

# Mississippi

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**Licensure Term** Personal Care Homes - Residential Living and Personal Care Homes - Assisted Living

**Opening Statement** The Mississippi Department of Health, Division of Health Facilities Licensure and Certification, licenses two types of personal care homes: assisted living and residential living. The primary difference between these two settings is that residential living communities may not admit or retain individuals who cannot ambulate independently. Requirements described below apply to both types of homes unless otherwise noted.

A licensed personal care home may establish a separate Alzheimer's disease-dementia care unit. The rules and regulations for such units are in addition to the licensure requirements for the facility. Any licensed facility that establishes an Alzheimer's disease-dementia care unit and meets the additional requirements will have the designation printed upon the certificate of licensure issued by the licensing agency.

**Legislative and Regulatory Update** There are no recent legislative or regulatory updates that affect personal care homes in Mississippi.

**Definition** Personal care homes are licensed facilities that provide assistance to residents in performing one or more of the activities of daily living (ADLs), including, but not limited to, bathing, walking, excretory functions, feeding, personal grooming, and dressing.

Personal Care Homes - Residential Living: Any place or facility operating 24 hours a day, seven days a week, accepting individuals who require personal care services or individuals, who, due to functional impairments, may require mental health services.

Personal Care Homes - Assisted Living: Any place or facility operating 24 hours a day, seven days a week, accepting individuals

who require assisted living services. Facilities must provide personal care and the addition of supplemental services to include the provision of medical services (i.e., medication procedures and medication administration), and emergency response services.

**Disclosure Items**

There is no required form but admission agreements must be given to the resident or his/her responsible party, and must contain specific information. For example, the agreement must include at a minimum, among other items: basic charges agreed upon; period to be covered in the charges; services for which special charges are to be made; agreement regarding refunds for payments made in advance; and a statement that the operator will notify the resident's responsible party in a timely manner of any changes in the resident's status.

**Facility Scope of Care**

Facilities may provide assistance with ADLs that may extend beyond providing shelter, food, and laundry. Assistance may include, but is not limited to, bathing, walking, toileting, feeding, personal grooming, dressing, and financial management.

**Third Party Scope of Care**

Limited home health services may be provided in facilities.

**Admission and Retention Policy**

For both personal care - residential living and personal care - assisted living, a person may neither move in nor continue to reside in a licensed facility if the person:

- (1) Is not ambulatory;
- (2) Requires physical restraints;
- (3) Poses a serious threat to self or others;
- (4) Requires nasopharyngeal and/or tracheotomy suctioning;
- (5) Requires gastric feedings;
- (6) Requires intravenous fluids, medications, or feedings;
- (7) Requires an indwelling urinary catheter;
- (8) Requires sterile wound care; or
- (9) Requires treatment of decubitus ulcer or exfoliative dermatitis.

A resident may continue to live in a personal care home when a resident or the resident's responsible party (if applicable) consents

in writing for the resident to continue to reside in the home and approved in writing by a licensed physician, unless the licensing agency determines that skilled nursing services would be appropriate. No home may allow more than two residents or 10 percent of the total number of residents, whichever is greater, to remain under these circumstances.

Personal Care Homes - Assisted Living Facilities: May only admit residents whose needs can be met by the facility. An appropriate resident is primarily an aged ambulatory person who requires domiciliary care and who may require non-medical services, medical services such as medication assistance, emergency response services, and home health services as prescribed by a physician's order and as allowed by law.

<b>Resident Assessment</b>	A medical evaluation is required annually for each resident but there is no required form. Each person applying for admission must be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within 30 days prior to admission. The examination shall indicate the appropriateness of admission.
<b>Medication Management</b>	Facilities may monitor the self-administration of medication. Only licensed personnel are allowed to administer medication.
<b>Square Feet Requirements</b>	Private and shared resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Separate toilet and bathing facilities must be provided on each floor for each sex in the following ratios, at a minimum: one bathtub-shower for every 12 or fewer residents for each sex; and one lavatory and one toilet for every six or fewer residents.
<b>Life Safety</b>	<p>Automatic Fire Sprinklers: All new personal care homes must be protected with automatic fire sprinklers. If the facility has a capacity of 16 or fewer beds, a 13D-styled automatic sprinkler system compliant with the National Fire Protection Association (NFPA) Standard 13D, "Standard for the Protection of One- and Two-Family Dwellings and Manufactured Homes," is sufficient. For facilities with capacity greater than 16 beds, a sprinkler consistent with NFPA 13 is required.</p> <p>Smoke Detectors: Smoke detectors must be installed in each hallway no more than 30 feet apart, in all bedrooms, and in all storage rooms. Smoke detectors must be electrically powered by</p>

**Unit and Staffing Requirements for Serving Persons with Dementia**

the building's electrical system and have battery back-up.

