



DEPARTMENT OF HEALTH & MENTAL HYGIENE

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## MARYLAND'S ASSISTED LIVING PROGRAM 2004 EVALUATION

Report to the Senate Finance and the  
House Health and Government Operations Committees  
As required by House Bill 1190

JANUARY 2005

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# MARYLAND'S ASSISTED LIVING PROGRAM 2004 EVALUATION

## Introduction

During the 1990's there was growing concern in Maryland and across the nation about the development of community based residential programs for the frail and elderly. Maryland had approximately 12 to 15 programs administered by three executive departments.<sup>1</sup> All of the programs had separate rules or standards and differing approaches to monitoring safety and quality. While there was anecdotal evidence suggesting serious safety and quality issues because of the fragmentation of the programs, there was no clear data on what was actually happening in these programs.

In 1996, the Maryland General Assembly passed a bill consolidating these various programs into a statewide Assisted Living Program creating a single point of entry for all assisted living providers, a standardized database, and placing oversight responsibility within the Department of Health and Mental Hygiene (DHMH).<sup>2</sup> Developing the regulations to implement this new law was lengthy and controversial. There were varied interests and often opposing viewpoints on the aging in place philosophy, the need for flexible versus strict regulation, a single standard to be adhered to by all programs both small and large, and cost because there is little public assistance available to these types of programs.

When the regulations were finally implemented in January 1999, they represented a compromise between stakeholders that wanted little or no regulation and those that wanted strict regulation. The Department was aware that quality problems may surface and that an evaluation of the regulations would be necessary within a few years.

In 2003, the Department initiated an evaluation of the Assisted Living Program identifying areas where the program could be improved by either strengthening quality requirements or establishing more appropriate standards. The Department made several recommendations in its 2003 Report to the General Assembly. With the passage of House Bill 1190 in 2004, the Department continued its evaluation focusing on standards for smaller assisted living programs, overall efficiency of the regulatory process, and training requirements for assisted living managers. (See Appendix A.) This report, therefore, is in extension of the 2003 Report and includes recommendations on those items noted above as well as many others.

## 2004 Evaluation Process

The Department reconvened the Maryland Assisted Living Workgroup (MALW) from the 2003 Evaluation of Maryland's Assisted Living Program. The name was changed from the MALW to the Assisted Living Forum (ALF) to better reflect the group's activities and process. The ALF is

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<sup>1</sup> The executive departments include the Department of Health and Mental Hygiene, the Department of Human Resources, and the Department of Aging.

<sup>2</sup> Chapter 147 of the Acts of the General Assembly of 1996 (Senate Bill 545 – "Assisted Living Programs").

an assembly of providers, stakeholders, advocates, State and local governments and interested parties to openly discuss matters or questions related to assisted living. In addition, the Department invited key stakeholders to participate on a steering or planning type of committee to help it in focusing ALF discussions.

As was the Department's experience in 2003, attendance at these meetings was robust, averaging approximately 60 stakeholders at each meeting, with many more individuals subscribing to the ALF's e-mail distribution list. All meetings were open to the public and publicized on the Forum's website and in the Legislative Hearing Calendar.<sup>3</sup> The public was encouraged to comment at all stages of the evaluation. There were a total of eight meetings held - five ALF meetings held and three steering/planning committee meetings. Each of the meetings ran approximately three hours. (See Appendix B.)

Meeting notes, materials and handouts were distributed electronically, handed out at meetings, posted to the ALF website, and mailed to stakeholders who did not have access to the Internet. Periodic updates were provided to the Secretary of Health and key legislators. The inclusiveness of the process, like the 2003 Evaluation, resulted in many diverse and creative ideas being brought forward for consideration and discussion. At the conclusion of the ALF's deliberations, the Department continued to accept comments and have discussions with any party who requested.

Although the recommendations may not be completely reflective of the ALF or individual group recommendations, the Department made every effort to maintain the spirit of the group consensus. Thus, the following recommendations are based on the work of the ALF, individual discussions with advocacy and provider organizations and discussions with the Attorney General's Office, the Medical Assistance Program, the Board of Nursing and others.

