

NEW COMAR REGULATIONS

10.07.14

Assisted Living Facilities

Mission of OHCO

To protect the health and safety of Maryland's citizens and to ensure that there is public confidence in the health care and community service delivery systems regulatory, enforcement, and educational activities.

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Regulation Update

- › Effective date: December 29, 2008
- › Surveyor Orientation
- › Transmittal to Licensed Providers
- › Provider Training

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Attention !!

It is the providers responsibility to familiarize themselves with new regulations

www.dhmf.state.md.us/ohcq/

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What's Changed

› More Chapters – 64 total

› Content Changes

◦ 49 chapters with new content

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New Chapters

- › Incorporation by Reference
- › Uniform Disclosure Statement
- › Administration
- › Delegating Nurse
- › Alzheimer's Special Care Unit
- › Restraints
- › Amount of Civil Money Penalties
- › Civil Money Penalties – Hearings
- › Health Care Quality Account

6

.02 Definitions (1)

Changes made to the following definitions

- › Abuse of a Resident
- › Administration of Medication
- › Assessment
- › Assisted Living Program
- › Authorized Prescriber
- › Chemical Restraint
- › Incident
- › Mental Abuse
- › Physical Abuse
- › Physical Restraint
- › Relief Personnel
- › Self-Administration of Medication
- › Service Plan

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.02 Definitions (2)

Adds definitions of the following

- › Adult Medical Day Care
- › Background Check
- › Certified Medication Technician
- › Criminal History Records Check
- › Delegating Nurse
- › Family Council
- › Informal Dispute Resolution
- › Office of Health Care Quality
- › Plan of Correction
- › Protective Device
- › Quality Assurance
- › Restraint
- › Resident Assessment Tool
- › Sanction

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.03 Incorporation by Reference

(1)

- › Incorporates the following by reference:
 - › Maryland's Assisted Living Resident Assessment Tool and Level of Care Scoring Tool
 - › Maryland Assisted Living Program Uniform Disclosure Statement

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.03 Incorporation by Reference (2)

- 42 CFR §§484.18, 484.30, and 484.32
- The Life Safety Code NFPA 101
- Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities COMAR 10.07.02.01-1
- The State Fire Prevention Code

10

.05 Levels of Care (1)

- › Resident care needs determine the need for on-site nursing services, and when awake overnight staff is not required.
- › Provides opportunity for facility to apply for a waiver approval for electronic monitoring system, in lieu of overnight awake staff.

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.05 Levels of Care (2)

- › Change in wording from staff assists the resident “with some but not all activities of daily living” to “with two or more activities of daily living”

12

.06 Restrictions (1)

- ▶ Adds regulations addressing misleading or false advertising
- ▶ A person may not advertise an assisted living program in a misleading or fraudulent manner.

13

.06 Restrictions (2)

Falsifying or altering a license may lead to criminal prosecution and civil fines

14

.06 Restrictions (3)

Prohibits Adult Day Care

- ▶ Facilities prohibited from providing day, partial day, or hourly adult day care services without appropriate adult medical day care licensure.
- ▶ Transition period is allowed (not to exceed 30 days)

15

.07 Licensing Procedure (1)

- ▶ Applicant must submit Uniform Disclosure Statement on Departmental Form
- ▶ Increase in licensing fees
- ▶ License is valid for 2 years
- ▶ Initial licensure, DHMH can charge \$250 per additional on-site visit
- ▶ License denial for non compliance

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.07 Licensing Procedure (2)

- ▶ Applicant must identify individuals or corporations owning 25 percent or more interest
- ▶ Background Check required for:
 - Owner
 - Applicant
 - ALM (Assisted Living Manager)/Alternate Manager
 - Other Staff
 - Any household member

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.07 Licensing Procedure (3)

- ▶ Requirements for initial licensure:
 - Information concerning licenses and certifications
 - Business plan and 1 year operating budget

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.07 Licensing Procedure (4)

- Prohibits owner, manager, alternate manager or board member with suspended or revoked license from operating, leasing or managing another assisted living program for 10 years
- After 10 years, individuals must submit evidence to DHMH that he/she is capable of owning, managing or operating a program

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.07 Licensing Procedure (5)

- Owner, ALM or AALM may not apply for a license for another site until significant deficiencies have been corrected
- Licensee may not operate multiple sites until each site has been inspected and approved by the Department
- Applicants can be denied for history of violations of regulations and criminal history

20

.08 Changes in a Program that Affect the Operating License (1)

- A new license must be issued when there is change in level of care
- Change of Ownership - Current licensee remains responsible for correction of all outstanding deficiencies or impending sanctions until a new license is issued to the new owner.

