

ASSISTED LIVING POLICY RECOMMENDATIONS

The Alzheimer Association has identified the following eight recommendations of the *National Assisted Living Workgroup* as most critical for assisted living residents with Alzheimer's disease and other dementias. The Association is actively promoting their adoption into law and/or regulation as one of its two highest priority state issues this year.

Fact sheets on the makeup of the population of assisted living document the large number of persons with Alzheimer's disease living and receiving services in these facilities are also available on this website.

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1. Definition of Assisted Living

Services and Regulation: Assisted living is a state regulated and monitored residential long-term care option. Assisted Living provides or coordinates oversight and services to meet the residents' individualized scheduled needs, based on the residents' assessments and service plans and their unscheduled needs as they arise.

Services that are required by state law and regulation to be provided or coordinated must include but are not limited to:

- 24-hour awake staff to provide oversight and meet scheduled and unscheduled needs
- Provision and oversight of personal and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- Health related services (e.g., medication management services)
- Social services
- Recreational activities
- Meals
- Housekeeping and laundry
- Transportation

A resident has the right to make choices and receive services in a way that will promote the resident's dignity, autonomy, independence, and quality of life. These services are disclosed and agreed to in the contract between the provider and resident. Assisted living does not generally provide ongoing, 24-hour skilled nursing.

2. Identification of cognitive impairment/dementia

Recommendation: The assisted living residence (ALR) must have in place procedures to 1) increase staff awareness of signs and symptoms of cognitive impairment/dementia in a resident, 2) evaluate or obtain an evaluation of the resident's cognitive status as it relates to the resident's ability to manage his/her own affairs and direct his/her own care, and 3) adapt the resident's service plan to meet his/her needs, given the resident's cognitive status.

These procedures should include:

1. Training for all staff members about the signs and symptoms of cognitive impairment/dementia.
2. When cognitive impairment is identified, staff should strongly encourage the resident and his/her family to obtain a diagnostic assessment by an appropriately

trained and qualified professional in order to determine the cause of the cognitive impairment.

3. When cognitive impairment is identified, whether or not the resident has received a formal diagnosis of Alzheimer's disease, another dementing disease or condition, or another condition that causes cognitive impairment, staff shall evaluate the impact of the cognitive impairment on the resident's ability to manage his/her own affairs and direct his/her own care; issues of physical safety, ability to manage medications, and need for a surrogate decisionmaker shall be addressed in this evaluation; the resident and his/her family should be included in this evaluation as much as possible.
4. The resident's service plan should be revised to incorporate any changes needed because of his/her cognitive impairment. Since many diseases and conditions that cause cognitive impairment in elderly people are progressive, the resident's service plan should include a timetable for reevaluation.

3. 24-hour awake staff

Recommendation: The ALR shall ensure that the right number of trained and awake staff are on duty and present at all times, 24 hours a day, 7 days a week, to meet the needs of residents and to carry out all the processes listed in the ALR's written emergency and disaster preparedness plan for fires and other natural disasters.

4. Security for wandering residents

Recommendation: If an ALR accommodates residents who exhibit unsafe wandering behaviors, then the ALR shall have a secure boundary or perimeter to safely accommodate residents. In no event shall locking devices violate life safety codes. Approved locking devices shall not be considered a physical restraint. An ALR with secure perimeters shall conduct frequent staff training on the importance of preventing unsafe wandering and maintaining alarm systems and door locking systems in a functional capacity.

5. Care for people with cognitive impairment/dementia and dementia special care units and facilities

Recommendations:

Part 1: Care for People with Cognitive Impairment/Dementia

ALRs shall have in place procedures and services that 1) meet the needs of residents with cognitive impairment/dementia, 2) accommodate and balance concerns about safety and autonomy, 3) recognize and build on strengths, capacities choices, and values of the resident, and 4) reflect the likelihood that the cognitive status of many of these people will change and deteriorate over time. Such procedures and services include:

1. Staff training about cognitive impairment, dementia, and dementia care;
2. Procedures for assessing and reassessing the resident's cognitive status, abilities, and related care needs;
3. Procedures, including supervision, to help direct care staff understand and respond effectively to residents' behavioral symptoms;
4. Specialized activities that are appropriate for residents with cognitive impairment/dementia;
5. Procedures for working with the resident and the resident's family to define and clarify responsibilities of the resident, the family, and the facility;

6. Procedures for designating and working with a surrogate decisionmaker, if the resident is not capable of making decision for him/herself;
7. Policies and procedures to protect residents who wander and/or are at risk of physical harm;
8. Regular monitoring to assure resident safety and health care status, consistent with impairment; and
9. Policies and procedures for involving and supporting family members.

