

10-144 Chapter 23
REGULATIONS GOVERNING THE LICENSING AND FUNCTIONING OF
SKILLED NURSING FACILITIES
AND
NURSING FACILITIES

CHAPTER 23

ALZHEIMER’S/DEMENTIA CARE UNITS

The purpose of this Chapter is to establish standards for Alzheimer’s/Dementia Care Units and to establish criteria for the Units, which provide Alzheimer’s/Dementia patients or residents with a positive quality of life, consumer protection and maximum individualized care that promotes rights, dignity, comfort and independence in the least restrictive environment.

Adherence to these rules does not exempt the facility from complying with its licensing or registration rules. These rules are in addition to the facility’s licensing rules.

23.A. Definitions

For the purposes of this Chapter, the following words will have the meanings indicated:

- 23.A.1. “Alzheimer’s/Dementia Care Unit” means a unit that provides care/services in a designated, separated area for patients and residents with Alzheimer’s Disease or other dementia that is able to be locked, segregated or secured to limit access by a resident outside the designated or separated area.
- 23.A.2. “Dementia” means a clinical syndrome characterized by a decline in mental function of long duration in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgment, comprehension, attention and orientation to time and place and to oneself. Dementia can be caused by such diseases as: Alzheimer’s Disease, Pick’s Disease, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s and Huntington’s Disease, Creutzfeldt-Jakob Disease, multi-infarct dementia, etc.

23.B. Alzheimer’s/Dementia Care Unit Program Disclosure

23.B.1. Disclosure Required

An entity that offers to provide or provides care for individuals with Alzheimer’s disease or a related disorder through an Alzheimer’s/Dementia Care program shall disclose the form of care or treatment it provides that distinguishes it as being especially applicable to or suitable for those individuals. The disclosure must be made to the Department and to any individual seeking placement within an Alzheimer’s/Dementia Care Unit or the individual’s guardian or other responsible party. The Department shall examine and verify the accuracy of all disclosures as part of an entity’s license renewal procedure.

23.B.2. Disclosure Content

The disclosure must explain the additional care provided in the Alzheimer’s/Dementia Care Unit and include, at a minimum:

- a. The program’s written statement of its philosophy and mission that reflect the needs of individuals afflicted with dementia;
- b. The process and criteria for placement in, or transfer or discharge from the program;

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- c. The process used for the assessment and establishment of a plan of care and its implementation, including the methods by which the plan of care evolves and remains responsive to changes in an individual's condition;
- d. The program's staff training and continuing education practices;
- e. Documentation of the program's physical environment and design features appropriate to support the functioning of cognitively impaired adult individuals;
- f. The frequency and types of individuals' activities provided by the program;
- g. A description of family involvement and the availability of family support programs;
- h. An itemization of the costs of care and any additional fees; and
- i. A description of security measures provided by the facility.

23.C. Standards for Alzheimer's/Dementia Care Units

23.C.1. Physical Design, Environment and Safety

A home-like environment is encouraged for design of Alzheimer's/Dementia Care Units. The design and environment of a unit shall assist residents in their activities of daily living, enhance their quality of life, reduce tension, agitation and problem behaviors, and promote their safety.

a. Physical Design

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

1. Adequate multipurpose rooms for dining, group and individual activities and family visits;
2. Secured outdoor space and walkways which allow residents to ambulate, but prevent undetected egress;
3. High visual contrasts between floors and walls and doorways and walls in resident use areas. Except for fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;
4. Floors, walls and ceilings shall be non-reflective to minimize glare;
5. Adequate and even lighting which minimizes glare and shadows and is designed to meet the specific needs of the residents; and