21

.08 Changes in a Program that Affect the Operating License (2)

- ▶ When program closes, licensee notifies Department
 - Date of closure
 - Place of relocation of all residents
 - Returned all licenses by certified mail.

22

.08 Changes in a Program that Affect the Operating License (3)

- ▶ Within 7 days licensee must forward copies of violations regarding:
 - Applicable building codes
 - Sanitary codes
 - Fire safety codes
 - Other regulations affecting the health, safety, or welfare of residents

23

.10 Uniform Disclosure Statement (New Section)

- ▶ Uniform Disclosure Statement –approved form – (www.dhmh.state.md.us/ohcq)
- ▶ If changes in services occur, an amended uniform disclosure statement must be submitted to OHCQ within 30 days
- ▶ Upon request by the public a copy must be supplied

24

.11 Investigation by Department (1)

- Facilities open "AT ALL TIMES", replaces "reasonable times"
- Accessible to any part of the facility and any surrounding accessory buildings which may be entered by staff or residents

25

.11 Investigation by Department (2)

- Plan of Correction has to be submitted within 10 calendar
- Adds informal dispute resolution process.

26

.11 Investigation by Department (3)

Records and Reports

- Maintain files on-site pertaining to current residents, residents who have been discharged within the last 6 months, staff and quality assurance activities.
- All other records may be stored off-site, but be available for inspection within 24 hrs of the Department's request.

27

.12 Compliance Monitoring

Department of Human Resources (DHR)
no longer conducts surveys on our
behalf

28

.13 Administration (1)

Quality Assurance Plan requirement

ALM and delegating nurse must review every 6 months

- › Change in status of the program's residents
- › Outcomes of pharmacy reviews
- › Service plan requirements
- › Written recommendations or findings of the consultant pharmacist.
- › ALM has to document the proceedings of the meeting

29

Administration (2)

Resident Councils

- › Must make reasonable attempts to cooperate with the Resident Council
- › Included are current residents of the facility

30

.13 Administration (3)

Family councils

- ▶ Must make reasonable attempts to cooperate with the family council

- ▶ Consist of:
 - Current resident's family
 - Individual appointed by current resident or resident's family (if resident is incapable of appointing an individual)

31

.14 Staffing Plan (1)

Awake overnight staff

- ▶ Triggers on the Resident Assessment Tool indicate that the resident requires awake overnight staff
- ▶ MD or assessing nurse must document on Resident Assessment Tool when awake overnight staff is not needed
- ▶ Can apply for a waiver approval to use an electronic monitoring system instead of awake overnight staff

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.14 Staffing Plan (2)

Electronic Monitoring Systems

- ▶ Using the Resident Assessment Tool, the physician or nurse must review and document need for awake overnight staff

- ▶ Must evaluate continued appropriateness of waiver when electric monitoring system

33

.14 Staffing Plan (3)

On-site Nursing Requirements

- › Provide on-site nursing when delegating nurse or MD issues a nursing or clinical order for service
- › Alternatives to on-site nursing can be used but must be discussed with appropriate individuals and documented in resident's record
- › If ALM fails to provide ordered on-site nursing, without sufficient alternatives, the DN must make appropriate notifications

34

.15 Assisted Living Manager (1)

- › New requirements for ALMs of level 3 facilities
 - 4 year college level degree; or
 - 2 years experience in a health care related field AND 1 year of experience as an ALM or AALM; or
 - 2 years experience in a health care related field AND successful completion of the 80-hour ALM course

35

.15 Assisted Living Manager (2)