## **DHMH Recommendations**

### Assisted Living Manager Training Curriculum

House Bill 1190, "Assisted Living Programs – Assisted Living Managers – Training Requirements", of the 2004 General Assembly Session requires that all program managers for assisted living programs licensed to serve 17 or more individuals must complete a Department approved 80-hour manager training course that includes an examination and 20-hours of continuing education every two-years. The bill provided for a grand-fathering for those individuals who have been employed as an assisted living manager for one-year prior to the January 1, 2006, implementation date.

The Department, in consultation with Mid-Atlantic LifeSpan, the Alzheimer's Association, the Mental Health Association of Maryland, the Small Assisted Living Alliance, the Maryland Association of Small Assisted Living Providers, the Beacon Institute and the Health Facilities Association of Maryland, developed content areas for the assisted living manager training. The curriculum was also discussed and reviewed in the ALF. The curriculum covers the core topics

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<sup>3</sup> Assisted Living Forum's website: [www.dhmh.state.md.us/ohcq/alwrkgrp/home.htm](http://www.dhmh.state.md.us/ohcq/alwrkgrp/home.htm).

of the philosophy of assisted living, aging process and its impact, assessment and level of care waiver, service planning, clinical management, admission and discharge criteria, nutrition and food safety, dementia, mental health and behavior management, end of life care, management and operation, emergency planning, quality assurance, and the survey process. (See Appendix C.)

### Definition of Assisted Living

In the 2003 Report, the Department recommended redefining assisted living to include three different classifications of housing programs to recognize the varied dynamics of different sized programs and residential settings. The recommendation proposed three categories of housing programs to include: assisted living programs - 17 or more beds; residential care homes - up to 16 beds; and, adult family homes - one to four individuals served in a private residence where the owner is also the primary caregiver.

The ALF spent a considerable time discussing the proposal for re-defining assisted living. Advocates, such as the Alzheimer's Association and Legal Aid, were concerned that any lessening of requirements in the small homes (one to four) would result in decreased quality of care. There was significant discussion that any lessening of the regulations in this area could be a regression to the Domiciliary Care Program of the 1980's when there was poor quality and an inability of the Department to enforce standards or take adequate measures to protect residents. Conversely, providers (particularly those licensed to serve eight or more individuals) were concerned that any strengthening of requirements would result in increased cost to consumers and therefore result in closures.

A review of all State definitions indicates that Maryland's definition is among the most broad and inclusive. For example, New Jersey with almost three times the population as Maryland has only one-tenth the number of assisted living programs.<sup>4</sup> This is certainly not because Maryland has a higher number of elderly who require assisted living services; it is because Maryland includes a variety of programs that are not regulated as assisted living in New Jersey and in many other states. Currently, there are more than 2,000 providers who fit in Maryland's assisted living category. Most of these programs provide services to five or fewer residents and would not fit the definition of assisted living in other states. Rather than conduct surveys and inspections in these homes, surveyors spend most of their time doing technical assistance in an often failed effort to achieve compliance. Many of the small providers cannot read or properly interpret regulations, but seem to provide adequate care and offer an important community service by taking care of individuals who otherwise may be homeless.

In retrospect, the effort by Maryland to include all housing programs under a single umbrella of assisted living with one set of regulations did not work. The small family oriented assisted living programs are over regulated and the larger programs are under regulated. It has resulted in a regulatory program that is unwieldy and cumbersome to manage.

**Department's Recommendation:** The Department has refined its recommendation to stratify the assisted living program under the rubric of Housing Programs for Individuals in Need of

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<sup>4</sup> Mollica, R. State of Assisted Living. National Academy for State Health Policy. November 2002.

Assistance. Special care was taken to create a new regulatory structure that would balance safety and quality with an appropriate level of oversight that would at least maintain minimal protections for all residents regardless of size. The Department is seeking legislation to implement this change.

