

## 900 ALZHEIMER'S SPECIAL CARE UNITS DEFINITIONS

For the purposes of these regulations the following terms are defined as follows:

- a. **Activities of Daily Living (ADLs):** The tasks for self-care that are performed either independently, with supervision, with assistance, or by others. Activities of daily living include, but are not limited to, ambulating, transferring, grooming, bathing, dressing, eating and toileting.
- b. **Advertise:** To make publicly and generally known. For purposes of this definition, advertise includes, but is not limited to:
  1. Signs, billboards, or lettering;
  2. Electronic publishing or broadcasting, including the use of the Internet or email; and
  3. Printed material.
- c. **Alzheimer's Special Care Unit:** A separate and distinct unit within a Long Term Care facility that segregates and provides a special program for residents with a diagnosis of probable Alzheimer's disease or related dementia, and that advertises or otherwise holds itself out as having one (1) or more special units for residents with a diagnosis of probable Alzheimer's disease or related dementia.
- d. **Alzheimer's Disease:** An organic, neurological disease of the brain that causes progressive degenerative changes.
- e. **Common Areas:** Portions of the Alzheimer's Special Care Unit exclusive of residents' rooms and bathrooms. Common areas include any facility grounds accessible to residents of the Alzheimer's Special Care Unit (ASCU).
- f. **Continuous:** Available at all times without cessation, break or interruption.
- g. **Dementia:** A loss or decrease in intellectual ability that is of sufficient severity to interfere with social or occupational functioning; it describes a set of symptoms such as memory loss, personality change, poor reasoning or judgment, and language difficulties.
- h. **Department:** Department of Health and Human Services (DHHS), Division of Medical Services (DMS), or Office of Long Term Care (OLTC)
- i. **Direct Care Staff:** An individual who is an employee of the facility or who is an employee of a temporary agency assigned to work in the facility, and who has received, or will receive, in accordance with these regulations, specialized

training regarding Alzheimer's or related dementia, and is responsible for providing direct, hands-on care or services to residents in the ASCU.

- j. **Disclosure Statement:** A written statement prepared by the facility and provided to individuals or their responsible parties, and to individuals' families, prior to admission to the unit, disclosing form of care, treatment, and related services especially applicable or suitable for the ASCU.
- k. **Facility:** A long-term care facility that houses an ASCU.
- l. **Individual Assessment Team:** A group of individuals possessing the knowledge and skills to identify the medical, behavioral, and social needs of a resident and to develop services designed to meet those needs
- m. **Individual Support Plan:** A written plan developed by an Individual Assessment Team (IAT) that identifies services to a resident.
- n. **Nursing Personnel:** Registered or Licensed Practical nurses who have specialized training, or will undergo specialized training by the Alzheimer's Special Care Unit, in accordance with these regulations.
- o. **Responsible Party:** An individual, who, at the request of the applicant or resident, or by appointment by a court of competent jurisdiction, agrees to act on behalf of a resident or applicant for the purposes of making decisions regarding the needs and welfare of the resident or applicant. These regulations, and this definition, does not grant or permit, nor should be construed as granting or permitting, any individual authority or permission to act for, or on behalf of, a resident or applicant in excess of the authority or permission granted by law. A competent resident may select a responsible party or may choose to not select a responsible party. In no event may an individual act for, or on behalf of, a resident or applicant when the resident or applicant has a legal guardian, attorney-in-fact, or other legal representative. For purposes of these regulations only, responsible party will also refer to the terms legal representative, legal guardian, power of attorney or similar phrase.

## 901 GENERAL ADMINISTRATION

- a. General Program Requirements
  - 1. Each long-term care facility that advertises or otherwise holds itself out as having one (1) or more special units for residents with a diagnosis of probable Alzheimer's disease or a related dementia shall provide an organized, continuous 24-hour-per-day program of supervision, care and services that shall:
    - A. Meet all state, federal and ASCU regulations.

