represent the most cost-effective option for achieving the desired protection of health, safety, and welfare for residents of ALRs.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The Division is responsible for setting standards for ALRs to ensure "the premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care to the residents" (Section 25-27-104(2)(c), C.R.S.) The 2018 revision of the ALR rules adopted standards from the Facilities Guidelines Institute (FGI) for this purpose, and exempted ALRs with 10 or fewer beds from two specific standards that would require a gurney-sized elevator and resident access to a bathroom without entering a corridor. Despite these exceptions, one of the lingering concerns from ALR operators was the potential impact that compliance with other FGI standards could have on ALRs with 10 or fewer beds. During this revision process, the Small ALR Workgroup made a recommendation to the statutory Assisted Living Advisory Committee (ALAC) that some ALRs be fully exempt from all FGI standards. The ALAC thoroughly discussed the recommendation from the Small ALR Workgroup in the context of the Division's responsibility for setting these standards, the lack of identification of specific standards that were problematic for the Small ALR Workgroup, and the ability of non-ALR facility types of similar sizes to comply with FGI. Based on these factors, the ALAC recommended the FGI standards should continue to apply to all ALRs.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

In developing the proposed rules, the Division considered material provided by stakeholders, Division experience providing ongoing technical support and compliance inspections during the rollout period for the 2018 rules, and experiences in completing COVID-19-related surveys of ALRs. In order to inform deliberations and decisions regarding whether additional FGI requirements should be exempted for small ALRs, the Division worked with its FGI Plan Review and

Safety Services Unit to research, review, and compile comprehensive information regarding the use of FGI across the country, and compared the 2018 edition of the Facility Guidelines Institute standards to the draft standards being considered for the 2022 version. Food safety and medication destruction/disposal changes were made in collaboration with Department subject matter experts in food safety and hazardous waste.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:
The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Organization	Representative Name and Title (if known)
Colorado Health Care Association	**Ann Kokish, Associate Director, Long-Term Care Services
LeadingAge Colorado	**Deborah Lively, Director of Public Policy & Public Affairs,
Colorado Assisted Living Association and St. Bernadette Assisted Living	**, *Lyle Campbell, Owner/Administrator
Denver Regional Council of Governments	**Shannon Gimbel, Ombudsman Program Manager
Alzheimer's Association	**Tina Wells, Director of Regional Programs
Spectrum Retirement Communities	**Dana Andreski, Executive Director
Millbrook Homes Assisted Living	**Janet Cornell, Administrator
Northern Colorado Living Solutions	**Tamra Murer, Owner
Upper Arkansas Area Council of Governments	**Theresa Gerstmeyer, Lead Ombudsman
Good Samaritan Society-Estes Park Village	**Julie Lee, Executive Manager
Boulder County Area on Aging	**Tina Wells, Ombudsman
Colorado Department of Health Care Policy and Financing	Cassandra Keller, Alternate Care Facility Specialist, Diane Byrne, Brain Injury Waiver Administrator
Disability Law Colorado	Leah McMahon, State Long-Term Care Ombudsman, Jeremy Bell, Assistant State Long-Term Care Ombudsman
Colorado Gerontological Society	Eileen Doherty, Pat Cook
Belmont Senior Care	*Andrea Sanchez
A Loving Hand Assisted Living	*Janelle Molina, Owner/Administrator
Constant Care Assisted Living Homes	*Jeff Reynolds, Director
Life Quality Homes Memory Care	*Tracie Nicoll
Solange Assisted Living Facility	*Christel Aime, Owner
Broadmoor Court Assisted Living	*Linda Hodges, Executive Director
Turnberry Place Assisted Living Facility	*Rachel Roberts
Monarch Greens Assisted Living	*Erin Ellis
Shamrock Manor	Michelle Westerman
The Kyle Group	Corky Kyle
Bethhaven House	Mike Van de Cateele
Continuum Health	Linda Metzler

A Wildflower Assisted Living	Nicole Schiavone
Jackson Creek Senior Living	Dena Mackey, Executive Director
Florence Care Homes	Jane Chess
Leading Age Colorado	Terry Zamell, Senior Policy Analyst
Pinkowski Law Firm	Michelle Pinkowski, Attorney
Colorado Department of Public Health and Environment	Therese Pilonetti, Division of Environmental Health and Sustainability
	Michelle Billups

* Small ALR Workgroup participant
** Assisted Living Advisory Committee member

Stakeholder process and timeline:

April 2018—Board of Health adoption of in-depth revision and reorganization of 6 CCR 1011-1, Chapter 7, Assisted Living Residences, effective June 2018.

July 2018 to December 2020—Division implementation of a soft rollout of 2018 adopted rules to perform compliance monitoring, address concerns with the small ALR workgroup, develop a standardized survey inspection process, provide ongoing technical assistance, and work with the Joint Budget Committee on funding through the Decision Item Process.

June 2018 to October 2019—Small ALR Workgroup process

- June 2018—Memo to stakeholders soliciting membership for the Small ALR Workgroup
  - Work estimated to last one year.
  - Purpose of workgroup was to evaluate how specific areas of the 2018 revisions would be applied in small ALRs, specifically those with 19 or fewer beds, and make formal suggestions to the ALAC on any guidance documents or amendments to the rules as they relate specifically to assisted living facilities of that size.
- September 2018 through October 2019
  - 15 2-hour meetings with the Small ALR Workgroup
    - Work focused on 5 areas of concern—Administrator Qualifications, Personnel, Food Safety, FGI, and Secure Environment.
    - Meetings periodically included subject matter experts and presentations related to Food Safety and FGI.
    - Between 5 and 10 owners/operators of ALRs with 19 beds or fewer were in attendance at each meeting.
- Meeting information was posted on the Division's website, and distributed to all ALRs and other interested parties through the Division's messaging portal in advance of meetings.

September 2019—August 2020 (with 3-month hiatus from March to May 2020 for COVID-19 response)—Assisted Living Advisory Committee (ALAC) process

- September 2019—Small ALR Workgroup presents recommendations to ALAC
- October 2019, and January, February, June, and July 2020—ALAC discussion of Small ALR Workgroup recommendations, with additional Small ALR Workgroup participation. During these meetings, changes originating outside of the Small ALR Workgroup process were also discussed by the ALAC.

- August 2020—Final consideration of proposed rules
- Agendas and proposed rule language were posted on the Division's website in advance of every meeting, as well as sent to all ALRs and other interested parties through the Division's messaging portal.

November 2020—Assisted Living Advisory Committee meeting

- Discussed comments/questions from the Board of Health Request for Hearing

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

____ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking

__X__ Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

Administrator Qualifications. During the process of revising the ALR rules in 2018, the Department and stakeholders discussed the need for ALRs to have administrators be able to meet minimum qualifications through a variety of methods. Inadvertently, several alternative methods based on combinations of education and experience, which had been discussed with stakeholders and approved by the ALAC, were removed from the rules prior to their adoption by the Board of Health. In April 2019, the Department began issuing rule waivers for ALRs wishing to hire administrators who met the requirements of these alternative methods. These alternatives of a combination of education and experience are being included in this rulemaking as they have been found to be a successful way of filling these positions.

One of the combinations of education and experience under which an individual could qualify as an administrator, specifically Part 6.3(H) of the proposed rules, was modified after discussion with stakeholders in response to the Board's questions/comments during the Request for Hearing.

Definition of Volunteer. There are several locations throughout the rules that reference requirements for staff or a "volunteer providing ALR services," such as criminal history record checks, training, or maintenance of a personnel file. Without a definition of volunteer, or a definition for what "providing ALR services" means in the context of the rule, stakeholders felt that clarification was needed. The Department developed, with stakeholder input, a definition of volunteer that eliminates the need to distinguish between "volunteers providing ALR services" and other types of volunteers. The

Department has also agreed to issue further guidance, if necessary, that would include examples of which visitors, such as holiday carolers, would not be considered volunteers under the proposed definition.

Staff Training. While stakeholders agreed training is an important component of ensuring ALR staff are able to provide safe, appropriate care, they expressed concerns about the time requirements (to be completed no later than 30 days after hire). Through the discussion process, stakeholders were able to identify which training would be necessary before an individual started working, and which training could wait until the individual provided the specific service/activity that was the focus of the training. The proposed rules remove the specific time requirement of 30 days, and instead allow training to be completed prior to staff being assigned a new task and working independently to perform that task.

Two areas had a lack of consensus between the recommendations of the Small ALR Workgroup (workgroup) and the recommendations of the Assisted Living Advisory Committee (ALAC):

FGI. The Small ALR Workgroup recommended to the ALAC that ALRs with 19 beds or fewer should not be required to comply with any of the building standards from the Facilities Guidelines Institute (FGI), citing the difficulty and cost of compliance. The Department repeatedly requested the workgroup provide details on which specific FGI standards were problematic, in order to explore appropriate alternatives. The Department also suggested the workgroup members reach out to group homes regulated under 6 CCR 1011-1, Chapter 8, Facilities for Persons with Developmental Disabilities, as they share several characteristics with the small ALRs (i.e., number of residents, Medicaid funding, located in residential homes/neighborhoods,) and have been successfully complying with FGI for some time. The workgroup did not identify specific standards that were problematic, and instead held firm on the recommendation that FGI should not be applied to ALRs with 19 or fewer beds. After considerable discussion, the ALAC recommended keeping FGI standards as they are. After the ALAC's recommendation, the Small ALR workgroup suggested removing the requirement of complying with 2018 FGI in the current rule and revisiting the appropriateness of FGI for ALRs with 19 beds or fewer once the 2022 version of FGI is published.

Upon review of the draft 2022 FGI regulations currently out for public comment, no substantive change was found in the standards between the 2018 and 2022 versions. The 2022 draft did move from defining a "small facility" in terms of bedrooms to defining facilities based on characteristics of the setting. Therefore the Department has proposed replacing "Small model assisted living facilities applying for a license for 10 beds or less" with "Assisted living residences that are located in single-family residential neighborhoods and are operating in structures designed to be single-family homes" in the rule language related to the current exceptions to FGI standards for gurney-sized elevators and access to bathrooms without entering a corridor, but keeping the remaining language regarding FGI compliance as is.

Awake Overnight Staff in Secure Environments. The workgroup recommended modifying the requirement that an ALR have at least one awake staff on duty at all hours to only apply when there are one or more residents who require assistance during the night, due to cost concerns. The ALAC raised concerns about not having

awake staff due to the population served in a secure environment, and felt a resident could need assistance at night at any time, even if they had not previously needed assistance. Additional ALAC discussion covered the following points: the possibility of individuals being improperly admitted to a secure environment if they do not require overnight assistance; that Medicaid regulations require awake staff; and that, based on survey and complaint data, the Department has not seen evidence that small facilities have had difficulty complying with this regulation. After the discussion, the ALAC recommended keeping the requirement for awake staff as-is. The Department proposes no change to this requirement.

During the public comment period, the Department received a stakeholder comment requesting changes to medication destruction and disposal rules. In considering this feedback, the Department found that other parts of the proposed rules address the concerns, and therefore no changes were made.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	X	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.

	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	X	Ensures a competent public and environmental health workforce or health care workforce.
	Other:______________________________ ______________________________________		Other:______________________________ ______________________________________

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER 7 - ASSISTED LIVING RESIDENCES

6 CCR 1011-1 Chapter 7

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on __________, 2020. Effective, ____________, 2021.

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2 ~~**Adopted by the Board of Health on April 18, 2018.**~~

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22 **~~Section~~ PART 19 – Infection Control**

23 **~~Section~~ PART 20 – Physical Plant Standards**

24 **~~Section~~ PART 21 – Exterior Environment**

25 **~~Section~~ PART 22 – Interior Environment**

26 **~~Section~~ PART 23 – Environmental Pest Control**

~~Section~~ PART 24 – Waste Disposal

~~Section~~ PART 25 – Secure Environment

~~SECTION~~ PART 1 – STATUTORY AUTHORITY AND APPLICABILITY

1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by ~~§§~~SECTIONS 25-1.5-103, 25-27-101, and 25-27-104, C.R.S.

1.2 Assisted living residences, as defined herein, shall comply with all applicable federal and state statutes and regulations including, but not limited to, the following:

(A) This Chapter 7~~.~~;

(B) 6 CCR 1011-1, Chapter 2, ~~pertaining to general licensure standards~~GENERAL LICENSURE STANDARDS~~.~~;

(C) 6 CCR 1011-1, Chapter 24, MEDICATION ADMINISTRATION REGULATIONS, and ~~§§~~SECTIONS 25-1.5-301 through 25-1.5-303 C.R.S, pertaining to medication administration~~.~~;

(D) 6 CCR 1010-2, COLORADO RETAIL FOOD ESTABLISHMENT REGULATIONS, PERTAINING TO FOOD SAFETY, FOR RESIDENCES LICENSED FOR 20 OR MORE BEDS~~.~~;

(E) 6 CCR 1009-1, EPIDEMIC AND COMMUNICABLE DISEASE CONTROL~~.~~;

(~~D~~F) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste~~.~~; AND

(G) 6 CCR 1007-3, PART 262, STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE.

~~1.3 This regulation incorporates by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to § 24-4-103 (12.5), C.R.S., the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:~~

~~Division Director~~
~~Colorado Department of Public Health and Environment~~
~~Health Facilities and Emergency Medical Services Division~~
~~4300 Cherry Creek Drive South~~
~~Denver, Colorado 80246-1530~~
~~Phone: (303) 692-2836~~

~~Certified copies of material will be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference may be examined in any state publications depository library unless the incorporated material is publicly available on the internet. Copies of the incorporated materials that have been sent to the state publications depository and distribution center and are available for interlibrary loan.~~

~~SECTION~~ PART 2 – DEFINITIONS

For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

2.1 "Abuse" means any of the following acts or omissions:

(A) The non-accidental infliction of bodily injury, serious bodily injury or death,

(B) Confinement or restraint that is unreasonable under generally accepted caretaking standards, or

(C) Subjection to sexual conduct or contact that is classified as a crime.

2.2 “Administrator” means a person who is responsible for the overall operation, daily administration, management and maintenance of the assisted living residence. The term “administrator” is synonymous with “operator” as that term is used in Title 25, Article 27, Part 1.

2.3 “Activities of daily living (ADLs)” means those personal functional activities required by an individual for continued well-being, health and safety. As used in this Chapter 7, activities of daily living include, but are not limited to, accompaniment, eating, dressing, grooming, bathing, personal hygiene (hair care, nail care, mouth care, positioning, shaving, skin care), mobility (ambulation, positioning, transfer), elimination (using the toilet) and respiratory care.

2.4 “Alternative care facility” means an assisted living residence certified by the Colorado Department of Health Care Policy and Financing to receive Medicaid reimbursement for the services provided pursuant to 10 CCR 2505-10, ~~s~~Section 8.495.

2.5 “Appropriately skilled professional” means an individual that has the necessary qualifications and/or training to perform the medical procedures prescribed by a practitioner. This includes, but is not limited to, registered nurse, licensed practical nurse, physical therapist, occupational therapist, respiratory therapist, and dietitian.

2.6 “Assisted living residence” or “ALR” means:

(A) A residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required, or

(B) A Supportive Living Program residence that, in addition to the criteria specified ~~in paragraph (a) above~~ THE ABOVE PARAGRAPH, is certified by the Colorado Department of Health Care Policy and Financing to also provide health maintenance activities, behavioral management and education, independent living skills training and other related services as set forth in the supportive living program regulations at 10 CCR 2505-10, ~~s~~Section 8.515.

(C) Unless otherwise indicated, the term “assisted living residence” is synonymous with the terms “health care entity,” “health facility,” or “facility” as used elsewhere in 6 CCR 1011-1, Standards for Hospitals and Health Facilities.

2.7 “At-risk person” means any person who is 70 years of age or older, or any person who is 18 years of age or older and meets one or more of the following criteria:

(A) Is impaired by the loss (or permanent loss of use) of a hand or foot, blindness or permanent impairment of vision sufficient to constitute virtual blindness;

(B) Is unable to walk, see, hear or speak;

(C) Is unable to breathe without mechanical assistance;

106 (D) Is a person with an intellectual and developmental disability as defined in §SECTION 25.5-
107 10-202, C.R.S.;

108 (E) Is a person with a mental health disorder as defined in §SECTION 27-65-102(11.5),
109 C.R.S.;

110 (F) Is mentally impaired as defined in §SECTION 24-34-501(1.3)(b)(II), C.R.S.;

111 (G) Is blind as defined in §SECTION 26-2-103(3), C.R.S.; or

112 (H) Is receiving care and treatment for a developmental disability under Article 10.5 of Title
113 27, C.R.S.

114 2.8 "Auxiliary aid" means any device used by persons to overcome a physical disability and includes
115 but is not limited to a wheelchair, walker or orthopedic appliance.

116 2.9 "Care plan" means a written description, in lay terminology, of the functional capabilities of an
117 individual, the individual's need for personal assistance, service received from external providers,
118 and the services to be provided by the facility in order to meet the individual's needs. In order to
119 deliver person-centered care, the care plan shall take into account the resident's preferences and
120 desired outcomes. "Care plan" may also mean a service plan for those facilities which are
121 licensed to provide services specifically for the mentally ill.

122 2.10 "Caretaker neglect" means neglect that occurs when adequate food, clothing, shelter,
123 psychological care, physical care, medical care, habilitation, supervision or any other service
124 necessary for the health or safety of an at-risk person is not secured for that person or is not
125 provided by a caretaker in a timely manner and with the degree of care that a reasonable person
126 in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence
127 or intimidation to create a hostile or fearful environment for an at-risk person.

128 2.11 "Certified nurse medication aide (CNA-Med)" means a certified nurse aide who meets the
129 qualifications specified in 3 CCR 716-1, ~~Chapter 19~~RULE 1.19, and who is currently certified as a
130 nurse aide with medication aide authority by the State Board of Nursing.

131 2.12 "Controlled substance" means any medication that is regulated and classified by the Controlled
132 Substances Act at 21 U.S.C., §812 as being schedule II through V.

133 2.13 "Deficiency" means a failure to fully comply with any statutory and/or regulatory requirements
134 applicable to a licensed assisted living residence.

135 2.14 "Deficiency list" means a listing of deficiency citations which contains a statement of the statute or
136 regulation violated~~;~~, and a statement of the findings, with evidence to support the deficiency.

137 2.15 "Department" means the Colorado Department of Public Health and Environment or its designee.

138 2.16 "Disproportionate share facilities" means facilities that serve a disproportionate share of low
139 income residents as evidenced by having qualified for federal or state low income housing
140 assistance; planning to serve low income residents with incomes at or below 80 percent of the
141 area median income; and submitting evidence of such qualification, as required by the
142 Department.

143 2.17 "Discharge" means termination of the resident agreement and the resident's permanent departure
144 from the facility.

145 2.18 "Egress alert device" means a device that is affixed to a structure or worn by a resident that
146 triggers a visual or auditory alarm when a resident leaves the building or grounds. Such devices
147 shall only be used to assist staff in redirecting residents back into the facility when staff are
148 alerted to a resident's departure from the facility as opposed to restricting the free movement of
149 residents.

150 2.19 "Emergency contact" means one of the individuals identified on the face sheet of the resident
151 record to be contacted in the case of an emergency.

152 2.20 "Exploitation" means an act or omission committed by a person who:

153 (A) Uses deception, harassment, intimidation or undue influence to permanently or
154 temporarily deprive an at-risk person of the use, benefit or possession of anything of
155 value;

156 (B) Employs the services of a third party for the profit or advantage of the person or another
157 person to the detriment of the at-risk person;

158 (C) Forces, compels, coerces or entices an at-risk person to perform services for the profit or
159 advantage of the person or another person against the will of the at-risk person; or

160 (D) Misuses the property of an at-risk person in a manner that adversely affects the at-risk
161 person's ability to receive health care, health care benefits, or to pay bills for basic needs
162 or obligations.

163 2.21 "External services" means personal services and protective oversight services provided to a
164 resident by family members or healthcare professionals who are not employees, contractors, or
165 volunteers of the facility. External service providers include, but are not limited to, home health,
166 hospice, private pay caregivers and family members.

167 2.22 "High Medicaid utilization facility" means a facility that has no less than 35 percent of its licensed
168 beds occupied by Medicaid enrollees as indicated by complete and accurate fiscal year claims
169 data; and served Medicaid clients and submitted claims data for a minimum of nine (9) months of
170 the relevant fiscal year.

171 2.23 "Hospice care" means a comprehensive set of services identified and coordinated by an external
172 service provider in collaboration with the resident, family and assisted living residence to provide
173 for the physical, psychosocial, spiritual and emotional needs of a terminally ill resident as
174 delineated in a care plan. Hospice care services shall be available 24 hours a day, seven days a
175 week pursuant to the requirements for hospice providers set forth in 6 CCR 1011-1, Chapter 21,
176 Hospices.

177 2.24 "Licensee" means the person or entity to whom a license is issued by the Department pursuant to
178 §SECTION 25-1.5-103 (1) (a), C.R.S., to operate an assisted living residence within the definition
179 herein provided. For the purposes of this Chapter 7, the term "licensee" is synonymous with the
180 term "owner."

181 2.25 "Medical waste" means waste that may contain disease causing organisms or chemicalS that
182 present potential health hazards such as discarded surgical gloves, sharps, blood, human tissue,
183 PRESCRIPTION OR OVER-THE-COUNTER pharmaceutical waste, and laboratory waste.

184 2.26 "Medication administration" means assisting a person in the ingestion, application, inhalation, or,
185 using universal precautions, rectal or vaginal insertion of medication, including prescription drugs,
186 according to the legibly written or printed directions of the attending physician or other authorized

187 practitioner, or as written on the prescription label, and making a written record thereof with
188 regard to each medication administered, including the time and the amount taken.

189 (A) MEDICATION ADMINISTRATION DOES NOT INCLUDE:

190 (1) MEDICATION MONITORING; OR

191 (2) SELF-ADMINISTRATION OF PRESCRIPTION DRUGS OR THE SELF-INJECTION OF MEDICATION
192 BY A RESIDENT.

193 (B) MEDICATION ADMINISTRATION BY A QUALIFIED MEDICATION ADMINISTRATION PERSON (QMAP)
194 DOES NOT INCLUDE JUDGEMENT, EVALUATION, ASSESSMENTS, OR INJECTING MEDICATION
195 (UNLESS OTHERWISE AUTHORIZED BY LAW IN RESPONSE TO AN EMERGENT SITUATION.)