Housing Programs would be defined as: a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination thereof that meets the needs of individuals who are unable to perform or who need assistance with the activities of daily living.<sup>5</sup> The three categories of providers are defined below and would have its own set of regulations (See Table One.):

1. *Assisted Living Program (ALP)*: The highest level category of housing program is the Assisted Living Program. Programs could be licensed to serve ten or more individuals. The standards and regulations would be strengthened to adequately protect residents. Surveys would be conducted annually and enforcement activities would remain the same. New regulations would require awake overnight staff and on-site nursing. Managers of all ALPs would be required to complete at least an 80-hour ALM training program approved by the Department. Additional regulations to protect residents shall be established in consultation with stakeholders.

2. *Residential Care Homes (RCH)*: The middle category of housing programs is the Residential Care Home. Programs could be licensed to serve five to nine individuals. Standards and requirements would be similar to what currently exists with some exceptions. Surveys would be conducted annually and administrative penalties would remain the same as they are now. New regulations would require awake overnight staff or an approved monitoring device, some level of on-site nursing as well as other requirements to ensure quality and safety for a medically and mentally frail population. Managers of all RCHs would be required to complete at least an 80-hour ALM training program approved by the Department. It is anticipated that regulations for this category of housing with the above exceptions will be equivalent to existing requirements.

	Adult Care	Residential Care	Assisted Living
Number of beds	1 - 4 Owner may not have a financial interest in more than 1 home	5 - 9	10+
Type of Regulation	Certification	Licensure	Licensure
Survey	Periodic	Annual	Annual
Enforcement	Administrative	Administrative	Administrative
Complaint Investigation	Yes	Yes	Yes
Accepts Referrals from Hospitals	No	Yes	Yes
Manager Training	No	Yes	Yes
Admission Agreement	No	Yes	Yes
Awake Overnight Staff	No	Yes, Sufficient to meet needs of residents	Yes
Nursing Presence	No	Yes, Sufficient to meet needs of residents	Yes, depending on number of beds
Quality Regulations	Minimal - to be determined based on level of need	To be determined based on living in a residential setting	To be determined based on living in a large residential or institutional setting

<sup>5</sup> 10.07.14.02B(3). Activities of Daily Living means normal daily activities including: eating or being fed; grooming, bathing, oral hygiene including brushing teeth, shaving, and combing hair; mobility, transfer, ambulation and access to the outdoors when appropriate; toileting; and dressing in clean, weather-appropriate clothing.

3. *Adult Family Home (AFH)*: The smallest of the housing programs will be the Adult Family Home. Programs could be licensed to serve four or fewer individuals. AFHs are limited to providers who do not have a financial interest in more than one home. Any provider that owns or has a financial interest in more than one home, regardless of number of beds, would be required to become licensed as an RCH. Surveys would be periodic or based on complaints. Quality standards and documentation requirements would be limited but sufficient to ensure safety and protection of the residents. AFHs could not accept referrals from hospitals or other health care providers and would be prohibited from advertising as an assisted living program. Unlike the Domiciliary Care Program of the 1980's, the Department would retain authority to take administrative actions and to impose sanctions.

### Flexibility for Providers

The proposed regulatory structure gives providers the flexibility to become licensed as a higher category provider. If the provider chooses to become licensed at a higher level it would be held accountable and expected to meet the quality standards of that category. If the housing program becomes licensed at the level, it would be eligible for the benefits of that category (i.e., participation in insurance programs, the right to accept referrals, to advertise appropriately, etc.).

### On-Site Nursing Requirements

In the 2003 Report, the Department recommended on-site nursing for programs serving 17 or more individuals on a sliding scale. The 2004 ALF further explored the issue of on-site and recommended that on-site requirements be extended to those programs serving five or more individuals. The ALF recommended, and the Department concurs, that new regulations should require on-site nursing on a sliding scale based on number of beds. (See Table 2).

Table 2. On-Site Nursing Requirements	
Number of Beds	Hours of Nursing Required per Week
5 – 9	Sufficient to meet the needs of the residents
10 – 16	10 and available as needed
17 – 25	20 and available as needed
26 – 34	30 and available as needed
35 – 49	40 and available as needed
50 and more	56 (8 hours per day, 7 days per week) and available as needed

The on-site licensed nurse should work in partnership with the delegating nurse and program staff to ensure adequate assessment of residents, identification of a change in resident condition, completion of adequate service plans, planning of medical services, and oversight of nursing activities in general.