- B. Require the full protection of residents' rights;
  - C. Promote the social, physical and mental well-being of residents;
  - D. Is a separate unit specifically designed to meet the needs of residents with a physician's diagnosis of Alzheimer's disease or other related dementia;
  - E. Provide 24-hour-per-day care for those residents with a dementia diagnosis and meets all admission criteria applicable for that particular long-term care facility; and,
  - F. Receive approval of its disclosure statement from the Office of Long Term Care prior to advertising its ASCU.
2. Documentation shall be maintained by the facility and shall include, but not be limited to, a signed copy of all training received by the employee. Documentation shall be signed by the trainer and employee at the time of training.
  3. Provide for relief of direct care personnel to ensure minimum staffing requirements are maintained at all times.
  4. Upon request, make available to the Department payroll records of all staff employed during those pay periods for which the unit or facility is being surveyed or inspected.
  5. Nursing, direct-care, or personal care staff shall not perform the duties of cooks, housekeepers, or laundry personnel during the same shift they perform nursing, direct-care or personal care duties.
  6. Regardless of other policies or procedures developed by the facility, the ASCU will have specific policies and procedures regarding:
    - A. Facility philosophy related to the care of ASCU residents;
    - B. Use of ancillary therapies and services;
    - C. Basic services provided;
    - D. Admission, discharge, transfer; and,
    - E. Activity programming.
- b. Disclosure Statement and Notice to the Office of Long Term Care

1. Each facility, prior to advertising that it has an Alzheimer's Special Care Unit, shall develop a disclosure statement and submit it to the Office of Long Term Care. The Office of Long Term Care shall examine the disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the disclosure statement. The disclosure statement, once approved by OLTC, shall be made available to any person or the person's guardian or responsible party seeking placement within the ASCU prior to admission. Specifics as to the minimum requirements of the disclosure statement are listed in Sections 902-907 below.
2. Upon any changes to the services offered by the ASCU, the disclosure statement shall be amended, and shall be submitted to the Office of Long Term Care within thirty (30) days of the amendment. The Office of Long Term Care will examine the amended disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the amended disclosure statement. The amended disclosure statement, once approved by OLTC, shall be made available to any person or the person's guardian or responsible party seeking placement within the ASCU prior to admission.
3. The facility shall submit to the Office of Long Term Care in writing the number of beds allocated by the facility for the ASCU. The notification shall state the number of beds allocated to the ASCU as of the date of the notice, and shall be submitted:
  - A. With the initial disclosure statement;
  - B. With any amendment to the disclosure statement; and,
  - C. No less than July 1 of each year.
4. The facility shall notify the Office of Long Term Care in writing when the facility no longer provides a special program for residents with a diagnosis of probable Alzheimer's disease or related dementia. The notice shall be provided to the Office of Long Term Care at least thirty (30) days prior to the cessation of services.
5. Prior to admission into the Alzheimer's Special Care Unit, the facility shall provide a copy of the disclosure statement and Residents' Rights policy to the applicant or the applicant's responsible party. The mission statement and treatment philosophy shall be documented in the disclosure

statement. A copy of the disclosure statement signed by the resident or the resident's responsible party shall be kept in the resident's file. The disclosure statement shall include, but not be limited to, the following information about the facility's ASCU:

- A. The philosophy of how care and services are provided to the residents;
- B. The pre-admission screening process;
- C. The admission, discharge and transfer criteria and procedures;
- D. Training topics, amount of training time spent on each topic, and the name and qualifications of the individuals used to train the direct care staff utilized in the ASCU;
- E. The minimum number of direct care staff assigned to the ASCU each shift;
- F. A copy of the Residents' Rights;
- G. Assessment, Individual Support Plan, and Implementation.

The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition of the residents;

- H. Planning and implementation of therapeutic activities and the methods used for monitoring; and,
- I. Identification of what stages of Alzheimer's or related dementia for which the ASCU will provide care.
- J. Each facility shall document in their disclosure statement the assessments and dates assessments shall be completed and revised.
- K. Admission, discharge and transfer requirements shall be documented in the facility's disclosure statement.
- L. Staffing ratios and staff training requirements shall be documented in the facility's disclosure statement.
- M. The facility shall, in their disclosure statement, state the physical requirements and safety standards for the ASCU.