196 ~~"Medication administration" by a qualified medication administration person does not include judgment,~~
197 ~~evaluation, or assessments or the injections of medication (unless otherwise authorized by law in~~
198 ~~response to an emergent situation), the monitoring of medication, or the self-administration of medication,~~
199 ~~including prescription drugs and including the self-injection of medication by the resident.~~

200 2.27 "Medication monitoring" means:

201 (A) Reminding the resident to take medication(s) at the time ordered by the authorized
202 practitioner;

203 (B) Handing to a resident a container or package of medication that was lawfully labeled
204 previously by an authorized practitioner for the individual resident;

205 (C) Visual observation of the resident to ensure compliance;

206 (D) Making a written record of the resident's compliance with regard to each medication,
207 including the time taken; and

208 (E) Notifying the authorized practitioner if the resident refuses or is unable to comply with the
209 practitioner's instructions regarding the medication.

210 2.28 "Mistreatment" means abuse, caretaker neglect, or exploitation.

211 2.29 "Nurse" means an individual who holds a current unrestricted license to practice pursuant to
212 Article ~~38~~ 255 of Title 12, C.R.S., and is acting within the scope of such authority.

213 2.30 "Nursing services" means support for activities of daily living, the administration of medications,
214 and the provision of treatment by a nurse in accordance with orders from the resident's
215 practitioner.

216 2.31 ~~"~~"Owner" means the person or business entity that applies for assisted living residence licensure
217 and/or in whose name the license is issued.

218 2.32 "Palliative care" means specialized medical care for people with serious illnesses. This type of
219 care is focused on providing residents with relief from the symptoms, pain and stress of serious
220 illness, whatever the diagnosis. The goal is to improve quality of life for both the resident and the
221 family. Palliative care is provided by a team of physicians, nurses and other specialists who work
222 with a resident's other health care providers to provide an extra layer of support. Palliative care is

appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment. Unless otherwise indicated, the term “palliative care” is synonymous with the terms “comfort care,” “supportive care,” and similar designations.

2.33 “Personal care worker” means an individual who:

(A) Provides personal services for any resident~~,~~; and

(B) Is not acting in his or her capacity as a health care professional under Articles ~~36, 38, 40.5 or 41~~ 240, 255, 270, or 285 of Title 12 of the Colorado Revised Statutes.

2.34 “Personal services” means those services that an assisted living residence and its staff provide for each resident including, but not limited to:

(A) An environment that is sanitary and safe from physical harm,

(B) Individualized social supervision,

(C) Assistance with transportation, and

(D) Assistance with activities of daily living.

2.35 “Plan of correction” means a written plan to be submitted by ~~facilities~~ AN ASSISTED LIVING RESIDENCE to the Department for approval, detailing the measures that shall be taken to correct all cited deficiencies.

2.36 “Practitioner” means a physician, physician assistant or advance practice nurse (i.e., nurse practitioner or clinical nurse specialist) who has a current, unrestricted license to practice and is acting within the scope of such authority.

2.37 “Pressure sore” (also called pressure ulcer, decubitus ulcer, bed-sore or skin breakdown) means an area of the skin or underlying tissue (muscle, bone) that is damaged due to loss of blood flow to the area. Symptoms and medical treatment of pressure sores are based upon the level of severity or “stage” of the pressure sore.

(A) Stage 1 affects only the upper layer of skin. Symptoms include pain, burning, or itching and the affected area may look or feel different from the surrounding skin.

(B) Stage 2 goes below the upper surface of the skin. Symptoms include pain, broken skin, or open wound that is swollen, warm, and/or red, and may be oozing fluid or pus.

(C) Stage 3 involves a sore that looks like a crater and may have a bad odor. It may show signs of infection such as red edges, pus, odor, heat, and/or drainage.

(D) Stage 4 is a deep, large sore. The skin may have turned black and show signs of infection such as red edges, pus, odor, heat and/or drainage. Tendons, muscles, and bone may be visible.

2.38 “Protective oversight” means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident, including the following:

(A) Being aware of a resident’s general whereabouts, although the resident may travel independently in the community; and

(B) Monitoring the activities of the resident while on the premises to ensure the resident's health, safety and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety, and well-being.

2.39 "Qualified medication administration person" or "QMAP" means an individual who passed a competency evaluation administered by the Department before July 1, 2017, or passed a competency evaluation administered by an approved training entity on or after July 1, 2017, and whose name appears on the Department's list of persons who have passed the requisite competency evaluation.

2.40 "Renovation"~~ means any change, addition or modification to the existing physical plant which requires an increase in capacity to structural, mechanical, or electrical systems; that adds square footage; or that adds, removes or relocates walls, windows or doors.~~ MEANS THE MOVING OF WALLS AND RECONFIGURING OF EXISTING FLOOR PLANS. IT INCLUDES THE REBUILDING OR UPGRADING OF MAJOR SYSTEMS, INCLUDING BUT NOT LIMITED TO: HEATING, VENTILATION, AND ELECTRICAL SYSTEMS. IT ALSO MEANS THE CHANGING OF THE FUNCTIONAL OPERATION OF THE SPACE.

(A) RENOVATIONS DO NOT INCLUDE "MINOR ALTERATIONS," WHICH ARE BUILDING CONSTRUCTION PROJECTS WHICH ARE NOT ADDITIONS, WHICH DO NOT AFFECT THE STRUCTURAL INTEGRITY OF THE BUILDING, WHICH DO NOT CHANGE FUNCTIONAL OPERATION, AND/OR WHICH DO NOT ADD BEDS OR CAPACITY ABOVE WHAT THE FACILITY IS LIMITED TO UNDER THE EXISTING LICENSE.

2.41 "Resident's legal representative" means one of the following:

(A) The legal guardian of the resident, where proof is offered that such guardian has been duly appointed by a court of law, acting within the scope of such guardianship;

(B) An individual named as the agent in a power of attorney (POA) that authorizes the individual to act on the resident's behalf, as enumerated in the POA;

(C) An individual selected as a proxy decision-maker pursuant to ~~§~~SECTION 15-18.5-101, C.R.S., et seq., to make medical treatment decisions. For the purposes of this regulation, the proxy decision-maker serves as the resident's legal representative for the purposes of medical treatment decisions only; or

(D) A conservator, where proof is offered that such conservator has been duly appointed by a court of law, acting within the scope of such conservatorship.

2.42 "Restraint" means any method or device used to involuntarily limit freedom of movement including, but not limited to, bodily physical force, mechanical devices, chemicals, or confinement.

2.43 "Secure environment" means any grounds, building or part thereof, method, or device that prohibits free egress of residents. An environment is secure when the right of any resident thereof to move outside the environment during any hours is limited.

2.44 "Self-administration" means the ability of a resident to take medication independently without any assistance from another person.

2.45 "Staff" means employees and contracted individuals intended to substitute for or supplement employees who provide ~~resident care~~ PERSONAL services. "Staff" does not include individuals providing external services, as defined herein.

2.46 "Therapeutic diet" means a diet ordered by a practitioner OR REGISTERED DIETICIAN as part of a treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients

301 in the diet. Examples include, but are not limited to, a calorie counted diet; a specific sodium gram
302 diet; and a cardiac diet.

303 2.47 "Transfer" means being able to move from one body position to another. This includes, but is not
304 limited to, moving from a bed to a chair or standing up from a chair to grasp an auxiliary aid.

305 2.48 "VOLUNTEER" MEANS AN UNPAID INDIVIDUAL PROVIDING PERSONAL SERVICES ON BEHALF OF AND/OR
306 UNDER THE CONTROL OF THE ASSISTED LIVING RESIDENCE. "VOLUNTEER" DOES NOT INCLUDE
307 INDIVIDUALS VISITING THE ASSISTED LIVING RESIDENCE FOR THE PURPOSES OF RESIDENT ENGAGEMENT.

308 **~~SECTION~~ PART 3 – DEPARTMENT OVERSIGHT**

309 Licensure

310 3.1 Applicants for an initial or renewal license shall follow the licensure procedures outlined in 6 CCR
311 1011-1, Chapter 2, Part~~s~~ 2.~~3 through 2.10.~~

312 (A) In addition, each license renewal applicant shall annually submit, in the form and manner
313 prescribed by the Department, information about the facility's operations, resident care,
314 and services.

315 3.2 The Department may issue a provisional license to an applicant for the purpose of operating an
316 assisted living residence for one period of 90 days if the applicant is temporarily unable to
317 conform to all the minimum standards required under these regulations, except no license shall
318 be issued to an applicant if the operation of the applicant's facility will adversely affect the health,
319 safety, and welfare of the residents of such facility.

320 (A) As a condition of obtaining a provisional license, the applicant shall provide the
321 Department with proof that it is attempting to conform and comply with applicable
322 standards. No provisional license shall be granted prior to the submission of a criminal
323 background check in accordance with ~~§~~SECTION 25-27-105 (2.5), C.R.S.

324 3.3 Each owner or applicant shall request a ~~background~~ CRIMINAL HISTORY RECORD check.

325 (A) If an owner or applicant for an initial assisted living residence license has lived in
326 Colorado for more than three (3) years at the time of the initial application, said individual
327 shall request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based
328 criminal history record check with notification of future arrests.

329 (B) If an owner or applicant for an initial assisted living residence license has lived in
330 Colorado for three (3) years or less at the time of the initial application, said individual
331 shall: ~~request a fingerprint-based criminal history record check generated by the Federal~~
332 ~~Bureau of Investigation through the CBI.~~

333 (1) REQUEST FROM THE COLORADO BUREAU OF INVESTIGATION (CBI) A STATE
334 FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK WITH NOTIFICATION OF FUTURE
335 ARRESTS; AND

336 (2) OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH ADDITIONAL STATE IN
337 WHICH THE APPLICANT HAS LIVED FOR THE PAST THREE YEARS, CONDUCTED BY THE
338 RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW
339 ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT AS DETERMINED BY THE
340 DEPARTMENT.

341 (C) The cost of obtaining such information shall be borne by the individual or individuals who
342 are the subject of such check. ~~The information shall be forwarded by the CBI directly to~~
343 ~~the Department.~~

344 (D) THE RESULTS OF THE CHECK SHALL BE FORWARDED TO THE DEPARTMENT AS FOLLOWS:

345 (1) FOR RESULTS FROM CBI, THE INFORMATION SHALL BE FORWARDED BY CBI TO THE
346 DEPARTMENT.

347 (2) FOR EQUIVALENT AGENCIES IN OTHER STATES, THE INFORMATION SHALL BE
348 FORWARDED BY THE AGENCY TO THE DEPARTMENT IF AUTHORIZED BY SUCH STATE. IF
349 SUCH AUTHORIZATION DOES NOT EXIST, THE RESULTS SHALL BE FORWARDED TO THE
350 DEPARTMENT BY THE INDIVIDUAL.

351 (E) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF AN
352 APPLICANT REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE APPLICANT SHALL
353 SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD CHECK.

354 3.4 No license shall be issued or renewed by the Department if an owner, applicant, and/ or licensee
355 of the assisted living residence has been convicted of a felony or of a misdemeanor, which felony
356 or misdemeanor involves moral turpitude or involves conduct that the Department determines
357 could pose a risk to the health, safety, or welfare of residents of the assisted living residence.

358 3.5 An assisted living residence shall not care for more residents than the number of beds for which it
359 is currently licensed.

360 License Fees

361 Unless otherwise specified, all license fees paid to the Department shall be non-refundable.

362 3.6 Initial Licenses

363 ~~For initial license applications submitted on or after July 1, 2018, the~~ THE applicable fee, as set
364 forth below, shall accompany the license application.

365 3 to 8 licensed beds: $6,300

366 9 to 19 licensed beds: $7,300

367 20 to 49 licensed beds: $8,750

368 50 to 99 licensed beds: $11,550

369 100 or more licensed beds: $14,750

370 Qualifying disproportionate share facility: $3,000

371 3.7 Renewal Fees

372 ~~(A) For licenses that expire before July 1, 2018, the applicable fee as set forth below, shall~~
373 ~~accompany the renewal application:~~

374 ~~$180 per facility plus $47 per bed.~~

375 ~~$180 per facility plus $19 per bed for a high Medicaid utilization facility.~~

376 ~~(B) For licenses that expire on or after July 1, 2018, the applicable fee(s), as set forth below,~~
377 ~~shall accompany the renewal application:~~

378 ~~$360 per facility plus $67 per bed.~~

379 ~~$360 per facility plus $23 per bed for a high Medicaid utilization facility.~~

380 ~~$350 per secure environment that is separate and distinct from a non-secure~~
381 ~~environment.~~

382 (~~C~~) ~~For licenses that expire on or after July 1, 2019, t~~ The applicable fee(s), as set forth
383 below, shall accompany the renewal application:

384 $360 per facility plus $103 per bed.

385 $360 per facility plus $38 per bed for a high Medicaid utilization facility.

386 $350 per secure environment that is separate and distinct from a non-secure
387 environment.

388 3.8 Provisional Licensure. Any facility approved by the Department for a provisional license, shall
389 submit a fee of $1,000 for the provisional licensure period.

390 3.9 Change of Ownership

391 (A) The applicable fee, as set forth below, shall accompany a facility's application for change
392 of ownership.

393 Three to 19 licensed beds: $6,250.

394 20 to 49 licensed beds: $7,800.

395 50 to 99 licensed beds: $10,600

396 100 licensed beds and more: $13,700

397 (B) If the same purchaser buys more than one facility from the same seller in a single
398 business transaction, the change of ownership fee shall be the fee noted above for the
399 largest facility and $4,500 for each additional facility included in the transaction. The
400 appropriate fee total shall be submitted with the application.

401 3.10 Other License Fees

402 (A) A facility applying for a change of mailing address~~,~~ shall submit a fee of $75 with the
403 application. For purposes of this ~~subsection~~SUBPART, a corporate change of address for
404 multiple facilities shall be considered one change of address.

405 (B) A facility applying for a change of name shall submit a fee of $75 with the application.

406 (C) A facility applying for an increased number of licensed beds shall submit a fee of $500
407 with the application.

408 (D) A facility applying for a change of administrator shall submit a fee of $500 with the
409 application.

(E) A facility seeking to open a new secure environment shall submit a fee of $1,600 with the first submission of the applicable building plans.

Citing Deficiencies

3.11 The level of the deficiency shall be based upon the number of sample residents affected and the level of harm, as follows:

Level A – isolated potential for harm for one or more residents.

Level B – a pattern of potential for harm for one or more residents.

Level C – isolated actual harm affecting one or more residents.

Level D – a pattern of actual harm affecting one or more residents.

Level E (Immediate Jeopardy) – actual or potential for serious injury or harm for one or more residents.

3.12 When a Level E deficiency is cited, the assisted living residence shall immediately remove the cause of the immediate jeopardy risk and provide the Department with written evidence that the risk has been removed.

Plans of Correction

3.13 Pursuant to ~~§~~SECTION 25-27-105 (2), C.R.S., an assisted living residence shall submit a written plan detailing the measures that will be taken to correct any deficiencies.

(A) Plans of correction shall be in the format prescribed by the Department and conform to the requirements set forth in 6 CCR 1011-1, Chapter 2, Part ~~2.11.4~~2.10.4(B);~~,~~

(B) The Department has the discretion to approve, impose, modify, or reject a plan of correction as set forth in 6 CCR 1011-1, Chapter 2, Part ~~2.11.4~~2.10.4(B).

Intermediate Restrictions or Conditions

3.14 Section 25-27-106, C.R.S., allows the Department to impose intermediate restrictions or conditions on a licensee that may include at least one of the following:

(A) Retaining a consultant to address corrective measures including deficient practice resulting from systemic failure;

(B) Monitoring by the Department for a specific period;

(C) Providing additional training to employees, owners, or operators of the residence;

(D) Complying with a directed written plan, to correct the violation; or

(E) Paying a civil fine not to exceed two thousand dollars ($2,000) in a calendar year.

3.15 Intermediate restrictions or conditions may be imposed for Level A, B and C deficiencies when the Department finds the assisted living residence has violated statutory or regulatory requirements. The factors that may be considered include, but are not limited to, the following:

(A) The level of actual or potential harm to a resident(s)~~,~~;

444 (B) The–number of residents affected,;

445 (C) Whether the conduct leading to the imposition of the restriction are isolated or a pattern,;
446 and

447 (D) The licensee's prior history of noncompliance in general, and specifically with reference
448 to the cited deficiencies.

449 3.16 For all cases where the deficiency list includes Levels D or E deficiencies, the assisted living
450 residence shall comply with at least one intermediate restriction or condition. In addition, for all
451 level E deficiencies, the assisted living residence shall:

452 (A) Pay a civil fine of $500, not to exceed $2,000 in a calendar year,;

453 (B) Immediately correct the circumstances that gave rise to the immediate jeopardy
454 situation,; and

455 (C) Comply with any other restrictions or conditions required by the Department.

456 Appealing the Imposition of Intermediate Restrictions/Conditions

457 3.17 A licensee may appeal the imposition of an intermediate restriction or condition pursuant to
458 procedures established by the Department and as provided by §SECTION 25-27-106, C.R.S.

459 (A) Informal Review

460 Informal review is an administrative review process conducted by the Department that
461 does not include an evidentiary hearing.

462 (1) A licensee may submit a written request for informal review of the imposition of
463 an intermediate restriction no later than ten (10) business days after the date
464 notice is received from the Department of the restriction or condition. If an
465 extension of time is needed, the assisted living residence shall request an
466 extension in writing from the Department prior to the submittal due date. An
467 extension of time may be granted by the Department not to exceed seven (7)
468 calendar days. Informal review may be conducted after the plan of correction has
469 been approved.

470 (2) For civil fines, the licensee may request, in writing that, the informal review be
471 conducted in person, which would allow the licensee to orally address the
472 informal reviewer(s).

473 (B) Formal Review

474 A licensee may appeal the imposition of an intermediate restriction or condition in
475 accordance with the Administrative Procedure Act (APA) at §SECTION 24-4-105, C.R.S. A
476 licensee is not required to submit to the Department's informal review before pursuing
477 formal review under the APA.

478 (1) For life-threatening situations, the licensee shall implement the restriction or
479 condition immediately upon receiving notice of the restriction or condition.

480 (2) For situations that are not life-threatening, the restriction or condition shall be
481 implemented in accordance with the type of condition as set forth below:

482 (a) For restriction/conditions other than fines, immediately upon the
483 expiration of the opportunity for appeal or from the date that the
484 Department's decision is upheld after all administrative appeals have
485 been exhausted.

486 (b) For fines, within 30 calendar days from the date the Department's
487 decision is upheld after all administrative appeals have been exhausted.

488 Supported Living Program Oversight

489 3.18 An assisted living residence that is certified to participate in the Supported Living Program
490 administered by the Department of Healthcare Policy and Financing (HCPF) shall comply with
491 both HCPF's regulations concerning that program and the applicable portions of this chapter. The
492 Department shall coordinate with HCPF in regulatory interpretation of both license and
493 certification requirements to ensure that the intent of similar regulations is congruently met.

494 **~~SECTION~~ PART 4 – LICENSEE RESPONSIBILITIES**

495 4.1 The licensee shall assume responsibility for all services provided by the assisted living residence,
496 INCLUDING THOSE PROVIDED BY CONTRACT.

497 4.2 The licensee shall ensure the provision of facilities, personnel, and services necessary for the
498 welfare and safety of residents.

499 4.3 The licensee shall ensure that all marketing, advertising, and promotional information published
500 or otherwise distributed by the assisted living residence accurately represents the ALR and the
501 care, treatment, and services that it provides.

502 4.4 The licensee shall establish, and ensure the maintenance of, a system of financial management
503 and accountability for the assisted living residence.

504 4.5 The licensee shall appoint an administrator who meets the minimum qualifications set forth in
505 ~~this~~THESE regulationS and delegate to that individual the executive authority and responsibility for
506 the administration of the assisted living residence.

507 **~~SECTION~~ PART 5 – REPORTING REQUIREMENTS**

508 At-Risk Persons Mandatory Reporting

509 5.1 Assisted living residence personnel engaged in the admission, care or treatment of at-risk
510 persons shall report suspected physical or sexual abuse, exploitation and/or caretaker neglect to
511 law enforcement within 24 hours of observation or discovery pursuant to ~~§~~SECTION 18-6.5-108,
512 C.R.S.

513 Resident Relocation Reporting

514 5.2 The assisted living residence shall notify the Department within 48 hours if the relocation of one
515 or more residents occurs due to any portion of the assisted living residence becoming
516 uninhabitable. ~~because of fire or other disaster.~~

517 Occurrence Reporting

518 5.3 An assisted living residence shall comply with all occurrence reporting required by state law and
519 shall follow the reporting procedures set forth ~~below:~~IN 6 CCR 1011-1, CHAPTER 2, PART 4.2.

520 ~~(A) Notify the Department of the following items no later than the next business day after~~
521 ~~discovery by the ALR:~~

522 ~~(1) Any occurrence involving neglect of a resident by failure to provide goods and~~
523 ~~services necessary to avoid the resident's physical harm or mental anguish;~~

524 ~~(2) Any occurrence involving abuse of a resident by the willful infliction of injury,~~
525 ~~unreasonable confinement, intimidation or punishment with resulting physical~~
526 ~~harm, pain or mental anguish;~~

527 ~~(3) Any occurrence involving an injury of unknown source where the source of the~~
528 ~~injury cannot be explained, and the injury is suspicious because of the extent or~~
529 ~~location of the injury; or~~

530 ~~(4) Any occurrence involving misappropriation of a resident's property including the~~
531 ~~deliberate misplacement, exploitation or wrongful use of a resident's belongings~~
532 ~~or money without the resident's consent.~~

533 (~~B~~A) AN ASSISTED LIVING RESIDENCE SHALL ~~I~~investigate an occurrence to determine the
534 circumstances of the event and institute appropriate measures to prevent similar future
535 situations.

536 (1~~6~~) Documentation regarding THE investigation, including the appropriate measures
537 to be instituted, shall be made available to the Department, upon request.

538 (~~C~~B) AN ASSISTED LIVING RESIDENCE SHALL ~~S~~Submit ~~the assisted living residences'~~ITS final
539 investigation report to the Department within five business days after the initial report of
540 the occurrence.

541 (~~D~~C) Nothing in this ~~section~~PART 5.3 shall be construed to limit or modify any statutory or
542 common law right, privilege, confidentiality, or immunity.