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6. A staff work area which includes a communication system such as a telephone or two-way voice actuated call system and space for charting and storage for resident records.
- b. Physical Environment and Safety
- The Alzheimer's/Dementia 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. Assure that all assistive equipment maximizes the independence of individual residents;
 3. Label or inventory all residents' possessions;
 4. Provide comfortable seating in the common use areas;
 5. Encourage and assist residents to decorate and furnish their rooms with personal items and furnishing based on the resident's needs, preferences and appropriateness;
 6. Individually identify residents' rooms and assist residents in recognizing their rooms with appropriate and personal items; and
 7. Only use a public address system in the unit (if one exists) for emergencies.
- c. Egress Control
1. The Alzheimer's/Dementia Care Unit shall develop policies and procedures to deal with residents who may wander. The procedures shall include actions to be taken in case a resident elopes;
 2. If locking devices are used on exit doors, as approved by the building codes agency and the Office of the State Fire Marshal having jurisdiction over the facility, then the locking device shall be electronic and release when the following occurs:
 - (a) Upon activation of the fire alarm or sprinkler system;
 - (b) Power failure to the facility; or
 - (c) Bypassing a key button/key pad located at exits for routine use by staff for service.
 3. If the unit uses keypads to lock and unlock exits, then directions for their operation shall be posted on the outside of the door to allow individuals access to the unit. However, if the unit is a whole facility, then directions for the operation of the locks need not be posted on the outside of the door. The units shall not have entrance and exit doors that are closed with non-electronic keyed locks, nor shall a door with a keyed lock be placed between a resident and the exit.

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d. Waivers

1. All physical plant construction or conversion waivers for **existing** Alzheimer's/Dementia Care Units are to be submitted in accordance with Chapter 2.I. of these regulations.
2. Any **new** construction or bed conversions for Alzheimer's/Dementia Care Units approved after the effective date of these regulations **are not** eligible for waivers.

23.C.2. Staffing and Staff Training

Every effort must be made to provide residents with familiar and consistent staff members in order to minimize resident confusion. All direct care staff assigned to the Alzheimer's/Dementia Care Unit shall be specially trained to work with residents with Alzheimer's Disease and other dementias.

a. Staffing

Only staff trained as specified in Subsections (2)(b) and (2)(c) of this rule shall be maintained and assigned to the unit. Staffing shall be sufficient to meet the needs of the residents and outcomes identified by the individual care plan and sufficient to implement the full day and evening care program. Staffing levels on the night shift will depend on the sleep patterns and needs of residents (without control of sleep by medications). Staffing shall be sufficient to enable each resident to maximize their functioning, self-care and independence.

b. Training

1. Pre-Service Training

The goals of training and education for staff of Alzheimer's/Dementia Care Units are to enhance staff understanding and sensitivity toward the unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer's disease and other dementias. The facilities shall provide a minimum of eight (8) hours of classroom orientation and eight (8) hours of clinical orientation to all new employees assigned to the unit. In addition to the usual facility orientation, which would include such topics as basic resident rights, confidentiality, emergency procedures, infection control, facility philosophy related to Alzheimer's dementia care, wandering/egress control, the eight (8) hours of classroom orientation should also include the following topics:

- (a) A general overview of Alzheimer's disease and related dementias;
- (b) Communication basics;
- (c) Creating a therapeutic environment;
- (d) Activity focused care;

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- (e) Dealing with difficult behaviors; and
- (f) Family issues.

2. Inservice Training

Ongoing inservice training shall be provided to all medical and non-medical staff who may be in direct contact with residents of the unit. Staff training shall be provided at least quarterly. The facility will keep records of all staff training provided and the qualifications of the trainer(s). Any training provided under the Alzheimer's/dementia curriculum may be credited toward the required twelve (12) hours of training/contact hours for CNAs. At least four (4) of the following topics shall be trained each quarter, so that after six months, staff will have been trained on all of the topics listed. Inservice training will be more comprehensive than what was provided during pre-service orientation.