N. Types and frequency of therapeutic activities shall be listed in the facility's disclosure statement.

c. Residents' Rights

The ASCU shall meet and comply with the same requirements for Residents' Rights applicable to the facility housing the ASCU.

d. Resident Record Maintenance

The ASCU shall develop and maintain a record-keeping system that includes a separate record for each resident and that documents each resident's health care, individual support plan, assessments, social information, and protection of each resident's rights.

e. Resident Records

The ASCU must follow the facility's policies and procedures and applicable state and federal laws and regulations governing:

1. The release of any resident information, including consent necessary from the client, parents or legal guardian;
2. Record retention;
3. Record maintenance; and,
4. Record content.

f. Miscellaneous

1. Visitors shall be permitted in the ASCU at all times. However, facilities may deny visitation in the ASCU when visitation results, or substantial probability exists that visitation will result, in disruption of service to any resident, or threatens the health, safety, or welfare of any resident.
2. Birds, cats, dogs, and other animals may be permitted in the Alzheimer's Special Care Unit. All animals that enter the facility shall have appropriate vaccinations and licenses. A veterinary record shall be kept on all animals to verify vaccinations and be made readily available for review. Pets may not be allowed in food preparation, food storage or dining or serving areas.
3. Unmarried male and female residents shall not be housed in the same room unless both residents, or their respective responsible parties, have given consent.

## **902 TREATMENT PHILOSOPHY**

Each Alzheimer's Special Care Unit shall develop a mission statement that reflects the ASCU's treatment philosophy for those residents diagnosed with Alzheimer's or related dementia.

## **903 ASSESSMENTS**

### **a. Psychosocial and Physical Assessments**

1. Each resident shall receive a psychosocial and physical assessment which includes the resident's degree or level of family support, level of activities of daily living functioning, cognitive level, behavioral impairment, and that identifies the resident's strengths and weaknesses.
2. Prior to admission to the ASCU, the applicant must be evaluated by, and have received from a physician, a diagnosis of Alzheimer's or related dementia.

### **b. Individual Assessment Team (IAT)**

1. Within 30 days after admission, the IAT shall prepare for each resident an individual support plan. The ISP shall address specific needs of, and services required by, the resident resulting from the resident's Alzheimer's disease or related dementia. The plan shall include and identify professions, disciplines, and services that:
  - A. Identifies and states the resident's medical needs, social needs, disabilities and their causes;
  - B. Identifies the resident's specific strengths;
  - C. Identifies the resident's specific behavioral management needs;
  - D. Identifies the resident's need for services without regard to the actual availability of services;
  - E. Identifies and quantifies the resident's speech, language, and auditory functioning;
  - F. Identifies and quantifies the resident's cognitive and social development; and,
  - G. Identifies and specifies the independent living skills and other services provided by the ASCU to meet the needs of the resident.

2. The IAT shall perform accurate assessments or reassessments annually, and upon a change to a resident's physical, mental, emotional, functional, or behavioral condition or status in which the resident:
  - A. Is regressing in, or losing, skills already gained;
  - B. Is failing to progress toward or maintain identified objectives in the ISP; or,
  - C. Is being considered for changes in the resident's ISP.
- c. Individual Support Plan (ISP)
  1. The ISP shall include a family and social history. If the family and social history cannot be obtained, the ASCU personnel shall document attempts to obtain the information, including but not limited to, the names and telephone numbers of individuals contacted, or whom the facility attempted to contact, and the date and time of the contact or attempted contact.
  2. The ISP shall be reviewed, evaluated for its effectiveness, and up-dated at least quarterly, and shall be updated when indicated by changing needs of the resident, or upon any reassessments by the IAT. In the event that the reassessment by the IAT documents a change of condition for which no change in services to meet resident needs are required, the ISP shall document the change of condition, and the reason or reasons why no change in services are required.
  3. The ISP shall include:
    - A. Expected behavioral outcomes;
    - B. Barriers to expected outcomes;
    - C. Services, including frequency of delivery, designed to achieve expected behavioral outcomes;
    - D. Methods of assessment and monitoring. Monitoring shall occur no less than quarterly to determine progress toward the outcome;
    - E. Documentation of results from services provided, and achievement towards expected outcomes or regression, and reasons for the regression; and,
    - F. The resident's likes, dislikes, and if appropriate, his or her choices.