543 **~~SECTION~~ PART 6 – ADMINISTRATOR**

544 ~~Background~~CRIMINAL HISTORY RECORD checks

545 6.1 In order to ensure that the administrator is of good, moral, and responsible character, the assisted
546 living residence shall request a fingerprint-based criminal history record check with notification of
547 future arrests for each prospective administrator prior to hire.

548 (A) If an administrator applicant has lived in Colorado for more than three (3) years at the
549 time of application, the assisted living residence shall request FROM THE COLORADO
550 BUREAU OF INVESTIGATION (CBI) A STATE FINGERPRINT-BASED ~~the~~ criminal history record
551 check WITH NOTIFICATION OF FUTURE ARRESTS. ~~from the Colorado Bureau of Investigation~~
552 ~~(CBI).~~

553 (B) If an administrator applicant has lived in Colorado for less than three (3) years at the time
554 of application, the assisted living residence shall: ~~request the criminal history record~~
555 ~~check from the Federal Bureau of Investigation through the CBI~~,

556 (1) REQUEST FROM THE CBI A STATE FINGERPRINT-BASED CRIMINAL HISTORY RECORD
557 CHECK WITH NOTIFICATION OF FUTURE ARRESTS; AND

558 (2) OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH ADDITIONAL STATE IN
559 WHICH THE APPLICANT HAS LIVED FOR THE PAST THREE (3) YEARS, CONDUCTED BY THE

560 RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW
561 ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT AS DETERMINED BY THE
562 DEPARTMENT.

563 (C) The cost of obtaining such information shall be borne by the individual who is the subject
564 of such check. The information shall be forwarded TO THE DEPARTMENT IN ACCORDANCE
565 WITH PART 3.3(D) OF THESE RULES. ~~By the CBI directly to the Department.~~

566 (D) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF AN
567 ADMINISTRATOR APPLICANT REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE
568 ADMINISTRATOR APPLICANT SHALL SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD
569 CHECK.

570 Qualifications

571 6.2 An administrator who is recognized by the Department as having been an assisted living
572 residence administrator of record prior to July 1, 2019, shall not be required to meet the criteria in
573 ~~section~~PART 6.3.

574 6.3 ~~Effective July 1, 2019, e~~ Each newly hired administrator who does not qualify under ~~section~~PART
575 6.2, shall be at least 21 years of age, possess a high school diploma or equivalent, and at least
576 one year of experience supervising the delivery of personal care services that include activities of
577 daily living. IF THE ADMINISTRATOR DOES NOT HAVE THE REQUIRED ONE YEAR OF EXPERIENCE
578 SUPERVISING THE DELIVERY OF PERSONAL CARE SERVICES INCLUDING ACTIVITIES OF DAILY LIVING, THEY
579 SHALL DEMONSTRATE THEY HAVE ONE OR MORE OF THE FOLLOWING:

580 (A) AN ACTIVE, UNRESTRICTED COLORADO NURSING HOME ADMINISTRATOR LICENSE;

581 (B) AN ACTIVE, UNRESTRICTED COLORADO REGISTERED NURSE LICENSE PLUS AT LEAST SIX (6)
582 MONTHS OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR PERIOD;

583 (C) AN ACTIVE, UNRESTRICTED COLORADO LICENSED PRACTICAL NURSE LICENSE PLUS AT LEAST
584 ONE YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
585 PERIOD;

586 (D) A BACHELOR'S DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST
587 ONE YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
588 PERIOD;

589 (E) AN ASSOCIATE'S DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST
590 TWO (2) YEARS OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
591 PERIOD;

592 (F) THIRTY (30) CREDIT HOURS FROM AN ACCREDITED COLLEGE OR UNIVERSITY WITH AN EMPHASIS
593 IN HEALTH CARE OR HUMAN SERVICES PLUS THREE (3) YEARS OF WORK EXPERIENCE IN HEALTH
594 CARE DURING THE PREVIOUS TEN (10)-YEAR PERIOD;

595 (G) FIVE (5) OR MORE YEARS OF MANAGEMENT OR SUPERVISORY WORK IN THE FIELD OF
596 GERIATRICS, HUMAN SERVICES, OR PROVIDING CARE FOR THE PHYSICALLY AND/OR COGNITIVELY
597 DISABLED DURING THE PREVIOUS TEN (10)-YEAR PERIOD; OR

598 (H) A COLLEGE DEGREE IN ANY FIELD PLUS TWO (2) YEARS OF HEALTH CARE EXPERIENCE DURING
599 THE PREVIOUS TEN (10)-YEAR PERIOD.

600 6.4 EACH ADMINISTRATOR OF AN ASSISTED LIVING RESIDENCE SHALL ENSURE THAT QUALIFIED MEDICATION
601 ADMINISTRATION PERSONS (QMAPS) COMPLY WITH THE MEDICATION ADMINISTRATION REQUIREMENTS
602 AND LIMITATIONS IN 6 CCR 1011-1, CHAPTER 24, AND SECTIONS 25-1.5-301 THROUGH 25-1.5-303,
603 C.R.S.

604 Training

605 ~~6.4~~6.5 Each administrator shall have completed an administrator training program before assuming an
606 administrator position. Written proof regarding the successful completion of such training program
607 shall be maintained in the administrator's personnel file.

608 6.~~5~~6 ~~Effective January 1, 2019, an~~ AN administrator training program shall meet all of the following
609 requirements:

610 (A) The program or program components are conducted by an accredited college, university,
611 or vocational school; or an organization, association, corporation, group, or agency with
612 specific expertise in the provision of residential care and services~~,~~; and

613 (B) The curriculum includes at least 40 actual hours, 20 of which shall focus on applicable
614 state regulations. The remaining 20 hours shall provide an overview of the following
615 topics:

616 (1) Business operations including, but not limited to,

617 (a) Budgeting,

618 (b) Business plan/service model,

619 (c) Insurance,

620 (d) Labor laws,

621 (e) Marketing, messaging and liability consequences, and

622 (f) Resident agreement.

623 (2) Daily business management including, but not limited to,

624 (a) Coordination with external service providers (i.e., community and support
625 services including case management, referral agencies, mental health
626 resources, ombudsmen, adult protective services, hospice, and home
627 care),

628 (b) Ethics, and

629 (c) Grievance and complaint process.

630 (3) Physical plant

631 (4) Resident care including, but not limited to,

632 (a) Admission and discharge criteria,

633 (b) Behavior expression management,

634 (c) Care needs assessment,

635 (d) Fall management,

636 (e) Nutrition,

637 (f) Person-centered care,

638 (g) Personal versus skilled care,

639 (h) Quality management education,

640 (i) Resident rights,

641 (j) Sexuality and aging,

642 (k) Secure environment, and

643 (l) Medication Management.

644 (5) Resident psychosocial needs including, but not limited to,

645 (a) Cultural competency (ethnicity, race, sexual orientation),

646 (b) Family involvement and dynamics,

647 (c) Mental health care (maintaining good mental health and recognizing
648 symptoms of poor mental health),

649 (d) Palliative care standards, and

650 (e) Resident engagement.

651 6.~~6~~7 Competency testing shall be performed to demonstrate that the individuals trained have a
652 comprehensive, evidence-based understanding of the regulations and topics.

653 Duties

654 6.~~7~~8 The administrator shall be responsible for the overall DAY-TO-DAY operation of the assisted living
655 residence, including, but not limited to:

656 (A) Managing the day-to-day delivery of services to ensure residents receive the care that is
657 described in the resident agreement, the comprehensive resident assessment, and the
658 resident care plan~~,~~;

659 (B) Organizing and directing the assisted living residence's ongoing functions including
660 physical maintenance~~,~~;

661 (C) Ensuring that resident care services conform to the requirements set forth in ~~section~~PART
662 12 of this chapter~~,~~;

663 (D) Employing, training, and supervising qualified personnel~~,~~;

664 (E) Providing continuing education for all personnel~~,~~;

665 (F) Establishing and maintaining a written organizational chart to ensure there are well-
666 defined lines of responsibility and adequate supervision of all personnel,;

667 (G) Reviewing the marketing materials and information published by an assisted living
668 residence to ensure consistency with the services actually provided by the ALR,;

669 (H) Managing the business and financial aspects of the assisted living residence which
670 includes working with the licensee to ensure there is an adequate budget to provide
671 necessary resident services,;

672 (I) Completing, maintaining, and submitting all reports and records required by the
673 Department,;

674 (J) Complying with all applicable federal, state, and local laws concerning licensure and
675 certification,; and

676 (K) Appointing and supervising a qualified designee who is capable of satisfactorily fulfilling
677 the administrator's duties when the administrator is unavailable.

678 (1) The name and contact information for the administrator or qualified designee on
679 duty shall always be readily available to the residents and public.

680 (2) The administrator or qualified designee shall always, whether on or off site, be
681 readily accessible to staff.

682 (3) When a qualified designee is acting as administrator in an assisted living
683 residence that is licensed for more than 12 beds, there shall be at least one other
684 staff member on duty whose primary responsibility is the daily care of residents.

685 **~~SECTION~~ PART 7 – PERSONNEL**

686 ~~Background~~ CRIMINAL HISTORY RECORD Checks

687 7.1 In order to ensure that staff members and volunteers are of good, moral, and responsible
688 character, the assisted living residence shall request, prior to STAFF hire OR VOLUNTEER ON-
689 BOARDING, a name-based criminal history record check for each prospective staff member and
690 volunteer ~~providing ALR services~~.

691 (A) If the applicant has lived in Colorado for more than three (3) years at the time of
692 application, the assisted living residence shall obtain a name-based criminal history
693 report conducted by the Colorado Bureau of Investigation (CBI).

694 (B) If the applicant has lived in Colorado for three years or less at the time of application, the
695 assisted living residence shall obtain a name-based criminal history report for each state
696 in which the applicant has lived for the past three years, conducted by the respective
697 states' bureaus of investigation or equivalent state-level law enforcement agency or other
698 name-based report as determined by the Department.

699 (C) The cost of obtaining such information shall be borne by the assisted living residence, the
700 contract staffing agency or the individual who is the subject of such check, as
701 appropriate.

702 Background Check Policies and Procedures

7.2 If the assisted living residence becomes aware of information that INDICATES a current administrator, staff member, or volunteer ~~providing ALR services~~ could pose a risk to the health, safety, and welfare of the residents and/or that such individual is not of good, moral, and responsible character, the assisted living residence shall request an updated criminal history record check for such individual from the CBI and/or other relevant law enforcement agency.

7.3 The assisted living residence shall develop and implement policies and procedures regarding the hiring or continued service of any administrator, staff member, or volunteer ~~providing ALR services~~ whose criminal history records do not reveal good, moral, and responsible character or demonstrate other conduct that could pose a risk to the health, safety, or welfare of the residents.

(A) At a minimum, the assisted living residence shall consider and address the following items:

(1) The history of convictions, pleas of guilty or no contest~~;~~,

(2) The nature and seriousness of the crime(s)~~;~~,

(3) The time that has elapsed since the convictions~~;~~,

(4) Whether there are any mitigating circumstances~~;~~, and

(5) The nature of the position to which the individual will be assigned.

Ability to Perform Job Functions

7.4 Each staff member and volunteer ~~providing assisted living services~~ shall be physically and mentally able to adequately and safely perform all functions essential to resident care.

7.5 The assisted living residence shall select direct care staff based on such factors as the ability to read, write, carry out directions, communicate and demonstrate competency to safely and effectively provide care and services.

7.6 The assisted living residence shall establish written policies concerning pre-employment physical evaluations and employee health. Those policies shall include, at a minimum:

(A) Tuberculin skin testing of each staff member and volunteer ~~who provides ALR services~~ prior to direct contact with residents; and

(B) The imposition of work restrictions on direct care staff who are known to be affected with any illness in a communicable stage. At a minimum, such staff shall be barred from direct contact with residents or resident food.

7.7 The assisted living residence shall have policies and procedures restricting on-site access by staff or volunteers with drug or alcohol use that would adversely impact their ability to provide resident care and services.

~~Orientation~~

~~7.8 The assisted living residence shall ensure that each staff member and volunteer who provides ALR services complete an initial orientation before providing care and services to a resident. Such orientation shall include, at a minimum, all of the following topics:~~

~~(A) The care and services provided by the assisted living residence including palliative and/or end of life care, if applicable,~~

741 (B) Resident rights,

742 (C) Overview of state regulatory oversight applicable to the assisted living residence,

743 (D) Hand Hygiene and infection control,

744 (E) Recognizing emergencies, emergency response policies and procedures, and relevant
745 emergency contact numbers,

746 (F) House rules,

747 (G) Person-centered care, and

748 (H) Reporting requirements.

749 Staff Training

750 7.9 Within 30 days of hire, the assisted living residence shall provide each staff member with training
751 relevant to that staff member's duties and responsibilities. This training may include self-study
752 courses. If the assisted living residence uses a volunteer to perform any staff functions, that
753 volunteer shall receive the same training as staff. The staff training shall include, but is not limited
754 to, the following topics:

755 (A) Assignment of duties and responsibilities,

756 (B) Assisted living residence policies and procedures,

757 (C) Occurrence reporting ,

758 (D) Recognizing behavioral expression and management techniques,

759 (E) How to effectively communicate with residents that have hearing loss, limited English
760 proficiency, dementia, or other conditions that impair communication;

761 (F) Emergency procedures including fire response, basic first aid, automated external
762 defibrillator (AED) use, if applicable, practitioner assessment, and serious illness, injury
763 and/or death of a resident;

764 (G) The role of and communication with external service providers,

765 (H) Training related to fall prevention and ways to monitor residents for signs of heightened
766 fall potential such as deteriorating eyesight, unsteady gait, and increasing limitations that
767 restrict mobility;

768 (I) Where to immediately locate a resident's advance directive,

769 (J) Maintenance of a clean, safe and healthy environment including appropriate cleaning
770 techniques,

771 (K) Understanding end of life care including hospice and palliative care,

772 (L) How to safely provide lift assistance, accompaniment, and transport of residents; and

773 (M) Food safety.
774

775 STAFF AND VOLUNTEER ORIENTATION AND TRAINING

776 7.8 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH STAFF MEMBER AND VOLUNTEER RECEIVES
777 ORIENTATION AND TRAINING, AS FOLLOWS:

778 (A) THE ASSISTED LIVING RESIDENCE SHALL ENSURE EACH STAFF MEMBER OR VOLUNTEER
779 COMPLETES AN INITIAL ORIENTATION PRIOR TO PROVIDING ANY CARE OR SERVICES TO A
780 RESIDENT. SUCH ORIENTATION SHALL INCLUDE, AT A MINIMUM, ALL OF THE FOLLOWING TOPICS:

781 (1) THE CARE AND SERVICES PROVIDED BY THE ASSISTED LIVING RESIDENCE;

782 (2) ASSIGNMENT OF DUTIES AND RESPONSIBILITIES, SPECIFIC TO THE STAFF MEMBER OR
783 VOLUNTEER;

784 (3) HAND HYGIENE AND INFECTION CONTROL;

785 (4) EMERGENCY RESPONSE POLICIES AND PROCEDURES, INCLUDING:

786 (A) RECOGNIZING EMERGENCIES,

787 (B) RELEVANT EMERGENCY CONTACT NUMBERS,

788 (C) FIRE RESPONSE, INCLUDING FACILITY EVACUATION PROCEDURES

789 (D) BASIC FIRST AID,

790 (E) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE, IF APPLICABLE,

791 (F) PRACTITIONER ASSESSMENT, AND

792 (G) SERIOUS ILLNESS INJURY, AND/OR DEATH OF A RESIDENT.

793 (5) REPORTING REQUIREMENTS, INCLUDING OCCURRENCE REPORTING PROCEDURES
794 WITHIN THE FACILITY;

795 (6) RESIDENT RIGHTS;

796 (7) HOUSE RULES;

797 (8) WHERE TO IMMEDIATELY LOCATE A RESIDENT'S ADVANCE DIRECTIVE; AND

798 (9) AN OVERVIEW OF THE ASSISTED LIVING RESIDENCE'S POLICIES AND PROCEDURES AND
799 HOW TO ACCESS THEM FOR REFERENCE.
800
801 (B) THE ASSISTED LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER OR VOLUNTEER WITH
802 TRAINING RELEVANT TO THEIR SPECIFIC DUTIES AND RESPONSIBILITIES PRIOR TO THAT STAFF
803 MEMBER OR VOLUNTEER WORKING INDEPENDENTLY. THIS TRAINING MAY BE PROVIDED THROUGH
804 FORMAL INSTRUCTION, SELF-STUDY COURSES, OR ON-THE-JOB TRAINING, AND SHALL INCLUDE,
805 BUT IS NOT LIMITED TO, THE FOLLOWING TOPICS:

806 (1) OVERVIEW OF STATE REGULATORY OVERSIGHT APPLICABLE TO THE ASSISTED LIVING
807 RESIDENCE;

(2) PERSON-CENTERED CARE;

(3) THE ROLE OF AND COMMUNICATION WITH EXTERNAL SERVICE PROVIDERS;

(4) RECOGNIZING BEHAVIORAL EXPRESSION AND MANAGEMENT TECHNIQUES, AS APPROPRIATE FOR THE POPULATION BEING SERVED;

(5) HOW TO EFFECTIVELY COMMUNICATE WITH RESIDENTS THAT HAVE HEARING LOSS, LIMITED ENGLISH PROFICIENCY, DEMENTIA, OR OTHER CONDITIONS THAT IMPAIR COMMUNICATION, AS APPROPRIATE FOR THE POPULATION BEING SERVED;

(6) TRAINING RELATED TO FALL PREVENTION AND WAYS TO MONITOR RESIDENTS FOR SIGNS OF HEIGHTENED FALL POTENTIAL SUCH AS DETERIORATING EYESIGHT, UNSTEADY GAIT, AND INCREASING LIMITATIONS THAT RESTRICT MOBILITY;

(7) HOW TO SAFELY PROVIDE LIFT ASSISTANCE, ACCOMPANIMENT, AND TRANSPORT OF RESIDENTS;

(8) MAINTENANCE OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT INCLUDING APPROPRIATE CLEANING TECHNIQUES;

(9) FOOD SAFETY; AND

(10) UNDERSTANDING THE STAFF OR VOLUNTEER'S ROLE IN END OF LIFE CARE INCLUDING HOSPICE AND PALLIATIVE CARE.

<u>Personnel Policies</u>

7.~~10~~9 The assisted living residence shall develop and maintain written personnel policies, job descriptions and other requirements regarding the conditions of employment, management of staff and resident care to be provided, including, but not limited to, the following:

(A) The assisted living residence shall provide a job-specific orientation for each new staff member and volunteer before they independently provide resident services~~,~~;

(B) All staff members and volunteers ~~who provide assisted living services~~ shall be informed of the purpose and objectives of the assisted living residence~~,~~;

(C) All staff members and volunteers ~~who provide assisted living services~~ shall be given access to the ALR's personnel policies and the ALR shall provide evidence that each staff member and volunteer has reviewed them~~,~~; and

(D) All staff members shall wear name tags or other identification that is visible to residents and visitors.

(1) The requirement for name tags may be waived if a majority of attendees at a regularly scheduled assisted living resident meeting agree to do so.

(a) The assisted living residence shall maintain documentation showing that all residents and family members were provided advance notice regarding the topic and meeting details.

(b) The decision to waive the name tag requirement shall be raised and reviewed at the assisted living resident meeting at least annually.

846 Personnel Files

847 7.110 The assisted living residence shall maintain a personnel file for each of its employees and
848 volunteers. who provides ALR services.

849 7.121 Personnel files for current employees and volunteers shall be readily available onsite for
850 Department review.

851 7.132 Each personnel file shall include, but not be limited to, written documentation regarding the
852 following items:

853 (A) A description of the employee or volunteer duties;

854 (B) Date of hire or acceptance of volunteer service and date duties commenced;

855 (C) Orientation and training, including first aid and CPR certification, if applicable;

856 (D) Verification from the Department of Regulatory Agencies, OR OTHER STATE AGENCY, of an
857 active license or certification, if applicable;

858 (E) Results of background checks and follow up, as applicable; and

859 (F) Tuberculin test results, if applicable.

860 7.143 If the employee or volunteer is a qualified medication administration person, the following shall
861 also be retained in the EMPLOYEE'S OR VOLUNTEER'S personnel file:

862 (A) Documentation that the individual's name appears on the Department's list of individuals
863 who have successfully completed the medication administration competency evaluation;
864 and

865 (B) A signed disclosure that the individual has not had a professional medical, nursing, or
866 pharmacy license revoked in this or any other state for reasons directly related to the
867 administration of medications.

868 7.154 Personnel files shall be retained for three years following an employee's separation from
869 employment or a volunteer's separation from service and include the reason(s) for the separation.

870 Personal Care Worker

871 7.165 The assisted living residence shall ensure that each personal care worker attends the initial
872 orientation required in sectionPART 7.8(A). The assisted living residence shall also require that
873 each personal care worker receives additional orientation on the following topics before providing
874 care and services to a resident.:

875 (A) Personal care worker duties and responsibilities;

876 (B) The differences between personal services and skilled care; and

877 (C) Observation, reporting and documentation regarding a resident's change in functional
878 status along with the assisted living residence's response requirements.

879 7.176 Orientation and training is not required for a personal care worker who is returning to an assisted
880 living residence after a break in service of three years or less if that individual meets all of the
881 following conditions:

882 (A) The personal care worker completed the assisted living residence's required orientation,
883 training, and competency assessment at the time of initial employment,;

884 (B) The personal care worker successfully completed the assisted living residence's required
885 competency assessment at the time of rehire or reactivation,;

886 (C) The personal care worker did not have performance issues directly related to resident
887 care and services in the prior active period of employment,; and

888 (D) All orientation, training, and personnel action documentation is retained in the personal
889 care worker's personnel file.

890 7.187 The assisted living residence shall designate an administrator, nurse or other capable individual
891 to be responsible for the oversight and supervision of each personal care worker. Such
892 supervision shall include, but not be limited to:

893 (A) Being accessible to respond to personal care worker questions;, and

894 (B) Evaluating each personal care worker at least annually.

895 (1) Each evaluation shall include observation of the personal care worker'S
896 PERFORMANCE OF ~~performing~~ his or her assigned tasks ~~and documentation that~~
897 ~~the worker is competent in the performance of those tasks~~.