## **Next Steps**

In the 2005 General Assembly, the Department plans to introduce legislation that will alter the definition of assisted living. Assuming passage of the bill, the Department will consult with affected stakeholders to draft regulations. The Department will also continue to work with other government agencies on the efficiency issues.

## **Conclusion: Impact on Quality and the Regulatory Process**

There is no question that since implementation of the 1996 Assisting Living statute, quality of care in Maryland's housing programs – at all levels – has improved. Notwithstanding the

difficulty and effort to gain compliance in the small homes and the under regulation of the larger homes, quality of care and services is better. Through more appropriate regulation and the proposed definitions of Assisted Living Program, Residential Care Home and Adult Care Home will allow the program to further develop and improve quality and services for Maryland citizens. As well, the new definitions are more consistent with those in other States and will permit more accurate comparison between Maryland and other state programs. Finally, the new definitions will permit the Department to more efficiently manage resources.

**APPENDIX A:  
HOUSE BILL 1190 – “ASSISTED LIVING PROGRAMS – ASSISTED  
LIVING MANAGERS – TRAINING REQUIREMENTS”**

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By: **Delegates Mandel, Benson, Boteler, Boutin, Costa, Donoghue, Elliott, Hammen, Hubbard, Kach, McDonough, McHale, Murray, Nathan-Pulliam, Oaks, Rosenberg, Rudolph, Smigiel, V. Turner, and ~~Weldon~~ Weldon, Hurson, Bromwell, Goldwater, and Morhaim**

Introduced and read first time: February 13, 2004  
Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments  
House action: Adopted with floor amendments  
Read second time: March 16, 2004

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Assisted Living Programs - Assisted Living Managers - Training**  
3 **Requirements**

4 FOR the purpose of requiring certain individuals employed by certain assisted living  
5 programs, by a certain date, to complete a manager training course and certain  
6 continuing education that meets certain requirements; subjecting an assisted  
7 living program to a certain civil money penalty under certain circumstances;  
8 exempting certain individuals from certain training requirements; authorizing  
9 the Department of Health and Mental Hygiene to require certain individuals to  
10 take a certain training course under certain circumstances; authorizing an  
11 assisted living program to request an extension of a certain time period for  
12 complying with certain requirements; requiring the Department to ensure that  
13 certain programs are affordable and accessible; requiring the Department, in  
14 consultation with certain organizations, to develop certain guidelines; requiring  
15 the Department, in consultation with certain consumers and providers, to  
16 conduct a certain evaluation; requiring the Department to submit a certain  
17 report to certain committees of the General Assembly on or before a certain date;  
18 and generally relating to training requirements for assisted living managers.

19 BY adding to  
20 Article - Health - General  
21 Section 19-1807  
22 Annotated Code of Maryland  
23 (2000 Replacement Volume and 2003 Supplement)

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article - Health - General**

4 19-1807.

5 (A) (1) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, BY  
6 JANUARY 1, 2006, AN ASSISTED LIVING MANAGER WHO IS EMPLOYED BY AN ASSISTED  
7 LIVING PROGRAM THAT IS LICENSED FOR 17 OR MORE BEDS SHALL HAVE  
8 COMPLETED A MANAGER TRAINING COURSE THAT IS APPROVED BY THE  
9 DEPARTMENT AND INCLUDES AN EXAMINATION.

10 (2) THE MANAGER TRAINING COURSE SHALL:

11 (I) ~~SHALL~~ CONSIST OF AT LEAST 80 HOURS;

12 (II) ~~MAY~~ REQUIRE ATTENDANCE OR PARTICIPATION AT TRAINING  
13 PROGRAMS THAT PROVIDE FOR DIRECT INTERACTION BETWEEN FACULTY AND  
14 PARTICIPANTS; AND

15 (III) ~~SHALL~~ AUTHORIZE A MAXIMUM OF 25 HOURS OF TRAINING  
16 THROUGH INTERNET COURSES, CORRESPONDENCE COURSES, TAPES, OR OTHER  
17 TRAINING METHODS THAT DO NOT REQUIRE DIRECT INTERACTION BETWEEN  
18 FACULTY AND PARTICIPANTS.

