

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
CHAPTER 7 - ASSISTED LIVING RESIDENCES
6 CCR 1011-1 Chap 07
Adopted by the Board of Health on April 18, 2018.

[Publication Instructions: Replace current existing text in its entirety with the following new text from Table of Contents through Section 25.25(F)(5)(a)]

TABLE OF CONTENTS

- Section 1 – Statutory Authority and Applicability**
- Section 2 – Definitions**
- Section 3 – Department Oversight**
- Section 4 – Licensee Responsibilities**
- Section 5 – Reporting Requirements**
- Section 6 – Administrator**
- Section 7 – Personnel**
- Section 8 – Staffing Requirements**
- Section 9 – Policies and Procedures**
- Section 10 – Emergency Preparedness**
- Section 11 – Resident Admission and Discharge**
- Section 12 – Resident Care Services**
- Section 13 – Resident Rights**
- Section 14 – Medication and Medication Administration**
- Section 15 – Laundry Services**
- Section 16 – Food Safety**
- Section 17 – Food and Dining Services**
- Section 18 – Health Information Records**
- Section 19 – Infection Control**
- Section 20 – Physical Plant Standards**
- Section 21 – Exterior Environment**
- Section 22 – Interior Environment**
- Section 23 – Environmental Pest Control**

Section 24 – Waste Disposal

Section 25 – Secure Environment

SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY

- 1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by §§ 25-1.5-103, 25-27-101, and 25-27-104, C.R.S.
- 1.2 Assisted living residences, as defined herein, shall comply with all applicable federal and state statutes and regulations including, but not limited to, the following:
 - (A) This Chapter 7.
 - (B) 6 CCR 1011-1, Chapter 2, pertaining to general licensure standards.
 - (C) 6 CCR 1011-1, Chapter 24 and §§ 25-1.5-301 through 25-1.5-303 C.R.S, pertaining to medication administration.
 - (D) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste.
- 1.3 This regulation incorporates by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to §24-4-103 (12.5), C.R.S., the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director
Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
Phone: (303) 692-2836

Certified copies of material will be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference may be examined in any state publications depository library unless the incorporated material is publicly available on the internet. Copies of the incorporated materials that have been sent to the state publications depository and distribution center and are available for interlibrary loan.

SECTION 2 – DEFINITIONS

For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

“Abuse” means any of the following acts or omissions:

The non-accidental infliction of bodily injury, serious bodily injury or death,

Confinement or restraint that is unreasonable under generally accepted caretaking standards, or

Subjection to sexual conduct or contact that is classified as a crime.

"Administrator" means a person who is responsible for the overall operation, daily administration, management and maintenance of the assisted living residence. The term "administrator" is synonymous with "operator" as that term is used in Title 25, Article 27, Part 1.

"Activities of daily living (ADLs)" means those personal functional activities required by an individual for continued well-being, health and safety. As used in this Chapter 7, activities of daily living include, but are not limited to, accompaniment, eating, dressing, grooming, bathing, personal hygiene (hair care, nail care, mouth care, positioning, shaving, skin care), mobility (ambulation, positioning, transfer), elimination (using the toilet) and respiratory care.

"Alternative care facility" means an assisted living residence certified by the Colorado Department of Health Care Policy and Financing to receive Medicaid reimbursement for the services provided pursuant to 10 CCR 2505-10, section 8.495.

"Appropriately skilled professional" means an individual that has the necessary qualifications and/or training to perform the medical procedures prescribed by a practitioner. This includes, but is not limited to, registered nurse, licensed practical nurse, physical therapist, occupational therapist, respiratory therapist, and dietitian.

"Assisted living residence" or "ALR" means:

A residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required, or

A Supportive Living Program residence that, in addition to the criteria specified in paragraph (a) above, is certified by the Colorado Department of Health Care Policy and Financing to also provide health maintenance activities, behavioral management and education, independent living skills training and other related services as set forth in the supportive living program regulations at 10 CCR 2505-10, section 8.515.

Unless otherwise indicated, the term "assisted living residence" is synonymous with the terms "health care entity," "health facility," or "facility" as used elsewhere in 6 CCR 1011-1, Standards for Hospitals and Health Facilities.

"At-risk person" means any person who is 70 years of age or older, or any person who is 18 years of age or older and meets one or more of the following criteria:

Is impaired by the loss (or permanent loss of use) of a hand or foot, blindness or permanent impairment of vision sufficient to constitute virtual blindness;

Is unable to walk, see, hear or speak;

Is unable to breathe without mechanical assistance;

Is a person with an intellectual and developmental disability as defined in §25.5-10-202, C.R.S.;

Is a person with a mental health disorder as defined in §27-65-102(11.5), C.R.S.;

Is mentally impaired as defined in §24-34-501(1.3)(b)(II), C.R.S.;

Is blind as defined in §26-2-103(3), C.R.S.; or

Is receiving care and treatment for a developmental disability under Article 10.5 of Title 27, C.R.S.

"Auxiliary aid" means any device used by persons to overcome a physical disability and includes but is not limited to a wheelchair, walker or orthopedic appliance.

"Care plan" means a written description in lay terminology of the functional capabilities of an individual, the individual's need for personal assistance, service received from external providers, and the services to be provided by the facility in order to meet the individual's needs. In order to deliver person-centered care, the care plan shall take into account the resident's preferences and desired outcomes. "Care plan" may also mean a service plan for those facilities which are licensed to provide services specifically for the mentally ill.

"Caretaker neglect" means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision or any other service necessary for the health or safety of an at-risk person is not secured for that person or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence or intimidation to create a hostile or fearful environment for an at-risk person.

"Certified nurse medication aide (CNA-Med)" means a certified nurse aide who meets the qualifications specified in 3 CCR 716-1, Chapter 19 and who is currently certified as a nurse aide with medication aide authority by the State Board of Nursing.

"Controlled substance" means any medication that is regulated and classified by the Controlled Substances Act at 21 U.S.C., §812 as being schedule II through V.

"Deficiency" means a failure to fully comply with any statutory and/or regulatory requirements applicable to a licensed assisted living residence.

"Deficiency list" means a listing of deficiency citations which contains a statement of the statute or regulation violated; and a statement of the findings, with evidence to support the deficiency.

"Department" means the Colorado Department of Public Health and Environment or its designee.

"Disproportionate share facilities" means facilities that serve a disproportionate share of low income residents as evidenced by having qualified for federal or state low income housing assistance; planning to serve low income residents with incomes at or below 80 percent of the area median income; and submitting evidence of such qualification, as required by the Department.

"Discharge" means termination of the resident agreement and the resident's permanent departure from the facility.

"Egress alert device" means a device that is affixed to a structure or worn by a resident that triggers a visual or auditory alarm when a resident leaves the building or grounds. Such devices shall only be used to assist staff in redirecting residents back into the facility when staff are alerted to a resident's departure from the facility as opposed to restricting the free movement of residents.

"Emergency contact" means one of the individuals identified on the face sheet of the resident record to be contacted in the case of an emergency.

"Exploitation" means an act or omission committed by a person who:

Uses deception, harassment, intimidation or undue influence to permanently or temporarily deprive an at-risk person of the use, benefit or possession of anything of value;

Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk person;

Forces, compels, coerces or entices an at-risk person to perform services for the profit or advantage of the person or another person against the will of the at-risk person; or

Misuses the property of an at-risk person in a manner that adversely affects the at-risk person's ability to receive health care, health care benefits, or to pay bills for basic needs or obligations.

"External services" means personal services and protective oversight services provided to a resident by family members or healthcare professionals who are not employees, contractors, or volunteers of the facility. External service providers include, but are not limited to, home health, hospice, private pay caregivers and family members.

"High Medicaid utilization facility" means a facility that has no less than 35 percent of its licensed beds occupied by Medicaid enrollees as indicated by complete and accurate fiscal year claims data; and served Medicaid clients and submitted claims data for a minimum of nine (9) months of the relevant fiscal year.

"Hospice care" means a comprehensive set of services identified and coordinated by an external service provider in collaboration with the resident, family and assisted living residence to provide for the physical, psychosocial, spiritual and emotional needs of a terminally ill resident as delineated in a care plan. Hospice care services shall be available 24 hours a day, seven days a week pursuant to the requirements for hospice providers set forth in 6 CCR 1011-1, Chapter 21, Hospices.

"Licensee" means the person or entity to whom a license is issued by the Department pursuant to §25-1.5-103 (1) (a), C.R.S., to operate an assisted living residence within the definition herein provided. For the purposes of this Chapter 7, the term "licensee" is synonymous with the term "owner."

"Medical waste" means waste that may contain disease causing organisms or chemical that present potential health hazards such as discarded surgical gloves, sharps, blood, human tissue, pharmaceutical waste and laboratory waste.

"Medication administration" means assisting a person in the ingestion, application, inhalation, or using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner or as written on the prescription label and making a written record thereof with regard to each medication administered, including the time and the amount taken.

"Medication administration" by a qualified medication administration person does not include judgment, evaluation, or assessments or the injections of medication (unless otherwise authorized by law in response to an emergent situation), the monitoring of medication, or the self-administration of medication, including prescription drugs and including the self-injection of medication by the resident.

"Medication monitoring" means:

- (A) Reminding the resident to take medication(s) at the time ordered by the authorized practitioner;
- (B) Handing to a resident a container or package of medication that was lawfully labeled previously by an authorized practitioner for the individual resident;
- (C) Visual observation of the resident to ensure compliance;
- (D) Making a written record of the resident's compliance with regard to each medication, including the time taken; and
- (E) Notifying the authorized practitioner if the resident refuses or is unable to comply with the practitioner's instructions regarding the medication.

"Mistreatment" means abuse, caretaker neglect or exploitation.

"Nurse" means an individual who holds a current unrestricted license to practice pursuant to Article 38 of Title 12, C.R.S., and is acting within the scope of such authority.

"Nursing services" means support for activities of daily living, the administration of medications and the provision of treatment by a nurse in accordance with orders from the resident's practitioner.

"Owner" means the person or business entity that applies for assisted living residence licensure and/or in whose name the license is issued.

"Palliative care" means specialized medical care for people with serious illnesses. This type of care is focused on providing residents with relief from the symptoms, pain and stress of serious illness, whatever the diagnosis. The goal is to improve quality of life for both the resident and the family. Palliative care is provided by a team of physicians, nurses and other specialists who work with a resident's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment. Unless otherwise indicated, the term "palliative care" is synonymous with the terms "comfort care," "supportive care," and similar designations.

"Personal care worker" means an individual who:

Provides personal services for any resident, and

Is not acting in his or her capacity as a health care professional under Articles 36, 38, 40.5 or 41 of Title 12 of the Colorado Revised Statutes.

"Personal services" means those services that an assisted living residence and its staff provide for each resident including, but not limited to:

An environment that is sanitary and safe from physical harm,

Individualized social supervision,

Assistance with transportation, and

Assistance with activities of daily living.

"Plan of correction" means a written plan to be submitted by facilities to the Department for approval, detailing the measures that shall be taken to correct all cited deficiencies.

"Practitioner" means a physician, physician assistant or advance practice nurse (i.e., nurse practitioner or clinical nurse specialist) who has a current, unrestricted license to practice and is acting within the scope of such authority.

"Pressure sore" (also called pressure ulcer, decubitus ulcer, bed-sore or skin breakdown) means an area of the skin or underlying tissue (muscle, bone) that is damaged due to loss of blood flow to the area. Symptoms and medical treatment of pressure sores are based upon the level of severity or "stage" of the pressure sore.

Stage 1 affects only the upper layer of skin. Symptoms include pain, burning or itching and the affected area may look or feel different from the surrounding skin.

Stage 2 goes below the upper surface of the skin. Symptoms include pain, broken skin or open wound that is swollen, warm and/or red and may be oozing fluid or pus.

Stage 3 involves a sore that looks like a crater and may have a bad odor. It may show signs of infection such as red edges, pus, odor, heat and/or drainage.

Stage 4 is a deep, large sore. The skin may have turned black and show signs of infection such as red edges, pus, odor, heat and/or drainage. Tendons, muscles and bone may be visible.

"Protective oversight" means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident, including the following:

Being aware of a resident's general whereabouts, although the resident may travel independently in the community; and

Monitoring the activities of the resident while on the premises to ensure the resident's health, safety and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety and well-being.

"Qualified medication administration person" or "QMAP" means an individual who passed a competency evaluation administered by the Department before July 1, 2017 or passed a competency evaluation administered by an approved training entity on or after July 1, 2017 and whose name appears on the Department's list of persons who have passed the requisite competency evaluation.

"Renovation" means any change, addition or modification to the existing physical plant which requires an increase in capacity to structural, mechanical, or electrical systems; that adds square footage; or that adds, removes or relocates walls, windows or doors.

"Resident's legal representative" means one of the following:

The legal guardian of the resident, where proof is offered that such guardian has been duly appointed by a court of law, acting within the scope of such guardianship;

An individual named as the agent in a power of attorney (POA) that authorizes the individual to act on the resident's behalf, as enumerated in the POA;

An individual selected as a proxy decision-maker pursuant to §15-18.5-101, C.R.S., *et seq.*, to make medical treatment decisions. For the purposes of this regulation, the proxy decision-maker serves as the resident's legal representative for the purposes of medical treatment decisions only; or

A conservator, where proof is offered that such conservator has been duly appointed by a court of law, acting within the scope of such conservatorship.

"Restraint" means any method or device used to involuntarily limit freedom of movement including, but not limited to, bodily physical force, mechanical devices, chemicals or confinement.

"Secure-environment" means any grounds, building or part thereof, method or device that prohibits free egress of residents. An environment is secure when the right of any resident thereof to move outside the environment during any hours is limited.

"Self-administration" means the ability of a resident to take medication independently without any assistance from another person.

"Staff" means employees and contracted individuals intended to substitute for or supplement employees who provide resident care services. "Staff" does not include individuals providing external services, as defined herein.

"Therapeutic diet" means a diet ordered by a practitioner as part of a treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include, but are not limited to, a calorie counted diet; a specific sodium gram diet; and a cardiac diet.

“Transfer” means being able to move from one body position to another. This includes, but is not limited to, moving from a bed to a chair or standing up from a chair to grasp an auxiliary aid.

SECTION 3 – DEPARTMENT OVERSIGHT

Licensure

- 3.1 Applicants for an initial or renewal license shall follow the licensure procedures outlined in 6 CCR 1011-1, Chapter 2, Parts 2.3 through 2.10.
- (A) In addition, each license renewal applicant shall annually submit, in the form and manner prescribed by the Department, information about the facility’s operations, resident care and services.
- 3.2 The Department may issue a provisional license to an applicant for the purpose of operating an assisted living residence for one period of 90 days if the applicant is temporarily unable to conform to all the minimum standards required under these regulations, except no license shall be issued to an applicant if the operation of the applicant's facility will adversely affect the health, safety, and welfare of the residents of such facility.
- (A) As a condition of obtaining a provisional license, the applicant shall provide the Department with proof that it is attempting to conform and comply with applicable standards. No provisional license shall be granted prior to the submission of a criminal background check in accordance with § 25-27-105 (2.5), C.R.S.
- 3.3 Each owner or applicant shall request a background check.
- (A) If an owner or applicant for an initial assisted living residence license has lived in Colorado for more than three years at the time of the initial application, said individual shall request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based criminal history record check with notification of future arrests.
- (B) If an owner or applicant for an initial assisted living residence license has lived in Colorado for three years or less at the time of the initial application, said individual shall request a fingerprint-based criminal history record check generated by the Federal Bureau of Investigation through the CBI.
- (C) The cost of obtaining such information shall be borne by the individual or individuals who are the subject of such check. The information shall be forwarded by the CBI directly to the Department.
- 3.4 No license shall be issued or renewed by the Department if an owner, applicant and/ or licensee of the assisted living residence has been convicted of a felony or of a misdemeanor, which felony or misdemeanor involves moral turpitude or involves conduct that the Department determines could pose a risk to the health, safety, or welfare of residents of the assisted living residence.
- 3.5 An assisted living residence shall not care for more residents than the number of beds for which it is currently licensed.

License Fees

Unless otherwise specified, all license fees paid to the Department shall be non-refundable.