4. A copy of the ISP shall be made available to all staff that work with the resident, and the resident or his or her responsible party.
5. The ISP shall be implemented only with the documented, written consent of the resident or his or her responsible party.

#### **904 ADMISSIONS, DISCHARGES, TRANSFERS**

##### **a. Criteria for Services**

1. Each Alzheimer's Special Care Unit shall have written policies setting forth pre-admission screening, admission, and discharge procedures.
2. Admission criteria shall require:
  - A. A physician's diagnosis of Alzheimer's disease or related dementia;
  - B. The facility's assessment of the resident's level of needs; and,
  - C. A list of the services that the ASCU can provide to address the needs identified in 904(a)(2)(B).
3. Any individual admitted to the ASCU must also meet admission criteria for the facility. The ASCU shall not maintain a resident who requires a level of care greater than for which the facility is licensed to provide, or for whom the ASCU is unable to provide the level or types of services to address the needs of the resident. Discharge from the ASCU shall occur when:
  - A. The resident's medical condition exceeds the level of care for which the facility is licensed or is able to provide;
  - B. The resident's medical condition requires specialized nursing procedures that constitute more than limited nursing services, or nursing services the facility is unable to provide;
  - C. The resident has a loss of functional abilities (e.g. ambulation) that results in the resident's level of care requirements being greater than the level of care for which the facility is licensed or able to provide;
  - D. Behavioral symptoms that result in the resident's level of care requirements being greater than the level of care for which the facility is licensed or able to provide; or

- E. The resident requires a level of involvement in therapeutic programming that is greater than the level of care for which the facility is licensed or able to provide.
4. If the resident, or the resident's responsible party, does not comply with, or refuses to accept, the requirements of the ISP, the resident shall be discharged from the ASCU. The facility shall document the refusal or non-compliance with the ISP. The documentation shall include, but not be limited to:
- A. The identity of the person who is not willing or able to comply with the requirements of the ISP; i.e., the resident or the resident's responsible party;
  - B. The date and time of the refusal; and,
  - C. The consequences of the unwillingness or inability to comply with the requirements of the ISP, and the name of the person providing this information to the resident or the resident's responsible party.

b. Resident Movement, Transfer or Discharge

When a resident is moved from or within the ASCU, or is transferred or discharged from the ASCU, measures shall be taken by the facility to minimize confusion and stress to the resident. Further, the discharge shall comply with the regulations applicable to the facility housing the ASCU and Arkansas law.

## 905 STAFFING

Alzheimer's Special Care Units shall staff according to the Rules and Regulations for Nursing Facilities. Furthermore, the following staffing requirements are established for Alzheimer's Special Care Units.

a. Professional Program Services

A social worker or other professional staff, e.g., physician, Registered Nurse, or Psychologist currently licensed by the State of Arkansas, shall be utilized to perform the following functions:

1. Complete an initial social history evaluation on each resident on admission;
2. Develop, coordinate, and use state or national resources and networks to meet the needs of the residents or their families;