- › Must now "have verifiable knowledge"
- › Receive initial and annual training:
 - Fire and life safety
 - Infection control including standard precautions
 - Emergency disaster plans
 - Basic food safety

36

.15 Assisted Living Manager (3)

- › Must be immune to measles, mumps, rubella, and varicella, as evidenced by history of disease or vaccination
- › Be free from tuberculosis in a communicable form
- › Have no criminal convictions or other criminal history

37

.15 Assisted Living Manager (4)

- › Certification and re-certification for basic first aid and CPR
- › ALM who has taken the 80-hour course will have met the knowledge requirements

38

.15 Assisted Living Manager (5)

Increase ALM Duties

- › Notifying OHCQ when delegating nurse contract is terminated
- › Notification of significant change in residents condition
- › Document why Clinical Orders are not being followed

39

.16 Assisted Living Managers - Training Requirements (1)

- › Facilities with 5 beds or more are required to complete a managers training course
- › Exemptions
 - › Licensed Nursing Home Administrator
 - › Managers that have been employed for one year before January 1, 2008 in this State

40

.16 Assisted Living Managers - Training Requirements (2)

- › Training to be completed by August 2009
- › ALM will be required to complete 20 hours of continuing education every two (2) years.
- › Failure to comply may result in Sanctions and Civil Money Penalties

41

.17 Assisted Living Managers Training - Basic Course

Infection control content has to include standard precautions, contact precautions, and hand hygiene

42

.18 Alternate Assisted Living Manager

- › Must have 2 years experience in a health-related field.
- › Meet requirements of other staff (still has to be available to assume ALM responsibilities)

43

.19 Other Staff - Qualifications (1)

- › Staff must be 18 years old or older unless licensed as a nurse
- › All staff be free from tuberculosis, measles, mumps, rubella, and varicella
- › Criminal background check has to be completed within 30 days before employment

44

.19 Other Staff - Qualifications (2)

- › Fire and life safety training includes the use of fire extinguishers
- › Infection control includes standard precautions, contact precautions, and hand hygiene
- › Basic first aid training conducted by a certified instructor

45

.19 Other Staff - Qualifications (3)

- › "Have training or experience in":
 - The health and psychosocial needs
 - The resident assessment process
 - The use of service plans
 - Resident rights

46

.19 Other Staff - Qualifications (4)

- › Staff providing personal care services must demonstrate competency to delegating nurse
- › Does not apply to currently certified CNA or GNA
- › Staff may work for 7 days if accompanied by approved staff:
 - CNA
 - GNA
 - Person approved by the delegating nurse

47

.19 Other Staff - Qualifications (5)

- › CPR training to be given by a certified instructor
- › Proof of training
- › The facility must make available a trained individual to answer any questions

48

.20 Delegating Nurse (1)

- › Current and signed agreement with delegating nurse
- › If delegating nurse is an employee job description satisfies requirement
- › Verification of delegating nurses course

48

.20 Delegating Nurse (2)

- › Duties include:
 - › On-site at least every 45 days to observe each resident
 - › Available on call
 - › Have a qualified alternate available on call

50

.20 Delegating Nurse (3)

- › Overall responsibility for:
 - › Clinical oversight of resident care
 - › Clinical/nursing orders based on resident need
 - › Reviewing the ALM's assessments

51

.20 Delegating Nurse (4)

- › Notify OHCQ if:
 - Contract/agreement is terminated
 - Reason for termination
 - ALM fails to implement nursing or clinical orders without appropriate alternatives

52

.21 Preadmission Requirements

- › Resident Assessment Tool needs to be completed
- › Physician Assistant can complete HCPPAF
- › Resident Assessment Tool identifies "Triggers" for awake overnight staff
- › Resident Assessment Tool is currently available on line at Departments website

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Health Care Practitioner Physical Assessment Form page #1
HCPPAF

54

Level Of Care Scoring Tool
page #1

LOC

86

.22 Resident-Specific LOC Waiver

- No longer able to apply for a waiver for active reportable communicable disease
- Remove certification for HIV/AIDS specialized programs

88

.23 Admission Requirements

- Disclosure Statement requirements have been removed from admission requirements
- Documentation requirement for refunds remains unchanged

