

# Kentucky

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<b>Opening Statement</b>	Assisted living communities must be licensed by the Kentucky Department for Aging and Independent Living. Assisted living communities are considered private business entities and no public funding is available for services provided in this setting.
<b>Licensure Term</b>	Assisted Living Communities with three licensure options: <ol style="list-style-type: none"><li>1. Social Model</li><li>2. Basic Health Services</li><li>3. Dementia Care</li></ol>
<b>Definition</b>	<p>Assisted living community means a series of living units on the same site licensed under to provide services for five or more adult persons not related within the third degree of consanguinity to the owner or manager.</p> <p>The definition of "long-term care facilities" was expanded to include Assisted Living Communities in 2022</p>
<b>Regulatory and Legislative Update</b>	<p>There have been regulatory updates that affect assisted living in the past year.</p> <p>There was a change from certification to licensure for ALCs with three licensure options. The definition of Long-Term Care was expanded to include ALCs.</p> <p>New areas of focus within the regulations include infection control, emergency preparedness, and quality requirements.</p>
<b>Move-in Requirements Including Required Disclosures/Notifications</b>	<p>An assisted living community must provide any interested person with:</p> <ol style="list-style-type: none"><li>(1) A copy of relevant sections of the statute (KRS 194A.700 to 194A.729) and relevant administrative regulations (910 KAR 1:240), and</li><li>(2) A description of any special programming, staffing, or training if the assisted living community markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions.</li></ol>
<b>Facility Scope of Care</b>	The assisted living community shall provide each resident with

access to the following services according to the lease agreement:

- (a) Assistance with activities of daily living and instrumental activities of daily living;
- (b) Three (3) meals and snacks made available each day, with flexibility in a secured dementia care unit to meet the needs of residents with cognitive impairments who may eat outside of scheduled dining hours;
- (c) Scheduled daily social activities that address the general preferences of residents;
- (d) Assistance with self-administration of medication; and
- (e) Housing.

In addition to the minimum services required in KRS 194A.705, an assisted living community with dementia care shall also provide:

- (a) Assistance with activities of daily living that address the needs of each resident with dementia;
- (b) Nonpharmacological practices that are person-centered and evidence-informed;
- (c) Informational services educating persons living with dementia and their legal and designated representatives about transitions in care and expectations of residents while in care;
- (d) Social activities offered on or off the premises of the licensed assisted living community with dementia care that provide residents with opportunities to engage with other residents and the broader community; and
- (e) Basic health and health-related services.

### **Limitations of Services**

Clients must be ambulatory or mobile non-ambulatory, unless due to a temporary condition, and must not be a danger to themselves or others. The assisted living community must have provisions for assisting any client who has received a move-out notice to find appropriate living arrangements prior to the actual move-out date.

### **Resident Assessment Requirements and Frequency**

Each assisted living community must complete a functional needs assessment upon move in and once every 12 months thereafter and as needed due to a change in function or condition. A preassessment can be completed prior to move in for screening purposes, but this is not required. The assessment must be updated to meet the ongoing needs of the client. Clients living on special programming units will have a functional needs assessment completed prior to entering into a lease agreement and at least annually thereafter. The assessment is not a standardized form.

### **Medication Management**

Medication administration is not permitted. The assisted living community provides assistance with self-administration of medication that is prepared or directed by the client, the client's

**Staff Scheduling  
Requirements**

designated representative, or a licensed health care professional who is not the owner, manager, or employee of the assisted living community.

An assisted living community shall provide any interested person with a description of any special programming, staffing, or training if it markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions.

The assisted living community must maintain a description of dementia-specific staff training that is provided, including at a minimum the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.

One awake staff member shall be on site at all times and staffing shall be sufficient in number and qualification to meet the 24-hour scheduled needs of the clients. There are no staffing ratios.

A criminal records check must be applied for from the Kentucky Administrative Offices of the Court, the Kentucky Justice and Public Safety Cabinet, or an assisted living community may use Kentucky's national background check program (KARES – Kentucky Applicant Registry and Employment Screening program). The criminal records check can be applied for no sooner than 45 days prior to but no later than 7 days following an employee's first day of work. A check of the Central Registry, the Adult Protective Services Caregiver Misconduct Registry and the Nurse Aide Abuse Registry is also required upon initial date of hire and annually thereafter. The KARES program outlines offenses that would exclude an applicant from being employable in a long term care facility or an assisted living community (906 KAR 1:190).

