

TOWNS FOUNDATION GROUP (TFG), INC

**An 80-HOUR TRAINING
COURSE**

for

ASSISTED LIVING PROGRAMS

7106 Wells Pkwy
University Park, MD 20782

Course Content

1. Philosophy of Assisted Living
2. Aging Process and Its Impact
3. Admission and Discharge Criteria
4. Assessment and Level of Care Waiver
5. Service Planning
6. Clinical Management
7. Nutrition and Food Safety
8. Dementia, Mental health, and Behavior Management
9. End of Life
10. Management and Operation
11. Emergency Planning
12. Quality Assurance
13. Survey Process

Course Objectives:

- At the end of the training for Assisted Living Programs, each participant will acquire knowledge and skills to carry on their role and responsibilities as Certified Assisted Living Manager, and other certified caregivers.
- The course's core topics are set forth by the Maryland Department of Health Office of Quality Care for Assisted Living Programs as described in COMAR 10.07.14.
- The training will be 75% in-person lectures and group discussions, to elaborate the targeted topics, and 25% virtual learning, with video presentations and forms review using Google-classroom.
- A written multiple choice questions examination with a score of 80% is the passing grade in the respective programs for obtaining the certification.
- The Course and Student's resources are available on the Towns Foundation Group Inc website.

1. Philosophy of Assisted Living

A. Definition of an Assisted Living in The State of Maryland.

(1) An assisted living facility or residence is a program in Maryland that promotes assistance to those individuals who need help with the basic living skills.

(2) The facility is to provide housing and an environment that fosters a person's self-worth, independence, and dignity.

(3) The facility will provide housing and other services such as bathing, dressing, grooming, transferring, meals and snacks, laundry, housekeeping, transportation to medical or other appointments that will support the resident health and overall needs.

B. ALF vs. Other Facilities

(1) If a person is unable or unwilling to live in an Assisted Living Program, there are other facilities that may better meet their needs such as Nursing Homes, Independent Living Apartments, Alzheimer's / Dementia Facilities and Senior Housing and long-Term Facilities.

1.1. Assisted Living Facilities: General Description

A. Assisted Living Facilities are:

- (1) Regulated by The Office of Health Care Quality of the Maryland Department of Health and Mental Hygiene.
- (2) Known by many names, an Assisted Living Facility provides residential care for the elderly and disabled. It provides basic health care services for its residents. These facilities can be not-for-profit, small, or large, and accept different types of payments.
- (3) Housing facilities with health care and around-the-clock assistance to its residents.
- (4) Responsible for providing enough staff to meet the needs of its residents 24 hours per day and seven days per week. The staff must be able to meet all the physical and psychosocial needs to function.

B. An Assisted Living Facility:

- (1) Provides a homelike environment that fosters the resident's personal development and family involvement. This environment should keep the residents active and foster a positive living arrangement among all the residents.
- (2) Provides safety for the residents who live there under the scope of the facilities licensing.
- (3) Provides a supportive environment and comfort for its residents. The facility should offer its residents choices and its care should be person centered.

1.2. Assisted Living Facilities Licensing

A. Licensing Requirements (Comar 10.07.14.04)

- (1) A person may not operate an assisted living program in this State without obtaining a license from the Secretary and complying with the requirements of this chapter.
- (2) Providing housing under a landlord-tenant arrangement does not, in and of itself, exclude a person from the licensure requirements of this chapter.
- (3) Separate Licenses Required. Separate licenses are required for assisted living programs that are maintained on separate premises, even though the programs are operated by the same person.
- (4) The Secretary shall issue a license for a specified number of beds and a specified level of care. A licensee may not provide services beyond its licensed authority.
- (5) The Secretary may issue a joint license with a local health department under this chapter.
- (6) Posting of License. An assisted living program shall conspicuously post its license at the facility.
- (7) Failure to comply with the department's regulations is grounds for sanctions, as specified in Regulations.

B. Application for License.

(1) To obtain and maintain a license, an applicant shall meet all of the licensing requirements, including applicable federal, State, and local laws and regulations;

(2) An applicant shall submit:

(a) An application on a written or electronic form developed by the Department;

(b) The completed Uniform Disclosure Statement on a form developed by the Department;

(c) Verification that the applicant or corporate representative is 21 years old or older;

(d) Documentation of any prior denial, suspension, or revocation of a license or certification to provide care to third parties;

(e) Identification of any individual or corporate owner of 25 percent or more interest in the assisted living program;

(f) Documentation of any conviction and current criminal background check or criminal history records check of the owner, applicant, assisted living manager, alternate assisted living manager, other staff, and any household member;

(g) Ownership information as specified on an addendum to the application;

(h) Verification that the facility is owned, leased, or otherwise under the control of the applicant;

(i) The level of care to be provided by the assisted living program, its location, and the name of the proposed assisted living manager;

(j) Documentation of zoning approval, if zoning approval is required by the local jurisdiction in which the assisted living program will be located; and

C. Additional Requirements for Initial Licensure.

(1) An applicant is required to submit for initial licensure:

(a) Information demonstrating financial or administrative ability to operate an assisted living facility, in compliance with law, and shall include a business plan and 1-year operating budget;

(b) Policies and procedures to be implemented as designated in the application for licensure; and other reasonably relevant information, including

(i) Workers' Compensation insurance;

(ii) Facility plan review documentation;

(iii) Food service permit;

(iv) Rental license; and

(v) Fire Marshal's certificate

D. Duration of License.

(1) A license is valid for 2 years from the date of issuance, unless suspended or revoked.

(2) License Renewal. A licensee shall apply for license renewal:

(a) At least 30 days before the expiration of its current license;

(b) On written or electronic forms provided by the Department; and submit a license renewal fee.

(3) The Department may issue a provisional license for less than 2 years if an assisted living program is not in full compliance with the code of regulations.

E. Change in Licensing

(1). Increase in Capacity or Name Change.

(a) In the case of any change in licensure capacity, level of care provided, program ownership, location, name of the licensee, or the name under which the program is doing business, the licensee shall submit a new application and written request for a new license and an application fee, as established in this Regulation, and shall return its original license to the Department by certified mail. The Department shall issue a new license on approval accordingly.

(b) Any sale, transfer, or lease of a facility of an assisted living program shall be considered a new program. As such, the licensee shall notify the Department in writing at least 45 days in advance of any such intended change and shall apply for a new license and conform to all regulations applicable at the time of transfer of operations. The licensee shall include the following information in the notice to the Department:

(i) The method for informing residents and

resident representatives of its intent to close, change ownership, change location, or sell its assisted living program; and

(ii) The actions the licensee will take to assist residents in securing comparable housing and assistance, if necessary.