- 3.6 Initial Licenses

For initial license applications submitted on or after July 1, 2018, the applicable fee, as set forth below, shall accompany the license application.

3 to 8 licensed beds: \$6,300.

9 to 19 licensed beds: \$7,300.

20 to 49 licensed beds: \$8,750.

50 to 99 licensed beds: \$11,550

100 or more licensed beds: \$14,750

Qualifying disproportionate share facility: \$3,000

3.7 Renewal Fees

(A) For licenses that expire before July 1, 2018, the applicable fee as set forth below, shall accompany the renewal application:

\$180 per facility plus \$47 per bed.

\$180 per facility plus \$19 per bed for a high Medicaid utilization facility.

(B) For licenses that expire on or after July 1, 2018, the applicable fee(s), as set forth below, shall accompany the renewal application:

\$360 per facility plus \$67 per bed.

\$360 per facility plus \$23 per bed for a high Medicaid utilization facility.

\$350 per secure environment that is separate and distinct from a non-secure environment.

(C) For licenses that expire on or after July 1, 2019, the applicable fee(s), as set forth below, shall accompany the renewal application:

\$360 per facility plus \$103 per bed.

\$360 per facility plus \$38 per bed for a high Medicaid utilization facility.

\$350 per secure environment that is separate and distinct from a non-secure environment.

3.8 Provisional Licensure. Any facility approved by the Department for a provisional license, shall submit a fee of \$1,000 for the provisional licensure period.

3.9 Change of Ownership

(A) The applicable fee, as set forth below, shall accompany a facility's application for change of ownership.

Three to 19 licensed beds: \$6,250.

20 to 49 licensed beds: \$7,800.

50 to 99 licensed beds: \$10,600

100 licensed beds and more: \$13,700

- (B) If the same purchaser buys more than one facility from the same seller in a single business transaction, the change of ownership fee shall be the fee noted above for the largest facility and \$4,500 for each additional facility included in the transaction. The appropriate fee total shall be submitted with the application.

3.10 Other License Fees

- (A) A facility applying for a change of mailing address, shall submit a fee of \$75 with the application. For purposes of this subsection, a corporate change of address for multiple facilities shall be considered one change of address.
- (B) A facility applying for a change of name shall submit a fee of \$75 with the application.
- (C) A facility applying for an increased number of licensed beds shall submit a fee of \$500 with the application.
- (D) A facility applying for a change of administrator shall submit a fee of \$500 with the application.
- (E) A facility seeking to open a new secure environment shall submit a fee of \$1,600 with the first submission of the applicable building plans.

Citing Deficiencies

- 3.11 The level of the deficiency shall be based upon the number of sample residents affected and the level of harm, as follows:

Level A – isolated potential for harm for one or more residents.

Level B – a pattern of potential for harm for one or more residents.

Level C – isolated actual harm affecting one or more residents.

Level D – a pattern of actual harm affecting one or more residents.

Level E (Immediate Jeopardy) – actual or potential for serious injury or harm for one or more residents.

- 3.12 When a Level E deficiency is cited, the assisted living residence shall immediately remove the cause of the immediate jeopardy risk and provide the Department with written evidence that the risk has been removed.

Plans of Correction

- 3.13 Pursuant to §25-27-105 (2), C.R.S., an assisted living residence shall submit a written plan detailing the measures that will be taken to correct any deficiencies.
 - (A) Plans of correction shall be in the format prescribed by the Department and conform to the requirements set forth in 6 CCR 1011-1, Chapter 2, Part 2.11.4,
 - (B) The Department has the discretion to approve, impose, modify or reject a plan of correction as set forth in 6 CCR 1011-1, Chapter 2, Part 2.11.4.

Intermediate Restrictions or Conditions

- 3.14 Section 25-27-106, C.R.S., allows the Department to impose intermediate restrictions or conditions on a licensee that may include at least one of the following:
- (A) Retaining a consultant to address corrective measures including deficient practice resulting from systemic failure;
 - (B) Monitoring by the Department for a specific period;
 - (C) Providing additional training to employees, owners, or operators of the residence;
 - (D) Complying with a directed written plan, to correct the violation; or
 - (E) Paying a civil fine not to exceed two thousand dollars (\$2,000) in a calendar year.
- 3.15 Intermediate restrictions or conditions may be imposed for Level A, B and C deficiencies when the Department finds the assisted living residence has violated statutory or regulatory requirements. The factors that may be considered include, but are not limited to, the following:
- (A) The level of actual or potential harm to a resident(s),
 - (B) The number of residents affected,
 - (C) Whether the conduct leading to the imposition of the restriction are isolated or a pattern, and
 - (D) The licensee's prior history of noncompliance in general, and specifically with reference to the cited deficiencies.
- 3.16 For all cases where the deficiency list includes Levels D or E deficiencies, the assisted living residence shall comply with at least one intermediate restriction or condition. In addition, for all level E deficiencies, the assisted living residence shall:
- (A) Pay a civil fine of \$500, not to exceed \$2,000 in a calendar year,
 - (B) Immediately correct the circumstances that gave rise to the immediate jeopardy situation, and
 - (C) Comply with any other restrictions or conditions required by the Department.

Appealing the Imposition of Intermediate Restrictions/Conditions

- 3.17 A licensee may appeal the imposition of an intermediate restriction or condition pursuant to procedures established by the Department and as provided by §25-27-106, C.R.S.
- (A) Informal Review
- Informal review is an administrative review process conducted by the Department that does not include an evidentiary hearing.
- (1) A licensee may submit a written request for informal review of the imposition of an intermediate restriction no later than ten (10) business days after the date notice is received from the Department of the restriction or condition. If an extension of time is needed, the assisted living residence shall request an extension in writing from the

Department prior to the submittal due date. An extension of time may be granted by the Department not to exceed seven calendar days. Informal review may be conducted after the plan of correction has been approved.

- (2) For civil fines, the licensee may request in writing that the informal review be conducted in person, which would allow the licensee to orally address the informal reviewer(s).

(B) Formal Review

A licensee may appeal the imposition of an intermediate restriction or condition in accordance with the Administrative Procedure Act (APA) at §24-4-105, C.R.S. A licensee is not required to submit to the Department's informal review before pursuing formal review under the APA.

- (1) For life-threatening situations, the licensee shall implement the restriction or condition immediately upon receiving notice of the restriction or condition.
- (2) For situations that are not life-threatening, the restriction or condition shall be implemented in accordance with the type of condition as set forth below:
 - (a) For restriction/conditions other than fines, immediately upon the expiration of the opportunity for appeal or from the date that the Department's decision is upheld after all administrative appeals have been exhausted.
 - (b) For fines, within 30 calendar days from the date the Department's decision is upheld after all administrative appeals have been exhausted.

Supported Living Program Oversight

- 3.18 An assisted living residence that is certified to participate in the Supported Living Program administered by the Department of Healthcare Policy and Financing shall comply with both HCPF's regulations concerning that program and the applicable portions of this chapter. The Department shall coordinate with HCPF in regulatory interpretation of both license and certification requirements to ensure that the intent of similar regulations is congruently met.

SECTION 4 – LICENSEE RESPONSIBILITIES

- 4.1 The licensee shall assume responsibility for all services provided by the assisted living residence.
- 4.2 The licensee shall ensure the provision of facilities, personnel and services necessary for the welfare and safety of residents.
- 4.3 The licensee shall ensure that all marketing, advertising and promotional information published or otherwise distributed by the assisted living residence accurately represents the ALR and the care, treatment and services that it provides.
- 4.4 The licensee shall establish, and ensure the maintenance of, a system of financial management and accountability for the assisted living residence.
- 4.5 The licensee shall appoint an administrator who meets the minimum qualifications set forth in this regulation and delegate to that individual the executive authority and responsibility for the administration of the assisted living residence.

SECTION 5 - REPORTING REQUIREMENTS

At Risk Persons Mandatory Reporting

- 5.1 Assisted living residence personnel engaged in the admission, care or treatment of at-risk persons shall report suspected physical or sexual abuse, exploitation and/or caretaker neglect to law enforcement within 24 hours of observation or discovery pursuant to §18-6.5-108, C.R.S.

Resident Relocation Reporting

- 5.2 The assisted living residence shall notify the Department within 48 hours if the relocation of one or more residents occurs due to any portion of the assisted living residence becoming uninhabitable because of fire or other disaster.

Occurrence Reporting

- 5.3 An assisted living residence shall comply with all occurrence reporting required by state law and shall follow the reporting procedures set forth below:
- (A) Notify the Department of the following items no later than the next business day after discovery by the ALR:
 - (1) Any occurrence involving neglect of a resident by failure to provide goods and services necessary to avoid the resident's physical harm or mental anguish;
 - (2) Any occurrence involving abuse of a resident by the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish;
 - (3) Any occurrence involving an injury of unknown source where the source of the injury cannot be explained, and the injury is suspicious because of the extent or location of the injury; or
 - (4) Any occurrence involving misappropriation of a resident's property including the deliberate misplacement, exploitation or wrongful use of a resident's belongings or money without the resident's consent.
 - (B) Investigate an occurrence to determine the circumstances of the event and institute appropriate measures to prevent similar future situations.
 - (1) Documentation regarding investigation, including the appropriate measures to be instituted, shall be made available to the Department, upon request.
 - (C) Submit the assisted living residences' final investigation report to the Department within five business days after the initial report of the occurrence.
 - (D) Nothing in this section 5.3 shall be construed to limit or modify any statutory or common law right, privilege, confidentiality or immunity.

SECTION 6 – ADMINISTRATOR

Background checks

- 6.1 In order to ensure that the administrator is of good, moral and responsible character, the assisted living residence shall request a fingerprint-based criminal history record check with notification of future arrests for each prospective administrator prior to hire.

- (A) If an administrator applicant has lived in Colorado for more than three years at the time of application, the assisted living residence shall request the criminal history record check from the Colorado Bureau of Investigation (CBI).
- (B) If an administrator applicant has lived in Colorado for less than three years at the time of application, the assisted living residence shall request the criminal history record check from the Federal Bureau of Investigation through the CBI.
- (C) The cost of obtaining such information shall be borne by the individual who is the subject of such check. The information shall be forwarded by the CBI directly to the Department.

Qualifications

- 6.2 An administrator who is recognized by the Department as having been an assisted living residence administrator of record prior to July 1, 2019, shall not be required to meet the criteria in section 6.3.
- 6.3 Effective July 1, 2019, each newly hired administrator who does not qualify under section 6.2, shall be at least 21 years of age, possess a high school diploma or equivalent and at least one year of experience supervising the delivery of personal care services that include activities of daily living.

Training

- 6.4 Each administrator shall have completed an administrator training program before assuming an administrator position. Written proof regarding the successful completion of such training program shall be maintained in the administrator's personnel file.
- 6.5 Effective January 1, 2019, an administrator training program shall meet all of the following requirements:
 - (A) The program or program components are conducted by an accredited college, university, or vocational school; or an organization, association, corporation, group or agency with specific expertise in the provision of residential care and services, and
 - (B) The curriculum includes at least 40 actual hours, 20 of which shall focus on applicable state regulations. The remaining 20 hours shall provide an overview of the following topics:
 - (1) Business operations including, but not limited to,
 - (a) Budgeting,
 - (b) Business plan/service model,
 - (c) Insurance,
 - (d) Labor laws,
 - (e) Marketing, messaging and liability consequences, and
 - (f) Resident agreement.
 - (2) Daily business management including, but not limited to,
 - (a) Coordination with external service providers (i.e., community and support services including case management, referral agencies, mental health resources, ombudsmen, adult protective services, hospice, and home care),

- (b) Ethics, and
 - (c) Grievance and complaint process.
- (3) Physical plant
- (4) Resident care including, but not limited to,
 - (a) Admission and discharge criteria,
 - (b) Behavior expression management,
 - (c) Care needs assessment,
 - (d) Fall management,
 - (e) Nutrition,
 - (f) Person-centered care,
 - (g) Personal versus skilled care,
 - (h) Quality management education,
 - (i) Resident rights,
 - (j) Sexuality and aging,
 - (k) Secure environment, and
 - (l) Medication Management.
- (5) Resident psychosocial needs including, but not limited to,
 - (a) Cultural competency (ethnicity, race, sexual orientation),
 - (b) Family involvement and dynamics,
 - (c) Mental health care (maintaining good mental health and recognizing symptoms of poor mental health),
 - (d) Palliative care standards, and
 - (e) Resident engagement.

6.6 Competency testing shall be performed to demonstrate that the individuals trained have a comprehensive, evidence-based understanding of the regulations and topics.

Duties

6.7 The administrator shall be responsible for the overall operation of the assisted living residence, including, but not limited to:

- (A) Managing the day to day delivery of services to ensure residents receive the care that is described in the resident agreement, the comprehensive resident assessment and the resident care plan,
- (B) Organizing and directing the assisted living residence's ongoing functions including physical maintenance,
- (C) Ensuring that resident care services conform to the requirements set forth in section 12 of this chapter,
- (D) Employing, training and supervising qualified personnel,
- (E) Providing continuing education for all personnel,
- (F) Establishing and maintaining a written organizational chart to ensure there are well-defined lines of responsibility and adequate supervision of all personnel,
- (G) Reviewing the marketing materials and information published by an assisted living residence to ensure consistency with the services actually provided by the ALR,
- (H) Managing the business and financial aspects of the assisted living residence which includes working with the licensee to ensure there is an adequate budget to provide necessary resident services,
- (I) Completing, maintaining and submitting all reports and records required by the Department,
- (J) Complying with all applicable federal, state and local laws concerning licensure and certification, and
- (K) Appointing and supervising a qualified designee who is capable of satisfactorily fulfilling the administrator's duties when the administrator is unavailable.
 - (1) The name and contact information for the administrator or qualified designee on duty shall always be readily available to the residents and public.
 - (2) The administrator or qualified designee shall always, whether on or off site, be readily accessible to staff.
 - (3) When a qualified designee is acting as administrator in an assisted living residence that is licensed for more than 12 beds, there shall be at least one other staff member on duty whose primary responsibility is the daily care of residents.

SECTION 7 – PERSONNEL

Background Checks

- 7.1 In order to ensure that staff members and volunteers are of good, moral and responsible character, the assisted living residence shall request, prior to hire, a name-based criminal history record check for each prospective staff member and volunteer providing ALR services.
- (A) If the applicant has lived in Colorado for more than three years at the time of application, the assisted living residence shall obtain a name-based criminal history report conducted by the Colorado Bureau of Investigation (CBI).

- (B) If the applicant has lived in Colorado for three years or less at the time of application, the assisted living residence shall obtain a name-based criminal history report for each state in which the applicant has lived for the past three years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency or other name-based report as determined by the Department.
- (C) The cost of obtaining such information shall be borne by the assisted living residence, the contract staffing agency or the individual who is the subject of such check, as appropriate.

Background Check Policies and Procedures

- 7.2 If the assisted living residence becomes aware of information that a current administrator, staff member or volunteer providing ALR services could pose a risk to the health, safety and welfare of the residents and/or that such individual is not of good, moral and responsible character, the assisted living residence shall request an updated criminal history record check for such individual from the CBI and/or other relevant law enforcement agency.
- 7.3 The assisted living residence shall develop and implement policies and procedures regarding the hiring or continued service of any administrator, staff member or volunteer providing ALR services whose criminal history records do not reveal good, moral and responsible character or demonstrate other conduct that could pose a risk to the health, safety, or welfare of the residents.
 - (A) At a minimum, the assisted living residence shall consider and address the following items:
 - (1) The history of convictions, pleas of guilty or no contest;
 - (2) The nature and seriousness of the crime(s);
 - (3) The time that has elapsed since the convictions;
 - (4) Whether there are any mitigating circumstances; and
 - (5) The nature of the position to which the individual will be assigned.

Ability to Perform Job Functions

- 7.4 Each staff member and volunteer providing assisted living services shall be physically and mentally able to adequately and safely perform all functions essential to resident care.
- 7.5 The assisted living residence shall select direct care staff based on such factors as the ability to read, write, carry out directions, communicate and demonstrate competency to safely and effectively provide care and services.
- 7.6 The assisted living residence shall establish written policies concerning pre-employment physical evaluations and employee health. Those policies shall include, at a minimum:
 - (A) Tuberculin skin testing of each staff member and volunteer who provide ALR services prior to direct contact with residents; and
 - (B) The imposition of work restrictions on direct care staff who are known to be affected with any illness in a communicable stage. At a minimum, such staff shall be barred from direct contact with residents or resident food.