898 7.198 The assisted living residence shall only allow a personal care worker to perform tasks that have a
899 chronic, stable, predictable outcome and do not require routine nurse assessment.

900 7.2019 The potential duties of a personal care worker range from observation and monitoring of residents
901 to ensure their health, safety, and welfare, to companionship and personal services.

902 7.210 Before a personal care worker independently performs personal services for a resident, the
903 supervisor designated by the assisted living residence shall observe and document that the
904 worker has demonstrated his or her ability to competently perform every personal task assigned.
905 This competency check shall be repeated each time a worker is assigned a new or additional
906 personal care task that he or she has not previously performed.

907 7.221 Only appropriately skilled professionals may train personal care workers and their supervisors on
908 specialized techniques beyond general personal care and assistance with activities of daily living
909 as defined in these rules. (Examples include, but are not limited to, transfers requiring specialized
910 equipment and assistance with therapeutic diets). Personal care workers and their supervisors
911 shall be evaluated for competency before the delivery of each personal service requiring a
912 specialized technique.

913 (A) Documentation regarding competency in specialized techniques shall be included in the
914 personnel files of both personal care workers and supervisors.

915 (B) A registered nurse who is employed or contracted by the assisted living residence may
916 delegate to a personal care worker in accordance with the Nursing Practice Act if the
917 registered nurse is the supervising nurse for the personal care worker.

918 7.232 The assisted living residence shall ensure that each personal care worker complies with all
919 assisted living residence policies and procedures and not allow a personal care worker to perform
920 any functions which are outside of his or her job description, written agreements, or a resident's
921 care plan.

922 **~~SECTION~~ PART 8 – STAFFING REQUIREMENTS**

923 Minimum Staffing

924 8.1 Whenever one or more residents are present in the assisted living residence, there shall be at
925 least one staff member present who meets the criteria in ~~section~~PART 8.7 and is capable of
926 responding to an emergency.

927 (A) Residents shall not be transferred off site solely for the convenience of the assisted living
928 residence or its staff.

929 8.2 Between 10 PM and 6 AM, staff shall conduct at least one safety check of all consenting
930 residents.

931 Staffing Levels

932 8.3 To determine appropriate routine staffing levels, the assisted living residence shall consider, at a
933 minimum, the following items:

934 (A) The acuity and needs of the residents~~;~~,

935 (B) The services outlined in the care plan~~;~~, and

936 (C) The services set forth in the resident agreement.

937 8.4 Staff shall be sufficient in number to help residents needing or potentially needing assistance,
938 considering individual needs such as the risk of accident, hazards, or other challenging events.

939 First Aid, Obstructed Airway Technique and Cardiopulmonary Resuscitation Trained Staff

940 8.5 The assisted living residence shall ensure that it has sufficient staff members who are currently
941 certified in first aid and cardiopulmonary resuscitation to meet the requirements of this
942 ~~section~~PART.

943 8.6 Each assisted living residence shall have at least one staff member onsite at all times who has
944 current certification in first aid from a nationally recognized organization such as the American
945 Red Cross, the American Heart Association, National Safety Council, or American Safety and
946 Health Institute. The certification shall either be in Adult First Aid or include Adult First Aid.

947 8.7 Each assisted living residence shall have at least one staff member onsite at all times who has
948 current certification in cardiopulmonary resuscitation (CPR) and obstructed airway techniques
949 from a nationally recognized organization such as the American Red Cross, the American Heart
950 Association, the National Safety Council or the American Safety and Health Institute. The
951 certification shall either be in Adult CPR or include Adult CPR.

952 8.8 Each assisted living residence shall place in a visible location a list of all staff who have current
953 certification in first aid or CPR so that the information is readily available to staff at all times. The
954 list shall be kept up to date and indicate by staff person whether the certification is in first aid or
955 CPR or both.

956 8.9 Each assisted living residence shall require that all staff who are certified in first aid and/or
957 obstructed airway techniques promptly provide those services in accordance with their training.

8.10 Each assisted living residence shall require that all staff who are certified in CPR promptly provide those services in accordance with their training, unless the affected resident has a do not resuscitate order.

8.11 Each assisted living residence shall require that staff, even if not certified in first aid or CPR, promptly respond to an emergency and follow the instructions of a 911 emergency call operator until a medically trained provider can assume care.

Use of Volunteers and Residents

8.12 Volunteers and residents may assist with the provision of resident care and services, but the assisted living residence shall not consider the use of either volunteers or resident helpers in determining the appropriate staffing level.

Use of Hospice Providers

8.13 When licensed hospice care is provided in an assisted living residence, there shall be a written agreement regarding the provision of that care by a hospice provider. The written agreement shall be signed by authorized representatives of the hospice and assisted living residence prior to the provision of hospice care. The written agreement shall include, at a minimum, the following:

(A) How the assisted living residence and hospice will coordinate and communicate with each other to ensure that the needs of the resident are being fully met;

(B) A provision that the assisted living residence shall immediately notify the hospice if:

(1) There is a significant change in the resident's physical, mental, social or emotional status that may necessitate a change to the resident's care plan;

(2) There is a need to transfer the resident from the assisted living residence, in which case the hospice shall coordinate any necessary care related to the terminal illness and related conditions; or

(3) The resident dies.

(C) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided; and

(D) A provision stating that it is the responsibility of the assisted living residence to provide 24-hour room and board and the other services required by this Chapter 7.

8.14 If a hospice provider fails to provide services when they are necessary, the assisted living residence shall follow the requirements of ~~section~~PART 12.5 regarding a resident's significant change in baseline status and request a practitioner assessment.

Contracted Personnel and Services

8.15 An assisted living residence that uses a separate agency, organization, or individual to provide services for the ALR or residents shall have a written agreement that sets forth the terms of the arrangement. The agreement shall specify, at a minimum, the following items:

(A) The specific services to be provided;

(B) The time frame for the provision of such services;

996 (C) The contractor's obligation to comply with all applicable assisted living residence policies
997 and procedures, including personnel qualifications;

998 (D) How such services will be coordinated and overseen by the assisted living residence; and

999 (E) The procedure for payment of services provided under the contract.

1000 8.16 If contract personnel and/or services are used, the contractor shall meet all applicable
1001 requirements of these regulations.

1002 8.17 Notwithstanding the above criteria, the assisted living residence shall retain responsibility for
1003 oversight of all contracted personnel and services to ensure the health, safety and welfare of the
1004 residents.

1005 **~~SECTION~~ PART 9 – POLICIES AND PROCEDURES**

1006 9.1 The assisted living residence shall develop and at least annually review, all policies and
1007 procedures. At a minimum, the assisted living residence shall have policies and procedures that
1008 address the following items:

1009 (A) Admission and discharge criteria in accordance with ~~sections~~ PARTS 11 and 25, if
1010 applicable;

1011 (B) Resident rights;

1012 (C) Grievance procedure and complaint resolution;

1013 (D) Investigation of abuse, neglect, and exploitation allegations;

1014 (E) INVESTIGATION OF INJURIES OF KNOWN OR UNKNOWN SOURCE/ORIGIN;

1015 (~~E~~F) House rules;

1016 (~~F~~G) Emergency preparedness;

1017 (~~G~~H) Fall management;

1018 (~~H~~I) Provision of lift assistance, first aid, obstructed airway technique, and cardiopulmonary
1019 resuscitation;

1020 (~~I~~J) Unanticipated illness, injury, significant change of status from baseline, or death of
1021 resident;

1022 (~~J~~K) Infection control;

1023 (~~K~~L) Practitioner assessment;

1024 (~~L~~M) Health information management;

1025 (~~M~~N) Personnel;

1026 (~~N~~O) Staff Training;

1027 (~~O~~P) Environmental pest control;

(~~P~~Q) Medication errors and medication destruction and disposal;

(~~Q~~R) Management of resident funds, if applicable;

(~~R~~S) Policies and procedures related to secure environment, if applicable; and

(~~S~~T) Provision of palliative care in accordance with 6 CCR 1011-1, Chapter 2, Part ~~3.3.1~~4.3, if applicable.

~~SECTION~~ PART 10 – EMERGENCY PREPAREDNESS

Emergency Policies and Procedures

10.1 The assisted living residence shall have readily available a roster of current residents, their room assignments and emergency contact information, along with a facility diagram showing room locations.

10.2 The assisted living residence shall complete a risk assessment of all hazards and preparedness measures to address natural and human-caused crises including, but not limited to, fire(s), gas explosion, power outages, tornado, flooding and threatened or actual acts of violence.

10.3 The assisted living residence shall develop and follow written policies and procedures to ensure the continuation of necessary care to all residents for at least 72 hours immediately following any emergency including, but not limited to, a long-term power failure.

10.4 Emergency policies and procedures shall be tailored to the geographic location of the assisted living residence; types of residents served; and unique risks and circumstances identified by the assisted living residence.

10.5 Each assisted living residence shall identify its highest potential risk and hold routine drills to facilitate staff and resident response to that risk. There shall be written documentation of such drills.

10.6 Each assisted living residence's emergency policies shall address, at a minimum, all of the following items:

(A) Written instructions for each identified risk that includes persons to be notified and steps to be taken. The instructions shall be readily available 24 hours a day in more than one location with all staff aware of the locations~~.~~;

(B) A schematic plan of the building or portions thereof placed visibly in a central location and throughout the building, as needed, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes~~.~~;

(C) When to evacuate the premises and the procedure for doing so~~.~~;

(D) A pre-determined means of communicating with residents, families, staff and other providers~~.~~;

(E) A plan that ensures the availability of, or access to, emergency power for essential functions and all resident-required medical devices or auxiliary aids~~.~~;

(F) Storage and preservation of medications~~.~~;

1064 (G) Assignment of specific tasks and responsibilities to the staff members on each shift
1065 including use of a triage system to assess the needs of the most vulnerable residents
1066 first.;

1067 (H) Protection and transfer of health information as needed to meet the care needs of
1068 residents.; AND

1069 (I) In the event relocation of residents becomes necessary, written agreements with other
1070 health facilities and/or community agencies.

1071 Emergency Equipment

1072 10.7 First aid equipment shall be maintained on the premises in a readily available location and staff
1073 shall be instructed in its use and location.

1074 10.8 The assisted living residence shall have enough first aid kits to enable staff to immediately
1075 respond to emergencies. Each first aid kit shall be checked regularly to ensure that it is fully
1076 stocked and that any expiration date is not exceeded.

1077 10.9 Each kit shall include, at a minimum, the following items:

1078 (A) Latex free disposable gloves,

1079 (B) Scissors,

1080 (C) Adhesive bandages,

1081 (D) Bandage tape,

1082 (E) Sterile gauze pads,

1083 (F) Flexible roller gauze,

1084 (G) Triangular bandages with safety pins,

1085 (H) A note pad with a pen or pencil,

1086 (I) A CPR barrier device or mask, and

1087 (J) Soap or waterless hand sanitizer.

1088 10.10 If the assisted living residence has an automated external defibrillator (AED), staff shall be trained
1089 in its use and it shall be maintained in accordance with the manufacturer's specifications.

1090 10.11 There shall be at least one telephone, not powered by household electrical current, in the
1091 assisted living residence available for immediate emergency use by staff, residents, and visitors.
1092 Contact information for police, fire, ambulance [9-1-1911, if applicable] and poison control center
1093 shall be readily accessible to staff.

1094 10.12 Assisted living residences shall have a battery or generator-powered alternative lighting system
1095 available in the event of a power failure.

1096 **SECTION PART 11 – RESIDENT ADMISSION AND DISCHARGE**

1097 Move-In Criteria

11.1 The assisted living residence shall accept only those persons whose needs can be fully met by the existing staff, physical environment, and services already being provided. The assisted living residence's ability to meet resident needs shall be based upon a comprehensive pre-admission assessment of a resident's physical, mental, and social needs; cultural, religious and activity needs; preferences; and capacity for self-care.

Move-In Restrictions

11.2 An assisted living residence shall not allow to move in any person who:

(A) Needs regular 24-hour medical or nursing care~~,~~;

(B) Is incapable of self-administration of medication and the assisted living residence does not have staff who are either licensed or qualified under 6 CCR 1011-1, Chapter 24 to administer medications~~,~~;

(C) Has an acute physical illness which cannot be managed through medication or prescribed therapy~~,~~;

(D) Has physical limitations that restrict mobility unless compensated for by available auxiliary aids or intermittent staff assistance~~,~~;

E) Has incontinence issues that cannot be managed by the resident or staff~~,~~;

(F) Is profoundly disoriented to time, person, and place with safety concerns that require a secure environment and the assisted living residence does not provide a secure environment~~,~~;

(G) Has a stage 3 or 4 pressure sore and does not meet the criteria in ~~section~~PART 12.4~~,~~;

(H) Has a history of conduct that has been disclosed to the assisted living residence that would pose a danger to the resident or others, unless the ALR reasonably believes that the conduct can be managed through therapeutic approaches~~,~~; or

(I) Needs restraints, as defined herein, of any kind except as statutorily allowed for assisted living residences which are certified to provide services specifically for the mentally ill.

(1) Assisted living residences certified to provide services for the mentally ill shall have policies, procedures, and appropriate staff training regarding the use of restraint and maintain current documentation to show that less restrictive measures were, and continue to be, unsuccessful.

Resident Agreement

11.3 At the time the resident moves in, the assisted living residence shall ensure that the resident and/or the resident's legal representative has received a copy of the written resident agreement and agreed to the terms set forth therein. The assisted living residence shall ensure that the agreement is signed and dated by both parties.

11.4 The terms of a resident agreement shall not alter, or be construed to relieve the assisted living residence of compliance with, any requirement or obligation under relevant federal, state, or local law and regulation.

1135 11.5 The assisted living residence shall review its resident agreements annually and update or amend
1136 them as necessary. Amendments to the resident agreement shall also be signed and dated by
1137 both parties.

1138 (A) When a change of ownership occurs, the new owner shall either acknowledge and agree
1139 to the terms of each existing resident agreement or establish a new agreement with each
1140 resident.

1141 11.6 The written resident agreement shall specify the understanding between the parties concerning,
1142 at a minimum, the following items:

1143 (A) Assisted living residence charges, refunds, and deposit policies;

1144 (B) The general type of services and activities provided and not provided by the assisted
1145 living residence and those which the assisted living residence will assist the resident in
1146 obtaining;

1147 (C) A list of specific assisted living residence services included for the agreed upon rates and
1148 charges, along with a list of all available optional services and the specified charge for
1149 each;

1150 (D) The amount of any fee to hold a place for the resident in the assisted living residence
1151 while the resident is absent from the assisted living residence and the circumstances
1152 under which it will be charged;

1153 (E) Responsibility for providing and maintaining bed linens, bath and hygiene supplies, room
1154 furnishings, communication devices, and auxiliary aids; and

1155 (F) A guarantee that any security deposit will be fully reimbursed if the assisted living
1156 residence closes without giving resident(s) written notice at least THIRTY (30) calendar
1157 days before such closure.

1158 Written Disclosure of Information

1159 11.7 The assisted living residence shall ensure that when a new resident moves in, he or she is
1160 provided with, and acknowledges receipt of, the following information:

1161 (A) How to obtain access to the assisted living residence policies and procedures listed
1162 under ~~section~~PART 9.1~~,~~;

1163 (B) The resident's right to receive cardiopulmonary resuscitation (CPR) or have a written
1164 advance directive refusing CPR~~,~~;

1165 (C) Minimum staffing levels, whether the assisted living residence has awake staff 24 hours a
1166 day and the extent to which certified or licensed health care professionals are available
1167 on-site~~,~~;

1168 (D) Whether the assisted living residence has an automatic fire sprinkler system~~,~~;

1169 (E) Whether the assisted living residence uses egress alert devices, including details about
1170 when and where they are used~~,~~;

1171 (F) Whether the assisted living residence has resident location monitoring devices (such as
1172 video surveillance), when and where they are used, and how the assisted living
1173 residence determines that a resident requires monitoring~~,~~;

(G) Whether the assisted living residence operates a secure environment and what that means,;

(H) The resident's individualized care plan that addresses his or her functional capability and needs,;

(I) Smoking prohibitions and/or designated areas for smoking,;

(J) The readily available on-site location of the assisted living residence's most recent inspection report,; and

(K) Upon request, a copy of the most recent version of these Chapter 7 rules.

Management of Resident Funds/Property

11.8 An assisted living residence shall not assume power of attorney or guardianship over a resident unless by court order, nor shall an assisted living residence require a resident to execute or assign a loan, advance, financial interest, mortgage, or other property in exchange for future services.

11.9 An assisted living residence shall not be required to handle resident funds or property.

11.10 An assisted living residence that chooses to handle resident funds or property, shall have a policy regarding the management of such funds and shall comply with the following criteria:

(A) There shall be a written authorization that specifies the terms and duration of the financial management services to be performed by the assisted living residence. Such authorization shall be signed by the resident or resident's legal representative and notarized.;

(B) Upon entering into an agreement with a resident for financial management services, the assisted living residence shall exercise fiduciary responsibility for these funds and property, including, but not limited to, maintaining any funds over the amount of five hundred dollars ($500) in an interest-bearing account, separate from the general operating fund of the ALR, which interest shall accrue to the resident.;

(C) The assisted living residence shall post a surety bond in an amount sufficient to protect the residents' personal funds.;

(D) The assisted living residence shall maintain a continuous, dated record of all financial transactions. The record shall begin with the date of the first handling of the personal funds of the resident and shall be kept on file for at least three years following termination of the resident's stay in the assisted living residence. Such record shall be available for inspection by the Department.; AND

(E) The assisted living residence shall provide the resident or legal representative a receipt each time funds are disbursed along with a quarterly report identifying the beginning and ending account balance along with a description of each and every transaction since the last report.

Discharge

11.11 The assisted living residence shall arrange to discharge any resident who:

1212 (A) Has an acute physical illness which cannot be managed through medication or
1213 prescribed therapy,;

1214 (B) Has physical limitations that restrict mobility, and which cannot be compensated for by
1215 available auxiliary aids or intermittent staff assistance,;

1216 (C) Has incontinence issues that cannot be managed by the resident or staff,;

1217 (D) Has a stage 3 or stage 4 pressure sore and does not meet the criteria in sectionPART
1218 12.4,;

1219 (E) Is profoundly disoriented to time, person, and place with safety concerns that require a
1220 secure environment, and the assisted living residence does not provide a secure
1221 environment,;

1222 (F) Exhibits conduct that poses a danger to self or others and the assisted living residence is
1223 unable to sufficiently address those issues through therapeutic approach,; and/or

1224 (G) Needs more services than can be routinely provided by the assisted living residence or
1225 an external service provider.

1226 11.12 The assisted living residence may also discharge a resident for:

1227 (A) Nonpayment of basic services in accordance with the resident agreement; or

1228 (B) The resident's failure to comply with a valid, signed resident agreement.

1229 11.13 Where a resident has demonstrated that he or she has become a danger to self or others, the
1230 assisted living residence shall promptly implement the following process pending discharge:

1231 (A) Take all appropriate measures necessary to protect other residents;

1232 (B) Reassess the resident to be discharged and revise his or her care plan to identify the
1233 resident's current needs and what services the assisted living residence will provide to
1234 meet those needs; and

1235 (C) Ensure all staff are aware of any new directives placed in the care plan and are properly
1236 trained to provide supervision and actions consistent with the care plan.

1237 11.14 The assisted living residence shall coordinate a voluntary or involuntary discharge with the
1238 resident, the resident's legal representative and/or the appropriate agency. Prior to discharging a
1239 resident because of increased care needs, the assisted living residence shall make documented
1240 efforts to meet those needs through other means.

1241 11.15 In the event a resident is transferred to another health care entity for additional care, the assisted
1242 living residence shall arrange to evaluate the resident prior to re-admission or discharge the
1243 resident in accordance with the discharge procedures specified below.

1244 11.16 The assisted living residence shall provide written notice of any discharge to the resident or legal
1245 representative 30 calendar days in advance of discharge except in cases of imminent physical
1246 harm to or by the resident or medical emergency, whereupon the assisted living residence shall
1247 notify the legal representative as soon as possible.

1248 11.17 A copy of any involuntary discharge notice shall be sent to the state OMBUDSMAN and~~/or~~ THE
1249 DESIGNATED local long-term care ombudsman, within five (5) calendar days of the date that it is
1250 provided to the resident or the resident's legal representative.

1251 **~~SECTION~~ PART 12 – RESIDENT CARE SERVICES**

1252 Minimum Services

1253 12.1 The assisted living residence shall make available, either directly or indirectly through a resident
1254 agreement, the following services, sufficient to meet the needs of the residents:

1255 (A) A physically safe and sanitary environment including, but not limited to, measures to
1256 reduce the risk of potential hazards in the physical environment related to the unique
1257 characteristics of the population;

1258 (B) Room and board;

1259 (C) Personal services including, but not limited to, a system for identifying and reporting
1260 resident concerns that require either an immediate individualized approach or on-going
1261 monitoring and possible re-assessment;

1262 (D) Protective oversight including, but not limited to, taking appropriate measures when
1263 confronted with an unanticipated situation or event involving one or more residents and
1264 the identification of urgent issues or concerns that require an immediate individualized
1265 approach; and

1266 (E) Social care and resident engagement.

1267 Nursing Services

1268 12.2 Nurses may provide nursing services to support the personal services provided to residents of the
1269 assisted living residence, except that such services shall not rise to the level that requires
1270 resident discharge as described in ~~section~~PART 11.11 or becomes regular 24-hour medical or
1271 nursing care.

1272 (A) Other staff may assist with nursing services if they are trained and evaluated for
1273 competency prior to assignment.

1274 (B) Staff assisting with nursing services shall be supervised by a nurse.

1275 (C) Only staff employed or contracted by the assisted living residence shall provide or assist
1276 with nursing services on behalf of the assisted living residence.

1277 12.3 The following occasionally required services may only be provided by an external service provider
1278 or the nurse of the assisted living residence:

1279 (A) Syringe or tube feeding,

1280 (B) Intravenous medication,

1281 (C) Catheter care that involves changing the catheter, irrigation of the catheter and/or total
1282 assistance with catheter,

1283 (D) Ostomy care where the ostomy site is new or unstable, and

(E) Care for a stage 1 or stage 2 pressure sore if the condition is stable and resolving.

12.4 An assisted living residence shall not admit or keep a resident with a stage 3 or stage 4 pressure sore unless the resident has a terminal condition and is receiving continuing care from an external service provider.

