



ASSISTED LIVING WORK GROUP - Phase II

Report of the Assisted Living Facility Negotiated Rulemaking Committee

July 27, 2012

As of July 26, 2012, the Negotiated Rulemaking Committee discussed and voted on the following rule amendments:

I. TRAINING AND CORE TEST

Administrators (and managers)

- Core training is increased from 26 hours to 56 hours.
- Topics added to core training:
 - Elopement
 - Aggression control, deescalation techniques, and behavior management
 - Proper use of the Baker Act
 - Use of and understanding advance directives
 - Do Not Resuscitate Orders
 - Infection control
 - Best practices in the administration of an ALF
 - The aging process: recognizing and providing the changing level of assistance needed.
 - Business management (including human resources management, financial management, supervision of staff, Medicaid provider agreement compliance)
- The separate rule chapter for the core curriculum, 58T-1, is to be incorporated into Rule 58A-5.
- Continuing education is increased from 12 to 18 hours every two years.
- Extended Congregate Care training is increased from 4 to 8 hours.

Administrators, Managers and Staff with Direct Contact

- Limited Mental Health training will be competency-based requiring passage of each module in the training course (8 hours) with an end-of-course exam. Administrators, managers, and staff must score a minimum of 75% on the exam to earn a certificate of completion.

II. TRAINING PROVIDERS

- The separate rule chapter for registration and qualification of core trainers, 58T-1, is to be incorporated into Rule 58A-5.
- Core training providers must pass the core competency test with a minimum score of 85%.
- Continuing education is increased from 12 to 18 hours every two years.

III. STAFFING

- Defined “manager” as an individual who meets the same qualifications, training, and background screening requirements of an administrator. An individual serving as a manager may not also serve as an administrator in a separate facility.
- Clarified that independent living units within an ALF are only to count toward minimum staffing standards when residents are receiving personal, limited nursing, or extended congregate care services (if the individual is only receiving meals – the resident will not be counted for minimum staffing requirements)

IV. ADMISSION AND CONTINUED RESIDENCY

- Clarified that regardless of the care arrangement a resident has with hospice while in the ALF, the ALF cannot provide services beyond the scope of its license; the services must be provided by hospice.
- Note – committee members are researching the cost and availability of TB testing in the county health units for discussion of possibly requiring proof that an individual is TB negative prior to admission.

V. MISCELLANEOUS

- Records - Records must be readily available at the licensee’s physical address, whether in electronic or paper form. Staff must be able to access the data upon request.
- Repeal requirement to memorialize the circumstances surrounding a “major incident” – this requirement is not supported in statute and is covered under the requirement to report “adverse incidents”