- 7.7 The assisted living residence shall have policies and procedures restricting on-site access by staff or volunteers with drug or alcohol use that would adversely impact their ability to provide resident care and services.

Orientation

- 7.8 The assisted living residence shall ensure that each staff member and volunteer who provide ALR services complete an initial orientation before providing care and services to a resident. Such orientation shall include, at a minimum, all of the following topics:
- (A) The care and services provided by the assisted living residence including palliative and/or end of life care, if applicable,
 - (B) Resident rights,
 - (C) Overview of state regulatory oversight applicable to the assisted living residence,
 - (D) Hand Hygiene and infection control,
 - (E) Recognizing emergencies, emergency response policies and procedures and relevant emergency contact numbers,
 - (F) House rules,
 - (G) Person-centered care, and
 - (H) Reporting requirements.

Staff Training

- 7.9 Within 30 days of hire, the assisted living residence shall provide each staff member with training relevant to that staff member's duties and responsibilities. This training may include self-study courses. If the assisted living residence uses a volunteer to perform any staff functions, that volunteer shall receive the same training as staff. The staff training shall include, but is not limited to, the following topics:
- (A) Assignment of duties and responsibilities,
 - (B) Assisted living residence policies and procedures,
 - (C) Occurrence reporting,
 - (D) Recognizing behavioral expression and management techniques,
 - (E) How to effectively communicate with residents that have hearing loss, limited English proficiency, dementia, or other conditions that impair communication;
 - (F) Emergency procedures including fire response, basic first aid, automated external defibrillator (AED) use, if applicable, practitioner assessment, and serious illness, injury and/or death of a resident;
 - (G) The role of and communication with external service providers,

- (H) Training related to fall prevention and ways to monitor residents for signs of heightened fall potential such as deteriorating eyesight, unsteady gait, and increasing limitations that restrict mobility;
- (I) Where to immediately locate a resident's advance directive,
- (J) Maintenance of a clean, safe and healthy environment including appropriate cleaning techniques,
- (K) Understanding end of life care including hospice and palliative care,
- (L) How to safely provide lift assistance, accompaniment and transport of residents; and
- (M) Food safety.

Personnel Policies

- 7.10 The assisted living residence shall develop and maintain written personnel policies, job descriptions and other requirements regarding the conditions of employment, management of staff and resident care to be provided, including, but not limited to, the following:
- (A) The assisted living residence shall provide a job-specific orientation for each new staff member and volunteer before they independently provide resident services,
 - (B) All staff members and volunteers who provide assisted living services shall be informed of the purpose and objectives of the assisted living residence,
 - (C) All staff members and volunteers who provide assisted living services shall be given access to the ALR's personnel policies and the ALR shall provide evidence that each staff member and volunteer has reviewed them, and
 - (D) All staff members shall wear name tags or other identification that is visible to residents and visitors.
 - (1) The requirement for name tags may be waived if a majority of attendees at a regularly scheduled assisted living resident meeting agree to do so.
 - (a) The assisted living residence shall maintain documentation showing that all residents and family members were provided advance notice regarding the topic and meeting details.
 - (b) The decision to waive the name tag requirement shall be raised and reviewed at the assisted living resident meeting at least annually.

Personnel Files

- 7.11 The assisted living residence shall maintain a personnel file for each of its employees and volunteers who provide ALR services.
- 7.12 Personnel files for current employees and volunteers shall be readily available onsite for Department review.
- 7.13 Each personnel file shall include, but not be limited to, written documentation regarding the following items:

- (A) A description of the employee or volunteer duties;
- (B) Date of hire or acceptance of volunteer service and date duties commenced;
- (C) Orientation and training, including first aid and CPR certification, if applicable;
- (D) Verification from the Department of Regulatory Agencies of an active license or certification, if applicable;
- (E) Results of background checks and follow up, as applicable; and
- (F) Tuberculin test results, if applicable.

7.14 If the employee or volunteer is a qualified medication administration person, the following shall also be retained in the personnel file:

- (A) Documentation that the individual's name appears on the Department's list of individuals who have successfully completed the medication administration competency evaluation; and
- (B) A signed disclosure that the individual has not had a professional medical, nursing, or pharmacy license revoked in this or any other state for reasons directly related to the administration of medications.

7.15 Personnel files shall be retained for three years following an employee's separation from employment or a volunteer's separation from service and include the reason(s) for the separation.

Personal Care Worker

7.16 The assisted living residence shall ensure that each personal care worker attends the initial orientation required in section 7.8. The assisted living residence shall also require that each personal care worker receives additional orientation on the following topics before providing care and services to a resident.

- (A) Personal care worker duties and responsibilities;
- (B) The differences between personal services and skilled care; and
- (C) Observation, reporting and documentation regarding a resident's change in functional status along with the assisted living residence's response requirements.

7.17 Orientation and training is not required for a personal care worker who is returning to an assisted living residence after a break in service of three years or less if that individual meets all of the following conditions:

- (A) The personal care worker completed the assisted living residence's required orientation, training and competency assessment at the time of initial employment,
- (B) The personal care worker successfully completed the assisted living residence's required competency assessment at the time of rehire or reactivation,
- (C) The personal care worker did not have performance issues directly related to resident care and services in the prior active period of employment, and
- (D) All orientation, training and personnel action documentation is retained in the personal care worker's personnel file.

- 7.18 The assisted living residence shall designate an administrator, nurse or other capable individual to be responsible for the oversight and supervision of each personal care worker. Such supervision shall include, but not be limited to:
- (A) Being accessible to respond to personal care worker questions; and
 - (B) Evaluating each personal care worker at least annually.
 - (1) Each evaluation shall include observation of the personal care worker performing his or her assigned tasks and documentation that the worker is competent in the performance of those tasks.
- 7.19 The assisted living residence shall only allow a personal care worker to perform tasks that have a chronic, stable, predictable outcome and do not require routine nurse assessment.
- 7.20 The potential duties of a personal care worker range from observation and monitoring of residents to ensure their health, safety and welfare, to companionship and personal services.
- 7.21 Before a personal care worker independently performs personal services for a resident, the supervisor designated by the assisted living residence shall observe and document that the worker has demonstrated his or her ability to competently perform every personal task assigned. This competency check shall be repeated each time a worker is assigned a new or additional personal care task that he or she has not previously performed.
- 7.22 Only appropriately skilled professionals may train personal care workers and their supervisors on specialized techniques beyond general personal care and assistance with activities of daily living as defined in these rules. (Examples include, but are not limited to, transfers requiring specialized equipment and assistance with therapeutic diets). Personal care workers and their supervisors shall be evaluated for competency before the delivery of each personal service requiring a specialized technique.
- (A) Documentation regarding competency in specialized techniques shall be included in the personnel files of both personal care workers and supervisors.
 - (B) A registered nurse who is employed or contracted by the assisted living residence may delegate to a personal care worker in accordance with the Nursing Practice Act if the registered nurse is the supervising nurse for the personal care worker.
- 7.23 The assisted living residence shall ensure that each personal care worker complies with all assisted living residence policies and procedures and not allow a personal care worker to perform any functions which are outside of his or her job description, written agreements or a resident's care plan.

SECTION 8 – STAFFING REQUIREMENTS

Minimum Staffing

- 8.1 Whenever one or more residents are present in the assisted living residence, there shall be at least one staff member present who meets the criteria in section 8.7 and is capable of responding to an emergency.
- (A) Residents shall not be transferred off site solely for the convenience of the assisted living residence or its staff.

8.2 Between 10 PM and 6 AM, staff shall conduct at least one safety check of all consenting residents.

Staffing Levels

8.3 To determine appropriate routine staffing levels, the assisted living residence shall consider, at a minimum, the following items:

- (A) The acuity and needs of the residents;
- (B) The services outlined in the care plan; and
- (C) The services set forth in the resident agreement.

8.4 Staff shall be sufficient in number to help residents needing or potentially needing assistance, considering individual needs such as the risk of accident, hazards, or other challenging events.

First Aid, Obstructed Airway Technique and Cardiopulmonary Resuscitation Trained Staff

8.5 The assisted living residence shall ensure that it has sufficient staff members who are currently certified in first aid and cardiopulmonary resuscitation to meet the requirements of this section.

8.6 Each assisted living residence shall have at least one staff member onsite at all times who has current certification in first aid from a nationally recognized organization such as the American Red Cross, the American Heart Association, National Safety Council, or American Safety and Health Institute. The certification shall either be in Adult First Aid or include Adult First Aid.

8.7 Each assisted living residence shall have at least one staff member onsite at all times who has current certification in cardiopulmonary resuscitation (CPR) and obstructed airway techniques from a nationally recognized organization such as the American Red Cross, the American Heart Association, the National Safety Council or the American Safety and Health Institute. The certification shall either be in Adult CPR or include Adult CPR.

8.8 Each assisted living residence shall place in a visible location a list of all staff who have current certification in first aid or CPR so that the information is readily available to staff at all times. The list shall be kept up to date and indicate by staff person whether the certification is in first aid or CPR or both.

8.9 Each assisted living residence shall require that all staff who are certified in first aid and/or obstructed airway techniques promptly provide those services in accordance with their training.

8.10 Each assisted living residence shall require that all staff who are certified in CPR promptly provide those services in accordance with their training, unless the affected resident has a do not resuscitate order.

8.11 Each assisted living residence shall require that staff, even if not certified in first aid or CPR, promptly respond to an emergency and follow the instructions of a 911 emergency call operator until a medically trained provider can assume care.

Use of Volunteers and Residents

8.12 Volunteers and residents may assist with the provision of resident care and services, but the assisted living residence shall not consider the use of either volunteers or resident helpers in determining the appropriate staffing level.

Use of Hospice Providers

8.13 When licensed hospice care is provided in an assisted living residence, there shall be a written agreement regarding the provision of that care by a hospice provider. The written agreement shall be

signed by authorized representatives of the hospice and assisted living residence prior to the provision of hospice care. The written agreement shall include, at a minimum, the following:

- (A) How the assisted living residence and hospice will coordinate and communicate with each other to ensure that the needs of the resident are being fully met;
- (B) A provision that the assisted living residence shall immediately notify the hospice if:
 - (1) There is a significant change in the resident's physical, mental, social or emotional status that may necessitate a change to the resident's care plan;
 - (2) There is a need to transfer the resident from the assisted living residence, in which case the hospice shall coordinate any necessary care related to the terminal illness and related conditions; or
 - (3) The resident dies.
- (C) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided; and
- (D) A provision stating that it is the responsibility of the assisted living residence to provide 24-hour room and board and the other services required by this Chapter 7.

8.14 If a hospice provider fails to provide services when they are necessary, the assisted living residence shall follow the requirements of section 12.5 regarding a resident's significant change in baseline status and request a practitioner assessment.

Contracted Personnel and Services

8.15 An assisted living residence that uses a separate agency, organization or individual to provide services for the ALR or residents shall have a written agreement that sets forth the terms of the arrangement. The agreement shall specify, at a minimum, the following items:

- (A) The specific services to be provided;
- (B) The time frame for the provision of such services;
- (C) The contractor's obligation to comply with all applicable assisted living residence policies and procedures, including personnel qualifications;
- (D) How such services will be coordinated and overseen by the assisted living residence; and
- (E) The procedure for payment of services provided under the contract.

8.16 If contract personnel and/or services are used, the contractor shall meet all applicable requirements of these regulations.

8.17 Notwithstanding the above criteria, the assisted living residence shall retain responsibility for oversight of all contracted personnel and services to ensure the health, safety and welfare of the residents.

SECTION 9 – POLICIES AND PROCEDURES

9.1 The assisted living residence shall develop and at least annually review, all policies and procedures. At a minimum, the assisted living residence shall have policies and procedures that address the following items:

- (A) Admission and discharge criteria in accordance with sections 11 and 25, if applicable;
- (B) Resident rights;
- (C) Grievance procedure and complaint resolution;
- (D) Investigation of abuse, neglect and exploitation allegations;
- (E) House rules;
- (F) Emergency preparedness;
- (G) Fall management;
- (H) Provision of lift assistance, first aid, obstructed airway technique, and cardiopulmonary resuscitation;
- (I) Unanticipated illness, injury, significant change of status from baseline or death of resident;
- (J) Infection control;
- (K) Practitioner assessment;
- (L) Health information management;
- (M) Personnel;
- (N) Staff Training;
- (O) Environmental pest control;
- (P) Medication errors and medication destruction and disposal;
- (Q) Management of resident funds, if applicable;
- (R) Policies and procedures related to secure environment, if applicable; and
- (S) Provision of palliative care in accordance with 6 CCR 1011-1, Chapter 2, Part 3.3.1, if applicable.

SECTION 10 – EMERGENCY PREPAREDNESS

Emergency Policies and Procedures

- 10.1 The assisted living residence shall have readily available a roster of current residents, their room assignments and emergency contact information along with a facility diagram showing room locations.
- 10.2 The assisted living residence shall complete a risk assessment of all hazards and preparedness measures to address natural and human-caused crises including, but not limited to, fire(s), gas explosion, power outages, tornado, flooding and threatened or actual acts of violence.
- 10.3 The assisted living residence shall develop and follow written policies and procedures to ensure the continuation of necessary care to all residents for at least 72 hours immediately following any emergency including, but not limited to, a long-term power failure.
- 10.4 Emergency policies and procedures shall be tailored to the geographic location of the assisted living residence; types of residents served; and unique risks and circumstances identified by the assisted living residence.

- 10.5 Each assisted living residence shall identify its highest potential risk and hold routine drills to facilitate staff and resident response to that risk. There shall be written documentation of such drills.
- 10.6 Each assisted living residence's emergency policies shall address, at a minimum, all of the following items:
- (A) Written instructions for each identified risk that includes persons to be notified and steps to be taken. The instructions shall be readily available 24 hours a day in more than one location with all staff aware of the locations.
 - (B) A schematic plan of the building or portions thereof placed visibly in a central location and throughout the building, as needed, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes.
 - (C) When to evacuate the premises and the procedure for doing so.
 - (D) A pre-determined means of communicating with residents, families, staff and other providers.
 - (E) A plan that ensures the availability of, or access to, emergency power for essential functions and all resident-required medical devices or auxiliary aids.
 - (F) Storage and preservation of medications.
 - (G) Assignment of specific tasks and responsibilities to the staff members on each shift including use of a triage system to assess the needs of the most vulnerable residents first.
 - (H) Protection and transfer of health information as needed to meet the care needs of residents.
 - (I) In the event relocation of residents becomes necessary, written agreements with other health facilities and/or community agencies.

Emergency Equipment

- 10.7 First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed in its use and location.
- 10.8 The assisted living residence shall have enough first aid kits to enable staff to immediately respond to emergencies. Each first aid kit shall be checked regularly to ensure that it is fully stocked and that any expiration date is not exceeded.
- 10.9 Each kit shall include, at a minimum, the following items:
- (A) Latex free disposable gloves,
 - (B) Scissors,
 - (C) Adhesive bandages,
 - (D) Bandage tape,
 - (E) Sterile gauze pads,
 - (F) Flexible roller gauze,
 - (G) Triangular bandages with safety pins,

- (H) A note pad with a pen or pencil,
- (I) A CPR barrier device or mask, and
- (J) Soap or waterless hand sanitizer.

- 10.10 If the assisted living residence has an automated external defibrillator (AED), staff shall be trained in its use and it shall be maintained in accordance with the manufacturer's specifications.
- 10.11 There shall be at least one telephone, not powered by household electrical current, in the assisted living residence available for immediate emergency use by staff, residents, and visitors. Contact information for police, fire, ambulance [9-1-1, if applicable] and poison control center shall be readily accessible to staff.
- 10.12 Assisted living residences shall have a battery or generator-powered alternative lighting system available in the event of a power failure.