(iii) The licensee shall notify residents and resident representatives of any proposed changes set forth in this regulation, in writing, at least 45 days before the effective date of the proposed change.

(c) After a program closes, the licensee shall:

(i) Notify the Department of the date of closure and the place of relocation of each resident; and

(ii) Return all licenses, past and present, to the Department by certified mail.

(3) The transfer of any stock which results in a change of the person or persons who control the program or the transfer of any stock in excess of 25 percent of the outstanding stock, constitutes a sale.

(4) For the purposes of Life Safety Code enforcement, the program is considered an existing facility if it has been in continuous use as an assisted living program.

(5) Whenever ownership of an assisted living program is transferred from the person or organization named on the license to another person or organization, the future owner shall apply for a new license. The future owner shall file an application for a license at least 45 days before the final transfer.

(6) A licensee named in the original license shall remain responsible for the operation of the assisted living program until a new license is issued to the new owner and the current licensee shall remain responsible for correction of all outstanding

deficiencies or impending sanctions until a new license is issued to the new owner.

(a) A licensee shall forward to the Department a copy of any report or citation of a violation of any applicable building codes, sanitary codes, fire safety codes, or other regulations affecting the health, safety, or welfare of residents within 7 days of receipt of the report or citation.

1.2.1. Levels of Care (Comar 10.07.14.05)

A. An assisted living program that accepts a resident who requires a low level of care shall have staff with the abilities to provide the services listed in this regulation, and the program shall provide those services. A facility may provide:

- (1) The level of care for which the assisted living program has been approved; and
- (2) Any lower level of care.

B. At the time of initial licensure and each subsequent renewal, an applicant shall request approval to provide services at one of the three levels of care set forth in §G of this regulation. An applicant or licensee shall demonstrate that it has the capacity to provide the level of care requested either directly or through the coordination of community services.

C. If, at any time, a licensee wants to provide a higher level of care than that for which it is licensed, the licensee shall

request authority from the Department to change its licensed level of care.

D. The Department shall determine if an applicant or licensee has the capacity to provide and ensure the requested level of care.

(1) Level 1: Low Level of Care. This has to with the Health and Wellness of residents. Staff shall be able to:

(a) Recognize the causes and risks associated with a resident's current health condition once these factors are identified by a health care practitioner; and

(b) Provide occasional assistance in accessing and coordinating health services and interventions.

(c) Functional Condition. Staff shall have the ability to provide occasional supervision, assistance, **support**, setup, or reminders with two or more activities of daily living.

(d) Medication and Treatment. Staff shall have the ability to assist a resident with taking medication or to coordinate access to necessary medication and treatment.

(e) Behavioral Condition. Staff shall have the ability to monitor and provide uncomplicated intervention to manage occasional behaviors that are likely to disrupt or harm the resident or others.

(f) Psychological or Psychiatric Condition. Staff shall have the ability to monitor and manage occasional psychological or psychiatric episodes or fluctuations that require uncomplicated intervention or support.

(g) Social and Recreational Interests. Staff shall have the ability to provide occasional assistance in accessing social and recreational services.

(2). Level 2: Moderate Level of Care. An assisted living program that accepts a resident who requires a moderate level of care shall, in addition to all of the low level of care:

(a) Recognize and accurately describe and define a resident's health condition and identify likely causes and risks associated with the resident's condition; and

(b) Provide or ensure access to necessary health services and interventions.

(c) Functional Condition. Staff shall have the ability to provide or ensure:

(i) Substantial support with two or more activities of daily living; or

(ii) Minimal support with any number of activities of daily living.

(iii) assistance with taking medication; or

(iv) Administration of necessary medication and treatment, including monitoring the effects of the medication and treatment.

(d) Behavioral Condition. Staff shall have the ability to monitor and provide or ensure intervention to manage frequent behaviors which are likely to disrupt or harm the resident or others.

(e) Psychological or Psychiatric Condition. Staff shall have the ability to monitor and manage frequent psychological or psychiatric episodes that may require limited skilled interpretation, or prompt intervention or support.

(f) Social and Recreational Interests. Staff shall have the ability to provide or ensure ongoing assistance in accessing social and recreational services.

(3) Level 3: High Level of Care.

(a) An assisted living program that accepts a resident who requires a moderate level of care shall, in addition to all of the moderate level of care:

(i) identify likely causes and risks associated with the residents' condition; and

(ii) Provide or ensure ongoing access to and coordination of comprehensive health services and interventions including nursing overview.

(b) Functional Condition. Staff shall have the ability to provide or ensure comprehensive support as frequently as needed to compensate for any number of activities of daily living deficits.

(i) Provide or ensure assistance with taking medication; and

(ii) Administer necessary medication and treatment, including monitoring or arranging for monitoring of the effects of complex medication and treatment regimens.

(c). Staff shall have the ability to monitor the behavioral condition and provide or ensure ongoing therapeutic intervention or intensive supervision to manage chronic behaviors which are likely to disrupt or harm the resident or others.

(d). Staff shall have the ability to monitor psychological or psychiatric condition and manage a variety of psychological or psychiatric episodes involving active symptoms, condition changes, or significant risks that may require skilled interpretation or immediate interventions.

(e) Social and Recreational Interests. Staff shall have the ability to provide or ensure ongoing access to comprehensive social and recreational services.

1.3. Assisted Living Physical Plant Requirements

(Comar 10.07.14.41)

A. What are the general physical plant requirements for an Assisted Living Program?

B. Maryland Regulations address key areas of concern such as the Kitchen, the Laundry, Bathrooms for Residents, Public Toilets and Common Use Areas.

C. Regulations address the facilities Heating, Ventilation and Air Conditioning, Radiators, Room Illumination, Stairs and Floor Covering. Finally, there are regulations addressing Fire and Emergency Precautions, Smoke Alarms, Electric Cords, Water Supply, Sewage Disposal and Security.

D. In addition to being clean and in good repair, the facility will provide adequate storage for its residents.

E. The facility, which includes buildings, common areas, and exterior grounds, shall be kept:

- (1) In good repair;
- (2) Clean;
- (3) Free of any object, material, or condition that may create a health hazard, accident, or fire;
- (4) Free of any object, material, or condition that may create a public nuisance; and
- (5) Free of insects and rodents.