Practitioner Assessment

12.5 The assisted living residence shall have a policy and procedure regarding when a practitioner's assessment of a resident is appropriate. At a minimum, the assisted living residence shall contact the resident's primary practitioner when any of the following circumstances occur and follow the practitioner's recommendation regarding further action.

(A) The resident experiences a significant change in their baseline status,

(B) The resident has physical signs of possible infection (open sores, etc.),

(C) The resident sustains an injury or accident,

(D) The resident has known exposure to a communicable disease, and/or

(E) The resident develops any condition which would have initially precluded admission to the assisted living residence.

Comprehensive Resident Assessment

12.6 At the time a new resident moves in, the assisted living residence shall complete a comprehensive assessment that reflects information requested and received from the resident, the resident's representative if requested by the resident, and a practitioner. Information from the comprehensive assessment shall be used to establish an individualized care plan.

12.7 The comprehensive assessment shall include all the following items:

(A) Information from the comprehensive pre-admission assessment described in ~~section~~PART 11.1~~,~~;

(B) Information regarding the resident's overall health and physical functioning ability~~,~~;

(C) Information regarding the resident's advance directives~~,~~;

(D) Communication ability and any specific needs to facilitate effective communication~~,~~;

(E) Current diagnoses and any known or anticipated need or impact related to the diagnoses~~,~~;

(F) Food and dining preferences, unique needs, and restrictions~~,~~;

(G) Individual bathroom routines, sleep and awake patterns~~,~~;

(H) Reactions to the environment and others, including changes that may occur at certain times or in certain circumstances~~,~~;

(I) Routines and interests~~,~~;

(J) History and circumstances of recent falls and any known approaches to prevent future falls~~,~~;

(K) Safety awareness~~,~~;

(L) Types of physical, mental, and social support required; and

(M) Personal background, including information regarding any other individuals who are supportive of the resident, cultural preferences, and spiritual needs.

12.8 The comprehensive assessment shall be documented in writing and kept in the resident's health information record.

12.9 The comprehensive assessment shall be updated for each resident at least annually and whenever the resident's condition changes from baseline status.

Resident Care Plan

12.10 Each resident care plan shall:

(A) Be developed with input from the resident and the resident's representative~~,~~;

(B) Reflect the most current assessment information~~,~~;

(C) Promote resident choice, mobility, independence and safety~~,~~;

(D) Detail specific personal service needs and preferences along with the staff tasks necessary to meet those needs~~,~~;

(E) Identify all external service providers along with care coordination arrangements~~,~~; and

(F) Identify formal, planned, and informal spontaneous engagement opportunities that match the resident's personal choices and needs.

Care Coordination

12.11 The assisted living residence shall be responsible for the coordination of resident care services with known external service providers.

12.12 The assisted living residence shall notify the resident's representative whenever the resident experiences a significant change from baseline status.

Restraint

12.13 An assisted living residence shall not use restraints of any kind or deprive a resident of his or her liberty for purposes of care or safety except as allowed by ~~section~~PART 11.2(I), ~~section~~PART 25, or as set forth below.

12.14 A device that facilitates a resident's well-being and/or independence may be used only if all of the following criteria are met:

(A) The resident has the functional ability to alter his or her position;

(B) The resident is able to remove the device to allow for normal movement;

(C) The device improves the resident's physical or emotional state and allows the resident to participate in activities that would otherwise be difficult or impossible; and

(D) There is an order from a practitioner for its use.

(1) There shall also be interdisciplinary documentation from both the practitioner and a therapist describing the benefits and hazards associated with the device and information on its appropriate use.

(2) A resident's continued use of such device shall be re-evaluated by both therapist and practitioner at least annually or whenever the resident experiences a significant change in status.

(3) Documentation of compliance with this ~~subsection~~SUBPART (D) shall be retained in the resident's care plan.

Fall Management Program

12.15 The assisted living residence shall develop policies and procedures to establish a fall management program. The program shall include the following:

(A) Providing fall management education and materials to residents and family members;

(B) Detailing in each resident's care plan the individualized approach necessary to address fall risk related to deficits in strength, balance, and eyesight, or effects of medication as identified during the comprehensive resident assessment;

(C) Providing resident engagement activities to improve strength and balance as specified in ~~section~~PART 12.22(C);

(D) Routinely inspecting and maintaining a safe exterior and interior environment as specified in ~~sections~~PARTS 21 and 22; and

(E) Providing staff training related to fall prevention as specified in ~~section~~PART 7.9(H).

Lift Assistance

12.16 Each assisted living residence shall direct staff to assist residents who have fallen or are otherwise unable to independently get up off the floor. The assisted living residence's policy on staff providing lift assistance shall be made available to its local emergency medical responderS.

12.17 The assisted living residence shall ensure that it has trained staff available to evaluate residents who have fallen or are otherwise unable to independently get up off the floor and provide lift assistance when determined appropriate instead of relying on emergency medical responders.

(A) Each situation shall be evaluated to determine if the resident can be assisted in a safe manner such as when the resident has no pain and/or there is no change from baseline, the resident's mental status is unchanged from baseline, and there is no, or minor, bleeding.

(B) Once the situation has been evaluated, assisted living residence policy shall require staff to take the following actions:

(1) Physically perform the lift assistance using techniques provided in staff training and monitor the resident~~,~~; or

1388 (2) Not lift and call 9-1-1 when the resident is unconscious, the resident's physical or
1389 mental status has declined from baseline, the resident experiences an increase
1390 in pain when lifting is attempted, the resident wants 9-1-1 called, and/or the
1391 resident either can't assist in any way or refuses to assist because of pain, injury,
1392 or other physical complications.

1393 (C) The assisted living residence shall promptly notify the resident's practitioner, family
1394 and/or legal representative of the occurrence of either circumstance identified in
1395 ~~section~~PART 12.17(B)(1) or (2), along with information regarding the ALR's response.

1396 12.18 The assisted living residence's policy shall also require documentation of the action taken by staff
1397 and ongoing efforts to prevent a reoccurrence of the situation in the future.

1398 Resident Engagement

1399 12.19 The assisted living residence shall encourage residents to maintain and develop their fullest
1400 potential for independent living through individual and group engagement opportunities.

1401 12.20 The assisted living residence shall provide all residents with regular opportunities to participate in
1402 structured engagement and shall support the pursuit of each resident's interests.

1403 12.21 If requested, the assisted living residence shall assist a resident with identifying and accessing
1404 outside services and community events.

1405 12.22 Examples of resident engagement include, but are not limited to, the following:

1406 (A) Individual or group conversation, recreation, art, crafts, music, and pet care;

1407 (B) Use of daily living skills that foster and maintain a sense of purpose and significance;

1408 (C) Physical pursuits such as games, sports, and exercise that develop and maintain
1409 strength, coordination, and range of motion;

1410 (D) Educational opportunities such as special classes or community events;

1411 (E) Cultivation of personal interests and pursuits; and

1412 (F) Encouraging engagement with others.

1413 12.23 The assisted living residence shall encourage residents to contribute to the planning, preparation,
1414 conduct, clean-up, and critique of any structured engagement offering.

1415 12.24 The assisted living residence shall evaluate its resident engagement program at least every three
1416 months to ascertain whether the opportunities offered to residents are relevant and well-received
1417 and/or if changes are appropriate in response to resident feed-back.

1418 12.25 The assisted living residence shall, whenever feasible, coordinate with local agencies and
1419 ~~volunteer~~ organizations to promote resident participation in community centered activities
1420 including, but not limited to:

1421 (A) Public service endeavors;

1422 (B) Community events such as concerts, exhibits, and plays;

1423 (C) Community organized group engagement such as senior citizen groups, sports leagues,
1424 and service clubs; and

1425 (D) Attendance at the place of worship of the resident's choice.

1426 12.26 Each assisted living residence shall place notices of planned resident engagement offerings in a
1427 central location readily accessible to residents, relatives, and the public. Copies shall be retained
1428 for at least six months.

1429 Resident Engagement Management

1430 **19 or fewer residents**

1431 12.27 In assisted living residences that are licensed for 19 or fewer residents, the administrator shall be
1432 primarily responsible for organizing, conducting, and evaluating resident engagement. If an
1433 assisted living residence can demonstrate that its residents are self-directed to the extent that
1434 they are able to plan, organize, and conduct the ALR's resident engagement activities
1435 themselves, the ALR may request a waiver of this requirement.

1436 **20 to 49 residents**

1437 12.28 In assisted living residences that are licensed for 20 to 49 residents, the administrator shall
1438 designate one staff member to be responsible for organizing, conducting, and evaluating resident
1439 engagement. The designated staff member shall have had at least six months experience in
1440 providing structured resident engagement offerings or have completed or be enrolled in an
1441 equivalent education and/or training program.

1442 **50 or more residents**

1443 12.29 In assisted living residences that are licensed for 50 or more residents, there shall be at least one
1444 staff member whose sole responsibility is to organize, conduct, and evaluate resident
1445 engagement. The ALR shall provide such staff member with as much accommodation and staff
1446 support as necessary to ensure that all residents have on-going opportunities to participate in
1447 RESIDENT ENGAGEMENT ACTIVITIES THAT ARE planned in advance, documented in writing, kept up to
1448 date, and made available to all residents. The responsible staff member shall have had at least
1449 one year of experience or equivalent education and/or training in providing structured resident
1450 engagement offerings and be knowledgeable in evaluating resident needs, supervising other staff
1451 and in training volunteers.

1452 Use of Volunteers

1453 12.30 Each assisted living residence shall encourage participation of volunteers in resident engagement
1454 opportunities. All such volunteers shall be supervised and directed by the administrator or staff
1455 member primarily responsible for resident engagement.

1456 Physical Space and Equipment:

1457 12.31 Each assisted living residence shall have sufficient physical space to accommodate both indoor
1458 and outdoor resident engagement. Such accommodations shall include, at a minimum:

1459 (A) A comfortable, appropriately furnished area such as a living room, family room, or great
1460 room available to all residents for their relaxation and for socializing with friends and
1461 relatives; and

1462 (B) An outdoor activity area which is easily accessible to residents and protected from traffic.
1463 Outdoor spaces shall be sufficient in size to comfortably accommodate all residents
1464 participating in an activity.

1465 12.32 Each assisted living residence shall provide sufficient recreational equipment and supplies to
1466 meet the needs of the resident engagement program. Special equipment and supplies necessary
1467 to accommodate persons with special needs shall be made available as appropriate. When not in
1468 use, recreational equipment and supplies shall be stored in such a way that they do not create a
1469 safety hazard.

1470 12.33 Each assisted living residence shall ensure that staff who accompany residents away from the
1471 assisted living residence have ready access to the pertinent personal information of those
1472 residents in the event of an emergency.

1473 **~~SECTION~~ PART 13 – RESIDENT RIGHTS**

1474 13.1 The assisted living residence shall adopt, and place in a publically visible location, a statement
1475 regarding the rights and responsibilities of its residents. The assisted living residence and staff
1476 shall observe these rights in the care, treatment, and oversight of the residents. The statement of
1477 rights shall include, at a minimum, the following items:

1478 (A) The right to privacy and confidentiality, including:

1479 (1) The right to have private and unrestricted communications with any person of
1480 choice;

1481 (2) The right to private telephone calls or use of electronic communication;

1482 (3) The right to receive mail unopened;

1483 (4) The right to have visitors at any time; and

1484 (5) The right to private, consensual sexual activity.

1485 (B) The right to civil and religious liberties, including:

1486 (1) The right to be treated with dignity and respect;

1487 (2) The right to be free from sexual, verbal, physical or emotional abuse, humiliation,
1488 intimidation, or punishment;

1489 (3) The right to be free from neglect;

1490 (4) The right to live free from financial exploitation, restraint as defined in this
1491 chapter, and involuntary confinement except as allowed by the secure
1492 environment requirements of this chapter;

1493 (5) The right to vote;

1494 (6) The right to exercise choice in attending and participating in religious activities;

1495 (7) The right to wear clothing of choice unless otherwise indicated in the care plan;
1496 and

1497 (8) The right to care and services that are not conditioned or limited because of a
1498 resident's disability, sexual orientation, ethnicity, and/or personal preferences.

1499 (C) The right to personal and community engagement, including:

1500 (1) The right to socialize with other residents and participate in assisted living
1501 residence activities, in accordance with the applicable care plan;

1502 (2) The right to full use of the assisted living residence common areas in compliance
1503 with written house rules;

1504 (3) The right to participate in resident meetings, voice grievances, and recommend
1505 changes in policies and services without fear of reprisal;

1506 (4) The right to participate in activities outside the assisted living residence and
1507 request assistance with transportation; and

1508 (5) The right to use of the telephone including access to operator assistance for
1509 placing collect telephone calls.

1510 (a) At least one telephone accessible to residents utilizing an auxiliary aid
1511 shall be available if the assisted living residence is occupied by one or
1512 more residents utilizing such an aid.

1513 (D) The right to choice and personal involvement regarding care and services, including:

1514 (1) The right to be informed and participate in decision making regarding care and
1515 services, in coordination with family members who may have different opinions;

1516 (2) The right to be informed about and formulate advance directives;

1517 (3) The right to freedom of choice in selecting a health care service or provider;

1518 (4) The right to expect the cooperation of the assisted living residence in achieving
1519 the maximum degree of benefit from those services which are made available by
1520 the assisted living residence;

1521 (a) For residents with limited English proficiency or impairments that inhibit
1522 communication, the assisted living residence shall find a way to facilitate
1523 communication of care needs.

1524 (5) The right to make decisions and choices in the management of personal affairs,
1525 funds, and property in accordance with resident ability;

1526 (6) The right to refuse to perform tasks requested by the assisted living residence or
1527 staff in exchange for room, board, other goods or services;

1528 (7) The right to have advocates, including members of community organizations
1529 whose purposes include rendering assistance to the residents;

1530 (8) The right to receive services in accordance with the resident agreement and the
1531 care plan; and

1532 (9) The right to THIRTY (30) calendar days written notice of changes in services
1533 provided by the assisted living residence including, but not limited to, involuntarily

change of room or changes in charges for a service. Exceptions to this notice are:

(a) Changes in the resident's medical acuity that result in a documented decline in condition and that constitute an increase in care necessary to protect the health and safety of the resident; and

(b) Requests by the resident or the family for additional services to be added to the care plan.

Ombudsman Access

13.2 In accordance with the ~~Older Americans Act Reauthorization Act of 2016 (P.L. 114-144),~~ SUPPORTING OLDER AMERICANS ACT OF 2020 (P.L. 116-131), and ~~§~~ SECTIONS 26-11.5-108 and 25-27-104(2)(~~e~~d), C.R.S., an assisted living residence shall permit access to the premises and residents by the state ombudsman and the designated local long-term care ombudsman at any time during an ALR's regular business hours or regular visiting hours, and at any other time when access may be required by the circumstances to be investigated.

(A) FOR THE PURPOSES OF COMPLYING WITH THIS PART 13.2, ACCESS TO RESIDENTS SHALL INCLUDE ACCESS TO THE ASSISTED LIVING RESIDENCE'S CONTACT INFORMATION FOR THE RESIDENT AND THE RESIDENT'S REPRESENTATIVE.

House Rules

13.3 The assisted living residence shall establish written house rules and place them in a publically visible location so that they are always available to residents and visitors.

13.4 The house rules shall list all possible actions which may be taken by the assisted living residence if any rule is knowingly violated by a resident. House rules shall not supersede or contradict any regulation herein, or in any way discourage or hinder a resident's exercise of his or her rights. House rules shall address, at a minimum, the following items:

(A) Smoking, including the use of electronic cigarettes and vaporizers~~,~~;

(B) Cooking~~,~~;

(C) Protection of valuables on premises~~,~~;

(D) Visitors~~,~~;

(E) Telephone usage, including frequency and duration of calls~~,~~;

(F) Use of common areas and devices, such as television, radio, and computer~~,~~;

(G) Consumption of alcohol and marijuana~~,~~; and

(H) Pets.

Resident Meetings

13.5 Each assisted living residence shall hold regular meetings with residents, staff, family, and friends of residents so that all have the opportunity to voice concerns and make recommendations concerning assisted living residence care, services, activities, policies, and procedures.

13.6 Meetings shall be held at least quarterly with an opportunity for more frequent meetings if requested.

13.7 Written minutes of such meetings shall be maintained and made readily available for review by residents or family members.

13.8 Before the next regularly scheduled meeting, assisted living residence staff shall respond in writing to any suggestions or issues raised at the prior meeting.

13.9 Residents and family members shall also have the opportunity to meet without the presence of assisted living residence staff.

Internal Grievance and Complaint Resolution Process

13.10 Each assisted living residence shall develop and implement an internal process to ensure the routine and prompt handling of grievances or complaints brought by residents, family members, or advocates. The process for raising and addressing grievances and complaints shall be placed in a visible on-site location along with full contact information for the following agencies~~.~~:

(A) The state and local long-term care ombudsman~~,~~;

(B) The Adult Protection Services of the appropriate county Department of Social Services~~,~~;

(C) The advocacy services of the area's agency on aging~~,~~;

(D) The Colorado Department of Public Health and Environment~~,~~; and

(E) The Colorado Department of Health Care Policy and Financing, in those cases where the assisted living residence is licensed to provide services specifically for persons with intellectual and developmental disabilities.

Investigation of Abuse and Neglect Allegations OR INJURIES OF UNKNOWN ORIGIN

13.11 The assisted living residence shall investigate all allegations of abuse, neglect, or exploitation of residents in accordance with ~~section~~PART 5.3 and its written policy which shall include, but not be limited to, the following:

(A) Reporting requirements to the appropriate agencies such as the adult protection services of the appropriate county Department of Social Services, and to the assisted living residence administrator~~,~~;

(B) A requirement that the assisted living residence notify the legal representative about the allegation within 24 hours of the assisted living residence becoming aware of the allegation~~,~~;

(C) The process for investigating such allegations~~,~~;

(D) How the assisted living residence will document the investigation process to evidence the required reporting and that a thorough investigation was conducted~~,~~;

(E) A requirement that the resident shall be protected from potential future abuse and neglect, AND/OR EXPLOITATION while the investigation is being conducted~~,~~;

(F) A requirement that if the alleged neglect or abuse is verified, the assisted living residence shall take appropriate corrective action~~,~~; and

(G) A requirement that a copy of the report with the investigation findings shall be retained by the facility and available for Department review.

13.12 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES FOR THE IDENTIFICATION, REPORTING, AND INVESTIGATION OF INJURIES OF UNKNOWN ORIGIN. SUCH POLICIES AND PROCEDURES SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING REQUIREMENTS:

(A) THE ASSISTED LIVING RESIDENCE SHALL IDENTIFY AND DOCUMENT RESIDENT INJURIES FOR WHICH THE ORIGIN OF THE INJURY WAS NOT OBSERVED BY OR OTHERWISE KNOWN BY STAFF, AND EITHER:

(1) THE RESIDENT CANNOT EXPLAIN HOW THE INJURY OCCURRED; OR

(2) THE RESIDENT CAN EXPLAIN THE SOURCE OF THE INJURY, BUT THE SOURCE COULD BE ADDRESSED TO PREVENT FUTURE INJURIES.

(B) THE ASSISTED LIVING RESIDENCE SHALL DOCUMENT THE FOLLOWING:

(1) THE INVESTIGATION AND IDENTIFICATION OF ANY INJURY IDENTIFIED IN (A), ABOVE.

(2) THE IMPLEMENTATION AND OUTCOME OF THE FOLLOWING FOR INJURIES FOR WHICH THE INVESTIGATION DETERMINES THE SOURCE/ORIGIN:

(A) COMPLIANCE WITH PART 13.11, WHEN THE SOURCE/ORIGIN OF THE INJURY IS SUSPECTED TO BE ABUSE, NEGLECT, OR EXPLOITATION; OR

(B) THE STEPS TAKEN TO PREVENT OR MITIGATE FUTURE INJURIES OF LIKE NATURE FOR BOTH THE INJURED RESIDENT AND OTHER RESIDENTS WHEN THE SOURCE/ORIGIN OF THE INJURY IS NOT SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION. SUCH STEPS MAY INCLUDE, BUT NOT BE LIMITED TO:

(I) STAFF OR VOLUNTEER CORRECTIVE ACTION AND/OR ADDITIONAL TRAINING; OR

(II) MODIFICATION OF THE ASSISTED LIVING RESIDENCE'S POLICIES, PROCEDURES OR PHYSICAL ENVIRONMENT

(3) WHEN THE SOURCE OF THE INJURY REMAINS UNDETERMINED, THE STEPS TAKEN TO MONITOR THE RESIDENT IN AN EFFORT IDENTIFY AND PREVENT SIMILAR INJURIES.

(C) ALL DOCUMENTATION OF THE INVESTIGATION, OUTCOMES, AND STEPS TAKEN SHALL BE RETAINED BY THE ASSISTED LIVING RESIDENCE, INCLUDING, BUT NOT LIMITED TO, DETAILS OF ANY INTERVIEWS AND/OR RECORDS USED IN THE INVESTIGATION. SUCH DOCUMENTATION SHALL BE MADE AVAILABLE FOR REVIEW AT THE DEPARTMENT'S REQUEST.

(1) DOCUMENTATION ON THE INVESTIGATION, OUTCOMES, AND STEPS TAKEN MAY BE MAINTAINED SEPARATELY FROM THE RESIDENT RECORD, IN WHICH CASE A SUMMARY OF THE INVESTIGATION AND STEPS TAKEN SHALL BE INCLUDED IN THE RESIDENT'S CARE PLAN AND PROGRESS NOTES.

(D) THE ASSISTED LIVING RESIDENCE SHALL NOTIFY THE RESIDENT'S REPRESENTATIVE OF THE OUTCOME OF THE INVESTIGATION AND STEPS TAKEN.

~~SECTION~~ PART 14 – MEDICATION AND MEDICATION ADMINISTRATION

General Requirements:

14.1 An assisted living residence shall not allow an employee or volunteer to administer or assist with administering medication to a resident unless such individual is a practitioner, ~~a~~ nurse, ~~a~~ qualified medication administration person (QMAP), or ~~a~~ certified nurse medication aide (CNA – Med) acting within his or her scope of practice.

14.2 For purposes of this ~~section~~PART 14, a practitioner is "authorized" if state law allows the practitioner to prescribe treatment, medication, or medical devices.