SECTION 11 – RESIDENT ADMISSION AND DISCHARGE

Move-In Criteria

- 11.1 The assisted living residence shall accept only those persons whose needs can be fully met by the existing staff, physical environment and services already being provided. The assisted living residence's ability to meet resident needs shall be based upon a comprehensive pre-admission assessment of a resident's physical, mental and social needs; cultural, religious and activity needs; preferences; and capacity for self-care.

Move-In Restrictions

- 11.2 An assisted living residence shall not allow to move in any person who:
- (A) Needs regular 24-hour medical or nursing care,
 - (B) Is incapable of self-administration of medication and the assisted living residence does not have staff who are either licensed or qualified under 6 CCR 1011-1, Chapter 24 to administer medications,
 - (C) Has an acute physical illness which cannot be managed through medication or prescribed therapy,
 - (D) Has physical limitations that restrict mobility unless compensated for by available auxiliary aids or intermittent staff assistance,
 - (E) Has incontinence issues that cannot be managed by the resident or staff,
 - (F) Is profoundly disoriented to time, person and place with safety concerns that require a secure environment and the assisted living residence does not provide a secure environment,
 - (G) Has a stage 3 or 4 pressure sore and does not meet the criteria in section 12.4,
 - (H) Has a history of conduct that has been disclosed to the assisted living residence that would pose a danger to the resident or others unless the ALR reasonably believes that the conduct can be managed through therapeutic approaches, or

- (l) Needs restraints, as defined herein, of any kind except as statutorily allowed for assisted living residences which are certified to provide services specifically for the mentally ill.
 - (1) Assisted living residences certified to provide services for the mentally ill shall have policies, procedures and appropriate staff training regarding the use of restraint and maintain current documentation to show that less restrictive measures were and continue to be unsuccessful.

Resident Agreement

- 11.3 At the time the resident moves in, the assisted living residence shall ensure that the resident and/or the resident's legal representative has received a copy of the written resident agreement and agreed to the terms set forth therein. The assisted living residence shall ensure that the agreement is signed and dated by both parties.
- 11.4 The terms of a resident agreement shall not alter, or be construed to relieve the assisted living residence of compliance with, any requirement or obligation under relevant federal, state or local law and regulation.
- 11.5 The assisted living residence shall review its resident agreements annually and update or amend them as necessary. Amendments to the resident agreement shall also be signed and dated by both parties.
 - (A) When a change of ownership occurs, the new owner shall either acknowledge and agree to the terms of each existing resident agreement or establish a new agreement with each resident.
- 11.6 The written resident agreement shall specify the understanding between the parties concerning, at a minimum, the following items:
 - (A) Assisted living residence charges, refunds and deposit policies;
 - (B) The general type of services and activities provided and not provided by the assisted living residence and those which the assisted living residence will assist the resident in obtaining;
 - (C) A list of specific assisted living residence services included for the agreed upon rates and charges, along with a list of all available optional services and the specified charge for each;
 - (D) The amount of any fee to hold a place for the resident in the assisted living residence while the resident is absent from the assisted living residence and the circumstances under which it will be charged;
 - (E) Responsibility for providing and maintaining bed linens, bath and hygiene supplies, room furnishings, communication devices and auxiliary aids; and
 - (F) A guarantee that any security deposit will be fully reimbursed if the assisted living residence closes without giving resident(s) written notice at least 30 calendar days before such closure.

Written Disclosure of Information

- 11.7 The assisted living residence shall ensure that when a new resident moves in, he or she is provided with, and acknowledges receipt of, the following information:
 - (A) How to obtain access to the assisted living residence policies and procedures listed under section 9.1,

- (B) The resident's right to receive cardiopulmonary resuscitation (CPR) or have a written advance directive refusing CPR,
- (C) Minimum staffing levels, whether the assisted living residence has awake staff 24 hours a day and the extent to which certified or licensed health care professionals are available on-site,
- (D) Whether the assisted living residence has an automatic fire sprinkler system,
- (E) Whether the assisted living residence uses egress alert devices, including details about when and where they are used,
- (F) Whether the assisted living residence has resident location monitoring devices (such as video surveillance), when and where they are used, and how the assisted living residence determines that a resident requires monitoring,
- (G) Whether the assisted living residence operates a secure environment and what that means,
- (H) The resident's individualized care plan that addresses his or her functional capability and needs,
- (I) Smoking prohibitions and/or designated areas for smoking,
- (J) The readily available on-site location of the assisted living residence's most recent inspection report, and
- (K) Upon request, a copy of the most recent version of these Chapter 7 rules.

Management of Resident Funds/Property

- 11.8 An assisted living residence shall not assume power of attorney or guardianship over a resident unless by court order, nor shall an assisted living residence require a resident to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.
- 11.9 An assisted living residence shall not be required to handle resident funds or property.
- 11.10 An assisted living residence that chooses to handle resident funds or property, shall have a policy regarding the management of such funds and shall comply with the following criteria:
- (A) There shall be a written authorization that specifies the terms and duration of the financial management services to be performed by the assisted living residence. Such authorization shall be signed by the resident or resident's legal representative and notarized.
 - (B) Upon entering into an agreement with a resident for financial management services, the assisted living residence shall exercise fiduciary responsibility for these funds and property, including, but not limited to, maintaining any funds over the amount of five hundred dollars (\$500) in an interest-bearing account, separate from the general operating fund of the ALR, which interest shall accrue to the resident.
 - (C) The assisted living residence shall post a surety bond in an amount sufficient to protect the residents' personal funds.
 - (D) The assisted living residence shall maintain a continuous, dated record of all financial transactions. The record shall begin with the date of the first handling of the personal funds of the resident and shall be kept on file for at least three years following termination of the resident's stay in the assisted living residence. Such record shall be available for inspection by the Department.

- (E) The assisted living residence shall provide the resident or legal representative a receipt each time funds are disbursed along with a quarterly report identifying the beginning and ending account balance along with a description of each and every transaction since the last report.

Discharge

- 11.11 The assisted living residence shall arrange to discharge any resident who:
- (A) Has an acute physical illness which cannot be managed through medication or prescribed therapy,
 - (B) Has physical limitations that restrict mobility, and which cannot be compensated for by available auxiliary aids or intermittent staff assistance,
 - (C) Has incontinence issues that cannot be managed by the resident or staff,
 - (D) Has a stage 3 or stage 4 pressure sore and does not meet the criteria in section 12.4,
 - (E) Is profoundly disoriented to time, person and place with safety concerns that require a secure environment and the assisted living residence does not provide a secure environment,
 - (F) Exhibits conduct that poses a danger to self or others and the assisted living residence is unable to sufficiently address those issues through therapeutic approach, and/or
 - (G) Needs more services than can be routinely provided by the assisted living residence or an external service provider.
- 11.12 The assisted living residence may also discharge a resident for:
- (A) Nonpayment of basic services in accordance with the resident agreement; or
 - (B) The resident's failure to comply with a valid, signed resident agreement.
- 11.13 Where a resident has demonstrated that he or she has become a danger to self or others, the assisted living residence shall promptly implement the following process pending discharge:
- (A) Take all appropriate measures necessary to protect other residents;
 - (B) Reassess the resident to be discharged and revise his or her care plan to identify the resident's current needs and what services the assisted living residence will provide to meet those needs; and
 - (C) Ensure all staff are aware of any new directives placed in the care plan and are properly trained to provide supervision and actions consistent with the care plan.
- 11.14 The assisted living residence shall coordinate a voluntary or involuntary discharge with the resident, the resident's legal representative and/or the appropriate agency. Prior to discharging a resident because of increased care needs, the assisted living residence shall make documented efforts to meet those needs through other means.
- 11.15 In the event a resident is transferred to another health care entity for additional care, the assisted living residence shall arrange to evaluate the resident prior to re-admission or discharge the resident in accordance with the discharge procedures specified below.

- 11.16 The assisted living residence shall provide written notice of any discharge to the resident or legal representative 30 calendar days in advance of discharge except in cases of imminent physical harm to or by the resident or medical emergency, whereupon the assisted living residence shall notify the legal representative as soon as possible.
- 11.17 A copy of any involuntary discharge notice shall be sent to the state and/or local long-term care ombudsman, within five (5) calendar days of the date that it is provided to the resident or the resident's legal representative.

SECTION 12 - RESIDENT CARE SERVICES

Minimum Services

- 12.1 The assisted living residence shall make available, either directly or indirectly through a resident agreement, the following services, sufficient to meet the needs of the residents:
- (A) A physically safe and sanitary environment including, but not limited to, measures to reduce the risk of potential hazards in the physical environment related to the unique characteristics of the population;
 - (B) Room and board;
 - (C) Personal services including, but not limited to, a system for identifying and reporting resident concerns that require either an immediate individualized approach or on-going monitoring and possible re-assessment;
 - (D) Protective oversight including, but not limited to, taking appropriate measures when confronted with an unanticipated situation or event involving one or more residents and the identification of urgent issues or concerns that require an immediate individualized approach; and
 - (E) Social care and resident engagement.

Nursing Services

- 12.2 Nurses may provide nursing services to support the personal services provided to residents of the assisted living residence, except that such services shall not rise to the level that requires resident discharge as described in section 11.11 or becomes regular 24-hour medical or nursing care.
- (A) Other staff may assist with nursing services if they are trained and evaluated for competency prior to assignment.
 - (B) Staff assisting with nursing services shall be supervised by a nurse.
 - (C) Only staff employed or contracted by the assisted living residence shall provide or assist with nursing services on behalf of the assisted living residence.
- 12.3 The following occasionally required services may only be provided by an external service provider or the nurse of the assisted living residence:
- (A) Syringe or tube feeding,
 - (B) Intravenous medication,
 - (C) Catheter care that involves changing the catheter, irrigation of the catheter and/or total assistance with catheter,

- (D) Ostomy care where the ostomy site is new or unstable, and
- (E) Care for a stage 1 or stage 2 pressure sore if the condition is stable and resolving.

12.4 An assisted living residence shall not admit or keep a resident with a stage 3 or stage 4 pressure sore unless the resident has a terminal condition and is receiving continuing care from an external service provider.

Practitioner Assessment

12.5 The assisted living residence shall have a policy and procedure regarding when a practitioner's assessment of a resident is appropriate. At a minimum, the assisted living residence shall contact the resident's primary practitioner when any of the following circumstances occur and follow the practitioner's recommendation regarding further action.

- (A) The resident experiences a significant change in their baseline status,
- (B) The resident has physical signs of possible infection (open sores, etc.),
- (C) The resident sustains an injury or accident,
- (D) The resident has known exposure to a communicable disease, and/or
- (E) The resident develops any condition which would have initially precluded admission to the assisted living residence.

Comprehensive Resident Assessment

12.6 At the time a new resident moves in, the assisted living residence shall complete a comprehensive assessment that reflects information requested and received from the resident, the resident's representative if requested by the resident, and a practitioner. Information from the comprehensive assessment shall be used to establish an individualized care plan.

12.7 The comprehensive assessment shall include all the following items:

- (A) Information from the comprehensive pre-admission assessment described in section 11.1,
- (B) Information regarding the resident's overall health and physical functioning ability,
- (C) Information regarding the resident's advance directives,
- (D) Communication ability and any specific needs to facilitate effective communication,
- (E) Current diagnoses and any known or anticipated need or impact related to the diagnoses,
- (F) Food and dining preferences, unique needs and restrictions,
- (G) Individual bathroom routines, sleep and awake patterns,
- (H) Reactions to the environment and others, including changes that may occur at certain times or in certain circumstances,
- (I) Routines and interests,
- (J) History and circumstances of recent falls and any known approaches to prevent future falls,

- (K) Safety awareness,
- (L) Types of physical, mental and social support required; and
- (M) Personal background, including information regarding any other individuals who are supportive of the resident, cultural preferences and spiritual needs.

12.8 The comprehensive assessment shall be documented in writing and kept in the resident's health information record.

12.9 The comprehensive assessment shall be updated for each resident at least annually and whenever the resident's condition changes from baseline status.

Resident Care Plan

12.10 Each resident care plan shall:

- (A) Be developed with input from the resident and the resident representative,
- (B) Reflect the most current assessment information,
- (C) Promote resident choice, mobility, independence and safety,
- (D) Detail specific personal service needs and preferences along with the staff tasks necessary to meet those needs,
- (E) Identify all external service providers along with care coordination arrangements, and
- (F) Identify formal, planned, and informal spontaneous engagement opportunities that match the resident's personal choices and needs.

Care Coordination

12.11 The assisted living residence shall be responsible for the coordination of resident care services with known external service providers.

12.12 The assisted living residence shall notify the resident's representative whenever the resident experiences a significant change from baseline status.

Restraint

12.13 An assisted living residence shall not use restraints of any kind or deprive a resident of his or her liberty for purposes of care or safety except as allowed by section 11.2(I), section 25, or as set forth below.

12.14 A device that facilitates a resident's well-being and/or independence may be used only if all of the following criteria are met:

- (A) The resident has the functional ability to alter his or her position;
- (B) The resident is able to remove the device to allow for normal movement;
- (C) The device improves the resident's physical or emotional state and allows the resident to participate in activities that would otherwise be difficult or impossible; and
- (D) There is an order from a practitioner for its use.

- (1) There shall also be interdisciplinary documentation from both the practitioner and a therapist describing the benefits and hazards associated with the device and information on its appropriate use.
- (2) A resident's continued use of such device shall be re-evaluated by both therapist and practitioner at least annually or whenever the resident experiences a significant change in status.
- (3) Documentation of compliance with this subsection (D) shall be retained in the resident's care plan.

Fall Management Program

12.15 The assisted living residence shall develop policies and procedures to establish a fall management program. The program shall include the following:

- (A) Providing fall management education and materials to residents and family members;
- (B) Detailing in each resident's care plan the individualized approach necessary to address fall risk related to deficits in strength, balance and eyesight, or effects of medication as identified during the comprehensive resident assessment;
- (C) Providing resident engagement activities to improve strength and balance as specified in section 12.22(C);
- (D) Routinely inspecting and maintaining a safe exterior and interior environment as specified in sections 21 and 22; and
- (E) Providing staff training related to fall prevention as specified in section 7.9(H).

Lift Assistance

12.16 Each assisted living residence shall direct staff to assist residents who have fallen or are otherwise unable to independently get up off the floor. The assisted living residence's policy on staff providing lift assistance shall be made available to its local emergency medical responder.

12.17 The assisted living residence shall ensure that it has trained staff available to evaluate residents who have fallen or are otherwise unable to independently get up off the floor and provide lift assistance when determined appropriate instead of relying on emergency medical responders.

- (A) Each situation shall be evaluated to determine if the resident can be assisted in a safe manner such as when the resident has no pain and/or there is no change from baseline, the resident's mental status is unchanged from baseline, and there is no or minor bleeding.
- (B) Once the situation has been evaluated, assisted living residence policy shall require staff to take the following actions:
 - (1) Physically perform the lift assistance using techniques provided in staff training and monitor the resident, or
 - (2) Not lift and call 9-1-1 when the resident is unconscious, the resident's physical or mental status has declined from baseline, the resident experiences an increase in pain when lifting is attempted, the resident wants 9-1-1 called, and/or the resident either can't assist in any way or refuses to assist because of pain, injury, or other physical complications.

- (C) The assisted living residence shall promptly notify the resident's practitioner, family and/or legal representative of the occurrence of either circumstance identified in section 12.17(B)(1) or (2), along with information regarding the ALR's response.

12.18 The assisted living residence's policy shall also require documentation of the action taken by staff and ongoing efforts to prevent a reoccurrence of the situation in the future.

Resident Engagement

12.19 The assisted living residence shall encourage residents to maintain and develop their fullest potential for independent living through individual and group engagement opportunities.

12.20 The assisted living residence shall provide all residents with regular opportunities to participate in structured engagement and shall support the pursuit of each resident's interests.

12.21 If requested, the assisted living residence shall assist a resident with identifying and accessing outside services and community events.

12.22 Examples of resident engagement include, but are not limited to, the following:

- (A) Individual or group conversation, recreation, art, crafts, music and pet care;
- (B) Use of daily living skills that foster and maintain a sense of purpose and significance;
- (C) Physical pursuits such as games, sports and exercise that develop and maintain strength, coordination and range of motion;
- (D) Educational opportunities such as special classes or community events;
- (E) Cultivation of personal interests and pursuits; and
- (F) Encouraging engagement with others.