- (a) An overview of Alzheimer's disease and related dementias, to include possible causes, general statistics, risk factors, diagnosis, stages and symptoms, and current treatments and research trends;
- (b) Communication, to include communication losses that result from Alzheimer's/dementia, non-verbal communication techniques (i.e. body language, facial expressions and touch), techniques to enhance communication, validation as an approach to communication and environmental factors that affect communication. Any training provided under the Alzheimer's/dementia curriculum may be credited toward the required twelve (12) hours of training/contact hours for CNAs;
- (c) Creating a therapeutic environment, to include safety issues, effective and ineffective strategies for providing care (do's and don'ts), background noise, staff behavior, consistency, wayfinding and temperature;
- (d) Activity-focused care, to include personal care (dressing, bathing and toileting), nutrition and dining, structured leisure (gross motor activities, social activities, crafts, sensory enhancement, outdoor activities, spiritual activities, normative activities, and music - see also Section 23.C.5. - Therapeutic Activities) and sexuality;
- (e) Dealing with difficult behaviors, which should include strategies to deal with common behavioral issues such as wandering, sundowning, catastrophic reactions, combativeness, paranoia, ignoring self-care; and
- (f) Family issues, such as grief, loss, education and support.

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23.C.3. Admission and Discharge

Facilities with Alzheimer's/Dementia Care Units shall have a written policy of preadmission screening, admission and discharge procedures. Admission criteria shall require, at a minimum, a physician's diagnosis of Alzheimer's Disease or other dementia. The policy shall include criteria for moving residents from within the facility, into or out of the unit. When moving a resident within the facility, or transferring a resident to another facility or placement, the facility shall take into account the resident's welfare. When a resident is moved into or out of the unit from within the facility, measures shall be taken by the facility to minimize confusion and stress resulting from the move. For those persons undiagnosed upon admission, but exhibiting signs and symptoms of dementia, the facility shall be required to have a diagnostic workup completed within forty-five (45) days following admission. The admission policy shall include criteria for moving residents from within the facility, into or out of the unit.

23.C.4. Assessments and Individual Care Plans

Specific methods and interventions to be used to accomplish the desired outcomes shall be disclosed in the care plan. Interventions used may include support groups, recreational therapy, occupational therapy, physical therapy and a variety of treatment modalities as indicated by the resident's particular needs. Outcomes for the individual care of each resident shall include:

- a. Promoting remaining abilities for self-care;
- b. Encouraging independence while recognizing limitations;
- c. Providing safety and comfort;
- d. Maintaining dignity by respecting the need for privacy, treating the resident as an adult and avoiding talking as if the resident is not present; and
- e. Any issue of a psychosocial nature related to the resident's preferred manner of living and receiving care.

23.C.5. Therapeutic Activities

Therapeutic activities can improve a resident's eating and sleeping patterns; lessen wandering, restlessness and anxiety; improve socialization and cooperation; delay deterioration of skills; and improve behavior management. To this end, all facilities with Alzheimer's/Dementia Care Units shall provide for activities appropriate to the needs of the individual residents. The following types of individual or group activities shall be offered at least weekly:

- a. Gross motor activities (e.g., exercise, dancing, gardening, cooking, etc.);
- b. Self-care activities (e.g., dressing, personal hygiene/grooming, etc.);
- c. Social activities (e.g., games, music, reminiscing, etc.);

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- d. Crafts (e.g., decorations, pictures, etc.);
- e. Sensory enhancement activities (e.g., auditory, visual, olfactory and tactile stimulation, etc.);
- f. Outdoor activities, weather permitting (e.g., walking outdoors, field trips, etc.);
- g. Spiritual activities;
- h. Normative activities (e.g., domestic tasks, household chores, etc.); and
- i. Therapeutic activities (e.g., music)

23.C.6. Social Services

A social worker or an assigned staff person shall provide social services to the resident and support to family members.

- a. The socialization of a resident shall be incorporated in the resident's care plan.
- b. The provision of support to the resident's family, including formation of family support groups, shall be offered by the facility if there are no such support groups available within a reasonable distance (e.g., ten-mile radius) from the facility.
- c. Every effort shall be made by the facility to maintain close positive relationships between family members and the resident, unless it would be injurious to the resident.