89

.24 Resident Agreement - General Requirements and .25 Nonfinancial Content

Provide a copy of the signed resident agreement to the resident and the resident's representative

58

.26 Service Plan (1)

New Assessment of Condition

- › The resident's service plan shall be based on assessment of the resident's health, function and psychosocial status using the Resident Assessment Tool:
 - › Within 48 hours
 - A significant change in condition
 - Each non-routine hospitalization
 - At least annually
- › Assessment tool be phased in with each resident re-assessment required after a change in condition.
- › All residents' regardless of admission date, need to be assessed using the new tool by December 31, 2009.

59

.26 Service Plan (2)

- › If the DN determines whether resident does not require a full assessment within 48 hrs:
 - › Reasons have to be documented
 - › Full assessment has to be conducted within 7 calendar days
- › Full assessment has to be reviewed every 6 months for residents with no change in condition
- › Change in level of care score

60

.27 Resident Record or Log (1)

Readmission of a Resident

- › A resident shall be reassessed by the DN within 48 hrs of readmission if:
 - Resident is hospitalized or has a 15 day or greater stay in a skilled nursing facility
 - Significant change in the resident's mental or physical status upon return to the ALF

61

.27 Resident Record or Log (2)

- › If the DN determines the resident does not require a full assessment within 48 hrs:
 - DN must document the determination and the reasons for the determination
 - DN ensures that a full assessment of the resident is conducted within 7 calendar days

62

.27 Resident Record or Log (3)

Resident Care Notes

- › Staff will write individualized, legible, chronological care notes that are signed by the writer for each resident:
 - On admission & at least weekly
 - With any significant changes in the resident's condition, including incidents and follow-up action
 - When transferred from the facility to another skilled facility

63

.27 Resident Record or Log (4)

Resident Care Notes

- › On return from medical appointments and when seen in home by any health care provider
- › On return from non-routine leave of absences
- › When the resident is discharged permanently from the facility

64

.27 Care Note samples

- › Three (3) sample forms are on the Departments website
- › Sample forms:
 - › Not meant to be all inclusive
 - › May not be used for admissions, transfers or discharge notes
- › If the program already maintains pertinent care notes - duplicate weekly notes not required

65

.28 Services

- › Special diets
- › New Nursing Services section
 - › ALM, in consultation with the DN, has to ensure nursing services are provided consistent with the Nurse Practice Act
- › Adds incontinence care to services
- › Deletes laundry services

66

.29 Medication Management & Administration (1)

- › Staff who administer medications to residents must complete the medication administration course
- › ALM must document completion of the medication technician training in the personnel file
- › All medication administration must be consistent with applicable requirements

87

.29 Medication Management & Administration (2)

- › The resident is "reassessed by the delegating nurse quarterly" for the ability to safely self administer meds.
- › Ensure the resident's initial assessment process identifies whether a resident can self medicate
- › Or requires the ALP staff to administer medications.

88

.29 Medication Management & Administration (3)

Medication Review Upon Admission

- › Review of medication regime required for all residents within 14 days of a resident's admission
- › Specifies that the registered nurse who can review the medication regime may be the DN

89

.29 Medication Management & Administration (4)

New Pharmacy Review

- ▶ A licensed pharmacist must conduct an on-site review at least every 6 months
- ▶ Residents receiving 9 or more medications
- ▶ Includes over the counter and PRN (as needed) meds.

70

.29 Medication Management & Administration (5)

- ▶ 14 areas are identified that are required to be included in the pharmacists' review
- ▶ Document the pharmacy review in the resident record
- ▶ Pharmacy documentation reviewed every 6 months as part of the ALP QA activity
- ▶ Recommend changes to the appropriate authorized prescriber and the ALM or designee.

71

.29 Medication Management & Administration (6)

Safe Storage of Medication

- ▶ Documentation is maintained for all residents
- ▶ Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice.

72

.29 Medication Management & Administration (7)

Required Documentation

- Documentation at the time that the resident takes or receives medications.
- For a resident who self-administers medications, a staff person must record documentation

73

.29 Medication Management & Administration (8)

Accounting for Narcotic and Controlled Drugs

- Be counted and recorded before the close of every shift.
- All schedule II and III narcotics will be under a double lock system
- A sample narcotic count sheet will be placed on the OHCQ website.