12.23 The assisted living residence shall encourage residents to contribute to the planning, preparation, conduct, clean-up and critique of any structured engagement offering.

12.24 The assisted living residence shall evaluate its resident engagement program at least every three months to ascertain whether the opportunities offered to residents are relevant and well-received and/or if changes are appropriate in response to resident feed-back.

12.25 The assisted living residence shall, whenever feasible, coordinate with local agencies and volunteer organizations to promote resident participation in community centered activities including, but not limited to:

- (A) Public service endeavors;
- (B) Community events such as concerts, exhibits and plays;
- (C) Community organized group engagement such as senior citizen groups, sports leagues and service clubs; and
- (D) Attendance at the place of worship of the resident's choice.

- 12.26 Each assisted living residence shall place notices of planned resident engagement offerings in a central location readily accessible to residents, relatives and the public. Copies shall be retained for at least six months.

Resident Engagement Management

19 or fewer residents

- 12.27 In assisted living residences that are licensed for 19 or fewer residents, the administrator shall be primarily responsible for organizing, conducting and evaluating resident engagement. If an assisted living residence can demonstrate that its residents are self-directed to the extent that they are able to plan, organize and conduct the ALR's resident engagement activities themselves, the ALR may request a waiver of this requirement.

20 to 49 residents

- 12.28 In assisted living residences that are licensed for 20 to 49 residents, the administrator shall designate one staff member to be responsible for organizing, conducting and evaluating resident engagement. The designated staff member shall have had at least six months experience in providing structured resident engagement offerings or have completed or be enrolled in an equivalent education and/or training program.

50 or more residents

- 12.29 In assisted living residences that are licensed for 50 or more residents, there shall be at least one staff member whose sole responsibility is to organize, conduct and evaluate resident engagement. The ALR shall provide such staff member with as much accommodation and staff support as necessary to ensure that all residents have on-going opportunities to participate in planned in advance, documented in writing, kept up to date and made available to all residents. The responsible staff member shall have had at least one year of experience or equivalent education and/or training in providing structured resident engagement offerings and be knowledgeable in evaluating resident needs, supervising other staff and in training volunteers.

Use of Volunteers

- 12.30 Each assisted living residence shall encourage participation of volunteers in resident engagement opportunities. All such volunteers shall be supervised and directed by the administrator or staff member primarily responsible for resident engagement.

Physical Space and Equipment:

- 12.31 Each assisted living residence shall have sufficient physical space to accommodate both indoor and outdoor resident engagement. Such accommodations shall include, at a minimum:
- (A) A comfortable, appropriately furnished area such as a living room, family room or great room available to all residents for their relaxation and for socializing with friends and relatives; and
 - (B) An outdoor activity area which is easily accessible to residents and protected from traffic. Outdoor spaces shall be sufficient in size to comfortably accommodate all residents participating in an activity.
- 12.32 Each assisted living residence shall provide sufficient recreational equipment and supplies to meet the needs of the resident engagement program. Special equipment and supplies necessary to accommodate persons with special needs shall be made available as appropriate. When not in use,

recreational equipment and supplies shall be stored in such a way that they do not create a safety hazard.

- 12.33 Each assisted living residence shall ensure that staff who accompany residents away from the assisted living residence have ready access to the pertinent personal information of those residents in the event of an emergency.

SECTION 13 - RESIDENT RIGHTS

- 13.1 The assisted living residence shall adopt, and place in a publically visible location, a statement regarding the rights and responsibilities of its residents. The assisted living residence and staff shall observe these rights in the care, treatment and oversight of the residents. The statement of rights shall include, at a minimum, the following items:
- (A) The right to privacy and confidentiality, including
 - (1) The right to have private and unrestricted communications with any person of choice;
 - (2) The right to private telephone calls or use of electronic communication;
 - (3) The right to receive mail unopened;
 - (4) The right to have visitors at any time; and
 - (5) The right to private, consensual sexual activity.
 - (B) The right to civil and religious liberties, including
 - (1) The right to be treated with dignity and respect;
 - (2) The right to be free from sexual, verbal, physical or emotional abuse, humiliation, intimidation, or punishment;
 - (3) The right to be free from neglect;
 - (4) The right to live free from financial exploitation, restraint as defined in this chapter, and involuntary confinement except as allowed by the secure environment requirements of this chapter;
 - (5) The right to vote;
 - (6) The right to exercise choice in attending and participating in religious activities;
 - (7) The right to wear clothing of choice unless otherwise indicated in the care plan; and
 - (8) The right to care and services that are not conditioned or limited because of a resident's disability, sexual orientation, ethnicity, and/or personal preferences.
 - (C) The right to personal and community engagement, including
 - (1) The right to socialize with other residents and participate in assisted living residence activities, in accordance with the applicable care plan;

- (2) The right to full use of the assisted living residence common areas in compliance with written house rules;
 - (3) The right to participate in resident meetings, voice grievances and recommend changes in policies and services without fear of reprisal;
 - (4) The right to participate in activities outside the assisted living residence and request assistance with transportation; and
 - (5) The right to use of the telephone including access to operator assistance for placing collect telephone calls.
 - (a) At least one telephone accessible to residents utilizing an auxiliary aid shall be available if the assisted living residence is occupied by one or more residents utilizing such an aid.
- (D) The right to choice and personal involvement regarding care and services, including
- (1) The right to be informed and participate in decision making regarding care and services, in coordination with family members who may have different opinions;
 - (2) The right to be informed about and formulate advance directives;
 - (3) The right to freedom of choice in selecting a health care service or provider;
 - (4) The right to expect the cooperation of the assisted living residence in achieving the maximum degree of benefit from those services which are made available by the assisted living residence;
 - (a) For residents with limited English proficiency or impairments that inhibit communication, the assisted living residence shall find a way to facilitate communication of care needs.
 - (5) The right to make decisions and choices in the management of personal affairs, funds and property in accordance with resident ability;
 - (6) The right to refuse to perform tasks requested by the assisted living residence or staff in exchange for room, board, other goods or services;
 - (7) The right to have advocates, including members of community organizations whose purposes include rendering assistance to the residents;
 - (8) The right to receive services in accordance with the resident agreement and the care plan; and
 - (9) The right to 30 calendar days written notice of changes in services provided by the assisted living residence including, but not limited to, involuntarily change of room or changes in charges for a service. Exceptions to this notice are:
 - (a) Changes in the resident's medical acuity that result in a documented decline in condition and that constitute an increase in care necessary to protect the health and safety of the resident; and
 - (b) Requests by the resident or the family for additional services to be added to the care plan.

Ombudsman Access

- 13.2 In accordance with the Older Americans Act Reauthorization Act of 2016 (P.L. 114-144), and §26-11.5-108 and 25-27-104(2)(e), C.R.S., an assisted living residence shall permit access to the premises and residents by the state ombudsman and the designated local long-term care ombudsman at any time during an ALR's regular business hours or regular visiting hours, and at any other time when access may be required by the circumstances to be investigated.

House Rules

- 13.3 The assisted living residence shall establish written house rules and place them in a publically visible location so that they are always available to residents and visitors.
- 13.4 The house rules shall list all possible actions which may be taken by the assisted living residence if any rule is knowingly violated by a resident. House rules shall not supersede or contradict any regulation herein, or in any way discourage or hinder a resident's exercise of his or her rights. House rules shall address, at a minimum, the following items:
- (A) Smoking including the use of electronic cigarettes and vaporizers,
 - (B) Cooking,
 - (C) Protection of valuables on premises,
 - (D) Visitors,
 - (E) Telephone usage including frequency and duration of calls,
 - (F) Use of common areas and devices such as television, radio and computer,
 - (G) Consumption of alcohol and marijuana, and
 - (H) Pets.

Resident Meetings

- 13.5 Each assisted living residence shall hold regular meetings with residents, staff, family and friends of residents so that all have the opportunity to voice concerns and make recommendations concerning assisted living residence care, services, activities, policies and procedures.
- 13.6 Meetings shall be held at least quarterly with an opportunity for more frequent meetings if requested.
- 13.7 Written minutes of such meetings shall be maintained and made readily available for review by residents or family members.
- 13.8 Before the next regularly scheduled meeting, assisted living residence staff shall respond in writing to any suggestions or issues raised at the prior meeting.
- 13.9 Residents and family members shall also have the opportunity to meet without the presence of assisted living residence staff.

Internal Grievance and Complaint Resolution Process

- 13.10 Each assisted living residence shall develop and implement an internal process to ensure the routine and prompt handling of grievances or complaints brought by residents, family members or advocates.

The process for raising and addressing grievances and complaints shall be placed in a visible on-site location along with full contact information for the following agencies.

- (A) The state and local long-term care ombudsman,
- (B) The Adult Protection Services of the appropriate county Department of Social Services,
- (C) The advocacy services of the area's agency on aging,
- (D) The Colorado Department of Public Health and Environment, and
- (E) The Colorado Department of Health Care Policy and Financing in those cases where the assisted living residence is licensed to provide services specifically for persons with intellectual and developmental disabilities.

Investigation of Abuse and Neglect Allegations

13.11 The assisted living residence shall investigate all allegations of abuse, neglect or exploitation of residents in accordance with section 5 and its written policy which shall include, but not be limited to, the following:

- (A) Reporting requirements to the appropriate agencies such as the adult protection services of the appropriate county Department of Social Services and to the assisted living residence administrator,
- (B) A requirement that the assisted living residence notify the legal representative about the allegation within 24 hours of the assisted living residence becoming aware of the allegation,
- (C) The process for investigating such allegations,
- (D) How the assisted living residence will document the investigation process to evidence the required reporting and that a thorough investigation was conducted,
- (E) A requirement that the resident shall be protected from potential future abuse and neglect while the investigation is being conducted,
- (F) A requirement that if the alleged neglect or abuse is verified, the assisted living residence shall take appropriate corrective action, and
- (G) A requirement that a copy of the report with the investigation findings shall be retained by the facility and available for Department review.

SECTION 14 – MEDICATION AND MEDICATION ADMINISTRATION

General Requirements:

- 14.1 An assisted living residence shall not allow an employee or volunteer to administer or assist with administering medication to a resident unless such individual is a practitioner, a nurse, a qualified medication administration person (QMAP) or a certified nurse medication aide (CNA – Med) acting within his or her scope of practice.
- 14.2 For purposes of this section 14, a practitioner is “authorized” if state law allows the practitioner to prescribe treatment, medication or medical devices.

- 14.3 An assisted living residence shall not allow a QMAP or a CNA-Med to assist a resident with medication administration unless the resident is able to consent and participate in the consumption of the medication.
- 14.4 If a CNA-Med is used to administer or assist with administering medication to a resident, the assisted living residence shall ensure that the CNA-Med complies with the medication administration procedures listed in this section 14, except that a CNA-Med may perform additional tasks associated with medication administration as authorized by his or her certification.
- 14.5 An assisted living residence that utilizes qualified medication administration persons shall comply with the requirements of 6 CCR 1011-1, Chapter 24, Medication Administration Regulations, in addition to the requirements set forth in this section 14.
- 14.6 The assisted living residence shall comply with all federal and state laws and regulations relating to procurement, storage, administration and disposal of controlled substances.
- 14.7 The assisted living residence shall ensure that each resident receives proper administration and/or monitoring of medications.
- 14.8 The assisted living residence shall be responsible for ensuring compliance with all safety requirements regarding oxygen use, handling and storage as set forth in sections 22.29 through 22.34 of this chapter.
- 14.9 No medication shall be administered by a qualified medication administration person on a pro re nata (PRN) or "as needed" basis except:
- (A) In a residential treatment facility that is licensed to provide services for the mentally ill;
 - (B) Where the resident understands the purpose of the medication, is capable of voluntarily requesting the medication, and the assisted living residence has documentation from an authorized practitioner that the use of such medication in this manner is appropriate; or
 - (C) Where specifically allowed by statute.
- 14.10 Unless otherwise allowed by statute, the assisted living residence shall not permit a qualified medication administration person to perform any of the following tasks:
- (A) Intravenous, intramuscular or subcutaneous injections,
 - (B) Gastrostomy or jejunostomy tube feeding,
 - (C) Chemical debridement,
 - (D) Administration of medication for purposes of restraint,
 - (E) Titration of oxygen,
 - (F) Decision making regarding PRN or "as needed" medication administration,
 - (G) Assessment of residents or use of judgment including, but not limited to, medication effect,
 - (H) Pre-pouring of medication, or
 - (I) Masking or deceiving administration of medication including, but not limited to, concealing in food or liquid.

14.11 Only medication that has been ordered by an authorized practitioner shall be prepared for or administered to residents.

Training, Competency and Supervision

14.12 The assisted living residence shall ensure that all qualified medication administration persons are trained in and adhere to the following medication administration procedures:

- (A) Identification of the right resident for each medication administration or monitoring by asking for the resident's name or comparing the resident to a photograph maintained specifically for medication administration identification,
- (B) Providing the correct medication by the correct route at the correct time and in the correct dose as ordered by the authorized practitioner, and
- (C) Implementing any changes in medication orders upon receipt.

14.13 The assisted living residence shall designate a QMAP supervisor who is a nurse, practitioner or meets the requirements of a qualified medication administration person.

- (A) The QMAP supervisor shall, before initial assignment of each qualified medication administration person, conduct a competency assessment with direct observation of all medication administration tasks that the QMAP will be assigned to perform.
 - (1) Whenever a QMAP is assigned additional medication administration tasks, the QMAP supervisor shall conduct a competency assessment with direct observation of each new task that the QMAP will be assigned.

Resident Rights

14.14 All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication unless an authorized practitioner has determined that the resident lacks the decisional capacity to possess or self-administer such medication safely.

14.15 The assisted living residence shall ensure each resident's right to privacy and dignity with respect to medication monitoring and administration.

14.16 Each resident shall have the right to refuse medications.

Orders

14.17 The assisted living residence shall ensure that each authorized practitioner's order for medication includes the correct name of the resident, date of the order, medication name, strength of medication, dosage to administer, route of administration along with timing and/or frequency of administration, any specific considerations, if substitutions are allowed or restricted, and the signature of the practitioner.

14.18 All medication orders shall be documented in writing by the authorized prescribing practitioner. Verbal orders for medication shall not be valid unless received by a licensed staff member who is authorized to receive and transcribe such orders.

14.19 Any orders received from medical staff on behalf of an authorized practitioner must be countersigned by said practitioner as soon as possible.

- 14.20 The assisted living residence shall contact the authorized practitioner for clarification of any orders which are incomplete or unclear and obtain new orders in writing.
- 14.21 The assisted living residence shall be responsible for complying with authorized practitioner orders associated with medication administration except for those medications which a resident self-administers.
- 14.22 The assisted living residence shall coordinate care and medication administration with external providers.

Medication Reminder Boxes

- 14.23 For medication reminder boxes that the assisted living residence is responsible for, the assisted living residence shall ensure that the box contains:
- (A) No more than a 14 calendar day supply of medications at a time,
 - (B) No PRN medications including PRN controlled substances,
 - (C) Only medication intended for oral ingestion, and
 - (D) No medications that require administration within specific timeframes unless the medication reminder box is specifically designed and labeled with specific instructions to address this situation.
- 14.24 Medication reminder boxes shall be stored in a manner that ensures access for the designated resident and prevents access from unauthorized persons.

Medication Preparation and Handling

- 14.25 The assisted living residence shall maintain medication storage and preparation areas which are clean and free of clutter.
- 14.26 All reusable medical devices shall be cleaned according to the manufacturer instructions and appropriately stored.
- 14.27 No stock medications shall be stored or administered by qualified medication administration persons.
- (A) All over-the-counter medication prescribed for administration shall be labeled or marked with the individual resident's full name.
- 14.28 The assisted living residence shall ensure that qualified medication administration persons are trained in and apply nationally recognized protocols for basic infection control and prevention when preparing and administering medications.

Record Keeping

- 14.29 All prescribed and PRN medications shall be listed and recorded on a medication administration record (MAR) which contains the name and date of birth of the resident, the resident's room location, any known allergies, and the name and telephone number of the resident's authorized practitioner.
- (A) The medication administration record shall reflect the name, strength, dosage and mode of administration of each medication, the date the order was received, the date and time of administration, any special considerations related to administration and the signature or initial of the person administering the medication.