Resident needs related to cognitive impairment/dementia differ depending on the severity of the cognitive impairment. An ALR should have in place procedures and services that are appropriate for the severity of cognitive impairment of its residents.

Part 2: Dementia Special Care Units and Facilities

ALRs that choose to serve only individuals with cognitive impairment/dementia or to establish a special dementia unit or unit(s) should define precisely the purpose of the unit(s) and develop admission and discharge criteria, staff training, activity programs, and physical design features that are consistent with that purpose.

6. Pre-admission disclosure for specialized programs of care

Recommendation: ALRs representing in any way that they provide special care programs for persons with Alzheimer's disease or other dementias, or any other specific health conditions, shall disclose how the program and its services are different from the basic services. At a minimum, the ALR shall disclose the following information to each prospective resident prior to admission:

- The ALR's philosophy of the special care program.
- The process and criteria for placement in, and transfer or discharge from, any specialized unit and/or the ALR.
- The process for assessing residents and establishing individualized service plans.
- Additional services provided and the costs of those services relevant to the special care program.
- Specialized (condition-specific) staff training and continuing education practices relevant to the special care program.
- How the physical environment and design features are appropriate to support the functioning and safety of residents with the specific condition(s).
- The frequency and types of activities offered to residents.
- Options for family involvement and the availability of family support programs.

7. Activities for special care residents

Recommendation: Assisted living residences that accommodate special care residents must provide daily interactions and experiences that are meaningful (based upon residents' interests, feelings, and lifestyle), appropriate (for their abilities and functioning levels), and respectful (of their age, beliefs, cultures, values, and life experiences) of residents, as determined by individual assessments and indicated in their service plans.

Activity programs shall be directed by appropriately qualified and trained individuals, who have experience in activities responsibilities and training in special care.

Staff involved in planning and implementing activities for special care residents shall, on an on-going basis, be given training that includes, but is not limited to: basic physiological understanding of dementia and other special conditions of residents being served; behavioral symptoms and consequences; behavioral intervention and management strategies, including redirection techniques; understanding of individual resident's specific needs, appropriate activities and accommodations for meeting special resident needs (e.g. cognitive, language, behavioral, motor, and social skills).

8. Resident Rights and Provider Responsibilities

Recommendation: Within the boundaries set by law, residents have the right to:

- Be shown consideration and respect
- Be treated with dignity
- Exercise autonomy
- Exercise civil and religious rights and liberties
- Be free from chemical and physical restraints
- Be free from physical, mental, fiduciary, sexual and verbal abuse, and neglect
- Have free reciprocal communication with and access to the long term care ombudsmen program
- Voice concerns and complaints to the ALR orally and in writing without reprisal
- Review and obtain copies of their own records that the ALR maintains
- Receive and send mail promptly and unopened
- Private unrestricted communication with others
- Privacy for couples and for visitors
- Privacy in treatment and caring for personal needs
- Manage their own financial affairs
- Confidentiality concerning financial, medical and personal affairs
- Guide the development and implementation of their service plans
- Participate in and appeal the discharge (move-out) planning process
- Involve family members in making decisions about services
- Arrange for third party services at their own expense
- Accept or refuse services
- Choose their own physicians, dentists, pharmacists and other health professionals
- Choose to execute advance directives
- Exercise choice about end of life care
- Participate or refuse to participate in social, spiritual or community activities
- Arise and retire at times of their own choosing
- Form and participate in resident councils
- Furnish their own rooms and use and retain personal clothing and possessions
- Right to exercise choice and lifestyle as long as it does not interfere with other residents rights
- Unrestricted contact with visitors and others as long as that does not infringe on other residents rights and
- Come and go and rights that one would enjoy in their own home