74

.30 Alzheimer's Special Care Unit

- Upon license renewal will submit a written description of any changes to the unit
- Allows DHMH to restrict admission or close the operation

75

.31 Incident Reports

- › Notification to the resident's physician, if appropriate, and the delegating nurse
- › Follow up activities including investigation of the occurrence
- › Steps to prevent the incidents reoccurrence

76

.32 Records

- › Resident records have to be maintained for 5 years after discharge
- › Maintain the privacy & confidentiality of resident's medical records
- › Release medical records or medical information and maintain and dispose of resident medical records in accordance with Health-General Article

77

.33 Relocation and Discharges (1)

Relocation within Facility

- › Resident & resident's representative be notified at least 5 days before a nonemergency relocation
- › Obtain the consent of the resident & resident's representative
- › Needs to comply with the terms and conditions of the resident agreement

78

.33 Relocation and Discharges (2)

Discharge

- ▶ Notify resident or resident rep 30 days prior to a non-emergency discharge
- ▶ In event of emergency will notify resident or resident's rep. as quickly as possible
- ▶ Transfer to another facility without consent of resident or resident's rep shall be in accordance with resident agreement

79

.33 Relocation and Discharges (3)

Discharge to another facility

- ▶ Ensure continuity of care
 - ▶ Current MD orders
 - ▶ Medication Administration Records
 - ▶ Most current resident assessment

80

.33 Relocation and Discharges (4)

Emergency data sheet

- ▶ Include the name and telephone number of the resident's physician
- ▶ Includes the EMS/DNR form

81

.34 Resident's Representative

A licensee who commits financial exploitation of a resident will be in violation

82

.35 Resident's Rights (1)

- › A resident has the right to choose a pharmacy provider
- › Removes the provision that states that as long as spouses agree to it and are both residents, they may share a room
- › Minor changes in verbiage

83

.35 Resident's Rights (2)

Adult Medical Day Care (NEW)

- › AMDC attendance may be encouraged
- › Adult day or any other structured program attendance is voluntary, not mandatory
- › Adult medical day care availability and policies must be disclosed in the ALF's admission agreement

84

.36 Abuse, Neglect, & Financial Exploitation (1)

- › Reports of Abuse, Neglect & Financial Exploitation
 - › Financial added
- › Investigations
 - › Maintain on-site written documentation of its investigation of all allegations of abuse, neglect or exploitation

65

.36 Abuse, Neglect, & Financial Exploitation (2)

Investigation Reports

- › States these entities, if appropriate, may make a referral to:
 - › The State's attorney's office
 - › The Medicaid Fraud Control Unit of the Criminal Division of the Office of the Attorney General

66

.37 Restraints (1)

- › Resident has a right to be free from restraints used in violation of the regulation
- › Protective devices not considered restraints

67

.37 Restraints (2)

Improper Use of Chemicals or Drugs

- › In excessive dose, including duplicate therapy
- › For excessive duration, without adequate monitoring
- › Without adequate indications for its use
- › In the presence of adverse consequences which indicate the dose should be reduced or discontinued

55

.37 Restraints (3)

Improper Physical Restraint use

- › For discipline or convenience
- › If a restraint is not ordered by a physician to treat the resident's symptoms or medical conditions

60

.37 Restraints (1)

Restraint Orders

- › Any restraint order shall specify:
 - Purpose of the restraint
 - Type of restraint to be used
 - Length of time the restraint shall be used

60

37 Restraints (5)

Restraint Orders

- › No as needed restraint orders permitted
- › Orders for restraint use be time specific
- › Residents may not remain in restraints for more than 2 hours

81

37 Restraints (6)

- › If restraint order is to be continued, order will be renewed at least every 7 days by a physician
- › Delegating nurse will provide training to staff in the appropriate use of the restraint

82

37 Restraints (7)

- › Bed Rails may be considered restraints depending upon the reason
- › Notify the resident's family/representative each time restraint is used
- › Periodically check OHCQ website:
www.dhmmh.state.md.us/ohcq