19 (B) AN ASSISTED LIVING MANAGER EMPLOYED IN A PROGRAM THAT IS  
20 LICENSED FOR 17 OR MORE BEDS SHALL BE REQUIRED TO COMPLETE 20 HOURS OF  
21 DEPARTMENT-APPROVED CONTINUING EDUCATION EVERY 2 YEARS.

22 (C) IN ADDITION TO THE SANCTIONS SPECIFIED IN COMAR 10.07.14.48, AN  
23 ASSISTED LIVING PROGRAM THAT FAILS TO EMPLOY AN ASSISTED LIVING MANAGER  
24 WHO MEETS THE REQUIREMENTS OF THIS SECTION MAY BE SUBJECT TO A CIVIL  
25 MONEY PENALTY NOT TO EXCEED \$10,000.

26 (D) (1) THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION DO NOT  
27 APPLY TO AN INDIVIDUAL WHO:

28 (I) IS EMPLOYED BY AN ASSISTED LIVING PROGRAM AND HAS  
29 ENROLLED IN A DEPARTMENT-APPROVED MANAGER TRAINING COURSE THAT THE  
30 INDIVIDUAL EXPECTS TO COMPLETE WITHIN 6 MONTHS;

31 (II) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION,  
32 IS TEMPORARILY SERVING AS AN ASSISTED LIVING MANAGER, FOR NO LONGER THAN  
33 45 DAYS, DUE TO AN ASSISTED LIVING MANAGER LEAVING EMPLOYMENT AND PRIOR  
34 TO THE HIRING OF A PERMANENT ASSISTED LIVING MANAGER; OR

35 (III) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION:

1                                   1.       HAS BEEN EMPLOYED AS AN ASSISTED LIVING MANAGER  
2 IN THE STATE FOR 1 YEAR PRIOR TO JANUARY 1, 2006; OR

3                                   2.       IS LICENSED AS A NURSING HOME ADMINISTRATOR IN  
4 THE STATE.

5                   (2)       THE DEPARTMENT MAY REQUIRE AN INDIVIDUAL WHO IS EXEMPT  
6 UNDER PARAGRAPH (1)(III) OF THIS SUBSECTION TO COMPLETE A MANAGER  
7 TRAINING COURSE AND EXAMINATION IF THE DEPARTMENT FINDS THAT THE  
8 ASSISTED LIVING MANAGER REPEATEDLY ~~OR INTENTIONALLY~~ HAS VIOLATED STATE  
9 LAW OR REGULATIONS ON ASSISTED LIVING AND THAT THOSE VIOLATIONS HAVE  
10 CAUSED ACTUAL PHYSICAL OR EMOTIONAL HARM TO A RESIDENT.

11                   (3)       AN ASSISTED LIVING PROGRAM MAY REQUEST AN EXTENSION FROM  
12 THE DEPARTMENT TO ALLOW AN INDIVIDUAL TO SERVE AS AN ASSISTED LIVING  
13 MANAGER FOR LONGER THAN 45 DAYS IF THE ASSISTED LIVING PROGRAM HAS  
14 SHOWN GOOD CAUSE FOR THE EXTENSION.

15       (E)       THE DEPARTMENT SHALL ENSURE THAT MANAGER TRAINING COURSES  
16 APPROVED BY THE DEPARTMENT ARE AFFORDABLE AND ACCESSIBLE TO ASSISTED  
17 LIVING PROGRAMS AND TO INDIVIDUALS SEEKING ~~CERTIFICATION AS AN ASSISTED~~  
18 ~~LIVING MANAGER~~ TO ENROLL IN THE COURSES.