F. Bathtubs, shower stalls, and lavatories may not be used by the staff for laundering or storing soiled linens.

G. The assisted living program shall provide in the resident's room adequate storage space for excess supplies, some personal possessions of residents, and similar items which is:

- (1) Protected from the elements; and
- (2) Secure, fixed, and locked.

H. Residents may possess their own cleaning supplies and personal hygiene items if the assisted living manager and delegating nurse have determined that the products would not present a threat to the safety of the resident or others and this decision is documented in the records. The cleaning supplies and personal hygiene items shall be kept in the resident's room and out of view of other residents when the materials are not in use.

2. The Aging Process:

A. General Overview

(1) This section is to provide a basic understanding of the aging process.

(2) What are the significant physical and psychosocial changes a care giver would expect to see in the elderly, and how it would affect their approach to providing care?

(3) We will look at aging as a process from birth to death, how one perceives aging and what are some common myths of aging.

(4) There is a Chronological Age, Physiological Age and Functional Age.

(5) What are some significant age-related changes one would see in the elderly such as vision, hearing, taste, and mobility?

B. Systems Review

(1) Key physiologic changes in the elderly and how it affects the care givers intervention.

(2) The five senses focusing on impaired Vision and Hearing.

(3) Impaired Heart and Lungs Function.

(4) Weak Muscle and Bones.

(5) Impaired Bowel and Urinary Function focusing on incontinence, digestion and Nutrition in the elderly.

(6) Psychosocial Changes in the Elderly.

(a) Definition of Psychosocial.

(b) The elderly and their psychosocial needs;
e.g. Maslow's Hierarchy of Needs:

(i) Physiologic Needs

(ii) Safety and Security

(iii) Love and Belonging

(iv) Self-Esteem

(v) Self-actualization

vi) Sexuality in the aging person.

(c) The care givers intervention in the elderly.

(d) Understanding and evaluating the elderly's
psychosocial needs.

(7) Fostering independence in the elderly. Building
self-esteem, self-respect, and dignity in the elderly
resident.

(8) Adjusting to illness, disability, and the aging
process.

3. Admission and Discharge Criteria

3.1. Preadmission Requirement

A. Preadmission Assessment

(1) Within 30 days before admission, the assisted living manager or designee shall complete a preadmission assessment using the Functional Assessment Tool (FAT): to determine:

- (a) admission eligibilities,
- (b) functionality and required level of care, and
- (c) whether the resident needs awake overnight monitoring;

(2) For preadmission assessment, the Functional Assessment Tool (FAT) is used to determine:

- (a) Level of functioning in activities of daily living;
- (b) Level of support and intervention needed, including any special equipment and supplies required to compensate for the individual's deficits in activities of daily living;
- (c) Current physical or psychological symptoms requiring monitoring, support, or other intervention by the assisted living program;
- (d) Capacity for making personal and health care-related decisions;
- (e) Presence of disruptive behaviors, or behaviors which present a risk to the health and safety of the resident or others; and
- (f) Social factors, including:
 - i. Significant problems with family circumstances and personal relationships;
 - ii. Spiritual status and needs; and

- iii. Ability to participate in structured and group activities, and the resident's current involvement in these activities.

B. Payment Requirement

(1) If an assisted living program requires payment of funds before admission, the funds shall be fully refundable, unless the assisted living program discloses in writing what portion is not refundable even if the admission does not take place.

3.2. Admission Criteria

A. Admission.

(1) The resident may be admitted under the assisted living program's licensure category if the resident's needs can be met by the program.

(2) A resident admitted as an emergency placement by a local department of social services is exempt from all physical examination and assessment requirements of this regulation if the resident is in temporary emergency shelter and services status, not to exceed 14 days, with notification to the Department of the placement within 48 hours.

B. Resident Assessment Tool (RAT).

(1) Upon admission, the assisted living manager shall ensure that the resident is assessed using the RAT within 45 days of admission.

(a) the assisted living program shall collect, on the RAT, written information about a potential resident's physical condition and medical status.

(b) Information on the RAT shall be based on an examination conducted by a primary physician, certified nurse practitioner, certified registered nurse midwife, registered nurse, or physician assistant who shall certify that the information on the Assessment reflects the resident's current health status.

(c) The RAT forms the basis for development of the resident's service plan; and shall include at a minimum:

(i) Recent medical history, including any acute medical conditions or hospitalizations;

(ii) Significant medical conditions affecting functioning, including the individual's ability for self-care, cognition, physical condition, and behavioral and psychosocial status;

(iii) Other active and significant chronic or acute medical diagnoses;

(iv) Known allergies to foods and medications;

(v) Medical confirmation that the individual is free from communicable tuberculosis, and other active reportable airborne communicable diseases;

(vi) Current and other needed medications;

(vii) Current and other needed treatments and services for medical conditions and related problems;

(viii) Current nutritional status, including diets ordered by a physician; height, weight, risk factors, and deficits;

(ix) Medically necessary limitations or precautions; and

(x) Monitoring or tests that need to be performed or followed up after admission.

(2) If the potential resident is admitted on an emergency basis by a local department of social services, the required assessment using the Resident Assessment Tool shall be completed as soon as possible but no later than 14 days of the emergency admission.

C. Resident Requirements for Awake Overnight Staff.

(1) When the resident scores in any of the areas identified as "Triggers for Awake Overnight Staff" in the Resident Assessment Tool, the assisted living program shall provide awake overnight staff or document why awake overnight staff is not necessary in accordance with Regulation .14C of this chapter.

D. Short-Term Residential Care Requirements.

(1) For persons admitted for short-term residential care, only the following are required:

(a) Current physical condition and medical status

(b) functional assessment as specified in the preadmission requirement, and

(c) A resident agreement, in accordance with Regulations .24 and .25 of this chapter.

(2) Other than the admission information required above, no additional information is required for subsequent short-term admissions if the resident or the resident's representative certifies that there has been no significant change in the resident's service needs.

3.2.1. Residential Agreement

A. A residential agreement, for long-term or short-term residence, is a residential contract between the facility and a prospective resident. It may or may not include financial agreements regarding the resident's financial obligation to the facility, and the facility's managing of the resident's finances to cover services not included in the service provisions of the residential agreement. The agreement shall be signed between the resident or the resident's agent and the assisted living manager, before or at the time of admission in accordance with Comar 10.07.14.24. The resident agreement shall include at a minimum the following provisions:

- (1) A statement of the level of care for which the assisted living program is licensed;
- (2) The level of care needed by the resident, as determined by the initial assessment required by Regulation .21 of this chapter;
- (3) A statement indicating that if a resident's level of care, after admission, exceeds the level of care for which

the licensee is permitted to provide and a waiver for the continued stay of the resident has not been granted:

(a) the assisted living program shall discharge the resident from the program; or

(b) if the assisted living program is part of a continuing care retirement community, and the licensee offers either comprehensive care services, or priority access to comprehensive care services, and a comprehensive care bed is available for occupancy, the resident shall be given the option to transfer to comprehensive care.