3. Offer or encourage participation in monthly family support group meetings with documentation of meetings offered; and,
  4. Assist in development of the ISP, including but not limited to:
    - A. Assuring that verbal stimulation, socialization and reminiscing is identified in the ISP as a need;
    - B. Defining the services to be provided to address those needs identified above; and,
    - C. Identifying the resident's preferences, likes, and dislikes.
- b. Staff and Training
1. All ASCU staff members and consultants shall have the training specified in these regulations in the care of residents with Alzheimer's Disease and other related dementia. The facility shall maintain records documenting what training each staff member and consultant has received, the date it was received, the subject of the training, and the source of the training.
  2. Within six (6) months of the date that the long-term care facility first advertises or otherwise holds itself out as having one (1) or more special units for residents with a diagnosis of probable Alzheimer's disease or a related dementia, the facility shall have trained all staff who are scheduled or employed to work in the ASCU.
  3. Subsequent to the requirements set forth in Section 905(b)(2), fifty percent (50%) of the staff working any shift shall have completed requirements as set forth in Section 905(b)(5)(a), (b), and (c).
  4. After meeting the requirements of Section 905(b)(2), all new employees who will be assigned to or will work in the ASCU shall be trained within five (5) months of hiring, with no less than eight (8) hours of training per month during the five (5) month period.
  5. In addition to any training requirements for any certification or licensure of the employee, training shall consist of, at a minimum:
    - A. Thirty (30) hours on the following subjects:
      - a. One (1) hour of the ASCU's policies;
      - b. Three (3) hours of etiology, philosophy and treatment of dementia;

- c. Two (2) hours on the stages of Alzheimer's disease;
- d. Four (4) hours on behavior management;
- e. Two (2) hours on use of physical restraints, wandering, and egress control;
- f. Two (2) hours on medication management;
- g. Four (4) hours on communication skills;
- h. Two (2) hours of prevention of staff burnout;
- i. Four (4) hours on activity programming;
- j. Three (3) hours on ADLs and Individual-Centered Care; and,
- k. Three (3) hours on assessments and creation of ISPs.

B. On-going, in-service training consisting of at least two (2) hours every quarter. The topics to be addressed in the in-service training shall include the following, and each topic shall be addressed at least once per year:

- i. The nature of Alzheimer's disease and other dementia, including:
  - a. The definition of dementia;
  - b. The harm to individuals without a correct diagnosis; and,
  - c. The stages of Alzheimer's disease.
- ii. Common behavior problems resulting from Alzheimer's or related dementia, and recommended behavior management for the problems;
- iii. Communication skills to facilitate improved staff relations with residents;
- iv. Positive therapeutic interventions and activities, such as:
  - a. Exercise;

- b. Sensory stimulation; and,
    - c. Activities of daily living.
  - v. The benefits of family interaction with the resident, and the need for family interaction;
  - vi. Developments and new trends in the fields of Alzheimer's or related dementia, and treatments for same;
  - vii. Environmental modifications to minimize the effects and problems associated with Alzheimer's or related dementia; and,
  - viii. Development of ISPs, including but not limited to instruction on the method of updating and implementing ISPs across shifts.
- C. If the facility identifies or documents that a specific employee requires training in areas other than those set forth in 905(b), the facility may provide training in the identified or documented areas, and may be substituted for those subjects listed in Section 905(b)(5)(A) and (B).

c. Trainer Requirements

The individual providing the training shall have:

1. A minimum of one (1) year uninterrupted employment in the care of Alzheimer's residents;
2. Training in the care of individuals with Alzheimer's disease and other dementia; or,
3. Been designated by the Alzheimer's Arkansas Program and Services or the Alzheimer's Association or its local chapter as being qualified to meet training requirements.

d. Training Manual

The ASCU shall create and maintain a training manual consisting of the topics listed in Section 905(b). Further, the trainer shall provide training consistent with the training manual.

a. Physical Design

In addition to the physical design standards required for the facility's license, an Alzheimer's Special Care Unit shall include the following:

1. A floor plan design that does not require visitors or staff to pass through the ASCU to reach other areas of the facility;
2. A multipurpose room or rooms for dining, group and individual activities, and family visits which complies with the LTC licensure requirements for common space;
3. Secured outdoor space and walkways that allow residents to ambulate, with or without assistive devices such as wheelchairs or walkers, but prevents undetected egress. Such walkways shall meet the accessibility requirements of the most current LTC and Americans with Disabilities Act (ADA) structural building codes or regulations at the time of licensure. Unrestricted access to secured outdoor space and walkways shall be provided, and such areas shall have fencing or barriers that prevent injury and elopement. Fencing shall be no less than 72 inches high;
4. Prohibit the use of plants that are poisonous or toxic for human contact or consumption;
5. Visual contrasts between floors and walls, and doorways and walls, in resident use areas. Except for fire exits, exit doors and access ways shall be designed to minimize contrast and to obscure or conceal areas the residents should not enter;
6. Non-reflective floors, walls, and ceilings to minimize glare;
7. Evenly distributed lighting to minimize glare and shadows; and,
8. A monitoring or nurses' station with:
  - A. A call system to alert staff to any emergency needs of the residents; and,
  - B. A space for charting and for storage of residents' records.

b. Physical Environment and Safety.