- (B) As part of the medication administration record, the assisted living residence shall maintain a legible list of the names of the persons utilizing the record for medication administration, along with each of their signatures and, if used, their initials.
 - (C) Each qualified medication administration person, nurse or practitioner shall accurately document each medication administration or monitoring event at the time the event is completed for each resident.
 - (D) Each qualified medication administration person, nurse or authorized practitioner shall document accurate information in the medication administration record including any medication omissions, refusals and resident reported responses to medications.
- 14.30 The assisted living residence shall maintain a record on a separate sheet for each resident receiving a controlled substance which contains the name of the controlled substance, strength and dosage, date and time administered, resident name, name of authorized practitioner and the quantity of the controlled substance remaining.
- 14.31 The administrator and the QMAP supervisor shall, on a quarterly basis, audit the accuracy and completeness of the medication administration records, controlled substance list, medication error reports and medication disposal records. Any irregularities shall be investigated and resolved. The results of the audits shall be documented and routinely included as part of the assisted living residence's Quality Management Program assessment and review.

Reporting

- 14.32 The assisted living residence shall have policies and procedures for documenting, investigating, reporting and responding to any errors related to accurate accounting of controlled substances and /or medication administration.
- 14.33 The assisted living residence shall ensure that the resident's authorized practitioner and resident's legal representative is promptly notified of:
- (A) A decline from a resident's baseline status,
 - (B) A resident's pattern of refusal,
 - (C) A resident's repetitive request for and use of PRN medication,
 - (D) Any observed or reported unfavorable reactions to medications,
 - (E) The administration of medications used to emergently treat angina, and
 - (F) Medication errors that affect the resident.

Self-Administration

- 14.34 The assisted living residence shall compile a list of all resident medications along with any known allergies and verify the accuracy and completeness of the list with the resident and authorized practitioner at the time of admission.
- 14.35 The assisted living residence shall review this list with the resident and authorized practitioner at least once a year and maintain documentation of such review.
- 14.36 The assisted living residence shall report non-compliance, misuse or inappropriate use of known medications by a resident who is self-administering to that resident's authorized practitioner.

Medication Storage

- 14.37 All medications shall be stored in the original prescribed/manufacture containers with the exception of medications placed in medication reminder boxes pursuant to section 14.23.
- 14.38 All medications shall be stored in a locked cabinet, cart or storage area when unattended by qualified medication administration persons or other licensed staff.
- 14.39 Controlled substances shall be kept in double lock storage.
- (A) Two individuals who are either qualified medication administration persons, nurses, or practitioners shall jointly count all controlled substances at the end of each shift and sign documentation regarding the results of the count at the time it occurs. Any discrepancy in the controlled substance count shall be immediately reported to the administrator.
- 14.40 All refrigerated medications shall be stored in a refrigerator that does not contain food and that is not accessible to residents.
- (A) All medication stored in a refrigerator shall be clearly labeled with the resident's name and prescribing information.
- 14.41 The assisted living residence shall not store or retain for more than 30 calendar days any outdated, discontinued and/or expired medications.
- 14.42 Outdated, discontinued and/or expired medications that are not returned to the resident or legal representative shall be stored in a locked storage area until properly disposed of.
- (A) Any controlled substance medications which are designated for destruction shall be kept in a separate locked container within the locked storage area until they are destroyed.
- 14.43 The assisted living residence shall conduct, on a monthly basis, a joint two person audit of medications designated for disposal.
- (A) At least one of the persons conducting the audit shall be a qualified medication administration person.
- (B) The results of the audit shall be documented and signed by both staff members conducting the audit.
- (C) Audit records shall be maintained for a minimum of three years. Any discrepancy in the list and count of medications designated for disposal shall be immediately reported to the administrator.

Medication Destruction and Disposal

- 14.44 Medication shall be returned to the resident or resident's legal representative, upon discharge or death, except that return of medication to the resident may be withheld if specified in the care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill or if a practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely.
- (A) A resident or resident's legal representative may authorize the assisted living residence to return unused medications or medical supplies and used or unused medical devices to a prescription drug outlet or donate to a nonprofit entity in accordance with § 12-42.5-133, C.R.S., and 6 CCR 1011-1, Chapter 2, Part 7.202.

- (B) The assisted living residence shall request and maintain signed documentation from the resident or resident's legal representative regarding the return or donation of all medications, medical supplies or devices.

14.45 The assisted living residence shall have policies and procedures regarding the destruction and disposal of outdated, unused, discontinued and/or expired medications which are not returned to the resident or legal representative. At a minimum, the policies and procedures shall include the following requirements:

- (A) Medication shall be destroyed in the presence of two individuals, each of whom are either a qualified medication administration person, nurse, or practitioner;
- (B) All medications shall be destroyed in a manner that renders the substances totally irretrievable;
- (C) There shall be documentation which identifies the medications, the date of destruction and the signatures of the witnesses performing the medication destruction; and
- (D) All destroyed medications shall be disposed of in compliance with sections 24.2 and 24.3 regarding medical waste disposal.

SECTION 15 - LAUNDRY SERVICES

General Requirements:

15.1 The assisted living residence shall make laundry services available in one or more of the following ways:

- (A) Providing laundry service for the residents,
- (B) Providing access to laundry equipment so that the residents may do their own laundry,
- (C) Making arrangements with a commercial laundry, or
- (D) Coordinating with friends or family members who choose to provide laundry services for a resident.

15.2 There shall be separate storage areas for soiled linen and clothing.

15.3 The assisted living residence shall address resident sensitivities or allergies with regard to laundry detergents or methods.

Assisted Living Residence Laundry Service

15.4 If providing laundry service for residents, the assisted living residence shall ensure the following:

- (A) Washing machines and dryers are properly maintained according to the manufacturer's instructions;
- (B) Bed and bath linens are cleaned at least weekly or more frequently to meet individual resident needs while blankets are cleaned as necessary;
- (D) Laundry personnel or designated staff handle, store, process, transport and return laundry in a way that prevents the spread of infection or cross contamination;

- (E) Personal clothing is returned to the appropriate resident in a presentable, ready-to-wear manner in order to promote resident respect and dignity; and
- (E) The appropriate resident representative is notified if a resident needs additional clothing or linens.

Resident Access

- 15.5 If a resident independently uses the assisted living residence laundry area, the assisted living residence shall ensure that:
- (A) The resident is instructed in the proper use of the equipment,
 - (B) There is a readily available schedule showing when resident use is permitted, and
 - (C) The resident has the means to independently access the area during the permitted times.

SECTION 16 – FOOD SAFETY

All Assisted Living Residences

- 16.1 Residents handling or preparing food for other residents shall have access to a hand-sink, soap and disposable paper towels. The assisted living residence shall ensure that such residents understand when to wash hands and the proper procedure for doing so. Supplies for cleaning and a pre-made solution for sanitizing food contact surfaces shall be readily available. The ingredients used shall be allowable foods from approved sources and within the “use-by” date.
- 16.2 The food safety requirements specified in this chapter do not preclude residents from consuming foods not procured by the assisted living residence.

20 or More Beds

- 16.3 An assisted living residence that is licensed for 20 beds or more shall comply with the Department's regulations concerning Colorado Retail Food Establishments at 6 CCR 1010-2.

Fewer Than 20 Beds

- 16.4 An assisted living residence that is licensed for fewer than 20 beds shall comply with all of the requirements in sections 16.5 through 16.37. A commercial kitchen is not a requirement for an assisted living residence with fewer than 20 beds.

Employee Training

- 16.5 Anyone preparing or serving food shall complete recognized food safety training and maintain evidence of completion on site. Food safety training shall be provided by recognized food safety experts or agencies, such as the Division of Environmental Health and Sustainability, local public health agencies or Colorado State University Extension Services. At a minimum, a certificate of completion of the available online modules is sufficient to comply with this section. The successful completion of other accredited food safety courses is also acceptable.

Personal Health

- 16.6 Staff shall be in good health and free of communicable disease while handling, preparing or serving food or handling utensils.

16.7 Staff are prohibited from handling, preparing or serving food or handling utensils for residents or other staff while experiencing any of the following symptoms: Vomiting, diarrhea, sore throat with fever, jaundice or lesion containing pus on the hands or wrists.

- (a) Staff members experiencing these symptoms are permitted to return to handling food and utensils only when they have been symptom-free for at least 24 hours and/or the lesions on their hands are bandaged and completely covered with an impervious glove or finger cot.

Handwashing

16.8 The assisted living residence shall ensure that food handlers, cooks and servers properly wash their hands using the following procedure:

- (A) Wash hands in warm (100°F to 120°F) soapy water by vigorously scrubbing all surfaces of the hands and wrists for at least 20 seconds. Rinse hands clean. Thoroughly dry hands with a disposable paper towel. Use the paper towel to turn off sink faucets before disposing.

16.9 The assisted living residence shall ensure that food handlers, cooks and servers always wash their hands at the following times:

- (A) Before leaving the restroom, and again before returning to food or beverage preparation, food and food equipment storage areas or dishwashing;
- (B) After coughing, sneezing, using a handkerchief or tissue, using tobacco products or eating;
- (C) When switching between working with raw animal derived foods and ready-to-eat foods;
- (D) After touching the hair, face or body;
- (E) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;
- (F) Before handling or putting on single use gloves for food handling and between removing soiled gloves and putting on new, clean gloves;
- (G) After handling soiled dishes or utensils, such as busing tables or loading a dishwashing machine;
- (H) After feeding or caring for a resident;
- (I) After caring for pets or other animals; and
- (J) After engaging in any activity that contaminates the hands such as handling garbage, mopping, working with chemicals and other cleaning activities.

Employee Hygiene

16.10 The assisted living residence shall ensure that all staff members have good hygienic practices and wear clean clothing or protective coverings while handling food or utensils.

16.11 The assisted living residence shall prohibit staff members from using common towels and other multiple use linens or clothing to wipe or dry their hands. When hands become soiled, the ALR shall ensure that staff wash their hands in accordance with section 16.8(A).

16.12 The assisted living residence shall ensure that staff members refrain from eating or smoking in the area used for food preparation or storage. Drinking in these areas is allowed with enclosed containers that do not require manual manipulation of the drinking surface.

- 16.13 The assisted living residence shall ensure that staff members do not touch their faces, hair or other body surfaces while handling food.
- 16.14 Tasting food during preparation shall be done with a utensil that is clean and sanitized. The same utensil must be washed, rinsed and sanitized before it is reused.
- 16.15 Utensils used to dispense food shall have handles. Utensil handles shall be kept out of food and ice. For example, scooping ice with a glass is prohibited.

Bare Hand Contact

- 16.16 Ready-to-eat foods shall not be handled with bare hands. Instead gloves or utensils must be used to handle, prepare and serve these foods.

Proper Glove Use

- 16.17 Disposable food service gloves shall be used in a manner that prevents contamination of food and food contact surfaces. Gloves shall be changed whenever switching from handling raw animal products to ready-to-eat foods and whenever else gloved hands become contaminated. When gloves are changed, hands shall be washed in accordance with section 16.8(A).

Approved Source

- 16.18 All foods, including raw ingredients and prepared foods, shall be obtained from approved, licensed or registered sources or food manufacturers. Raw uncut produce can be obtained from other sources, including grown onsite, as long as good agricultural practices defined by the United States Department of Agriculture are used. Further guidance for produce grown by an assisted living residence is detailed in a Department brochure entitled "Food Safety for Vegetable Gardens, tips for Schools, Child Care and Long Term Care Facilities." The brochure is available online at [Colorado Food Safety Tips](#) or by contacting the Division of Environmental Health and Sustainability at 303-692-3645.

Prohibited Foods

- 16.19 Prohibited foods shall not be served by the assisted living residence. Prohibited foods include raw or undercooked meat, poultry, fish, and molluscan shellfish; raw unpasteurized eggs; raw milk and raw seed sprouts. Unpasteurized juice is also prohibited unless it is freshly squeezed and made to order.
- 16.20 Foods that pose a greater risk for the long-term care population include deli meats, hot dogs, and soft cheeses. These foods are allowed, but it is strongly recommended that they be heated before service to control *Listeria monocytogenes*, a particularly dangerous bacteria for older adults and immune compromised populations.
- 16.21 An assisted living residence shall not distribute or dispense raw milk products of any kind.

Date Marking

- 16.22 Refrigerated foods opened or prepared and not used within 24 hours must be marked with a "use by" or "discard by" date. The "use by" or "discard by" date is seven calendar days following opening or preparation. The seven days cannot surpass the manufacturer's expiration date for the product or its ingredients or seven days since the date any of the ingredients in the food were opened or prepared. This requirement does not apply to commercially prepared condiments and dressings.

Required Cooking Temperatures

- 16.23 Animal derived foods; meat, poultry, fish and unpasteurized eggs must be cooked to the minimum internal temperatures in the following table before being served or held hot.

Poultry (ground or intact), stuffed meats	165°F
Eggs, pork, lamb, fish	145°F
Ground beef, fish, pork, lamb, veal	155°F
Whole muscle beef steaks	145°F
Whole roasts (beef, lamb, pork)	135°F

Required Holding Temperatures

- 16.24 Potentially hazardous foods shall be maintained at the proper temperatures at all times. Potentially hazardous foods that are stored cold shall be held at or below 41°F.
- 16.25 Potentially hazardous foods that are stored hot shall be held at or above 135°F.
- 16.26 When foods are being prepared, cooled or reheated, they shall not be held below 135°F or above 41°F for extended time to control the growth of harmful bacteria.

Rapid Reheating

- 16.27 Potentially hazardous foods that are being reheated from room temperature, such as opening a can, or from cold storage before hot holding shall be rapidly heated within 2 hours to 165°F. Rapid heating can be accomplished on a stove top, in an oven, microwave or another approved reheating device.

Rapid Cooling

- 16.28 Potentially hazardous foods that are being cooled from room temperature, such as after opening a can or preparing food from room temperature ingredients, shall be cooled to 41°F within four hours.
- Following cooking or removal from hot storage, foods must be cooled within six hours to 41°F. Begin active cooling foods when foods are 135°F. Cool to 70°F within two hours or less. Then cool from 70°F to 41°F within four hours or less. Active cooling means using uncovered shallow pans, ice as an ingredient, ice wands, breaking foods down into small portions and fully submerging containers in ice baths or a combination of these methods.

Food Preparation

- 16.29 When foods are being assembled or prepared outside of temperature control, the process should be completed as quickly as possible and no more than two hours.

Thawing

- 16.30 Frozen foods shall be thawed under refrigeration, under cool, running water between 60-70°F, in a microwave oven or as part of the cooking process.
- 16.31 Leaving food out to thaw without temperature control is prohibited.

Equipment

- 16.32 Equipment shall be maintained in working order and cleanable. Refrigeration equipment shall maintain foods below 41°F. Hot holding equipment must hold food at or above 135°F.

Cleaning and Sanitizing

- 16.33 Food contact surfaces of equipment shall be washed, rinsed and sanitized before use or at least every four hours of continual use. Dish detergent shall be labeled for the intended purpose. Sanitizer shall be approved for use as a no-rinse food contact sanitizer. Sanitizers shall be registered with EPA and used in accordance with labeled instructions.

Plumbing

- 16.34 A handwashing sink supplied with soap and disposable paper towels shall be available in all food handling areas.
- 16.35 Sinks shall be washed, rinsed and sanitized when switching between food preparation or produce washing and thawing animal derived foods.

Dish Washing

- 16.36 Dishes, utensils and cookware shall be washed using one of the following methods:
- (A) In a single or multiple compartment sink using a dish detergent that is labeled for that intended purpose. Once washed, dishes and utensils shall be rinsed clean, and then submerged in an approved no-rinse food contact sanitizer and allowed to air dry. Sanitizer shall be registered with EPA and used in accordance with labeled instructions; or
 - (B) A domestic or commercial dishwashing machine with a wash water temperature that reaches a minimum of 155°F or is equipped with a chemical sanitizing cycle.