(c) the resident may be discharged from the continuing care retirement community only for just cause as set forth in COMAR 32.02.02.31;

(4) A listing of services provided by the assisted living program and a listing of those services the assisted living program does not provide;

(5) An explanation of the assisted living program's complaint or grievance procedure

(6) Admission and discharge policies and procedures detailing:

(a) any additional admission requirement imposed by the assisted living program,

(b) those actions, circumstances, or conditions which may result in the resident's discharge from the assisted living program,

(c) a provision that if the resident wishes to terminate the resident agreement, the resident, or appropriate representative, shall give not less than 30 days' notice to the assisted living program before the effective date of the termination, except in the case of a health emergency or death.

(7) Residential provisions detailing occupancy and financial policies as required by these regulations, including, but not limited to:

- (a) room assignments and security procedures,
- (b) procedures to be followed when the assisted living program temporarily or permanently changes the resident's accommodation,
- (c) resident's rights and obligations concerning use of the facility and its common areas
- (d) the rights of staff, if any, to appropriately enter a resident's room,
- (e) fair and reasonable billing, payment, rate increase, credit, refund, inability-to-pay, and discharge policies;
- (f) policies of overseeing medical care; and monitoring of the health status of the resident;
- (g) a policy on the administration of medications by a spouse or domestic partner to their spouse or domestic partner, when both parties reside in the same assisted living program,

(8) An acknowledgment that the resident or the resident's representative has reviewed all assisted living program rules, requirements, restrictions, or special conditions that the program will impose on the resident.

B. The resident agreement must:

(1) be a clear and complete reflection of commitments agreed to by the parties, and the actual practices that will occur in the assisted living program;

(2) be accurate, precise, easily understood, legible, readable, and written in plain English;

(3) conform to all relevant State and local laws and requirements; and reviewed by an attorney or other representative chosen by the resident.

C. The assisted living program shall:

(1) Give a copy of the signed resident agreement to the resident and the resident's agent;

(2) Maintain a copy of the resident agreement on-site;
and

(3) Make the resident agreement available for review by the Department or its designee.

3.3. Discharge Criteria

A. Discharge.

(1) Discharge of a resident or transfer to another facility or address without the consent of the resident or the resident's representative shall be in accordance with the resident agreement.

(2) An assisted living program shall notify a resident or the resident's representative within 30 days before a non-emergency discharge.

(3) In the event of an emergency, the program shall notify the resident or the resident's representative as quickly as possible and document the reason for the emergency and abbreviated notice.

B. When the resident is discharged to another facility, the assisted living program shall provide to the receiving facility any information related to the resident that is necessary to ensure continuity of care and services, including at a minimum, the:

(1) Current physician's orders;

(2) Medication administration records; and

(3) Most current resident assessment.

C. In the event of a health emergency requiring the transfer to an acute care facility, a copy of an emergency data sheet shall accompany the resident to an acute care facility. This data sheet shall include at least:

(1) The resident's full name, date of birth, Social Security number, if known, and insurance information;

(2) The name, telephone number, and address of the

resident's representative;

(3) The resident's current documented diagnoses;

(4) Current medications taken by the resident;

(5) The resident's known allergies, if any;

(6) The name and telephone number of the resident's physician;

(7) Any relevant information concerning the event that precipitated the emergency; and

(8) Appended copies of:

(a) Advance directives;

(b) Emergency Medical Services (EMS/DNR) Form; and

(c) Guardianship orders or powers of attorney, if any.

D. Within 30 days of the date of discharge, the assisted living program shall:

(1) Give each resident or resident's agent:

(a) A final statement of account; and

(b) Any refunds due; and

(2) Return any money, property, or valuables held in trust or custody by the program.

E. If requested by an individual during the process of discharging a resident, or on its own initiative, the Office of the Attorney General may:

(1) Investigate whether an abuse of a resident's funds contributed to the decision to discharge the resident; and

(2) Make appropriate referrals of the matter to other government agencies.

3.3.1. Residents Ineligible for Admission

A. Residents ineligible for admission to an Assisted Living Program Include:

- (1) Treatment for stage three or stage four skin ulcers.
- (2) More than intermittent nursing care.
- (3) Ventilator services
- (4) Skilled monitoring for testing and aggressive adjustments of medications and treatments where there is the presence of or risk for a fluctuating acute condition.
- (5) Monitoring of chronic conditions that are not controllable through readily available medications and treatments.
- (6) Treatment for a disease or condition that requires more than contact isolation.

4. Assessment and Level of Care

A. Health Care Practitioner Physical Assessment.

(1) This form must be completed and verified by a health care practitioner. It must be completed prior to admission. It must be reviewed by the Assisted Living Manager for completeness.

B. Assisted Living Manager's Resident Assessment

(1) This is the resident's functional assessment which must be completed along with the scoring guide.

(2) Upon determining the score of the residence's level of care, the residential agreement can be signed.

(3) The Case Manager / Delegating Nurse must review the Assisted Living Manager's portion.

(4) Assisted Living Manager's Assessment includes:

(a) six basic ADL's: eating, bathing, dressing, toileting, transferring (walking) and continence.

(b) a scoring tool used to assign ADL scores to determine:

i. Instrumental ADLs; the ability to perform ADL tasks and the skills necessary to live independently.

ii. resident's behavior and ability to communicate their needs.

4.1. Resident Assessment Tool

A. Resident Assessment Tool is the Maryland's Assisted Living Resident Assessment and Level of Care Scoring Tool.

(1) The resident assessment tool assists the facility in identifying the physical, psychosocial, and functional needs of a resident.

An Assisted Living Facility is required to have in place plans that list all the staff needed to cover the facility 24 hours per day under all conditions.

4.2. The Scoring Tool

- (7) Low Level of Care Level 1= 0-20
- (8) Moderate level of care Level 2= 21-40
- (9) High Level of care Level 3 = 41 or higher
- (10) Level 1: Fairly independent or minimal assist
- (11) Level 2: Unable to perform most selfcare and needs assistance with some ADL's.
- (12) Level 3: Dependent on most selfcare needs. Depends on staff to administer medication and treatment.