19       SECTION 2. AND BE IT FURTHER ENACTED, That the Department of  
20 Health and Mental Hygiene shall, in consultation with assisted living managers,  
21 health care professionals who have expertise in providing assisted living care,  
22 Mid-Atlantic LifeSpan, the Health Facilities Association of Maryland, the  
23 Alzheimer's Association, the Mental Health Association of Maryland, and other  
24 interested parties, develop core topics and guidelines to be used by organizations in  
25 developing an assisted living manager training course and examination.

26       SECTION 3. AND BE IT FURTHER ENACTED, That:

27       (a)       The Department of Health and Mental Hygiene, in consultation with  
28 assisted living services consumers and providers, shall conduct an evaluation of  
29 assisted living services in the State.

30       (b)       (1)       The Department shall submit a report regarding the evaluation to  
31 the Senate Finance Committee and the House Health and Government Operations  
32 Committee, in accordance with § 2-1246 of the State Government Article, on or before  
33 January 1, 2005.

34                   (2)       The report shall include recommendations regarding:

35                                   (i)       training requirements for assisted living managers not covered  
36 under § 19-1807 of the Health - General Article;

37                                   (ii)       quality standards for assisted living programs with fewer than  
38 17 beds; and

1 (iii) a method for improving the efficiency of the assisted living  
2 regulatory process.

3 SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take  
4 effect October 1, 2004.

## **APPENDIX B: ASSISTED LIVING FORUM MEETING DATES**

### ASSISTED LIVING FORUM MEETING DATES

- May 12, 2004
- June 9, 2004
- July 7, 2004
- September 8, 2004
- September 22, 2004

### STEERING/PLANNING COMMITTEE

- June 22, 2004
- July 6, 2004
- July 19, 2004

**APPENDIX C:  
ASSISTED LIVING MANAGER CORE CURRICULUM**

## ASSISTED LIVING MANAGER TRAINING CURRICULUM

<u>Core Topic Area</u>	<u>Content Hours</u>
<b><u>PHILOSOPHY OF ASSISTED LIVING</u></b>	<b>2</b>
<ul style="list-style-type: none"><li>• Philosophy and Background of Assisted Living and Aging in Place</li><li>• Objectives and Principles of Assisted Living Resident Programs</li><li>• Comparison of Assisted Living to Other Residential Programs</li><li>• Basic Concepts – Choice, Independence, Privacy, Individuality, Dignity</li><li>• Normalization of the Environment</li></ul>	
<b><u>AGING PROCESS AND ITS IMPACT</u></b>	<b>4</b>
<ul style="list-style-type: none"><li>• Physical</li><li>• Psychosocial</li></ul>	<ul style="list-style-type: none"><li>• Basic Needs of the Elderly and Disabled</li><li>• Activities of Daily Living</li></ul>
<b><u>ASSESSMENT AND LEVEL OF CARE WAIVER</u></b>	<b>6</b>
<ul style="list-style-type: none"><li>• Purpose and Process</li><li>• Guidelines for Conducting Assessments</li></ul>	<ul style="list-style-type: none"><li>• Level of Care Assessments</li><li>• Collaboration with Case Manager Delegating Nurse</li></ul>
<b><u>SERVICE PLANNING</u></b>	<b>6</b>
<ul style="list-style-type: none"><li>• Required Services</li><li>• Enhanced Scope of Services</li><li>• Development of Individualized Service Plans</li><li>• Scheduling of Appropriate Activities</li></ul>	<ul style="list-style-type: none"><li>• Structure of Activities</li><li>• Care Notes</li><li>• Collaboration with Case Manager Delegating Nurse</li></ul>
<b><u>CLINICAL MANAGEMENT</u></b>	<b>20</b>
<ul style="list-style-type: none"><li>• Role of the Delegating Nurse</li><li>• Appropriate Nurse Delegation</li><li>• Concept of Self-Administration</li><li>• Concept of Medication Management</li><li>• Assistance with Self-Administration of Medications</li><li>• Administration of Medications</li><li>• Coordination of Services and Care Providers</li><li>• Collaboration with Case Manager Delegating Nurse</li><li>• Medication Error Prevention</li><li>• Patient Safety</li><li>• Medication Monitoring</li></ul>	<ul style="list-style-type: none"><li>• Pharmacy Consultation</li><li>• Medication Storage</li><li>• Infection Control</li><li>• Universal Precautions</li><li>• Appropriate Staffing Patterns</li><li>• Pressure Sores</li><li>• Effective Pain Management</li><li>• Basic First Aid</li><li>• CPR</li><li>• Substance Abuse</li></ul>
<b><u>ADMISSION AND DISCHARGE CRITERIA</u></b>	<b>4</b>
<ul style="list-style-type: none"><li>• Overview of Criteria for Admission and Discharge</li><li>• Resident Contracts</li><li>• Resident Rights</li></ul>	<ul style="list-style-type: none"><li>• Financial Management of Resident's Funds</li><li>• Working with Residents' Families</li></ul>
<b><u>NUTRITION AND FOOD SAFETY</u></b>	<b>8</b>
<ul style="list-style-type: none"><li>• Menu and Meal Planning</li><li>• Basic Nutritional Needs</li><li>• Safe Food Handling</li></ul>	<ul style="list-style-type: none"><li>• Preventing Foodborne Illnesses</li><li>• Therapeutic Diets</li><li>• Dehydration</li></ul>
<b><u>DEMENTIA, MENTAL HEALTH AND BEHAVIOR MANAGEMENT</u></b>	<b>12</b>
<b>Overview</b>	
<ul style="list-style-type: none"><li>• Description of normal aging and conditions causing cognitive impairment</li><li>• Description of normal aging and conditions causing mental illness</li><li>• Risk factors for cognitive impairment</li><li>• Risk factors for mental illness</li><li>• Health conditions that affect cognitive impairment</li><li>• Health conditions that affect mental illness</li><li>• Early identification and intervention for cognitive impairment</li><li>• Early identification and intervention for mental illness</li><li>• Procedures for reporting cognitive, behavioral and mood changes</li></ul>	