**Administrator/Director  
Education and Training  
Requirements**

A designated manager must be at least 21 years of age, have at least a high school diploma or a GED, and have demonstrated management or administrative ability to maintain the daily operations.

**Direct Care Staff  
Education and Training**

All staff and management must receive orientation within 90 days of hire and in-service education annually on specified topics applicable to their assigned duties. If the assisted living community provides special programming, it must provide consumers a description of dementia-specific staff training provided, including but not limited to the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.

All current and new direct care staff who provide care to patients who exhibit symptoms of Alzheimer's disease or other dementias must complete a total of (6) hours of training and then three (3) hours annually. All new direct care staff must complete the initial 6-hour dementia care training before providing services to clients who exhibit symptoms of Alzheimer's disease or other dementias.

## **Quality Requirements**

"Quality management activity" means evaluating the quality of care by:

- (a) ~~R~~ Reviewing resident services, complaints made, and other issues that have occurred; and
- (b) ~~D~~ Determining if changes in services, staffing, or other procedures need to be made to ensure safe and competent services to residents.

Quality management activity.

- (a) ~~E~~ Each ALC, ALC-BH, or ALC-DC shall engage in quality management activity appropriate to the size of the facility and relevant to the type of services provided.
- (b) ~~D~~ Documentation about the facility's quality management activity shall be:
  - 1. ~~M~~ Maintained for at least two (2) years; and
  - 2. ~~A~~ Available to the Office of Inspector General at the time of the survey, investigation, or renewal.

## **Infection Control Requirements**

All direct care staff members shall receive orientation training that includes general infection control principles.

Policies and procedures. Each ALC, ALC-BH, and ALC-DC shall maintain written policies and procedures that are up-to-date and include:

Infection control practices that address:

- 1. ~~T~~he prevention of disease transmission; and
- 2. ~~C~~leaning, disinfection, and sterilization methods used for equipment and the environment;

## **Emergency Preparedness**

All direct care staff members shall receive orientation training that includes emergency preparedness training.

Disaster planning and emergency preparedness plan.

- (1) Each ALC, ALC-BH, and ALC-DC shall:
  - (a) Have a written emergency disaster plan that:
    - 1. ~~C~~ontains a plan for evacuation, including the written policy required by Section 7(4)(c) of this administrative regulation and KRS 194A.717(5);

2. Addresses elements of sheltering in place or provides instructions for finding a safe location indoors and staying there until given an all clear or told to evacuate;
  3. Identifies temporary relocation sites; and
  4. Details staff assignments in the event of a disaster or an emergency;
- (b) Post an emergency disaster plan prominently;
  - (c) Provide building emergency exit diagrams to all residents;
  - (d) Post emergency exit diagrams on each floor; and
  - (e) Have a written policy and procedure regarding missing tenant residents.
- (2)
- (a) Each ALC, ALC-BH, and ALC-DC shall:
    1. Provide emergency and disaster training to all staff during the initial staff orientation and annually; and
    2. Make emergency and disaster training available to residents annually.
  - (b) Staff who have not received emergency and disaster training shall work only if staff trained for emergencies and disaster are also working on site.

**Medicaid Policy and Reimbursement**

Medicaid does not cover services or reimbursement for assisted living clients or communities.

**Life Safety Requirements**

Documentation of compliance with applicable building and life safety codes is required. The following items are reviewed: annual state fire marshal inspections (including sprinkler systems, smoke detectors, fire extinguishers, etc.), health department inspections, elevator inspections, boiler inspections, beauty shop and beautician licenses, food establishment licenses, and certificates of occupancy.

**Citations**

Kentucky Revised Statutes. (2023) Title XVII, Chapter 194A, 700 to 729: Assisted Living Communities.  
<https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38056>

Kentucky Administrative Regulations (2022) Title 910, Chapter 1, Section 240: Certification of Assisted-Living Communities.  
<https://apps.legislature.ky.gov/Law/kar/910/001/240.pdf>

Kentucky Administrative Regulations. (2023) Title 906, Chapter 1, Section 190: Kentucky National Background Check Program. <https://apps.legislature.ky.gov/law/kar/906/001/190.pdf>

Kentucky Cabinet for Health and Family Services. (n.d.) Division of Community Alternatives.  
<https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>