5. Service Planning

5A. Definition of a Service Plan (Comar §10.07.14.26§)

- (1) A Service Plan is a written plan which identifies services that the licensee will provide to the resident based on the resident's needs.
- (2) Service plans are blueprints for the care that describes each individual needs.
- (3) Service Plans are to be done within 30 days of admission and reviewed every 6 months.
- (4) Service Plan uses an interdisciplinary approach involving the patient, family, and all facility staff.
- (5) Identify what should be documented in a service plan like changes in the resident's physical or mental status, BP checks, as ordered by a doctor and repeated falls.
- (6) Documents needed to do a Service Plan includes:
 - (a) Health Care Practitioner Physical Assessment
 - (b) Assisted Living Manager's Assessment
 - (c) Plan of Care for a Medical Waiver
 - (d) Delegating Nurses Assessment
 - (e) Physicians Orders.
- (7) You can use parts of the Health Care Practitioner Physical assessment to help you to develop a service plan such as the residents current medical and psychiatric history, past illnesses, allergies, and risk of falls.

(8) Per COMAR 10.07.14.26 a service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, capabilities, and independence.

(9) The Service Plan is developed within 30 days of admission to the Assisted living Program and reviewed by staff at least every 6 months.

(10) The resident's Service Plan shall be based on assessments of the resident's health, function, and psychosocial status using the resident's Assessment Scoring Tool.

(a) A full assessment of the resident shall be done within 48 hours of admission and every 45 days thereafter, or if there is a significant change in the resident's condition or there is a non-routine hospitalization.

(b) A full assessment should address the need for a wake overnight staff.

5B. Monitoring. The assisted living manager shall ensure that each resident is monitored on a daily basis to ensure that:

(1) The resident's service plan is being properly implemented; and

(2) All adaptive equipment, ambulation devices, and other necessary independent living aids are in proper working order.

5C. Nursing Services. The assisted living manager, in consultation with the delegating nurse, shall ensure that all nursing services are provided consistent with the Nurse Practice Act, Health Occupations Article, Title 10, Annotated Code of Maryland.

5D. Personal Care Services. The assisted living manager shall provide or ensure the provision of all necessary personal care services, including, but not limited to, the range of assistance needed by a resident to complete the following activities of daily living:

- (1) Eating or being fed;
- (2) Personal hygiene, grooming, bathing, and oral hygiene, including brushing teeth, shaving, and combing hair;
- (3) Mobility, transfer, ambulation, and access to the outdoors, when appropriate;
- (4) Toileting and incontinence care; and
- (5) Dressing in clean, weather-appropriate clothing.

5E. Housekeeping Services. The assisted living manager shall ensure that:

- (1) Housekeeping services are provided; and
- (2) All areas of the facility are maintained in a clean and orderly condition.

5F. Health Care and Social Services. The assisted living manager is responsible for facilitating access to any appropriate health care and social services for the resident as determined in the resident's assessment, including but not limited to:

- (1) Social work services;
- (2) Rehabilitative services, including occupational, physical, speech, and audiology therapies;
- (3) Home health services;
- (4) Hospice services;

- (5) Skilled nursing services;
- (6) Physician services;
- (7) Oral health care;
- (8) Dietary consultation and services;
- (9) Counseling;
- (10) Psychiatric services; and
- (11) Other specialty health and social work services such as services for residents with cognitive impairment.

5G. Social and Spiritual Activities.

- (1) The assisted living manager shall provide or arrange appropriate opportunities for socialization, social interaction, and leisure activities which promote the physical and mental well-being of each resident, including facilitating access to spiritual and religious activities consistent with the preferences and background of the resident.
- (2) To encourage resident participation in social and recreational activities, the assisted living manager shall:
 - (a) Provide or arrange for transportation to these activities in accordance with the resident's service plan; and
 - (b) Assist a resident with communication, interpersonal, and social skills, including managing difficult behaviors in accordance with the resident's service plan.

5.1 Activities in an assisted Living Program (COMAR 10.07.14.28 G)

A. Social and Spiritual activities help improve the well-being of residents. Simple activities such as walking and exercising also contribute to their wellness.

B. Types of activities that can engage the attention of residents include, but not limited to:

- (1) Gardening
- (2) Art and Crafts
- (3) Book clubs
- (4) Music and Dancing
- (5) Worship and religious services
- (6) Bingo & Outings/Excursions
- (7) Story telling,
- (8) News and Movies, and many other such activities.

C. Helping the Elderly with Activities of Daily Living

- (1) Operational definition of Activities of Daily Living:
 - (a) Activities of Daily Living include basic needs such as bathing, dressing, feeding, and providing good oral care.
- (2) When assisting with a person's ADLs always maintain a person's privacy, dignity, safety, and comfort.
- (3) Providing choices, and sticking to a regular

routine, encourages the person's independence. When providing ADLs to a person, look for any significant changes in their condition.

6. Clinical Management

6.1. Delegating Nurse COMAR 10.07.14.20

A. Case Manager/Delegating Nurse in Maryland.

- (1) A delegating nurse is a registered nurse who has the competencies to delegate, assign, and supervise clinical orders.
- (2) The Delegating Nurse shall be readily available when developing a nursing task to an unlicensed individual.
- (3) The registered nurse shall assume the role of Case manager in delegating a nursing task.
- (4) The delegating Nurse is the primary decision maker when delegating a nursing task

B. Each facility shall maintain documentation that the delegating nurse has completed the mandatory training course developed by the Board of Nursing.

C. Duties of the delegating nurse include the overall responsibility of:

- (1) Being on-site to observe each resident at least every 45 days;
- (2) managing the clinical oversight of resident care in the assisted living program;
- (3) issuing nursing or clinical orders, based upon the

needs of residents;

- (4) reviewing the assisted living manager's assessment of residents;

D. When delegating a nursing task to an unlicensed individual the nurse shall provide proper oversight of tasks delegated.

6.2. Delegating Nurse/Case Manager Medication Administration

E. For medication administration, the delegating nurse shall:

- a) train medication technicians and licensed caregivers in medication administration.

- b) only delegate medication administration to an individual who has completed a board approved Medication Administration Training Program for Assisted Living and who is certified with the Board as a Medication Technician

- c) supervise medication administration and ensure accurate documentation.

- d) Check for effectiveness or side-effects of medications given to residents.

7. Nutrition and Food Safety

7A. Nutrition.