- Effective Communication
- Effect of cognitive impairment on expressive and receptive communication
- Effect of mental illness on expressive and receptive communication
- Effective communication techniques: verbal, non-verbal, tone and volume of voice, word choice
- Environmental stimuli and influences on communication: i.e. setting, noise, visual cues

### **Behavioral Intervention**

- Identifying and interpreting behavioral symptoms
- Problem solving for appropriate intervention
- Risk factors and safety precautions to protect other residents and the individual
- De-escalation techniques
- Collaboration with case manager delegating nurse

### **Making Activities Meaningful**

- Understanding the therapeutic role of activities
- Creating opportunities for activities – productive, leisure, self-care
- Structuring the day

### **Staff and Family Interaction**

- Building a partnership for goal-directed care
- Understanding families needs
- Effective communication between family and staff

### **Managing Staff Stress**

- Understanding the impact of stress on job performance, staff relations and overall facility milieu
- Identification of stress triggers
- Self-care skills
- De-Escalation techniques
- Devising support systems and action plans

## **END OF LIFE CARE**

**4**

- Advanced Directives
- Hospice Care
- Power of Attorney
- Appointment of a Health Care Agent
- Living Will
- Pain management
- Providing comfort and dignity
- Supporting the family

## **MANAGEMENT AND OPERATION**

**4**

- Role of the Assisted Living Manager
- Overview of Accounting – Accounts Payable, Receivable
- The Revenue Cycle and Budgeting
- The Basics of Financial Statements
- Hiring and Training of Staff
- Developing Personnel Policies and Procedures
- Census Development
- Marketing

## **EMERGENCY PLANNING**

**4**

- Fire, Disaster and Emergency Preparedness
- OSHA Requirements
- Maintaining Building, Grounds and Equipment
- Elopements
- Transfers to Hospital
- Evacuations
- Power Outages
- Severe Weather
- Fire
- Emergency Response Systems
- Security Systems

## **QUALITY ASSURANCE**

**4**

- Incident Report
- Quality Improvement Processes

## **SURVEY PROCESS**

**2**

- State Statute and Regulations
- What to Expect
- Documentation

## **TOTAL HOURS**

**80**