Mop Water

- 16.37 Mop water shall only be filled in a dedicated utility sink, a bath tub or using a quick release hose attachment on another sink that is immediately removed and stored away from the sink after filling. Mop water shall be disposed in the sanitary sewer (e.g., toilet, bathtub or utility sink). Mop water shall not be discarded on the ground outside or in a storm drain.

SECTION 17 – FOOD AND DINING SERVICES

Meals, Drinks and Snacks

- 17.1 The assisted living residence shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, and plans of care.
- (A) Nourishing meal substitutes and between-meal snacks shall be provided, in accordance with plans of care, to residents who want to eat at non-traditional times or outside of scheduled meal service times.
- 17.2 Meals shall include a variety of foods, be nutritionally balanced and sufficient in amount to satisfy resident appetites.
- (A) Appealing substitutes of similar nutritive value shall be available for residents who choose not to eat food that is initially served or who request an alternative meal.
- 17.3 The assisted living residence shall offer drinks, including water and other liquids to residents with every meal and between meals throughout the day. The assisted living residence shall also ensure that residents have independent access to drinks at all times.
- 17.4 Assisted living residence staff shall observe resident food consumption on a regular basis in order to detect unplanned changes such as weight gain, weight loss or dehydration. Changes in consumption

that may indicate the need for assistance with eating shall be reported to the resident's practitioner and case manager, if applicable.

- 17.5 If a resident repeatedly chooses not to follow the dietary recommendations of his or her practitioner, the assisted living residence shall document such in the record or care plan and notify the resident's practitioner and case manager, if applicable.

Menus

- 17.6 Menus shall vary daily and incorporate seasonal and/or holiday foods.
- 17.7 Weekly menus shall be readily available for residents and public viewing no less than 24 hours prior to serving.
- 17.8 Residents shall be encouraged to participate in planning menus and the assisted living residence shall make reasonable efforts to accommodate resident suggestions.

Food Supply

- 17.9 Each assisted living residence shall have sufficient food on hand to prepare three nutritionally balanced meals per day for three calendar days.

Therapeutic Diets

- 17.10 An assisted living residence may provide therapeutic diets when the following conditions are met:
- (A) The diet is prescribed by the resident's practitioner, and
 - (B) The assisted living residence has trained staff to prepare the food in accordance with the diet and ensure it is being served to the appropriate resident.

Assistance with Dining and Feeding

- 17.11 If a resident demonstrates difficulty opening, reaching or accessing food and beverage items at meal time, staff shall promptly assist that resident in doing so regardless of the resident's dining location.
- 17.12 Staff may assist residents by cueing and prompting them to eat and drink so long as that assistance is not undertaken for the convenience of staff.
- 17.13 Staff may assist feeding a resident only if the resident is able to maintain an upright position and chew and swallow without difficulty.
- 17.14 Staff who assist feeding a resident shall be trained in the proper techniques for supporting nutrition and hydration by a licensed or registered professional qualified by education and training to assess choking risks, such as a registered nurse, speech language pathologist or registered dietitian.
- (A) The assisted living residence shall not allow staff to assist feeding a resident if the resident has difficulty chewing and swallowing or has a history of chronic choking or coughing while eating or drinking.
 - (B) If a resident who is receiving feeding assistance experiences a change in eating and swallowing that is a decline from baseline as identified in the individualized resident care plan, staff shall stop providing assistance, document the issue in the resident's record and ensure that the resident's practitioner is notified.

- (1) Unless temporary measures are ordered by the practitioner, feeding assistance shall not be resumed until a medical evaluation has been performed and the assisted living residence has documentation from the practitioner that it is safe to resume.

Dining Area and Equipment

- 17.15 Each assisted living residence shall have a designated dining area with tables and chairs that all residents are able to access and that is sufficient in size to comfortably accommodate all residents. Residents shall be given the opportunity to choose where and with whom to sit.
- 17.16 No resident or group of residents shall be excluded from the designated dining area during meal time unless otherwise indicated in the resident's individualized care plan.
- 17.17 Meals shall not be routinely served in resident rooms unless otherwise indicated in the resident's individualized care plan. The assisted living residence shall, however, make reasonable efforts to accommodate residents that choose to dine somewhere other than the dining room.
- 17.18 The location of resident dining shall not be chosen solely for staff convenience.
- 17.19 Paper or disposable plastic ware shall not be used for regular meals with the exception of emergencies and outdoor dining.

SECTION 18 - RESIDENT HEALTH INFORMATION RECORDS

General

- 18.1 Each assisted living residence shall have a confidential health information record for each resident and maintain it in a manner that ensures accuracy of information.
- 18.2 Health information records for current residents shall be kept on site at all times.
- 18.3 Each assisted living residence shall implement a policy and procedure for an effective information management system that is either paper-based or electronic. If the ALR maintains both paper-based and electronic records, there shall be a method for integration of those records that allows effective continuity of care. Processes shall include effective management for capturing reporting, processing, storing and retrieving care/service data and information.
- 18.4 At the time of admission, the resident record shall contain, at a minimum, the following items:
 - (A) Face sheet,
 - (B) Practitioner orders,
 - (C) Individualized resident care plan,
 - (D) Copies of any advance directives, and
 - (E) A signed copy of the resident agreement.

Confidentiality and Access

- 18.5 The assisted living residence shall have a means of securing resident records that preserves their confidentiality and provides protection from loss, damage and unauthorized access.

- 18.6 The confidentiality of the resident record including all medical, psychological and sociological information shall be protected in accordance with all applicable federal and state laws and regulations.
- 18.7 Each resident or legal representative of a resident shall be allowed to inspect that resident's own record in accordance with §25-1-801, C.R.S. Upon request, resident records shall also be made available for inspection by the state and local long-term care ombudsman pursuant to §26-11.5-108, C.R.S., Department representatives and other lawfully authorized individuals.

Content

- 18.8 Resident records shall contain, but not be limited to, the following items:
- (A) Face Sheet,
 - (B) Practitioner order,
 - (C) Individualized resident care plan,
 - (D) Progress notes which shall include information on resident status and wellbeing, as well as documentation regarding any out of the ordinary event or issue that affects a resident's physical, behavioral, cognitive and/or functional condition along with the action taken by staff to address that resident's changing needs;
 - (1) The assisted living residence shall require staff members to document, before the end of their shift, any out of the ordinary event or issue regarding a resident that they personally observed, or was reported to them.
 - (E) Medication Administration Record,
 - (F) Documentation of on-going services provided by external service providers including, but not limited to, family members, aides, podiatrists, physical therapists, hospice and home care services, and other practitioners, assistants and caregivers;
 - (G) Advance directives, if applicable, with extra copies; and
 - (H) Final disposition of resident including, if applicable, date, time and circumstances of a resident's death along with the name of the person to whom the body is released.
- 18.9 The face sheet shall be updated at least annually and contain the following information:
- (A) Resident's full name, including maiden name, if applicable;
 - (B) Resident's sex, date of birth, and marital status;
 - (C) Resident's most recent former address;
 - (D) Resident's medical insurance information and Medicaid number, if applicable;
 - (E) Date of admission and readmission, if applicable;
 - (F) Name, address and contact information for family members, legal representatives, and/or other persons to be notified in case of emergency;

- (G) Name, address and contact information for resident's practitioner and case manager, if applicable;
- (H) Resident's primary spoken language and any issues with oral communication;
- (I) Indication of resident's religious preference, if any;
- (J) Resident's current diagnoses; and
- (K) Notation of resident's allergies, if any.

Record Transfer and Retention

- 18.10 If a resident's care is transferred to another health facility or agency, a copy of the face sheet, individualized resident care plan and medication administration record for the current month shall be transferred with the resident.
- 18.11 If an assisted living residence ceases operation, each resident's records must be transferred to the licensed health facility or agency that assumes that resident's care.
- 18.12 Records of former residents shall be complete and maintained for at least three years following the termination of the resident's stay in the assisted living residence.
- 18.13 Such records shall be maintained and readily available at the assisted living residence location for a minimum of six months following termination of the resident's stay.

SECTION 19 - INFECTION CONTROL

Education

- 19.1 The assisted living residence shall have an infection control program that provides initial and annual staff training on infection prevention and control. Such training shall cover, at a minimum, the following items:
 - (A) Modes of infection transmission,
 - (B) The importance of hand washing and proper techniques,
 - (C) Use of personal protective equipment including proper use of disposable gloves, and
 - (D) Cleaning and disinfection techniques.

Policies and Procedures

- 19.2 The assisted living residence shall have and follow written policies and procedures that address the transmission of communicable diseases with a significant risk of transmission to other persons and for reporting diseases to the state and/or local health department, pursuant to 6 CCR 1009-1, Epidemic and Communicable Disease Control.
- 19.3 The policies and procedures shall include at a minimum, all of the following criteria:
 - (A) The method for monitoring and encouraging employee wellness,
 - (B) The method for tracking infection patterns and trends and initiating a response,

- (C) The method for determining when to seek assistance from a medical professional and/or the local health department,
- (D) Isolation techniques, and
- (E) Appropriate handling of linen and clothing of residents with communicable infections.

Infectious Waste Management

- 19.4 Any item containing blood, body fluid or body waste from a resident with a contagious condition shall be presumed to be infectious waste and shall be disposed of in the room where it is used into a sturdy plastic bag, then re-bagged outside the room and disposed of consistent with the medical waste disposal requirements at section 24.2.

SECTION 20 – PHYSICAL PLANT STANDARDS

Compliance with State and Local Requirements

- 20.1 Each assisted living residence shall be in compliance with all applicable local zoning, housing, fire and sanitary codes and ordinances of the city, city and county, or county where the ALR is situated, to the extent that such codes and ordinances are consistent with the federal “Fair Housing Amendment Act of 1988” as amended, at 42 U.S.C. §3601, et seq.

Compliance with Fire Safety, Construction and Design Standards

- 20.2 An assisted living residence shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control (DFPC) at the Colorado Department of Public Safety.
- 20.3 An assisted living residence applying for an initial license on or after June 1, 2019, shall comply with Parts 1.1 through 1.5, any cross-referenced Part 2 systems, and 4.1 of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), as incorporated herein, unless otherwise indicated.
- (A) Small model assisted living facilities applying for a license for 10 beds or less shall be exempt from compliance with FGI Guidelines that each resident have access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.
- 20.4 Renovation of an assisted living residence that is initiated on or after December 1, 2019, shall comply with Parts 1.1 through 1.5, any cross-referenced Part 2 systems, and 4.1 of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), as incorporated herein, unless modified elsewhere in this chapter.
- (A) Small model assisted living facilities applying for a license for 10 beds or less shall be exempt from compliance with FGI Guidelines that each resident have access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.
- 20.5 The Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facilities Guidelines Institute (2018 Edition), is hereby incorporated by reference consistent with section 1.3 of this chapter and excludes any later amendments to or editions of the Guidelines. FGI appendix material is advisory only and not incorporated unless explicitly stated otherwise in this chapter. The 2018 FGI Guidelines are available at no cost in a limited read-only version at: <http://fgiguideines.org>

SECTION 21 – EXTERIOR ENVIRONMENT

- 21.1 The assisted living residence grounds shall be kept free of high weeds, garbage and rubbish.
- 21.2 The assisted living residence grounds shall be maintained to protect residents from slopes, holes or other hazards and shall be consistent with any landscape plan approved by the local jurisdiction.
- 21.3 Exterior stairs shall be lighted at night.
- 21.4 Porches, stairs, handrails and ramps shall be maintained in good repair.
- 21.5 For new construction initiated on or after June 1, 2019, porches and exterior areas with more than one step within a six foot linear run shall have a handrail in addition to the requirements of section 20.3. For renovation initiated on or after December 1, 2019, porches and exterior areas with more than one step within a six foot linear run shall have a handrail in addition to the requirements of section 20.4.
- 21.6 Notwithstanding section 20.3, for initial license applications and new construction initiated on or after June 1, 2019, the total number of parking spaces shall be based solely on local requirements and the functional need of the resident population. Notwithstanding section 20.4, for renovation initiated on or after December 1, 2019, the total number of parking spaces to be provided shall be based solely on local requirements and the functional need of the resident population.
- 21.7 The assisted living residence shall submit building plans, in the form and manner specified, to the Department for plan review and approval.
- (A) Applicants for an initial ALR license shall submit building plans for newly constructed or existing buildings before the issuance of the initial license.
- (B) Existing licensees shall submit plans for renovations, additional square footage, and replacement buildings before beginning construction.

SECTION 22 – INTERIOR ENVIRONMENT

General

- 22.1 All interior areas including attics, basements and garages shall be free from accumulations of extraneous material such as refuse, unused or discarded furniture and potential combustible materials.
- 22.2 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
- 22.3 Cleaning compounds and other hazardous substances (including products labeled “Keep out of reach of children” on their original containers) shall be clearly labeled to indicate contents and (except when a staff member is present) shall be stored in a location sufficiently secure to deny access to confused residents.
- (A) The ALR shall maintain a readily available list and the safety data sheet of potentially hazardous substances used by housekeeping and other staff.
- (B) Utility rooms used for storing disinfectants and detergent concentrates, caustic bowl and tile cleaners and insecticides shall be locked.
- 22.4 Designated areas where smoking is allowed shall be equipped with fire resistant wastebaskets. Resident rooms occupied by smokers, even when house rules prohibit smoking in resident rooms, shall have fire resistant wastebaskets.

Heating, Lighting and Ventilation

- 22.5 Each room shall have heat, lighting and ventilation sufficient to meet the use of the room and the needs of the residents.
- 22.6 All interior stairs and corridors shall be adequately lighted.

Water

- 22.7 There shall be an adequate supply of safe, potable water available for domestic purposes.
- 22.8 There shall be a sufficient supply of hot water during peak usage demand.
- 22.9 Hot water shall not measure more than 120 degrees Fahrenheit at taps which are accessible by residents.

Common Areas

- 22.10 Common areas shall be sufficient in size to reasonably accommodate all residents.
- 22.11 All common and dining areas shall be accessible to a resident using an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a stationary chair for use in the dining area. All doors to those rooms requiring access shall be at least 32 inches wide.
- 22.12 Effective July 1, 2018, an assisted living residence that has one or more residents using an auxiliary aid shall have a minimum of two means of access and egress from the building unless local code requires otherwise.

Sleeping Room

- 22.13 No resident shall be assigned to reside in any room other than one regularly designated for sleeping.
- 22.14 No more than two residents shall occupy a sleeping room.
- (A) An assisted living residence initially licensed prior to July 1, 1986 is permitted to have up to four residents per room unless the ALR undertakes renovation or changes ownership, at which time the newer, more stringent requirement shall apply.
- 22.15 Sleeping rooms, exclusive of bathroom areas and closets, shall have the following minimum square footage:
- (A) 100 square feet for single occupancy, and
- (B) 60 square feet per person for double occupancy.
- 22.16 Each resident shall have storage space, such as a closet, for clothing and personal articles.
- 22.17 Each sleeping room shall have at least one window of 8 square feet which shall have opening capability.
- (A) An assisted living residence initially licensed prior to January 1, 1992, is permitted to have a window of smaller dimensions unless the ALR undertakes renovation or changes ownership, at which time the newer, more stringent requirement shall apply.

22.18 In assisted living residences that provide furnishings for residents pursuant to a resident agreement, each resident shall be provided, at a minimum, with the following items:

- (A) A standard-sized bed with a comfortable, clean mattress, mattress protector, pad, and pillow (Rollaway type beds, cots, folding beds, futons, or bunk beds are prohibited), and
- (B) A standard-sized chair in good condition.

Bathroom

22.19 There shall be at least one full bathroom for every six residents.

22.20 A full bathroom shall contain the following:

- (A) Toilet,
- (B) Hand-washing station,
- (C) Mirror,
- (D) Private individual storage for resident personal effects; and
- (E) Shower.

22.21 All bathtubs and shower floors shall have proper safety features to prevent slips and falls.

22.22 Toilet seats shall be constructed of non-absorbent material and free of cracks.

22.23 Each assisted living residence shall provide toilet paper in each resident bathroom, except where a resident has a specific preference and agrees to supply it.

22.24 Toilet paper in a dispenser, liquid soap and paper towels or hand drying devices shall be available at all times in each common bathroom.