83

.38 Protection of a Resident's Personal Funds

- ▶ Assisted living program may not manage resident's funds without express written request from resident or resident's agent.
- ▶ Requires ALP that manages residents' personal funds to maintain bond, letter of credit, or net assets "equal to the average monthly balance"

94

.39 Misuse of Resident's Funds

- ▶ Changed to "the resident or, if the resident is unable to consent, the resident's agent."
- ▶ States an individual who witnessed, or otherwise has reason to believe, that there has been an abuse of a resident's funds shall make a complaint within 24 hours

95

.40 Approval of Burial Arrangements for Unclaimed Deceased Residents

- ▶ Burial arrangements need to be ascertained and documented on admission of the resident or within 14 days of admission

96

.41 General Physical Plant Requirements

- Protected from the elements
- Secure, fixed, and locked
- Residents may possess their own cleaning supplies and personal hygiene items

97

.42 Water Supply

- Private water supply may be accepted if it is approved by local jurisdiction
- Maximum temperature of 120°F
- Minimum temperature of 100°F at the fixture.

98

.43 Sewage Disposal

Private sewage disposal system may be accepted if approved by local jurisdiction

99

.44 Security

- › Effective automated device or system
- › Facility need not use an automated alert for an exit door when the exit is staffed by a receptionist

100

.46 Emergency Preparedness

Surveyors will enforce these requirements beginning August 2009

101

.46 Emergency Preparedness (1)

Emergency and Disaster Plan

- › Evacuation, transportation or shelter in place of residents
- › Notification of families and staff regarding action taken concerning safety and well being of residents
- › Staff coverage, organization and assignment of responsibilities for ongoing shelter in-place or evacuation

102

.46 Emergency Preparedness (2)

Continuity of services

- Operations, planning, financial, and logistical arrangements
- Procuring essential goods, equipment, and services to sustain operations for at least 72 hours
- Relocation to an alternate facilities or other locations
- Reasonable effort to continue care

103

.46 Emergency Preparedness (3)

- › Tracking system to locate and identify residents in event of displacement, emergency or disaster
- › Time resident was sent to alternative facility or location
- › Name of alternative facility or location where resident was sent

104

.46 Emergency Preparedness (4)

- › In the event of relocation Brief Medical Fact Sheet must accompany each resident
- › Updated upon the occurrence of change in any of the required information
- › Reviewed at least monthly
- › Maintained in a central location readily accessible

105

46 Emergency Preparedness(s)

- › Review emergency and disaster plan at least annually
- › Update plan as necessary
- › Identify facility(s) or alternate location(s) that have agreed to house the residents during evacuation
- › Document agreement with facility or location

100

46 Emergency Preparedness (6)

Executive Summary

- › List means of potential transportation
- › List alternative facilities and locations
- › Describe means of communication with family members/representative
- › Describe the role of resident or family member

107

46 Emergency Preparedness (6)

Orientation and Drills

- › Orient staff to emergency and disaster plan
- › Orient staff to individual responsibilities
- › Document completion of orientation

108

.46 Emergency Preparedness (7)

Fire Drills

- ▶ Conduct fire drills at least quarterly
- ▶ Document completion of each drill
- ▶ Have all participating staff sign the document

109

.46 Emergency Preparedness (8)

Semiannual Disaster Drill

- Conduct semiannual emergency and disaster drill on all shifts
- Practice evacuating residents or shelter in place
- Each is practiced at least once a year
- Document each drill or training session

110

.46 Emergency Preparedness

Emergency Electrical Power Generator

- ▶ Generator Required by October 1, 2009
- ▶ Program with 50 or more residents

111

46 Emergency Generator (1)

- › Be activated immediately when normal electrical service fails to operate;
- › Come to full speed and load acceptance within 10 seconds
- › Have the capability of 48 hours of operation of the systems

112

46 Emergency Generator (2)

- › Test the emergency system once monthly
- › Operate Generator for minimum of 30 minutes
- › Record results in Permanent Log