(1). The assisted living manager shall ensure that:

(a) A resident is provided three meals in a common dining area and additional snacks during each 24-hour period, 7 days a week;

(b) Meals and snacks are well-balanced, varied, palatable, properly prepared, and of sufficient quality and quantity to meet the daily nutritional needs of each resident with specific attention given to the preferences and needs of each resident;

(c) All food is prepared in accordance with all State and local sanitation and safe food handling requirements;

(d) Food preparation areas are maintained in accordance with all State and local sanitation and safe food handling requirements; and

(e) Residents have access to snacks or food supplements during the evening hours.

(2) Menus.

(a) Menus shall be written at least 1 week in advance with portion sizes tailored to each resident.

(b) Menus shall be maintained on file, as served, for 2 months.

(c) As part of the licensure approval and renewal process, an applicant shall submit a 4-week menu cycle with documentation by a licensed dietician or

nutritionist that the menus are nutritionally adequate.

(3) Special Diets.

(a) The assisted living program staff shall:

(i) Prepare or arrange for the provision of special diets as ordered by the resident's personal physician or as needed by the resident's condition; and

(ii) Document special diets in the resident's record.

(b) If the diet is beyond the capability of the program, the resident or the resident's physician shall make other arrangements for the resident's care, or the program shall discharge the resident.

(4) Food Safety.

(a) Foodborne illness can cause more than stomachache, fever, diarrhea, vomiting, dehydration. Report promptly any food poison

(b) Minimize spray of pathogens using universal precautions and other cleaning practices where food is handled and distributed.

(c) The thermometer must be in an easy-to-read place inside the refrigerator at 40° F and the freezer set at 0° F. The best way to thaw perishable foods such as meat, poultry, fish, cheeses, is in the refrigerator. Cook and bake food thoroughly, temperature between 165° F to 180° F bacteria cannot survive higher temperatures. Keep a refrigerator log updated in the facility's records.

(d) Wash hands before, during and after handling foods, and all that is used in the process of cooking and serving food. Wash all fruits and vegetables and meat with clean water with vinegar or running water. We recommend that you look up food safety on this website: www.mypyramid.gov, steps to a healthier you.

8. Dementia, Mental Health and Behavioral Management

8A. Some common causes of behavioral problems among the aging include medication and medical conditions such as dementia.

8B. The elderly experience frustration and fatigue. When this happens, they:

(1) exhibit common emotions seen in the elderly include:

- (a) Loss of one's independence
- (b) loss of purpose
- (c) fear and anger
- (d) anxiety and depression,
- (e) loneliness and isolation
- (f) grief and bereavement.

8C. Providing meaningful activities, talking about old times, and supporting the elderly's spirituality goes a long way in meeting their basic psychosocial needs.

9. End of Life

A. The assisted living program shall provide referral services to residents suffering from pain and symptoms due to serious illnesses or old-age related health conditions.

(1) The Assisted Living facility shall:

(a) make available information and referrals to residents and families when appropriate regarding the availability of palliative care services; and

(b) Inform the resident or the resident's authorized decision maker regarding the resident's right to request end-of-life care consultation.

(2) As appropriate and upon request by the resident or authorized decision maker, the facility may make timely referrals for end-of-life services not included in the standard services provided by the facility. End-of-life care referral may consist of:

(a) Health options;

(b) Pain and Symptom management options;

(c) imminent death preparations

(d) availability of grief and bereavement services, as appropriate;

(e) spiritual care counseling; and

(f) psychological services;

(g) availability of hospice services, as appropriate.

(3) Pain Management in End-of-life care. The facility shall:

(a) conduct and document pain and symptom assessments using available standardized tools.

(b) Provide adequate and appropriate dosage of prescribed analgesics and sedatives to meet the needs of the end-of-life care resident; and

(c) educate the resident and the resident's family about end-of-life care.

B. Other Services. The facility shall provide culturally and linguistically appropriate education and support about how to safely care for the resident at home or in an alternate residential setting as appropriate.

(1) Imminent Death. The facility shall document and provide appropriate counseling services regarding the resident's active dying phase and imminent death to:

(a) the authorized decision maker,

(b) the resident's family and staff

(2) Interpreter Services. The facility shall ensure interpreter services are available and accessible to the resident in end-of-life care.

C. MOLST. The facility shall comply with the procedures and requirements of the Medical Orders for Life-Sustaining Treatment Form, which is incorporated by reference at COMAR 10.07.21., and ensure that:

(1) MOLST forms are completed in accordance with COMAR 10.01.21;

D. Advance Directives.

(1) If a resident has an advance directive, the facility shall:

(a) recognize the authority of a resident's advance directive and its healthcare agent, and included in the resident's medical record, including the electronic medical record

(b) promote advance care planning and completion of advance directives through outreach activities.

(c) establish reporting mechanisms to keep all staff informed and updated about care changes and treatment goals.

E. An assisted living manager shall verify and document on admission of the resident, or within 14 days of admission, the resident's prearrangements, or registered wishes about end-of-life care, funeral, and burial, including but not limited to:

(1) Financial;

(2) Religious;

(3) Name of preferred funeral home, if any; and

(4) The name, address, and relationship of any person who has agreed to claim the body of the resident or who has agreed to assume funeral or burial responsibilities.

F. Notification on Death. Upon the death of a resident the assisted living manager or designee shall contact the responsible party, or the relative's next of kin, on record, to claim the body and assume funeral and burial responsibilities.

(1) If the deceased resident appears to be an unclaimed after death, the assisted living manager or designee shall contact any person who, although not having been identified in advance as being responsible for the burial

arrangements, might nevertheless at the time of death be willing to claim the body and assume responsibility.

10. Management & Operation

A. Administration (10.07.14.13): the assisted living program shall develop and implement a quality assurance plan and establish residents and family councils for the purpose of assuring quality of care.

(1) Residents and Family Councils: The assisted living program shall have both a residents' council and a family council, and the assisted living program shall make reasonable attempts to cooperate with both the residents and family councils.

- (a) The Residents' council shall consist of current residents of the assisted living program, and
- (b) The Family council shall consist of family members or appointed personal or family agents of current residents.

B. Staffing (10.07.14.14-15) The assisted living program (ALP) shall develop a staffing plan to include: a hiring policy based on the levels of care, appropriate staff qualifications, and training requirements for the Assisted Living Manager, Delegating Nurse, and other qualified staff. The staffing plan shall:

- (1). identify the type and number of staff needed, based on the number of residents and the individual needs of each resident that it intends to serve in the facility.
- (2) include the number of on-site staff and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents. On-site staff shall work in partnership with the

delegating nurse and assisted living program staff to adequately meet residents' needs.