14.3 An assisted living residence shall not allow a QMAP or a CNA-Med to assist a resident with medication administration unless the resident is able to consent and participate in the consumption of the medication.

14.4 If a CNA-Med is used to administer or assist with administering medication to a resident, the assisted living residence shall ensure that the CNA-Med complies with the medication administration procedures listed in this ~~section~~PART 14, except that a CNA-Med may perform additional tasks associated with medication administration as authorized by his or her certification.

14.5 An assisted living residence that utilizes qualified medication administration persons shall comply with the requirements of 6 CCR 1011-1, Chapter 24, Medication Administration Regulations, in addition to the requirements set forth in this ~~section~~PART 14.

14.6 The assisted living residence shall comply with all federal and state laws and regulations relating to procurement, storage, administration, and disposal of controlled substances.

14.7 The assisted living residence shall ensure that each resident receives proper administration and/or monitoring of medications.

14.8 The assisted living residence shall be responsible for ensuring compliance with all safety requirements regarding oxygen use, handling, and storage as set forth in ~~sections~~PARTS 22.29 through 22.34 of this chapter.

14.9 No medication shall be administered by a qualified medication administration person on a pro re nata (PRN) or "as needed" basis except:

(A) In a residential treatment facility that is licensed to provide services for the mentally ill;

(B) Where the resident understands the purpose of the medication, is capable of voluntarily requesting the medication, and the assisted living residence has documentation from an authorized practitioner that the use of such medication in this manner is appropriate; or

(C) Where specifically allowed by statute.

14.10 Unless otherwise allowed by statute, the assisted living residence shall not permit a qualified medication administration person to perform any of the following tasks:

(A) Intravenous, intramuscular, or subcutaneous injections~~,~~;

(B) Gastrostomy or jejunostomy tube feeding~~,~~;

(C) Chemical debridement~~,~~;

(D) Administration of medication for purposes of restraint~~,~~;

(E) Titration of oxygen~~,~~;

(F) Decision making regarding PRN or “as needed” medication administration~~,~~;

(G) Assessment of residents or use of judgment including, but not limited to, medication effect~~,~~;

(H) Pre-pouring of medication~~,~~; or

(I) Masking or deceiving administration of medication including, but not limited to, concealing in food or liquid.

14.11 Only medication that has been ordered by an authorized practitioner shall be prepared for or administered to residents.

Training, Competency and Supervision

14.12 The assisted living residence shall ensure that all qualified medication administration persons are trained in and adhere to the following medication administration procedures:

(A) Identification of the right resident for each medication administration or monitoring by asking for the resident’s name or comparing the resident to a photograph maintained specifically for medication administration identification~~,~~;

(B) Providing the correct medication by the correct route at the correct time and in the correct dose as ordered by the authorized practitioner~~,~~; and

(C) Implementing any changes in medication orders upon receipt.

14.13 The assisted living residence shall designate a QMAP supervisor who is a nurse, practitioner, or meets the requirements of a qualified medication administration person.

(A) The QMAP supervisor shall, before initial assignment of each qualified medication administration person, conduct a competency assessment with direct observation of all medication administration tasks that the QMAP will be assigned to perform.

(1) Whenever a QMAP is assigned additional medication administration tasks, the QMAP supervisor shall conduct a competency assessment with direct observation of each new task that the QMAP will be assigned.

Resident Rights

14.14 All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication, unless an authorized practitioner has determined that the resident lacks the decisional capacity to possess or self-administer such medication safely.

14.15 The assisted living residence shall ensure each resident’s right to privacy and dignity with respect to medication monitoring and administration.

14.16 Each resident shall have the right to refuse medications.

Orders

1719 14.17 The assisted living residence shall ensure that each authorized practitioner's order for medication
1720 includes the correct name of the resident, date of the order, medication name, strength of
1721 medication, dosage to administer, route of administration along with timing and/or frequency of
1722 administration, any specific considerations, if substitutions are allowed or restricted, and the
1723 signature of the practitioner.

1724 14.18 All medication orders shall be documented in writing by the authorized prescribing practitioner.
1725 Verbal orders for medication shall not be valid unless received by a licensed staff member who is
1726 authorized to receive and transcribe such orders.

1727 14.19 Any orders received from medical staff on behalf of an authorized practitioner must be
1728 countersigned by said practitioner as soon as possible.

1729 14.20 The assisted living residence shall contact the authorized practitioner for clarification of any
1730 orders which are incomplete or unclear and obtain new orders in writing.

1731 14.21 The assisted living residence shall be responsible for complying with authorized practitioner
1732 orders associated with medication administration except for those medications which a resident
1733 self-administers.

1734 14.22 The assisted living residence shall coordinate care and medication administration with external
1735 providers.

1736 Medication Reminder Boxes

1737 14.23 For medication reminder boxes that the assisted living residence is responsible for, the assisted
1738 living residence shall ensure that the box contains:

1739 (A) No more than a 14 calendar day supply of medications at a time~~,~~;

1740 (B) No PRN medications, including PRN controlled substances~~,~~;

1741 (C) Only medication intended for oral ingestion~~,~~; and

1742 (D) No medications that require administration within specific timeframes unless the
1743 medication reminder box is specifically designed and labeled with specific instructions to
1744 address this situation.

1745 14.24 Medication reminder boxes shall be stored in a manner that ensures access for the designated
1746 resident and prevents access from unauthorized persons.

1747 Medication Preparation and Handling

1748 14.25 The assisted living residence shall maintain medication storage and preparation areas which are
1749 clean and free of clutter.

1750 14.26 All reusable medical devices shall be cleaned according to the manufacturer instructions and
1751 appropriately stored.

1752 14.27 No stock medications shall be stored or administered by qualified medication administration
1753 persons.

1754 A) All over-the-counter medication prescribed for administration shall be labeled or marked
1755 with the individual resident's full name.

14.28 The assisted living residence shall ensure that qualified medication administration persons are trained in and apply nationally recognized protocols for basic infection control and prevention when preparing and administering medications.

Record Keeping

14.29 All prescribed and PRN medications shall be listed and recorded on a medication administration record (MAR) which contains the name and date of birth of the resident, the resident's room location, any known allergies, and the name and telephone number of the resident's authorized practitioner.

(A) The medication administration record shall reflect the name, strength, dosage, and mode of administration of each medication, the date the order was received, the date and time of administration, any special considerations related to administration, and the signature or initial of the person administering the medication.

(B) As part of the medication administration record, the assisted living residence shall maintain a legible list of the names of the persons utilizing the record for medication administration, along with each of their signatures and, if used, their initials.

(C) Each qualified medication administration person, nurse, or practitioner shall accurately document each medication administration or monitoring event at the time the event is completed for each resident.

(D) Each qualified medication administration person, nurse, or authorized practitioner shall document accurate information in the medication administration record including any medication omissions, refusals, and resident reported responses to medications.

14.30 The assisted living residence shall maintain a record on a separate sheet for each resident receiving a controlled substance which contains the name of the controlled substance, strength and dosage, date and time administered, resident name, name of authorized practitioner, and the quantity of the controlled substance remaining.

14.31 The administrator and the QMAP supervisor shall, on a quarterly basis, audit the accuracy and completeness of the medication administration records, controlled substance list, medication error reports, and medication disposal records. Any irregularities shall be investigated and resolved. The results of the audits shall be documented and routinely included as part of the assisted living residence's Quality Management Program assessment and review.

Reporting

14.32 The assisted living residence shall have policies and procedures for documenting, investigating, reporting, and responding to any errors related to accurate accounting of controlled substances and/or medication administration.

14.33 The assisted living residence shall ensure that the resident's authorized practitioner and resident's legal representative ~~is~~ARE promptly notified of:

(A) A decline from a resident's baseline status~~,~~;

(B) A resident's pattern of refusal~~,~~;

(C) A resident's repetitive request for and use of PRN medication~~,~~;

(D) Any observed or reported unfavorable reactions to medications~~,~~;

1796 (E) The administration of medications used to emergently treat angina~~,~~; and

1797 (F) Medication errors that affect the resident.

1798 Self-Administration

1799 14.34 The assisted living residence shall compile a list of all resident medications, along with any known
1800 allergies, and verify the accuracy and completeness of the list with the resident and authorized
1801 practitioner at the time of admission.

1802 14.35 The assisted living residence shall review this list with the resident and authorized practitioner at
1803 least once a year and maintain documentation of such review.

1804 14.36 The assisted living residence shall report non-compliance, misuse, or inappropriate use of known
1805 medications by a resident who is self-administering to that resident's authorized practitioner.

1806 Medication Storage

1807 14.37 All medications shall be stored in the original prescribed/manufacturer containers with the
1808 exception of medications placed in medication reminder boxes pursuant to ~~section~~PART 14.23.

1809 14.38 All medications shall be stored in a locked cabinet, cart, or storage area when unattended by
1810 qualified medication administration persons or other licensed staff.

1811 14.39 Controlled substances shall be kept in double lock storage.

1812 (A) Two individuals who are either qualified medication administration persons, nurses, or
1813 practitioners shall jointly count all controlled substances at the end of each shift and sign
1814 documentation regarding the results of the count at the time it occurs. Any discrepancy in
1815 the controlled substance count shall be immediately reported to the administrator.

1816 14.40 All refrigerated medications shall be stored in a refrigerator that does not contain food and that is
1817 not accessible to residents.

1818 (A) All medication stored in a refrigerator shall be clearly labeled with the resident's name
1819 and prescribing information.

1820 ~~14.41 The assisted living residence shall not store or retain for more than 30 calendar days any~~
1821 ~~outdated, discontinued and/or expired medications.~~

1822 14.4~~2~~1 Outdated, discontinued, and/or expired medications that are not returned to the resident or legal
1823 representative shall be stored in a locked storage area until properly disposed of.

1824 (A) Any controlled substance medications which are designated for destruction shall be kept
1825 in a separate locked container within the locked storage area until they are destroyed.

1826 14.4~~3~~2 The assisted living residence shall conduct, on a monthly basis, a joint two person audit of
1827 medications designated for disposal.

1828 (A) At least one of the persons conducting the audit shall be a qualified medication
1829 administration person.

1830 (B) The results of the audit shall be documented and signed by both staff members
1831 conducting the audit.

1832 (C) Audit records shall be maintained for a minimum of three years. Any discrepancy in the
1833 list and count of medications designated for disposal shall be immediately reported to the
1834 administrator.

1835 Medication Destruction and Disposal

1836 14.443 Medication shall be returned to the resident or resident's legal representative, upon discharge or
1837 death, except that return of medication to the resident may be withheld if specified in the care
1838 plan of a resident of a facility which is licensed to provide services specifically for the mentally ill,
1839 or if a practitioner has determined that the resident lacks the decisional capacity to possess or
1840 administer such medication safely.

1841 (A) ~~A resident or resident's legal representative may authorize the assisted living residence~~
1842 ~~to return unused medications or medical supplies and used or unused medical devices to~~
1843 ~~a prescription drug outlet or donate to a nonprofit entity in accordance with § 12-42.5-~~
1844 ~~133, C.R.S., and 6 CCR 1011-1, Chapter 2, Part 7.202.~~

1845 (~~B~~A) The assisted living residence shall request and maintain signed documentation from the
1846 resident or resident's legal representative regarding the ~~return or donation~~ DISPOSITION of
1847 all medications, medical supplies, or devices.

1848 14.454 The assisted living residence shall have policies and procedures regarding the destruction and
1849 disposal of outdated, unused, discontinued, and/or expired medications which are not returned to
1850 the resident or legal representative. At a minimum, the policies and procedures shall include the
1851 following requirements:

1852 (A) OUTDATED, DISCONTINUED, AND/OR EXPIRED MEDICATIONS SHALL BE DESTROYED IN
1853 ACCORDANCE WITH FEDERAL, STATE, AND LOCAL REGULATIONS WITHIN THIRTY (30) DAYS.

1854 (1) Medication shall be destroyed in the presence of two individuals, each of whom
1855 are either a qualified medication administration person, nurse, or practitioner;

1856 (~~B~~2) All medications shall be destroyed in a manner that renders the substances
1857 totally ~~irretrievable~~NON-RETRIEVABLE TO PREVENT DIVERSION OF THE MEDICATION;
1858 AND

1859 (~~C~~3) There shall be documentation which identifies the medications, the date, AND THE
1860 METHOD of destruction, and the signatures of the witnesses performing the
1861 medication destruction.~~; and~~

1862 (~~D~~B) All destroyed medications shall be disposed of in compliance with ~~sections~~PARTS 24.2
1863 and 24.3 regarding medical waste disposal.

1864 **~~SECTION~~ PART 15 – LAUNDRY SERVICES**

1865 General Requirements:

1866 15.1 The assisted living residence shall make laundry services available in one or more of the
1867 following ways:

1868 (A) Providing laundry service for the residents,

1869 (B) Providing access to laundry equipment so that the residents may do their own laundry,

1870 (C) Making arrangements with a commercial laundry, or

1871 (D) Coordinating with friends or family members who choose to provide laundry services for a
1872 resident.

1873 15.2 There shall be separate storage areas for soiled linen and clothing.

1874 15.3 The assisted living residence shall address resident sensitivities or allergies with regard to
1875 laundry detergents or methods.

1876 Assisted Living Residence Laundry Service

1877 15.4 If providing laundry service for residents, the assisted living residence shall ensure the following:

1878 (A) Washing machines and dryers are properly maintained according to the manufacturer's
1879 instructions;

1880 (B) Bed and bath linens are cleaned at least weekly or more frequently to meet individual
1881 resident needs while blankets are cleaned as necessary;

1882 (~~D~~C) Laundry personnel or designated staff handle, store, process, transport, and return
1883 laundry in a way that prevents the spread of infection or cross contamination;

1884 (~~E~~D) Personal clothing is returned to the appropriate resident in a presentable, ready-to-wear
1885 manner in order to promote resident respect and dignity; and

1886 (E) The appropriate resident representative is notified if a resident needs additional clothing
1887 or linens.

1888 Resident Access

1889 15.5 If a resident independently uses the assisted living residence laundry area, the assisted living
1890 residence shall ensure that:

1891 (A) The resident is instructed in the proper use of the equipment,

1892 (B) There is a readily available schedule showing when resident use is permitted, and

1893 (C) The resident has the means to independently access the area during the permitted times.

1894 **~~SECTION~~ PART 16 – FOOD SAFETY**

1895 **All Assisted Living Residences**

1896 16.1 Residents handling or preparing food for other residents shall have access to a hand-sink, soap,
1897 and disposable paper towels. The assisted living residence shall ensure that such residents
1898 understand when to wash hands and the proper procedure for doing so. Supplies for cleaning
1899 and a pre-made solution for sanitizing food contact surfaces shall be readily available. The
1900 ingredients used shall be allowable foods from approved sources and within the "use-by" date.

1901 16.2 The food safety requirements specified in this chapter do not preclude residents from consuming
1902 foods not procured by the assisted living residence.

1903 **20 or More Beds**

1904 16.3 An assisted living residence that is licensed for 20 beds or more shall comply with the
1905 Department's regulations concerning Colorado Retail Food Establishments at 6 CCR 1010-2.

1906 **~~Fewer Than 20 Beds~~ 19 OR FEWER BEDS**

1907 16.4 An assisted living ~~residence~~ that is licensed for ~~fewer than 20 beds~~19 beds or fewer shall comply
1908 with all of the requirements in ~~sections~~PARTS 16.5 through 16.37. A commercial kitchen is not a
1909 requirement for an assisted living residence with fewer than 20 beds.

1910 Employee Training

1911 16.5 ~~Anyone~~ STAFF preparing or serving food shall complete recognized food safety training and
1912 maintain evidence of completion on site. Food safety training shall be provided by recognized
1913 food safety experts or agencies, such as the DEPARTMENT'S Division of Environmental Health and
1914 Sustainability, local public health agencies, or Colorado State University Extension Services. At a
1915 minimum, a certificate of completion of the available online modules is sufficient to comply with
1916 this ~~section~~PART. The successful completion of other accredited food safety courses is also
1917 acceptable.

1918 Personal Health

1919 16.6 Staff shall be in good health and free of communicable disease while handling, preparing or
1920 serving food, or handling utensils.

1921 16.7 Staff are prohibited from handling, preparing or serving food, or handling utensils for residents or
1922 other staff while experiencing any of the following symptoms: Vomiting, diarrhea, ~~sore throat with~~
1923 fever, jaundice, or A lesion containing pus on the hands or wrists.

1924 (~~a~~A) Staff members experiencing these symptoms are permitted to return to handling food and
1925 utensils only when they have been symptom-free for at least 24 hours and/or the lesions
1926 on their hands are bandaged and completely covered with an impervious glove or finger
1927 cot.

1928 Handwashing

1929 16.8 The assisted living residence shall ensure that food handlers, cooks, and servers properly wash
1930 their hands using the following procedure:

1931 (A) Wash hands in warm ~~(100°F to 120°F)~~ soapy water by vigorously scrubbing all surfaces
1932 of the hands and wrists for at least 20 seconds. Rinse hands clean. Thoroughly dry
1933 hands with a disposable paper towel. Use the paper towel to turn off sink faucets before
1934 disposing.

1935 16.9 The assisted living residence shall ensure that food handlers, cooks, and servers always wash
1936 their hands at the following times:

1937 (A) Before leaving the restroom, and again before returning to food or beverage preparation,
1938 food and food equipment storage areas, or dishwashing;

1939 (B) After coughing, sneezing, using a handkerchief or tissue, using tobacco products, or
1940 eating;

1941 (C) When switching between working with raw animal derived foods and ready-to-eat foods;

1942 (D) After touching the hair, face, or body;

1943 (E) During food preparation, as often as necessary to remove soil and contamination, and to
1944 prevent cross contamination when changing tasks;

1945 (F) Before handling or putting on single use gloves for food handling, and between removing
1946 soiled gloves and putting on new, clean gloves;

1947 (G) After handling soiled dishes or utensils, such as ~~busing~~CLEARING tables or loading a
1948 dishwashing machine;

1949 (H) After feeding or caring for a resident;

1950 (I) After caring for pets or other animals; and

1951 (J) After engaging in any activity that contaminates the hands such as handling garbage,
1952 mopping, working with chemicals, and/OR other cleaning activities.

1953 Employee Hygiene

1954 16.10 The assisted living residence shall ensure that all staff members have good hygienic practices
1955 and wear clean clothing or protective coverings while handling food or utensils.

1956 16.11 The assisted living residence shall prohibit staff members from using common towels and other
1957 multiple use linens or clothing to wipe or dry their hands. When hands become soiled, the ALR
1958 shall ensure that staff wash their hands in accordance with ~~section~~PART 16.8(A).

1959 16.12 The assisted living residence shall ensure that staff members refrain from eating or smoking in
1960 the area used for food preparation or storage WHILE FOOD IS BEING PREPARED. ~~Drinking in these~~
1961 ~~areas is allowed with enclosed containers that do not require manual manipulation of the drinking~~
1962 ~~surface.~~

1963 ~~16.13 The assisted living residence shall ensure that staff members do not touch their faces, hair or~~
1964 ~~other body surfaces while handling food.~~

1965 16.14~~4~~3 Tasting food during preparation shall be done with a utensil that is clean and sanitized. The same
1966 utensil must be washed, rinsed, and sanitized before it is reused.

1967 16.1~~5~~4 Utensils used to dispense food shall have handles. Utensil handles shall be kept out of food and
1968 ice. For example, scooping ice with a glass is prohibited.

1969 Bare Hand Contact

1970 16.1~~6~~5 Ready-to-eat foods shall not be handled with bare hands. Instead gloves or utensils must be used
1971 to handle, prepare, and serve these foods.

1972 Proper Glove Use

1973 16.1~~7~~6 WHEN USED, ~~D~~Disposable food service gloves shall be used in a manner that prevents
1974 contamination of food and food contact surfaces. Gloves shall be changed whenever switching
1975 from handling raw animal products to ready-to-eat foods and WHEN CHANGING TASKS OR TOUCHING
1976 SOILED SURFACES ~~whenever else gloved hands become contaminated~~. When gloves are changed,
1977 hands shall be washed in accordance with ~~section~~PART 16.8(A).

1978 Approved Source

1979 16.1~~8~~7 All foods, including raw ingredients and prepared foods, shall be obtained from approved,
1980 licensed, or registered sources or food manufacturers. Raw uncut produce can be obtained from
1981 other sources, including grown onsite, as long as good agricultural practices ~~defined by the~~
1982 ~~United States Department of Agriculture~~ are used. ~~Further g~~ Guidance for produce grown by A

1983 SUPPLIER OR AT an assisted living residence MAY BE OBTAINED FROM THE DEPARTMENT OF PUBLIC
1984 HEALTH AND ENVIRONMENT, ~~is detailed in a Department brochure entitled "Food Safety for~~
1985 ~~Vegetable Gardens, tips for Schools, Child Care and Long Term Care Facilities." The brochure is~~
1986 ~~available online at Colorado Food Safety Tips or by contacting the~~ Division of Environmental
1987 Health and Sustainability ~~at 303-692-3645~~.

1988 Prohibited Foods

1989 16.1~~9~~8 Prohibited foods shall not be served by the assisted living residence. Prohibited foods include raw
1990 or undercooked meat, poultry, fish, and molluscan shellfish; raw unpasteurized eggs; raw milk
1991 and raw seed sprouts. Unpasteurized juice is also prohibited unless it is freshly squeezed and
1992 made to order.

1993 16.~~20~~19 Foods that pose a greater risk for the long-term care population include deli meats, hot dogs, and
1994 soft cheeses. These foods are allowed, but it is strongly recommended that they be heated before
1995 service to control Listeria monocytogenes, a particularly dangerous bacteria for older adults and
1996 immune compromised populations.

1997 16.2~~1~~0 An assisted living residence shall not distribute or dispense raw milk products of any kind.

1998 Date Marking

1999 16.2~~2~~1 Refrigerated foods opened or prepared and not used within TWENTY-FOUR (24) hours must be
2000 marked with a "use by" or "discard by" date. The "use by" or "discard by" date is seven (7)
2001 calendar days following opening or preparation. The seven (7) days cannot surpass the
2002 manufacturer's expiration date for the product or its ingredients or seven (7) days since the date
2003 any of the ingredients in the food were opened or prepared. This requirement does not apply to
2004 commercially prepared condiments and dressings.