113

46 Generator (3)

Emergency Electrical Power

- › Nurses' call system
- › At least one telephone
- › Fire Pump, Sewage Pump, Sump Pump, Well Pump
- › Elevator (if required)
- › Heating equipment to maintain minimum temperature of 70°F (24° C)

114

46 Generator (4)

- ▶ Life support equipment
- ▶ Common Areas or Areas of Refuge.
- ▶ Common area(s) of refuge shall maintain minimum temperature of 70°F (24° C)
- ▶ Heated bathrooms provided adjacent to common area(s) of refuge

115

.46 Generator (5)

- ▶ Facility(s) may apply for Waiver
- ▶ Disclosure of absence of Emergency Generator
- ▶ Develop a plan to follow in the event of a loss of electrical power
- ▶ Waiver to be granted on a year-to-year basis

116

.48 Common Use Area

Usable floor space does not include

- Service Areas
- Administrative Offices
- Entrance Way
- Closets
- Lockers
- Wardrobes

117

.49 Resident's Room and Furnishings
(1)

- › Minimum of 80 square feet of functional space for single occupancy resident rooms
- › Minimum of 120 square feet of functional space for double occupancy resident rooms

118

.49 Residents Room & Furnishings
(2)

Personal furnishings should be specified in the resident agreement

119

.51 Illumination

- › Minimum of 60 watts or equivalent
- › If requested additional lighting must be provided

120

.54 Laundry

Dry cleaning services are not considered part of laundry services

121

.55 Telephones

One to eight bed facility to have at least one land line for common use

122

.57 Civil Money Penalties (CMP1)

- A deficiency(s) or ongoing pattern(s) existing in ALP
- Falsely advertising programs
- Nature, number and seriousness of deficiencies
- Extent to which deficiency(s) is(are) part of ongoing pattern during preceding 24 months
- ALFs prior history of compliance

123

.57 Civil Money Penalties (CMP2)

- › CMPs imposed on per day basis until compliance is achieved
- › CMPs imposed for each instance of violation
- › Order for CMP must be issued within 60 days of inspection when deficiency identified

12
4

.58 Amount of Civil Money Penalties(1)

- › Nature, number and seriousness of deficiency(s)
- › Degree of risk to health, life or safety caused by deficiency(s)

126

.58 Amount of Civil Money Penalties (2)

- › Efforts made by, and the ability of the program to correct the deficiency(s)
- › Whether the amount of the CMP will jeopardize the financial ability of the program to continue operation
- › Other factors as justice may require

126

.59 Civil Money Penalties - Hearings (3)

- ▶ A hearing on the appeal must be held consistent with Title 10
- ▶ The Secretary shall have the burden of proof with respect to the imposition of the CMP

127

.60 Criminal Penalties

- ▶ Be guilty of felony for knowingly and willfully operate, maintain or own a ALF without a license.
- ▶ First offense not to exceed \$10,000. imprisonment not to exceed 5 years or both.
- ▶ Subsequent offense , fine not to exceed \$20,000. imprisonment not to exceed 5 years or both.

128

.60 Criminal Penalties

- ▶ Department to send written notice to the program 30 days before filing charges.
- ▶ Exempts a person who has applied to DHMH for licensure and is awaiting a decision regarding application.

129

.61 Health Care Quality Account

- ▶ Health Care Quality Account to be funded by civil money penalties paid by assisted living programs

- ▶ Money in this account shall be used to improve the quality of care in ALF

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.61 Health Care Quality Account

- ▶ Expenditure of funds may include:
 - Establishment & operation of a demonstration project
 - Grant award
 - Relocation of residents in crisis situations
 - Provision of education programs for ALPs, the OHCQ, other government, professional, or advocacy agencies and consumers
 - Any other purpose that will directly improve quality care

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.62 Emergency Suspension

- ▶ Notify the local department of social services Adult Protective Services Program of emergency suspension

- ▶ Provided with the opportunity for a hearing to show cause why DHMH should lift the summary suspension

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Contact person

Lester Brown
Program Manager
Assisted Living Unit
E-mail : lbrown@dohmh.state.md.us
Fax:410-402-8212



Thank you