(a) Upon the adequate assessments of residents, a physician or delegating nurse shall issue a clinical or nursing order for on-site staff services, based on the needs of each resident, and shall document any such orders in the resident's record. The facility shall develop a comprehensive service plan that includes:

(i) adequate clinical and ancillary services; and

(ii) Oversight of nursing activities.

(b) If an assisted living manager (ALM) determines that a clinical or nursing order should not or cannot be implemented, the ALM, physician, and delegating nurse shall discuss any alternatives that could safely address the resident's needs.

(i) the ALM shall notify the resident or legal agent, the delegating nurse, and resident's physician of the change to the order.

(ii) The ALM shall document in the residents' records any such discussion and all individuals who participated in the discussion, any change in the order, and the date of notification.

(2) The staffing plan shall address "Awake Overnight Staff" as determined by the residents' assessments in accordance with the service plan indicated by the resident assessment tool.

(a) If in the physician's or assessing nurse's clinical judgment, a resident does not require awake overnight staff based on the resident assessment tool, the

physician or nurse shall document the reasons in the area provided in the assessment tool.

(b) The manager shall retain documentation of all assessments of awake overnight staff requirement or nonrequirement in the residents' records.

(3) If, based on circumstances, there is a need for Electronic Monitoring System, per the recommendation of the resident's physician or assessing nurse, the facility may apply to the Department for a waiver to use an electronic monitoring system instead of awake overnight staff.

(a) If an electronic monitoring system is approved by the Department for the facility to use, the manager shall document the approval in the residents' records.

(b) When a resident is assessed or reassessed, the physician or assessing nurse shall review and document the use of awake overnight staff or an electronic monitoring system.

(c) Failure to implement a nursing or clinical order, without demonstrating why the order should not be followed or without identifying alternatives to care, may result in sanctions against the assisted living program.

C. Security (10.07.14.44) The facility shall provide:

(1) Exterior lockable doors and windows; and

(2) An effective automated device or system to alert staff to individuals entering or leaving the building.

(a) A facility need not use an automated alert for an exit door when the exit is staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the facility.

10.1 Residential Record/Log Keeping

A. The assisted living manager shall ensure that an individual record or log is maintained at the facility for each resident in a manner that ensures security and confidentiality, and which includes at a minimum:

(1) Preadmission requirements, admission records, manager's assessments, service/care plans, and emergency data sheet. These shall include, but not limited to

(a) Rehabilitation plans, if appropriate;

(b) Care notes written by staff at least weekly; and shall be

(i) individualized, legible, and chronological,

(ii) appropriately signed dated by the writer.

(c) Hospitalizations or extended stay of 15 days or more in any skilled facility

(2) Records of readmission and assessment by the delegating nurse within 48 hours of readmission if:

(a) there is a significant change in the resident's mental or physical status upon readmission,

(b) the delegating nurse documents a determination that the resident does not require a full assessment within 48 hours, and a full assessment of the resident is conducted within 7 calendar days.

B. The assisted living manager shall develop policies and procedures for documenting discharge plans when the

resident is discharged from the facility, including the location and manner of discharge.

C. The assisted living manager shall develop policies and procedures to ensure that all information documented in the resident's record are communicated in a timely manner to:

- (1) The resident, or its resident's health care representative, if appropriate; and
- (2) All appropriate health care professionals and staff who are involved in the development and implementation of the resident's service plan.

11. Emergency Planning

A. Emergency Preparedness (10.07.14.46): The assisted living program shall develop an emergency and disaster plan that includes procedures to be followed before, during, and after an emergency or disaster, and shall cover evacuation, transportation, or shelter in-place of residents. The plan shall be in compliance with:

- (1) All applicable local fire and building codes; and
- (2) The Life Safety Code, NFPA 101 (National Fire Protection Association)

B. A licensed facility shall ensure that fire extinguishers are:

- (1) of standard and approved types; installed, maintained and conveniently available for use at all times; and initially and at least annually instruct staff in their use.
- (2) located on each floor and adjacent to, or in, special hazard areas, such as:

- (a) Furnace or Boiler rooms;
- (b) Kitchens; or
- (c) Laundries;

C. When an emergency occurs, the ALP shall follow the emergency and disaster procedures including:

- (1) Notification of families and staff regarding the action that will be taken concerning the safety and well-being of the residents, and any change depending upon the nature or scope of the emergency or disaster.
- (2) Staff coverage, organization, and assignment of responsibilities for ongoing shelter in-place or evacuation, including identification of staff members available to report to work or remain for extended periods; and
- (3) Relocation to alternate facilities or other conducive locations with reasonable efforts to continue care and sustain operations as normally as possible for at least 72 hours. The continuity of care shall cover:
 - (a); services, financial, and logistical arrangements,
 - (b) procuring essential goods, equipment, and services
 - (c) a brief medical fact sheet that accompanies each resident to be properly labelled and maintained in a central location readily accessible and available, and includes at a minimum the resident's:
 - (i) Name, medical condition, or diagnosis of the patient;
 - (ii) Medications, allergies and special diets or dietary restrictions; and
 - (iii) Family or legal representative contact information.

(4) A tracking system to locate and identify residents in the event of displacement, an emergency, or a disaster that includes at a minimum the:

(a) Resident's name, and Name of the initial facility or alternate location, and the time the resident was sent to the initial facility or alternate location.

(5) identification of a facility, or facilities, or alternate location or locations that have agreed to house the ALP's residents during an emergency evacuation; and document an agreement with each facility or location.

(6) Identification of transportation agency or agencies that have agreed to safely transport residents during an emergency evacuation; and document an agreement with each agency.

D. Evacuation Plans. The facility shall conspicuously post floor plans with designated evacuation routes on each floor.

E. Orientation and Drills.

(1) The licensee shall:

(a) Orient staff to the emergency and disaster plan and to their individual responsibilities within 24 hours of the commencement of job duties; and

(b) document completion of the orientation in the staff member's personnel file through the signature of the employee.

(2) Fire Drills.

(a) The assisted living program shall conduct fire drills at least quarterly on all shifts.

(b) Documentation. The assisted living program shall:

- (i) Document completion of each drill;
- (ii) Have all staff who participated in the drill sign the document; and
- (iii) Maintain the documentation on file for a minimum of 2 years.

(3) Semiannual Disaster Drill.