2005 Required Cooking Temperatures

2006 16.2~~3~~2 Animal derived foods; meat, poultry, fish, and unpasteurized eggs must be cooked to the
2007 minimum internal temperatures in the following table before being served or held hot.

2008

Poultry (ground or intact), stuffed meats	165°F
Eggs, pork, lamb, fish	145°F
Ground beef, fish, pork, lamb, veal	155°F
Whole muscle beef steaks	145°F
Whole roasts (beef, lamb, pork)	135°F

2009 Required Holding Temperatures

2010 16.2~~4~~3 Potentially hazardous foods shall be maintained at the proper temperatures at all times.
2011 Potentially hazardous foods that are stored cold shall be held at or below 41°F. ASSISTED LIVING
2012 RESIDENCES CAN ACHIEVE THIS BY KEEPING POTENTIALLY HAZARDOUS FOODS IN REFRIGERATORS
2013 MAINTAINED AND RUNNING AT 41°F OR BELOW.

2014 16.2~~5~~4 Potentially hazardous foods that are stored hot shall be held at or above 135°F. ASSISTED LIVING
2015 RESIDENCES CAN ACHIEVE THIS BY KEEPING SOUPS, SAUCE, AND OTHER HOT FOODS WARM ON A STOVE

2016 BURNER, IN THE OVEN, OR ON A WARMING PLATE AT A TEMPERATURE ABOVE 135°F UNTIL THEY ARE
2017 SERVED, STORED, OR DISCARDED.

2018 16.2~~6~~5 When POTENTIALLY HAZARDOUS foods are being prepared, cooled, or reheated, they shall not be
2019 held below 135°F or above 41°F for extended time to control the growth of harmful bacteria.
2020 ASSISTED LIVING RESIDENCES CAN ACHIEVE THIS BY NOT LEAVING THESE TYPES OF FOOD OUT FOR LONG
2021 PERIODS OF TIME ONCE THEY ARE PURCHASED, WHILE THEY ARE BEING PREPARED, OR WAITING TO BE
2022 SERVED.

2023 Rapid Reheating

2024 16.2~~7~~6 Potentially hazardous foods that are being reheated from room temperature, such as opening a
2025 can, or from cold storage before hot holding shall be rapidly heated within two (2) hours to 165°F.
2026 Rapid heating can be accomplished on a stove top, in an oven, microwave, or another approved
2027 reheating device.

2028 Rapid Cooling

2029 16.2~~8~~7 Potentially hazardous foods that are being cooled from room temperature, such as after opening
2030 a can or preparing food from room temperature ingredients, shall be cooled to 41°F within four (4)
2031 hours.

2032 16. 28 Following cooking or removal from hot storage, foods must be cooled within six (6) hours to 41°F.
2033 Begin active cooling foods when foods are 135°F. Cool to 70°F within two (2) hours or less. Then
2034 cool from 70°F to 41°F within four (4) hours or less. Active cooling means using uncovered
2035 shallow pans, ice as an ingredient, ice wands, breaking foods down into small portions and fully
2036 submerging containers in ice baths or a combination of these methods.

2037 Food Preparation

2038 16.29 When foods are being assembled or prepared outside of temperature control, the process should
2039 be completed as quickly as possible and no more than two (2) hours.

2040 Thawing

2041 16.30 Frozen foods shall be thawed under refrigeration, under cool, running water between 60-70°F, in
2042 a microwave oven, or as part of the cooking process.

2043 16.31 Leaving food out to thaw without temperature control is prohibited.

2044 Equipment

2045 16.32 Equipment shall be maintained in working order and cleanable. Refrigeration equipment shall
2046 maintain foods below 41°F. Hot holding equipment must hold food at or above 135°F.

2047 Cleaning and Sanitizing

2048 16.33 Food contact surfaces of equipment shall be washed, rinsed, and sanitized before use or at least
2049 every four (4) hours of continual use. Dish detergent shall be labeled for the intended purpose.
2050 Sanitizer shall be approved for use as a no-rinse food contact sanitizer. Sanitizers shall be
2051 registered with EPA and used in accordance with labeled instructions.

2052 Plumbing

16.34 A handwashing sink supplied with soap and disposable paper towels shall be available in all food handling areas.

16.35 Sinks shall be washed, rinsed, and sanitized when switching between food preparation or produce washing and thawing animal derived foods.

Dish Washing

16.36 Dishes, utensils, and cookware shall be washed using one of the following methods:

(A) In a single or multiple compartment sink using a dish detergent that is labeled for that intended purpose. Once washed, dishes and utensils shall be rinsed clean, and then submerged in an approved no-rinse food contact sanitizer and allowed to air dry. Sanitizer shall be registered with EPA and used in accordance with labeled instructions; or

(B) A domestic or commercial dishwashing machine with a wash water temperature that reaches ~~a minimum of 155°F or is equipped with a chemical sanitizing cycle~~THE OPERATING TEMPERATURE PRESCRIBED BY THE MANUFACTURER.

Mop Water

16.37 Mop water shall only be filled in a dedicated utility sink, a bath tub, or using a quick release hose attachment on another sink that is immediately removed and stored away from the sink after filling. Mop water shall be disposed in the sanitary sewer (e.g., toilet, bathtub, or utility sink). Mop water shall not be discarded on the ground outside or in a storm drain.

~~SECTION~~ PART 17 – FOOD AND DINING SERVICES

Meals, Drinks and Snacks

17.1 The assisted living residence shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community, or in accordance with resident needs, preferences, and plans of care.

(A) Nourishing meal substitutes and between-meal snacks shall be provided, in accordance with plans of care, to residents who want to eat at non-traditional times or outside of scheduled meal service times.

17.2 Meals shall include a variety of foods, be nutritionally balanced, and sufficient in amount to satisfy resident appetites.

(A) Appealing substitutes of similar nutritive value shall be available for residents who choose not to eat food that is initially served or who request an alternative meal.

17.3 The assisted living residence shall offer drinks, including water and other liquids, to residents with every meal and between meals throughout the day. The assisted living residence shall also ensure that residents have independent access to drinks at all times.

17.4 Assisted living residence staff shall observe resident food consumption on a regular basis in order to detect unplanned changes such as weight gain, weight loss, or dehydration. Changes in consumption that may indicate the need for assistance with eating shall be reported to the resident's practitioner and case manager, if applicable.

2091 17.5 If a resident repeatedly chooses not to follow the dietary recommendations of his or her
2092 practitioner, the assisted living residence shall document such in the record or care plan and
2093 notify the resident's practitioner and case manager, if applicable.

2094 Menus

2095 17.6 Menus shall vary daily and incorporate seasonal and/or holiday foods.

2096 17.7 Weekly menus shall be readily available for residents and public viewing no less than 24 hours
2097 prior to serving.

2098 17.8 Residents shall be encouraged to participate in planning menus and the assisted living residence
2099 shall make reasonable efforts to accommodate resident suggestions.

2100 Food Supply

2101 17.9 Each assisted living residence shall have sufficient food on hand to prepare three nutritionally
2102 balanced meals per day for three (3) calendar days.

2103 Therapeutic Diets

2104 17.10 An assisted living residence may provide therapeutic diets when the following conditions are met:

2105 (A) The diet is prescribed by the resident's practitioner, and

2106 (B) The assisted living residence has trained staff to prepare the food in accordance with the
2107 diet and ensure it is being served to the appropriate resident.

2108 Assistance with Dining and Feeding

2109 17.11 If a resident demonstrates difficulty opening, reaching, or accessing food and beverage items at
2110 meal time, staff shall promptly assist that resident in doing so regardless of the resident's dining
2111 location.

2112 17.12 Staff may assist residents by cueing and prompting them to eat and drink so long as that
2113 assistance is not undertaken for the convenience of staff.

2114 17.13 Staff may assist feeding a resident only if the resident is able to maintain an upright position and
2115 chew and swallow without difficulty.

2116 17.14 Staff who assist feeding a resident shall be trained in the proper techniques for supporting
2117 nutrition and hydration by a licensed or registered professional qualified by education and training
2118 to assess choking risks, such as a registered nurse, speech language pathologist, or registered
2119 dietitian.

2120 (A) The assisted living residence shall not allow staff to assist feeding a resident if the
2121 resident has difficulty chewing and swallowing, or has a history of chronic choking or
2122 coughing while eating or drinking.

2123 (B) If a resident who is receiving feeding assistance experiences a change in eating and
2124 swallowing that is a decline from baseline as identified in the individualized resident care
2125 plan, staff shall stop providing assistance, document the issue in the resident's record
2126 and ensure that the resident's practitioner is notified.

2127 (1) Unless temporary measures are ordered by the practitioner, feeding assistance
2128 shall not be resumed until a medical evaluation has been performed and the
2129 assisted living residence has documentation from the practitioner that it is safe to
2130 resume.

2131 Dining Area and Equipment

2132 17.15 Each assisted living residence shall have a designated dining area with tables and chairs that all
2133 residents are able to access and that is sufficient in size to comfortably accommodate all
2134 residents. Residents shall be given the opportunity to choose where and with whom to sit.

2135 17.16 No resident or group of residents shall be excluded from the designated dining area during meal
2136 time unless otherwise indicated in the resident's individualized care plan.

2137 17.17 Meals shall not be routinely served in resident rooms unless otherwise indicated in the resident's
2138 individualized care plan. The assisted living residence shall, however, make reasonable efforts to
2139 accommodate residents that choose to dine somewhere other than the dining room.

2140 17.18 The location of resident dining shall not be chosen solely for staff convenience.

2141 17.19 Paper or disposable plastic ware shall not be used for regular meals with the exception of
2142 emergencies and outdoor dining.

2143 **~~SECTION~~ PART 18 – RESIDENT HEALTH INFORMATION RECORDS**

2144 General

2145 18.1 Each assisted living residence shall have a confidential health information record for each
2146 resident and maintain it in a manner that ensures accuracy of information.

2147 18.2 Health information records for current residents shall be kept on site at all times.

2148 18.3 Each assisted living residence shall implement a policy and procedure for an effective information
2149 management system that is either paper-based or electronic. If the ALR maintains both paper-
2150 based and electronic records, there shall be a method for integration of those records that allows
2151 effective continuity of care. Processes shall include effective management for capturing reporting,
2152 processing, storing and retrieving care/service data and information.

2153 18.4 At the time of admission, the resident record shall contain, at a minimum, the following items:

2154 (A) Face sheet,

2155 (B) Practitioner orders,

2156 (C) Individualized resident care plan,

2157 (D) Copies of any advance directives, and

2158 (E) A signed copy of the resident agreement.

2159 Confidentiality and Access

2160 18.5 The assisted living residence shall have a means of securing resident records that preserves their
2161 confidentiality and provides protection from loss, damage, and unauthorized access.

18.6 The confidentiality of the resident record including all medical, psychological, and sociological information shall be protected in accordance with all applicable federal and state laws and regulations.

18.7 Each resident or legal representative of a resident shall be allowed to inspect that resident's own record in accordance with §SECTION 25-1-801, C.R.S. Upon request, resident records shall also be made available for inspection by the state and local long-term care ombudsman pursuant to §SECTION 26-11.5-108, C.R.S., Department representatives and other lawfully authorized individuals.

Content

18.8 Resident records shall contain, but not be limited to, the following items:

(A) Face Sheet,;

(B) Practitioner order~~,~~;

(C) Individualized resident care plan~~,~~;

(D) Progress notes which shall include information on resident status and wellbeing, as well as documentation regarding any out of the ordinary event or issue that affects a resident's physical, behavioral, cognitive and/or functional condition, along with the action taken by staff to address that resident's changing needs;

(1) The assisted living residence shall require staff members to document, before the end of their shift, any out of the ordinary event or issue regarding a resident that they personally observed, or was reported to them.

(E) Medication Administration Record~~,~~;

(F) Documentation of on-going services provided by external service providers including, but not limited to, family members, aides, podiatrists, physical therapists, hospice and home care services, and other practitioners, assistants, and caregivers;

(G) Advance directives, if applicable, with extra copies; and

(H) Final disposition of resident including, if applicable, date, time, and circumstances of a resident's death, along with the name of the person to whom the body is released.

18.9 The face sheet shall be updated at least annually and contain the following information:

(A) Resident's full name, including maiden name, if applicable;

(B) Resident's sex, date of birth, and marital status;

(C) Resident's most recent former address;

(D) Resident's medical insurance information and Medicaid number, if applicable;

(E) Date of admission and readmission, if applicable;

(F) Name, address and contact information for family members, legal representatives, and/or other persons to be notified in case of emergency;

2197 (G) Name, address, and contact information for resident's practitioner and case manager, if
2198 applicable;

2199 (H) Resident's primary spoken language and any issues with oral communication;

2200 (I) Indication of resident's religious preference, if any;

2201 (J) Resident's current diagnoses; and

2202 (K) Notation of resident's allergies, if any.

2203 Record Transfer and Retention

2204 18.10 If a resident's care is transferred to another health facility or agency, a copy of the face sheet,
2205 individualized resident care plan, and medication administration record for the current month shall
2206 be transferred with the resident.

2207 18.11 If an assisted living residence ceases operation, each resident's records must be transferred to
2208 the licensed health facility or agency that assumes that resident's care.

2209 18.12 Records of former residents shall be complete and maintained for at least three (3) years
2210 following the termination of the resident's stay in the assisted living residence.

2211 18.13 Such records shall be maintained and readily available at the assisted living residence location
2212 for a minimum of six (6) months following termination of the resident's stay.

2213 **~~SECTION~~ PART 19 – INFECTION CONTROL**

2214 Education

2215 19.1 The assisted living residence shall have an infection control program that provides initial and
2216 annual staff training on infection prevention and control. Such training shall cover, at a minimum,
2217 the following items:

2218 (A) Modes of infection transmission~~,~~;

2219 (B) The importance of hand washing and proper techniques~~,~~;

2220 (C) Use of personal protective equipment, including proper use of disposable gloves~~,~~; and

2221 (D) Cleaning and disinfection techniques.

2222 Policies and Procedures

2223 19.2 The assisted living residence shall have and follow written policies and procedures that address
2224 the transmission of communicable diseases with a significant risk of transmission to other
2225 persons and for reporting diseases to the state and/or local health department, pursuant to 6
2226 CCR 1009-1, Epidemic and Communicable Disease Control.

2227 (A) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY RECOGNIZED GUIDELINES,
2228 SUCH AS THOSE PROMULGATED BY THE CENTERS FOR DISEASE CONTROL (CDC), WORLD
2229 HEALTH ORGANIZATION (WHO), OR THE ASSOCIATION FOR PROFESSIONALS IN INFECTION
2230 CONTROL AND EPIDEMIOLOGY (APIC), AND COMPLY WITH GUIDANCE FROM THE COLORADO
2231 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AS APPLICABLE.

(1) THE POLICIES SHALL IDENTIFY THE NATIONALLY RECOGNIZED GUIDELINES AND DEPARTMENT GUIDANCE UPON WHICH THE POLICIES ARE BASED.

19.3 The policies and procedures shall include at a minimum, all of the following criteria:

(A) The method for monitoring and encouraging employee wellness,

(B) The method for tracking infection patterns and trends and initiating a response,

(C) The method for determining when to seek assistance from a medical professional and/or the local health department,

(D) Isolation techniques, and

(E) Appropriate handling of linen and clothing of residents with communicable infections.

Infectious Waste Management

19.4 Any item containing blood, body fluid, or body waste from a resident with a contagious condition shall be presumed to be infectious waste and shall be disposed of in the room where it is used into a sturdy plastic bag, then re-bagged outside the room and disposed of consistent with the medical waste disposal requirements at ~~sections~~PARTS 24.2 AND 24.3.

~~SECTION~~ PART 20– PHYSICAL PLANT STANDARDS

~~Compliance with State and Local Requirements~~

20.1 ~~Each assisted living residence shall be in compliance with all applicable local zoning, housing, fire and sanitary codes and ordinances of the city, city and county, or county where the ALR is situated, to the extent that such codes and ordinances are consistent with the federal "Fair Housing Amendment Act of 1988" as amended, at 42 U.S.C. §3601, et seq.~~ AN ASSISTED LIVING RESIDENCE SHALL CONFORM TO THE STANDARDS IN PART 3 OF 6 CCR 1011-1, CHAPTER 2, UNLESS OTHERWISE MODIFIED IN THIS CHAPTER 7.

~~Compliance with Fire Safety, Construction and Design Standards~~

20.2 ~~An assisted living residence shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control (DFPC) at the Colorado Department of Public Safety.~~ AN ASSISTED LIVING RESIDENCE SEEKING AN INITIAL LICENSE, OR A LICENSED ASSISTED LIVING RESIDENCE UNDERGOING AN ADDITION, RENOVATION, OR CONSTRUCTION THAT TRIGGERS A COMPLIANCE REVIEW IN ACCORDANCE WITH PART 3 OF 6 CCR 1011-1, CHAPTER 2, SHALL COMPLY WITH THE FGI REQUIREMENTS IN THAT PART 3, EXCEPT AS FOLLOWS:

(A) ASSISTED LIVING RESIDENCES ARE SUBJECT ONLY TO PART 1, ANY CROSS-REFERENCED PART 2 SYSTEMS, AND PART 4.1 OF THE GUIDELINES FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL HEALTH, CARE AND SUPPORT FACILITIES, FACILITY GUIDELINES INSTITUTE (FGI).

(B) THE NUMBER OF PARKING SPACES TO BE PROVIDED BY THE ASSISTED LIVING RESIDENCE SHALL BE BASED SOLELY ON LOCAL REQUIREMENTS AND THE FUNCTIONAL NEED OF THE RESIDENT POPULATION.

(C) ASSISTED LIVING RESIDENCES THAT ARE LOCATED IN SINGLE-FAMILY RESIDENTIAL NEIGHBORHOODS AND ARE OPERATING IN STRUCTURES DESIGNED TO BE SINGLE-FAMILY HOMES ~~Small model assisted living facilities applying for a license for 10 beds or less~~ shall be exempt from compliance with FGI Guidelines that each resident have access to a

bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.

~~20.3 An assisted living residence applying for an initial license on or after June 1, 2019, or a licensed assisted living residence pursuing shall comply with Parts 1.1 through 1.5, any cross-referenced Part 2 systems, and 4.1 of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), as incorporated herein, unless otherwise indicated.~~

~~(A) Small model assisted living facilities applying for a license for 10 beds or less shall be exempt from compliance with FGI Guidelines that each resident have access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.~~

~~20.4 Renovation of an assisted living residence that is initiated on or after December 1, 2019, shall comply with Parts 1.1 through 1.5, any cross-referenced Part 2 systems, and 4.1 of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), as incorporated herein, unless modified elsewhere in this chapter.~~

~~(A) Small model assisted living facilities applying for a license for 10 beds or less shall be exempt from compliance with FGI Guidelines that each resident have access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.~~

~~20.5 The Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facilities Guidelines Institute (2018 Edition), is hereby incorporated by reference consistent with section 1.3 of this chapter and excludes any later amendments to or editions of the Guidelines. FGI appendix material is advisory only and not incorporated unless explicitly stated otherwise in this chapter. The 2018 FGI Guidelines are available at no cost in a limited read-only version at: http://fgiguidelines.org~~

~~SECTION~~ PART 21 – EXTERIOR ENVIRONMENT

21.1 The assisted living residence grounds shall be kept free of high weeds, garbage, and rubbish.

21.2 The assisted living residence grounds shall be maintained to protect residents from slopes, holes or other hazards, and shall be consistent with any landscape plan approved by the local jurisdiction.

21.3 Exterior stairs shall be lighted at night.

21.4 Porches, stairs, handrails, and ramps shall be maintained in good repair.

21.5 ~~For new construction initiated on or after June 1, 2019, porches and exterior areas with more than one step within a six foot linear run shall have a handrail in addition to the requirements of section 20.3. For renovation initiated on or after December 1, 2019, porches and exterior areas with more than one step within a six foot linear run shall have a handrail in addition to the requirements of section 20.4.~~ FOR NEW CONSTRUCTION OR RENOVATION, PORCHES AND EXTERIOR AREAS WITH MORE THAN ONE STEP WITHIN A SIX-FOOT LINEAR RUN SHALL HAVE A HANDRAIL IN ADDITION TO THE REQUIREMENTS OF PART 20.2.

~~21.6 Notwithstanding section 20.3, for initial license applications and new construction initiated on or after June 1, 2019, the total number of parking spaces shall be based solely on local requirements and the functional need of the resident population. Notwithstanding section 20.4, for~~

2314 ~~renovation initiated on or after December1, 2019, the total number of parking spaces to be~~
2315 ~~provided shall be based solely on local requirements and the functional need of the resident~~
2316 ~~population.~~

2317 ~~21.7 The assisted living residence shall submit building plans, in the form and manner specified, to the~~
2318 ~~Department for plan review and approval.~~

2319 ~~(A) Applicants for an initial ALR license shall submit building plans for newly constructed or~~
2320 ~~existing buildings before the issuance of the initial license.~~

2321 ~~(B) Existing licensees shall submit plans for renovations, additional square footage, and~~
2322 ~~replacement buildings before beginning construction.~~

2323 **~~SECTION~~ PART 22 – INTERIOR ENVIRONMENT**

2324 General

2325 22.1 All interior areas including attics, basements, and garages shall be free from accumulations of
2326 extraneous material such as refuse, unused or discarded furniture, and potential combustible
2327 materials.

2328 22.2 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

2329 22.3 Cleaning compounds and other hazardous substances (including products labeled “Keep out of
2330 reach of children” on their original containers) shall be clearly labeled to indicate contents and
2331 (except when a staff member is present) shall be stored in a location sufficiently secure to deny
2332 access to confused residents.

2333 (A) The ALR shall maintain a readily available list and the safety data sheet of potentially
2334 hazardous substances used by housekeeping and other staff.

2335 (B) Utility rooms used for storing disinfectants and detergent concentrates, caustic bowl and
2336 tile cleaners, and insecticides shall be locked.

2337 22.4 Designated areas where smoking is allowed shall be equipped with fire resistant wastebaskets.
2338 Resident rooms occupied by smokers, even when house rules prohibit smoking in resident
2339 rooms, shall have fire resistant wastebaskets.

2340 Heating, Lighting and Ventilation

2341 22.5 Each room shall have heat, lighting, and ventilation sufficient to meet the use of the room and the
2342 needs of the residents.

2343 22.6 All interior stairs and corridors shall be adequately lighted.

2344 Water

2345 22.7 There shall be an adequate supply of safe, potable water available for domestic purposes.