22.25 In an assisted living residence that has one or more residents using auxiliary aids, the assisted living residence shall provide at least one full bathroom with fixtures positioned so that they are fully accessible to any resident utilizing an auxiliary aid.

22.26 Grab bars shall be properly installed at each tub and shower, and adjacent to at least one toilet in every multi-stall toilet room in an assisted living residence if any resident uses an auxiliary aid or as otherwise indicated by the needs of the resident population.

- (A) When residents can undertake independent transfers, alternative grab bar configurations are permitted.

Heating Devices

22.27 The assisted living residence shall prohibit the use of portable heaters in resident rooms. The use of fireplaces, space heaters and like units that generate heat shall be prohibited in the common areas of the assisted living residence unless the ALR is able to ensure that such devices have a UL (Underwriters Laboratory) or similar certification label, do not present a resident burn risk, and are used in accordance with manufacturer instructions.

22.28 The assisted living residence shall prohibit the use of electric blankets and/or heating pads in resident rooms unless there is staff supervision or written documentation that the administrator has assessed

the resident and determined he or she is capable of using such device in a safe and appropriate manner.

Oxygen Use, Handling and Storage

- 22.29 The assisted living residence's handling and storage of oxygen shall comply with all applicable local, state and federal requirements.
- 22.30 The assisted living residence shall prohibit smoking in areas where oxygen is stored and/or used and shall post a conspicuous "No Smoking" sign in those areas.
- 22.31 The assisted living residence shall ensure that oxygen tanks are not rolled on their side or dragged.
- 22.32 The assisted living residence shall ensure that oxygen tanks are secured upright at all times in a manner that prevents tanks from falling over, being dropped or striking each other.
- 22.33 Oxygen tank valves shall be closed except when in use.
- 22.34 The assisted living residence shall ensure that oxygen tanks are not placed against electrical panels, live electrical cords or near radiators or heat sources. If stored outdoors, tanks shall be protected from weather extremes and damp ground to prevent corrosion.

Smoking

- 22.35 Assisted living residences shall comply with the Colorado Clean Indoor Air Act at § 25-14-201 through 25-14-209, C.R.S.
- 22.36 Designated outdoor smoking areas shall be monitored whenever residents are present.
- 22.37 Designated outdoor smoking areas shall have fire resistant waste disposal containers.

Cooking

- 22.38 Cooking shall not be permitted in sleeping rooms.
- 22.39 Residents shall have access to an alternative area where minimal food preparation is permitted.
- 22.40 In assisted living residences where residents have dwelling units rather than simply sleeping rooms, cooking may be allowed in accordance with house rules.
 - (A) Only residents who are capable of cooking safely shall be allowed to do so and the assisted living residence shall document such assessment.
 - (B) If cooking equipment is present in dwelling units, the assisted living residence shall have a definitive way of disabling such equipment if they become unsafe for residents to use.

Electrical Equipment

- 22.41 Electrical socket adaptors or connectors designed to multiply outlet capacity shall be prohibited.
- 22.42 Extension cords are permitted for temporary use only.
- 22.43 Power strip surge protectors are permitted throughout the assisted living residence with the following limitations:

- (A) The power strip shall have overcurrent protection in the form of a circuit breaker or fuse,
- (B) The power strip shall have a UL (underwriters laboratories) or similar certification label, and
- (C) Power strips shall not be linked together.

Personal Electric Appliances

22.44 Personal electric appliances are allowed in resident rooms only if the following criteria are met:

- (A) Such appliances do not require the use of an extension cord or multiple use electrical sockets,
- (B) Such appliance is in good repair as evaluated by the administrator or designee, and
- (C) There is written documentation that the resident has been assessed and determined to be capable of using such appliance in a safe and appropriate manner.

SECTION 23 – ENVIRONMENTAL PEST CONTROL

- 23.1 The assisted living residence shall have written policies and procedures that provide for effective control and eradication of insects, rodents and other pests.
- 23.2 The assisted living residence shall have a contract with a licensed pest control company or an effective means for pest control using the least toxic and least flammable effective pesticides. The pesticides shall not be stored in resident or food areas and shall be kept under lock and only properly trained responsible personnel shall be allowed to apply them.
- 23.3 Screens or other pest control measures shall be provided on all exterior openings except where prohibited by fire regulations. Assisted living residence doors, door screens and window screens shall fit with sufficient tightness at their perimeters to exclude pests.

SECTION 24 – WASTE DISPOSAL

Sewage and Sewer Systems

- 24.1 All sewage shall be discharged into a public sewer system, or if such is not available, disposed of in a manner approved by the State and local health authorities and the Colorado Water Quality Control Commission.
 - A) When private sewage disposal systems are in use, records of maintenance and the system design plans shall be kept on the premises.
 - B) No unprotected exposed sewer line shall be located directly above working, storage or eating surfaces in kitchens, dining rooms, pantries, food storage rooms, or where medical or nursing supplies are prepared, processed or stored.

Medical Waste

- 24.2 Assisted living residents shall not transport, manage or dispose of medical waste unless in accordance with the 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste.
- 24.3 Assisted living residences that generate waste including medical waste shall make a hazardous waste determination in accordance with Part 261 of the state hazardous waste regulations at 6 CCR 1007-3.

If the facility generates hazardous waste, it shall manage, transport and dispose of such waste in accordance with 6 CCR 1007-3.

Refuse

- 24.4 All garbage and rubbish that is not disposed of as sewage shall be collected in impervious containers in such manner as not to become a nuisance or a health hazard and shall be removed to an outside storage area at least once a day.
- A) The refuse storage area shall be kept clean, and free from nuisance.
 - B) A sufficient number of impervious containers with tight fitting lids shall be provided and kept clean and in good repair.
 - C) Carts used to transport refuse shall be constructed of impervious materials, enclosed, used solely for refuse and maintained in a sanitary manner.

SECTION 25 – SECURE ENVIRONMENT

- 25.1 An assisted living residence may choose to provide a secure environment as that term is defined in section 2. A secure environment, which may be provided throughout an entire assisted living residence or in a distinct part of an assisted living residence, shall comply with sections 1 through 24 of this chapter in addition to the requirements in this section 25.
- 25.2 An assisted living residence that uses any methods or devices to limit, restrict or prohibit free egress of one or more residents to move unsupervised outside of the ALR or any separate and distinct part of the ALR shall comply with this section regarding secure environment.
- 25.3 An assisted living residence with a secure environment shall include all the services provided in an unsecured environment plus any additional services specified in this section 25.

Written Disclosure

- 25.4 In addition to the information listed in section 11.7(A) through (K), an assisted living residence shall also disclose the following information to each potential resident and his or her legal representative before such individual moves into a secure environment:
- (A) The criteria for admission including the types of required assessments used to determine unique resident needs,
 - (B) The location of the secure environment and the methods of restrictions that are used,
 - (C) How the safety of residents is monitored within the building and the outdoor area, and
 - (D) Information on any specialty services such as memory care and/or special care services, including, but not limited to, a description of daily engagement opportunities.

Pre-Admission Assessment

- 25.5 Before an individual moves in, the assisted living residence shall complete a pre-admission assessment to determine the appropriateness and need for secure environment residency. The pre-admission assessment shall include all the items required for the comprehensive assessment in section 12.7(A) through (M), plus the following:

- (A) A face to face evaluation by a licensed practitioner which has occurred within the previous 90 calendar days and which describes the resident's medical condition and any cognitive deficits that contribute to wandering, compromised safety awareness and other types of conduct; and
- (B) Detailed information from the resident's family and/or representative concerning the resident's recent relevant history and patterns of reduced safety awareness and wandering along with any strategies used to prevent unsafe wandering or successful exiting and any other known types of conduct.

Resident Admission

- 25.6 No individual shall be required to move in to a secure environment against their will unless legal authority for the admission of the individual has been established by guardianship, court order, medical durable power of attorney, health care proxy or other means allowed by Colorado law.
- 25.7 An individual may voluntarily agree to reside in a secure environment even though his or her physical or psychosocial status does not require such placement. In such circumstances, the assisted living residence shall assure that the resident has freedom of movement inside and outside of the secure environment at all times and that there is a signed resident agreement to that effect.
- 25.8 Once a resident moves into a secure environment, the assisted living residence shall comply with the following:
- (A) The assisted living residence shall evaluate a resident when the resident expresses the desire to move out of a secure environment and contact the resident's legal representative, practitioner and the state and/or local long-term care ombudsman, when appropriate;
 - (B) The assisted living residence shall ensure that admission to and continuing residence in a secure environment is the least restrictive alternative available and is necessary for the physical and psychosocial well-being of the resident; and
 - (C) If at any time a resident is determined to be a danger to self or others, the assisted living residence shall be responsible for developing and implementing a temporary plan to monitor the resident's safety along with the protection of others until the issue is appropriately resolved and/or the resident is discharged from the assisted living residence.

Re-Assessment

- 25.9 Each resident shall be re-assessed to determine his or her continued need for a secure environment every six months and whenever the resident's condition changes from baseline status.
- (A) As part of the secure environment re-assessment, the assisted living residence shall consult with the resident's attending practitioner, family and/or resident representative and review service documentation dating back to the most recent comprehensive assessment.

Enhanced Resident Care Plan

- 25.10 In addition to the information required for a resident care plan at section 12.10, the care plan for each resident in a secure environment shall include the following:
- (A) A description of the resident's wandering patterns and known behavioral expressions along with individualized approaches to be implemented by staff to protect the resident and other residents with whom they have contact,

- (B) A description of how the resident will have continuous independent access to his or her individual room along with the ALR's plan to protect the resident from unwanted visitation by other residents,
- (C) Identification of the type and level of staff oversight, monitoring and/or accompaniment that the ALR deems necessary to meet the needs of the resident within the secure environment and secure outdoor area, and
- (D) Documentation describing the personal grooming and hygiene items that are determined safe for the resident to have in their own possession for self-care and how those items are stored to prevent unauthorized access by other residents.

25.11 The enhanced resident care plan shall be updated to reflect changes in the staff approach to meeting resident needs and when any medical assessment, appraisal or observations indicate the resident's care needs have changed.

Staff Training

25.12 The assisted living residence shall have a policy and procedure regarding the training of staff who provide services in a secure environment. The policy shall include, at a minimum, information on the appropriate staff response when there is a missing resident or resident incident/altercation along with distribution of staff when responding to such an event to ensure that there is sufficient staff presence for the continued supervision of other residents.

25.13 In addition to the training requirements in section 7.9, staff assigned to a secure environment shall receive training and education on assisted living residence policies and procedures specific to the secure environment resident care, services and protections. Such training shall include, at a minimum, the following:

- (A) Information on the secure environment that identifies and describes the areas where residents have free passage, where passage may be restricted and where passage is prohibited,
- (B) Information regarding the current mobility status of all residents so that staff are prepared to successfully evacuate all residents in the event of an emergency,
- (C) Information on the location of the storage area which is not accessible to residents including a description of what items or contents are required to be kept in the storage area, and
- (D) Information on the equipment and devices used to secure the environment including how to override or disarm such devices, along with expectations for response if staff are alerted to an alarm.

25.14 Before a staff member is allowed to work independently in the secure environment, the assisted living residence shall provide each staff member with a minimum of eight hours of training and education on the provision of care and services for residents with dementia/cognitive impairment.

- (A) The training shall be provided through structured, formalized classes, correspondence courses, competency-based computer courses, training videos or distance learning programs.
- (B) The training content shall be provided or recognized by an academic institution, a recognized state or national organization or association, or an independent contractor or group that emphasizes dementia/cognitive impairment care.
- (C) The training shall cover, at a minimum, the following topics:

- (1) Information on disease processes associated with dementia and cognitive impairment including progression of the diseases, types and stages of memory loss, family dynamics, behavioral symptoms and limitations to normal activities of daily living;
- (2) Information on non-pharmacological techniques and approaches used to guide and support residents with dementia/cognitive impairment, wandering and socially challenging behavioral expressions of need or distress;
- (3) Information on communication techniques that facilitate supportive and interactive staff-resident relations;
- (4) Positive therapeutic approaches and activities such as exercise, sensory stimulation, activities of daily living and social, recreation and rehabilitative activities;
- (5) Information on recognizing physical symptoms that may cause a change in dementia/cognitive impairment such as dehydration, infection, and swallowing difficulty; along with individualized approaches to assist or address associated symptoms such as pain, decreased appetite and fluid intake and/or isolation; and
- (6) Benefits and importance of person-centered care planning and collaborative approaches to delivery of care.

25.15 The assisted living residence shall ensure that each staff member assigned to the secure environment completes eight clock hours of continuing education within each 12-month period beginning with the date of initial assignment. The education shall include topics covered in the initial training and may include other topics relevant to the population served at the assisted living residence.

Staffing

25.16 The assisted living residence shall have a sufficient number of trained staff members on duty in the secure environment to ensure each resident's physical, social and emotional health care and safety needs are met in accordance with their individualized care plan.

25.17 The assisted living residence shall consider the day to day resident needs and activity, including the intensity of staff assistance, on an individual resident basis to determine the appropriate level of staffing. At a minimum, there shall be one trained, awake staff member on duty at all times.

25.18 Staff members shall be familiar with each resident's specific care-planned needs and the unique approaches for assisting with care and safety.

Care and Services

25.19 In addition to the requirements for resident care services in section 12, each assisted living residence with a secure environment shall establish policies and procedures for the delivery of resident care and services that include, at a minimum, the following:

- (A) A system or method of accounting for the whereabouts of each resident;
- (B) The system or method staff members are to use for observation, identification, evaluation, individualized approach to and documentation of resident behavioral expression; and
- (C) Assistance with the transition of residents to and from the secure environment and when changing rooms within a secure environment.

25.20 Residents who indicate a desire to go outside the secured area shall be permitted to do so with staff supervision except in those situations where it would be detrimental to the resident's health, safety or welfare.

- (A) If the assisted living residence is aware of an ongoing issue or pattern of behavioral expression that would be exacerbated by allowing a resident to go outside the secure area, it shall be documented in the resident's enhanced, individualized care plan.

Family Council

25.21 The assisted living residence shall meet the requirements of section 13.10 regarding the internal grievance and complaint resolution process. In addition, the assisted living residence shall hold regular meetings to allow residents, their family members, friends, and representatives to provide mutual support and share concerns and/or recommendations about the care and services within each separate secure environment.

- (A) Such meetings shall be held at least quarterly at a place and time that reasonably accommodates participation; and
- (B) The assisted living residence shall provide adequate advance notice of the meeting and ensure that details regarding any meeting are readily available in a common area within the secure environment.

Resident Rights

25.22 The assisted living residence shall ensure that residents in a secure environment have all the same resident rights as set forth in section 13 of this chapter including, but not limited to, the right to privacy and confidentiality.

Discharge

25.23 The assisted living residence shall follow the requirements of sections 11.11 through 11.17 regarding resident discharge when moving a resident out of a secure environment unless the move is voluntarily initiated by the resident's legal representative.

Physical Design, Environment and Safety

25.24 The assisted living residence shall ensure that residents have freedom of movement to common areas and resident personal spaces.

25.25 A secure environment shall meet the following criteria:

- (A) There shall be a multipurpose room for dining, group and individual activities and family visits,
- (B) Resident access to appliances shall only be allowed with staff supervision,
- (C) There shall be a storage area which is inaccessible to residents for storage of items that could pose a risk or danger such as chemicals, toxic materials and sharp objects;
- (D) The corridors and passageways shall be free of objects or obstacles that could pose a hazard,
- (E) There shall be documentation of routine monthly testing of all equipment and devices used to secure the environment, and
- (F) There shall be a secure outdoor area that is available for resident use year-round that:

- (1) Is directly supervised by staff,
- (2) Is independently accessible to residents without staff assistance for entrance or exit,
- (3) Has comfortable seating areas,
- (4) Has one or more areas that provide protection from weather elements, and
- (5) Has a fence or enclosure around the perimeter of the outdoor area that is no less than 6 feet in height and constructed to reduce the risk of resident wandering or elopement from the area.
 - (a) If the fence or enclosure has gated access which is locked, all staff assigned to the secure environment shall have a readily available means of unlocking the gate in case of emergency.

.....