(a) The assisted living program shall conduct a semiannual emergency and disaster drill on all shifts during which it practices evacuating residents or sheltering in-place so that each is practiced at least one time a year.

(b) The drills may be conducted via a table-top exercise if the program can demonstrate that moving residents will be harmful to the residents.

(c) Documentation. The assisted living program shall:

- (i) Document completion of each disaster drill or training session;
- (ii) Have all staff who participated in the drill or training sign the document;
- (iii) Document any opportunities for improvement as identified as a result of the drill; and
- (iv) Keep the documentation on file for a minimum of 2 years.

(4) The licensee shall cooperate with the local emergency management agency in emergency planning, training, and drills and in the event of an actual emergency.

F. Emergency Electrical Power Generator.

(1) Generator Required. An assisted living program with 50 or more residents shall have an emergency electrical power generator on the premises.

(2) Generator Specifications. The power source shall be a generating set and prime mover located on the program's premises with automatic transfer. The emergency generator shall:

(a) be activated immediately when normal electrical service fails to operate;

(b) come to full speed and load acceptance within 10 seconds; and

(c) have fuel stored on-site with the capability of 48 hours of operation of the systems listed above.

(3) Test of Emergency Power System.

(a) The program shall test the emergency power system once each month.

(b) During testing of the emergency power system, the generator shall be exercised for a minimum of 30 minutes under normal emergency facility connected load.

(c) Results of the test shall be recorded in a permanent log book that is maintained for that purpose.

(d) The facility shall monitor the fuel level of the emergency generator after each test.

(4) The emergency power system shall provide lighting in the following areas of the facility:

(a) Areas of egress and protection as required by the State Fire Prevention Code and Life Safety Code 101 as adopted by the State Fire Prevention Commission;

- (b) Nurses' station;
- (c) Drug distribution station or unit dose storage;
- (d) An area for emergency telephone use;
- (e) Boiler or mechanical room;
- (f) Kitchen;
- (g) Emergency generator location and switch gear location;
- (h) Elevator, if operable on emergency power;
- (i) Areas where life support equipment is used;
- (j) If applicable, common areas or areas of refuge; and
- (k) If applicable, toilet rooms of common areas or areas of refuge.

(5) Emergency electrical power shall be provided for the following:

- (a) Nurses' call system;
- (b) At least one telephone in order to make and receive calls;
- (c) Fire pump, well pump; sewerage pump, and sump pump;
- (d) If required, for evacuation purposes, a lift or emergency elevator, heating equipment to maintain a minimum temperature of 70°F (24°C) in all common areas or areas of refuge, Life support equipment; and Nonflammable medical gas systems.

12. Quality Assurance

A. Quality Assurance Plan: A quality assurance plan must require that:

(1) The assisted living manager meets the qualification requirements for the level or levels of care for which the facility is licensed to provide service (Comar 10.07.14.15).

(a) An Assisted Living Manager for levels I and II service facility, must have at least a high school diploma or equivalent, with appropriate administrative experience.

(b) An Assisted Living Manager for level 3 service facility must have a 4-year college degree with administrative experience.

(2) A qualified Assisted Living Manager meets with the delegating nurse at least every 6 months and documents the proceedings of the meeting. The meeting shall include the review of:

(a) Change in status of the program's residents;

(b) Outcomes of pharmacy reviews;

(c) Service plan requirements; and

(d) Written recommendations or findings of the consultant pharmacist, as required by Regulation.

13. Survey Process

A. Inspection (10.07.14.11): Assisted Living Program to Be Open for Inspection

(1) Any licensed assisted living program shall be open at all times to announced or unannounced inspections by the Department and by any agency designated by the Department.

(2) Any part of the facility, and any surrounding accessory buildings which may be entered by staff or residents, are considered part of the facility and are subject to inspection.

(3) Records and Reports. All licensed ALPs shall maintain records and make reports as required by the Department. The records and reports shall be open to inspection by the Department or its designee. Except for the records permitted to be stored off-site, a licensed facility or its designee shall:

(a) upon request, provide copies of records and reports, including medical records of residents, to the Department or its designee. The Department or its designee shall, if requested, reimburse the licensee for the cost of copying the records and reports.

(b) maintain records on-site, where residents are being cared for, pertaining to:

(i) current residents and residents who have been discharged within the last 6 months;

(ii) Staff; and Quality assurance activities.

(c) All other records may be stored off-site but shall be available for inspection within 24 hours of the

Department's request or request of the Department's designee.

(4) An assisted living program shall post the following documents in a conspicuous place that is visible to residents, potential residents, and other interested parties:

- (a) Any statement of deficiencies for the most recent survey;
- (b) Any findings from complaint investigations conducted by State or local surveyors after the most recent licensure survey; and
- (c) Any plans of correction in effect with respect to the most recent survey or subsequent complaint investigation; and
- (d) A notice describing where in the facility the items listed above may be found.

(5) Notice of Violations.

(a) If a complaint investigation or survey inspection identifies a regulatory violation, the Secretary shall issue a citation for the violation or deficiency; and shall

- (i) Require the assisted living program to submit an acceptable plan of correction within 10 calendar days of receipt of the notice of violation or deficiency;
- (ii) Notify the assisted living program of sanctions or that failure to correct the violation may result in sanctions; and
- (iii) Offer the assisted living program the opportunity for informal dispute resolution (IDR), and may be held in-person, by telephone, or in writing does not require counsel.

(b) The plan of correction referred to above shall include the date by which the correction of each deficiency shall be complete. Failure to return an acceptable plan of correction within allotted time frame of 10 days may result in a sanction.

(c) The IDR process may not delay the effective date of any enforcement action.

B. Compliance (10.07.14.12): The Department shall be responsible for monitoring and inspecting assisted living programs to ensure compliance with the regulatory requirements of this chapter.

(1) Consistent with an interagency agreement, the Department may delegate certain aspects of its monitoring, inspection, or waiver responsibilities to the Department of Aging or a local health department.

(2) The Department or its designee may conduct announced or unannounced licensure or complaint investigation visits.

(3) An assisted living program shall be surveyed on-site, at least annually. The Department may extend the time between surveys to up to 15 months if it determines that a licensee has demonstrated satisfactory compliance with this chapter.

(4) The Department, or those agencies delegated responsibility under this regulation, may inspect an assisted living program more frequently than annually through follow-up surveys, if it is considered necessary to ensure compliance with this chapter or for the purpose of investigating a complaint.

Congratulations!

You successfully completed this course.

Take the final exam. A passing grade of 80% is required for the **CERTIFICATION**.