2346 22.8 There shall be a sufficient supply of hot water during peak usage demand.

2347 22.9 Hot water shall not measure more than 120 degrees Fahrenheit at taps which are accessible by
2348 residents.

2349 Common Areas

2350 22.10 Common areas shall be sufficient in size to reasonably accommodate all residents.

2351 22.11 All common and dining areas shall be accessible to a resident using an auxiliary aid without
2352 requiring transfer from a wheelchair to walker or from a wheelchair to a stationary chair for use in
2353 the dining area. All doors to those rooms requiring access shall be at least 32 inches wide.

2354 22.12 ~~Effective July 1, 2018, a~~An assisted living residence that has one or more residents using an
2355 auxiliary aid shall have a minimum of two means of access and egress from the building unless
2356 local code requires otherwise.

2357 <u>Sleeping Room</u>

2358 22.13 No resident shall be assigned to reside in any room other than one regularly designated for
2359 sleeping.

2360 22.14 No more than two residents shall occupy a sleeping room.

2361 (A) An assisted living residence initially licensed prior to July 1, 1986, is permitted to have up
2362 to four residents per room unless the ALR undertakes renovation or changes ownership,
2363 at which time the newer, more stringent requirement shall apply.

2364 22.15 Sleeping rooms, exclusive of bathroom areas and closets, shall have the following minimum
2365 square footage:

2366 (A) 100 square feet for single occupancy, and

2367 (B) 60 square feet per person for double occupancy.

2368 22.16 Each resident shall have storage space, such as a closet, for clothing and personal articles.

2369 22.17 Each sleeping room shall have at least one window of 8 square feet which shall have opening
2370 capability.

2371 (A) An assisted living residence initially licensed prior to January 1, 1992, is permitted to
2372 have a window of smaller dimensions unless the ALR undertakes renovation or changes
2373 ownership, at which time the newer, more stringent requirement shall apply.

2374 22.18 In assisted living residences that provide furnishings for residents pursuant to a resident
2375 agreement, each resident shall be provided, at a minimum, with the following items:

2376 (A) A standard-sized bed with a comfortable, clean mattress~~,~~; mattress protector, pad, and
2377 pillow (Rollaway type beds, cots, folding beds, futons, or bunk beds are prohibited)~~,~~; and

2378 (B) A standard-sized chair in good condition.

2379 <u>Bathroom</u>

2380 22.19 There shall be at least one full bathroom for every six residents.

2381 22.20 A full bathroom shall contain the following:

2382 (A) Toilet,

2383 (B) Hand-washing station,

(C) Mirror,

(D) Private individual storage for resident personal effects~~;~~, and

(E) Shower.

22.21 All bathtubs and shower floors shall have proper safety features to prevent slips and falls.

22.22 Toilet seats shall be constructed of non-absorbent material and free of cracks.

22.23 Each assisted living residence shall provide toilet paper in each resident bathroom, except where a resident has a specific preference and agrees to supply it.

22.24 Toilet paper in a dispenser, liquid soap, and paper towels or hand drying devices shall be available at all times in each common bathroom.

22.25 In an assisted living residence that has one or more residents using auxiliary aids, the assisted living residence shall provide at least one full bathroom with fixtures positioned so that they are fully accessible to any resident utilizing an auxiliary aid.

22.26 Grab bars shall be properly installed at each tub and shower, and adjacent to at least one toilet in every multi-stall toilet room in an assisted living residence if any resident uses an auxiliary aid or as otherwise indicated by the needs of the resident population.

(A) When residents can undertake independent transfers, alternative grab bar configurations are permitted.

Heating Devices

22.27 The assisted living residence shall prohibit the use of portable heaters in resident rooms. The use of fireplaces, space heaters, and like units that generate heat shall be prohibited in the common areas of the assisted living residence unless the ALR is able to ensure that such devices have a UL (Underwriters Laboratory) or similar certification label, do not present a resident burn risk, and are used in accordance with manufacturer instructions.

22.28 The assisted living residence shall prohibit the use of electric blankets and/or heating pads in resident rooms unless there is staff supervision or written documentation that the administrator has assessed the resident and determined he or she is capable of using such device in a safe and appropriate manner.

Oxygen Use, Handling and Storage

22.29 The assisted living residence's handling and storage of oxygen shall comply with all applicable local, state, and federal requirements.

22.30 The assisted living residence shall prohibit smoking in areas where oxygen is stored and/or used and shall post a conspicuous "No Smoking" sign in those areas.

22.31 The assisted living residence shall ensure that oxygen tanks are not rolled on their side or dragged.

22.32 The assisted living residence shall ensure that oxygen tanks are secured upright at all times in a manner that prevents tanks from falling over, being dropped, or striking each other.

22.33 Oxygen tank valves shall be closed except when in use.

2421 22.34 The assisted living residence shall ensure that oxygen tanks are not placed against electrical
2422 panels, live electrical cords, or near radiators or heat sources. If stored outdoors, tanks shall be
2423 protected from weather extremes and damp ground to prevent corrosion.

2424 Smoking

2425 22.35 Assisted living residences shall comply with the Colorado Clean Indoor Air Act at §SECTIONS 25-
2426 14-201 through 25-14-209, C.R.S.

2427 22.36 Designated outdoor smoking areas shall be monitored whenever residents are present.

2428 22.37 Designated outdoor smoking areas shall have fire resistant waste disposal containers.

2429 Cooking

2430 22.38 Cooking shall not be permitted in sleeping rooms.

2431 22.39 Residents shall have access to an alternative area where minimal food preparation is permitted.

2432 22.40 In assisted living residences where residents have dwelling units rather than simply sleeping
2433 rooms, cooking may be allowed in accordance with house rules.

2434 (A) Only residents who are capable of cooking safely shall be allowed to do so and the
2435 assisted living residence shall document such assessment.

2436 (B) If cooking equipment is present in dwelling units, the assisted living residence shall have
2437 a definitive way of disabling such equipment if they become unsafe for residents to use.

2438 Electrical Equipment

2439 22.41 Electrical socket adaptors or connectors designed to multiply outlet capacity shall be prohibited.

2440 22.42 Extension cords are permitted for temporary use only.

2441 22.43 Power strip surge protectors are permitted throughout the assisted living residence with the
2442 following limitations:

2443 (A) The power strip shall have overcurrent protection in the form of a circuit breaker or fuse,

2444 (B) The power strip shall have a UL (underwriters laboratories) or similar certification label,
2445 and

2446 (C) Power strips shall not be linked together.

2447 Personal Electric Appliances

2448 22.44 Personal electric appliances are allowed in resident rooms only if the following criteria are met:

2449 (A) Such appliances do not require the use of an extension cord or multiple use electrical
2450 sockets,

2451 (B) Such appliance is in good repair as evaluated by the administrator or designee, and

2452 (C) There is written documentation that the resident has been assessed and determined to
2453 be capable of using such appliance in a safe and appropriate manner.

2454 **~~SECTION~~ PART 23 – ENVIRONMENTAL PEST CONTROL**

2455 23.1 The assisted living residence shall have written policies and procedures that provide for effective
2456 control and eradication of insects, rodents, and other pests.

2457 23.2 The assisted living residence shall have a contract with a licensed pest control company or an
2458 effective means for pest control using the least toxic and least flammable effective pesticides. The
2459 pesticides shall not be stored in resident or food areas and shall be kept under lock and only
2460 properly trained responsible personnel shall be allowed to apply them.

2461 23.3 Screens or other pest control measures shall be provided on all exterior openings except where
2462 prohibited by fire regulations. Assisted living residence doors, door screens, and window screens
2463 shall fit with sufficient tightness at their perimeters to exclude pests.

2464 **~~SECTION~~ PART 24 – WASTE DISPOSAL**

2465 Sewage and Sewer Systems

2466 24.1 All sewage shall be discharged into a public sewer system, or if such is not available, disposed of
2467 in a manner approved by the State and local health authorities and the Colorado Water Quality
2468 Control Commission.

2469 (A) When private sewage disposal systems are in use, records of maintenance and the
2470 system design plans shall be kept on the premises.

2471 (B) No unprotected exposed sewer line shall be located directly above working, storage, or
2472 eating surfaces in kitchens, dining rooms, pantries, food storage rooms, or where medical
2473 or nursing supplies are prepared, processed, or stored.

2474 Medical Waste

2475 24.2 Assisted living ~~residents~~RESIDENCES shall not transport, manage, or dispose of medical waste
2476 unless in accordance with the 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste
2477 Disposal Sites and Facilities, Section 13, Medical Waste.

2478 24.3 Assisted living residences that generate waste including medical waste shall make a hazardous
2479 waste determination in accordance with Part ~~261~~262 of the state hazardous waste regulations at
2480 6 CCR 1007-3. If the facility generates hazardous waste, it shall manage, transport and dispose
2481 of such waste in accordance with 6 CCR 1007-3.

2482 Refuse

2483 24.4 All garbage and rubbish that is not disposed of as sewage shall be collected in impervious
2484 containers in such manner as not to become a nuisance or a health hazard and shall be removed
2485 to an outside storage area at least once a day.

2486 (A) The refuse storage area shall be kept clean, and free from nuisance.

2487 (B) A sufficient number of impervious containers with tight fitting lids shall be provided, and
2488 kept clean and in good repair.

2489 (C) Carts used to transport refuse shall be constructed of impervious materials, enclosed,
2490 used solely for refuse and maintained in a sanitary manner.

2491 **~~SECTION~~ PART 25 – SECURE ENVIRONMENT**

25.1 An assisted living residence may choose to provide a secure environment as that term is defined in ~~section~~PART 2. A secure environment, which may be provided throughout an entire assisted living residence, or in a distinct part of an assisted living residence, shall comply with ~~sections~~PARTS 1 through 24 of this chapter, in addition to the requirements in this ~~section~~PART 25.

25.2 An assisted living residence that uses any methods or devices to limit, restrict, or prohibit free egress of one or more residents to move unsupervised outside of the ALR or any separate and distinct part of the ALR shall comply with this section regarding secure environment.

25.3 An assisted living residence with a secure environment shall include all the services provided in an unsecured environment plus any additional services specified in this ~~section~~PART 25.

Written Disclosure

25.4 In addition to the information listed in ~~section~~PART 11.7(A) through (K), an assisted living residence shall also disclose the following information to each potential resident and his or her legal representative before such individual moves into a secure environment:

(A) The criteria for admission including the types of required assessments used to determine unique resident needs,

(B) The location of the secure environment and the methods of restrictions that are used,

(C) How the safety of residents is monitored within the building and the outdoor area, and

(D) Information on any specialty services such as memory care and/or special care services, including, but not limited to, a description of daily engagement opportunities.

Pre-Admission Assessment

25.5 Before an individual moves in, the assisted living residence shall complete a pre-admission assessment to determine the appropriateness and need for secure environment residency. The pre-admission assessment shall include all the items required for the comprehensive assessment in ~~section~~PART 12.7(A) through (M), plus the following:

(A) A ~~face-to-face~~ evaluation by a licensed practitioner which has occurred within the previous NINETY (90) calendar days and which describes the resident's medical condition and any cognitive deficits that contribute to wandering, compromised safety awareness, and other types of conduct; and

(B) Detailed information from the resident's family and/or representative concerning the resident's recent relevant history and patterns of reduced safety awareness and wandering, along with any strategies used to prevent unsafe wandering or successful exiting, and any other known types of conduct.

Resident Admission

25.6 No individual shall be required to move in-to a secure environment against their will unless legal authority for the admission of the individual has been established by guardianship, court order, medical durable power of attorney, health care proxy, or other means allowed by Colorado law.

25.7 An individual may voluntarily agree to reside in a secure environment even though his or her physical or psychosocial status does not require such placement. In such circumstances, the assisted living residence shall assure that the resident has freedom of movement inside and

2532 outside of the secure environment at all times and that there is a signed resident agreement to
2533 that effect.

2534 25.8 Once a resident moves into a secure environment, the assisted living residence shall comply with
2535 the following:

2536 (A) The assisted living residence shall evaluate a resident when the resident expresses the
2537 desire to move out of a secure environment, and contact the resident's legal
2538 representative, practitioner, and the state and/~~or~~ local long-term care ombudsman, when
2539 appropriate;

2540 (B) The assisted living residence shall ensure that admission to and continuing residence in
2541 a secure environment is the least restrictive alternative available and is necessary for the
2542 physical and psychosocial well-being of the resident; and

2543 (C) If at any time a resident is determined to be a danger to self or others, the assisted living
2544 residence shall be responsible for developing and implementing a temporary plan to
2545 monitor the resident's safety along with the protection of others until the issue is
2546 appropriately resolved and/or the resident is discharged from the assisted living
2547 residence.

2548 Re-Assessment

2549 25.9 Each resident shall be re-assessed to determine his or her continued need for a secure
2550 environment every six (6) months and whenever the resident's condition changes from baseline
2551 status.

2552 (A) As part of the secure environment re-assessment, the assisted living residence shall
2553 consult with the resident's attending practitioner, family, and/or resident's representative
2554 and review service documentation dating back to the most recent comprehensive
2555 assessment.

2556 Enhanced Resident Care Plan

2557 25.10 In addition to the information required for a resident care plan at ~~section~~PART 12.10, the care plan
2558 for each resident in a secure environment shall include the following:

2559 (A) A description of the resident's wandering patterns and known behavioral expressions,
2560 along with individualized approaches to be implemented by staff to protect the resident
2561 and other residents with whom they have contact~~,~~;

2562 (B) A description of how the resident will have continuous independent access to his or her
2563 individual room, along with the ALR's plan to protect the resident from unwanted visitation
2564 by other residents~~,~~;

2565 (C) Identification of the type and level of staff oversight, monitoring, and/or accompaniment
2566 that the ALR deems necessary to meet the needs of the resident within the secure
2567 environment and secure outdoor area~~,~~; and

2568 (D) Documentation describing the personal grooming and hygiene items that are determined
2569 safe for the resident to have in their own possession for self-care, and how those items
2570 are stored to prevent unauthorized access by other residents.

2571 25.11 The enhanced resident care plan shall be updated to reflect changes in the staff approach to
2572 meeting resident needs and when any medical assessment, appraisal, or observations indicate
2573 the resident's care needs have changed.

2574 Staff Training

2575 25.12 The assisted living residence shall have a policy and procedure regarding the training of staff who
2576 provide services in a secure environment. The policy shall include, at a minimum, information on
2577 the appropriate staff response when there is a missing resident or resident incident/altercation,
2578 along with distribution of staff when responding to such an event to ensure that there is sufficient
2579 staff presence for the continued supervision of other residents.

2580 25.13 In addition to the training requirements in ~~section~~PART 7.9, staff assigned to a secure
2581 environment shall receive training and education on assisted living residence policies and
2582 procedures specific to the secure environment resident care, services, and protections. Such
2583 training shall include, at a minimum, the following:

2584 (A) Information on the secure environment that identifies and describes the areas where
2585 residents have free passage, where passage may be restricted, and where passage is
2586 prohibited~~,~~;

2587 (B) Information regarding the current mobility status of all residents so that staff are prepared
2588 to successfully evacuate all residents in the event of an emergency~~,~~;

2589 (C) Information on the location of the storage area which is not accessible to residents
2590 including a description of what items or contents are required to be kept in the storage
2591 area~~,~~; and

2592 (D) Information on the equipment and devices used to secure the environment, including how
2593 to override or disarm such devices, along with expectations for response if staff are
2594 alerted to an alarm.

2595 25.14 Before a staff member is allowed to work independently in the secure environment, the assisted
2596 living residence shall provide each staff member with ~~a minimum of eight hours of~~ training and
2597 education on the provision of care and services for THE SPECIFIC ~~residents with dementia/cognitive~~
2598 ~~impairment~~POPULATION IN THE ASSISTED LIVING RESIDENCE.

2599 (A) AT A MINIMUM, THE INDIVIDUAL SHALL BE TRAINED ON THE CARE PLAN FOR EACH RESIDENT TO
2600 WHICH THE INDIVIDUAL COULD PROVIDE CARE GIVEN THE STAFF MEMBER'S ASSIGNED DUTIES
2601 AND RESPONSIBILITIES. SUCH TRAINING SHALL BE DOCUMENTED.

2602 25.15 WITHIN SIXTY (60) DAYS, THE ASSISTED LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER A
2603 MINIMUM OF SIX (6) HOURS OF GENERAL TRAINING AND EDUCATION ON PROVIDING CARE AND SERVICES
2604 FOR RESIDENTS WITH DEMENTIA/COGNITIVE IMPAIRMENT.

2605 (A) THE TRAINING MAY BE PROVIDED OVER SEVERAL SESSIONS.

2606 (~~A~~B) The training shall be provided through structured, formalized classes, correspondence
2607 courses, competency-based computer courses, training videos, or distance learning
2608 programs.

2609 (~~B~~C) The training content shall be provided or recognized by an academic institution, a
2610 recognized state or national organization or association, or an independent contractor or
2611 group that emphasizes dementia/cognitive impairment care.

2612 (~~C~~D) The training shall cover, at a minimum, the following topics:

2613-2616 (1) Information on disease processes associated with dementia and cognitive impairment, including progression of the diseases, types and stages of memory loss, family dynamics, behavioral symptoms and limitations to normal activities of daily living;

2617-2619 (2) Information on non-pharmacological techniques and approaches used to guide and support residents with dementia/cognitive impairment, wandering, and socially challenging behavioral expressions of need or distress;

2620-2621 (3) Information on communication techniques that facilitate supportive and interactive staff-resident relations;

2622-2624 (4) Positive therapeutic approaches and activities such as exercise, sensory stimulation, activities of daily living and social, recreation, and rehabilitative activities;

2625-2629 (5) Information on recognizing physical symptoms that may cause a change in dementia/cognitive impairment such as dehydration, infection, and swallowing difficulty; along with individualized approaches to assist or address associated symptoms such as pain, decreased appetite and fluid intake, and/or isolation; and

2630-2631 (6) Benefits and importance of person-centered care planning and collaborative approaches to delivery of care.

2632-2637 25.1~~5~~6 The assisted living residence shall ensure that each staff member assigned to the secure environment ~~completes eight clock hours of continuing education within each 12-month period beginning with the date of initial assignment. The education shall include topics covered in the initial training and may include other topics relevant to the population served at the assisted living residence.~~ IS TRAINED ON THE CARE PLAN FOR EACH NEW RESIDENT THAT IS PART OF THE INDIVIDUAL'S ASSIGNED DUTIES AND RESPONSIBILITIES.

2638 Staffing

2639-2641 25.1~~6~~7 The assisted living residence shall have a sufficient number of trained staff members on duty in the secure environment to ensure each resident's physical, social, and emotional health care and safety needs are met in accordance with their individualized care plan.

2642-2644 25.1~~7~~8 The assisted living residence shall consider the day to day resident needs and activity, including the intensity of staff assistance, on an individual resident basis to determine the appropriate level of staffing. At a minimum, there shall be one trained, awake staff member on duty at all times.

2645-2646 25.1~~8~~9 Staff members shall be familiar with each resident's specific care-planned needs and the unique approaches for assisting with care and safety.

2647 Care and Services

2648-2650 25.~~19~~20 In addition to the requirements for resident care services in ~~section~~ PART 12, each assisted living residence with a secure environment shall establish policies and procedures for the delivery of resident care and services that include, at a minimum, the following:

2651 (A) A system or method of accounting for the whereabouts of each resident;

(B) The system or method staff members are to use for observation, identification, evaluation, individualized approach to and documentation of resident behavioral expression; and

(C) Assistance with the transition of residents to and from the secure environment and when changing rooms within a secure environment.

25.2~~0~~1 Residents who indicate a desire to go outside the secured area shall be permitted to do so with staff supervision except in those situations where it would be detrimental to the resident's health, safety or welfare.

(A) If the assisted living residence is aware of an ongoing issue or pattern of behavioral expression that would be exacerbated by allowing a resident to go outside the secure area, it shall be documented in the resident's enhanced, individualized care plan.

Family Council

25.2~~1~~2 The assisted living residence shall meet the requirements of ~~section~~PART 13.10 regarding the internal grievance and complaint resolution process. In addition, the assisted living residence shall hold regular meetings to allow residents, their family members, friends, and representatives to provide mutual support and share concerns and/or recommendations about the care and services within each separate secure environment.

(A) Such meetings shall be held at least quarterly, at a place and time that reasonably accommodates participation; and

(B) The assisted living residence shall provide adequate advance notice of the meeting and ensure that details regarding any meeting are readily available in a common area within the secure environment.

Resident Rights

25.2~~2~~3 The assisted living residence shall ensure that residents in a secure environment have all the same resident rights as set forth in ~~section~~PART 13 of this chapter including, but not limited to, the right to privacy and confidentiality.

Discharge

25.2~~3~~4 The assisted living residence shall follow the requirements of ~~sections~~PARTS 11.11 through 11.17 regarding resident discharge when moving a resident out of a secure environment unless the move is voluntarily initiated by the resident's legal representative.

Physical Design, Environment and Safety

25.2~~4~~5 The assisted living residence shall ensure that residents have freedom of movement to common areas and resident personal spaces.

25.2~~5~~6 A secure environment shall meet the following criteria:

(A) There shall be a multipurpose room for dining, group and individual activities, and family visits~~,~~;

(B) Resident access to appliances shall only be allowed with staff supervision~~,~~;

2689 (C) There shall be a storage area which is inaccessible to residents for storage of items that
2690 could pose a risk or danger such as chemicals, toxic materials, and sharp objects;

2691 (D) The corridors and passageways shall be free of objects or obstacles that could pose a
2692 hazard,;

2693 (E) There shall be documentation of routine monthly testing of all equipment and devices
2694 used to secure the environment,; and

2695 (F) There shall be a secure outdoor area that is available for resident use year-round that:

2696 (1) Is directly supervised by staff,

2697 (2) Is independently accessible to residents without staff assistance for entrance or
2698 exit,

2699 (3) Has comfortable seating areas,

2700 (4) Has one or more areas that provide protection from weather elements, and

2701 (5) Has a fence or enclosure around the perimeter of the outdoor area that is no less
2702 than SIX (6) feet in height and constructed to reduce the risk of resident
2703 wandering or elopement from the area.

2704 (a) If the fence or enclosure has gated access which is locked, all staff
2705 assigned to the secure environment shall have a readily available means
2706 of unlocking the gate in case of emergency.