The Alzheimer's Special Care Unit shall:

1. Provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of, or inside, their rooms;
2. Provide plates and eating utensils that have visual contrast between the plates, the utensils and the table, and that maximizes the independence of the residents;
3. In common areas, provide comfortable seating sufficient to seat all residents at the same time. The seating shall consist of a ratio of one (1) gliding or rocking chair for every five (5) residents;
4. Encourage and assist residents to decorate and furnish their rooms with personal items and furnishings based on the resident's needs and preferences as documented by the ISP in the social history;
5. Individually identify each resident's room based on the resident's cognitive level to assist residents in locating their rooms, and to permit them to differentiate their room from the rooms of other residents;
6. Keep corridors and passageways through common-use areas free of objects which may cause falls, or which may obstruct passage by physically impaired individuals; and,
7. Only use public address systems in the unit for emergencies.

c. Egress Policies

The Alzheimer's Special Care Unit shall develop policies and procedures to deal with residents who wander or may wander. The procedures shall include actions to be taken by the facility to:

1. Identify missing residents;
2. Notify all individuals or institutions that require notification under law or regulation when a resident is missing; and,
3. Attempt to locate the missing resident.

d. Locking Devices

1. All locking devices used on exit doors shall be approved by the OLTC, building code agencies, and the fire marshal having jurisdiction over the facility; shall be electronic; and shall release upon activation of the fire alarm or sprinkler system.

2. If the unit uses keypads to lock and unlock exits, directions for the keypad's operations to allow entrance shall be posted on the outside of the door.
3. The keypads and locks shall meet the Life Safety Code.
4. Staff shall be trained in all methods of releasing, or unlocking, the locking device.

## **907 THERAPEUTIC ACTIVITIES**

### **a. Intent and General Requirements**

Therapeutic activities can improve a resident's eating or sleeping patterns; lessen wandering, restlessness, or anxiety; improve socialization or cooperation; delay deterioration of skills; and improve behavior management. Therapeutic activities shall be designed to meet the resident's current needs. The ASCU shall:

1. Provide activities appropriate to the needs of individual residents. The activities shall be provided and directed by direct care staff under the coordination of a program director.
2. Ensure that each resident's daily routine is structured or scheduled so that activities are provided seven days a week.
3. Utilize or contract with a professional with specialized training in the care of Alzheimer's to:
  - A. Develop required daily activities, as set forth in Section 907(b);
  - B. Train direct care staff in those programs; and,
  - C. Provide ongoing consultation.

### **b. Required Daily Activities**

The following activities shall be offered daily:

1. Gross motor activities (e.g., exercise, dancing, gardening, cooking, etc.);
2. Self-care activities (e.g., dressing, personal hygiene, or grooming);
3. Social activities (e.g., games, music, socialization); and,
4. Sensory enhancement activities (e.g., reminiscing, scent and tactile stimulation).

**908 PENALTIES**

- a. If a facility having an Alzheimer's special care unit does not meet the specific standards established herein, the Office of Long Term Care shall instruct the facility to immediately cease advertising or holding itself out as having one (1) or more special programs for residents with a diagnosis of probable Alzheimer's disease or related dementia.
  
- b. If the facility fails or refuses to comply with instructions from the Office of Long Term Care, the Office of Long Term Care may sue in the name of the state the facility and any owner, manager, or director of the facility to enjoin the facility from advertising or holding itself out as having one (1) or more special programs for residents with a diagnosis of probable Alzheimer's disease or related dementia.