Building Construction: Facilities licensed after Aug. 14, 2005 must be constructed to have a one-hour fire resistance rating as prescribed by the current edition of the NFPA Standard 220, "Types of Building Construction."

Regulations for Alzheimer's disease-dementia care units were adopted in 2001 and apply to licensed nursing homes or licensed personal care homes and are in addition to other rules and regulations applicable to these licensed facilities.

There are specific physical design standards for Alzheimer's-dementia units including security controls on all entrances and exits, and a secure, exterior exercise pathway.

A registered nurse or licensed practical nurse must be present on all shifts and a minimum of two staff members must be on the unit at all times. Minimum requirements for nursing staff are based on the ratio of three hours of nursing care per resident per 24 hours. Licensed nursing staff and nurse aides can be included in the ratio. If the Alzheimer's-dementia care unit is not freestanding, licensed nursing staff may be shared with the rest of the facility. Facilities are only permitted to house persons with up to stage II Alzheimer's disease. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist must provide social services to residents and support to family members. The social service consultation must be on site and be a minimum of eight hours per month.

An orientation program including specific topics must be provided to all new employees assigned to the Alzheimer's-dementia unit. Ongoing in-service training must be provided to all staff who are in direct contact with residents on a quarterly basis and must include training on at least three of eight specific topics.

**Staffing Requirements**

A full-time operator must be designated to manage the facility. When on duty, staff must be awake and fully dressed to provide personal care to the residents. The following staffing ratio applies:

(1) One direct care staff person per 15 or fewer residents between 7:00 a.m. and 7:00 p.m.; and

(2) One direct care staff person per 25 or fewer residents between the hours of 7:00 p.m. and 7:00 a.m. Personal care homes-assisted living facilities must also post in writing on-call personnel in the

event of an emergency during this shift.

Personal Care - Assisted Living: Must also have a licensed nurse on the premises for eight hours a day. The nurses may not be included in the direct care staffing ratio. If a resident is unable to self-administer prescription medication, a licensed nurse must be present to administer the medication.

**Administrator  
Education/Training**

Administrators, known as "operators," must be a high school graduate or have passed the GED, and not be a resident of the licensed facility. The administrator must verify that he or she is not listed on the Mississippi Nurses Aide Abuse Registry. Administrators must spend two concurrent days with the licensing agency for training and mentoring. This training and monitoring provision is required only one time for each administrator and an administrator who was previously employed by the licensing agency in a surveyor capacity is exempt.

**Staff Education/Training**

Direct care staff must be at least 18 years of age and must verify that they are not listed on the Mississippi Nurse Aide Abuse Registry. Personnel must receive training on a quarterly basis on topics and issues related to the population being served by the facility. All direct care staff must successfully complete a criminal history record check.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver with a limited number of slots covers services in assisted living facilities for residents that are Medicaid eligible. Facilities are reimbursed on a flat rate, per diem basis.

**Citations**

Mississippi State Department of Health, Health Facilities Licensure and Certification: Minimum Standards for Personal Care Homes-Assisted Living [November 16, 2016]  
[http://msdh.ms.gov/msdhsite/\\_static/resources/341.pdf](http://msdh.ms.gov/msdhsite/_static/resources/341.pdf)

Mississippi State Department of Health, Health Facilities Licensure and Certification: Minimum Standards for Personal Care Homes-Residential Living [November 16, 2016]  
[http://msdh.ms.gov/msdhsite/\\_static/resources/342.pdf](http://msdh.ms.gov/msdhsite/_static/resources/342.pdf)

Mississippi State Department of Health, Health Facilities Licensure and Certification: Minimum Standards for Alzheimer's Unit [October 2012]  
[http://msdh.ms.gov/msdhsite/\\_static/resources/118.pdf](http://msdh.ms.gov/msdhsite/_static/resources/118.pdf)

Mississippi State Department of Health, Health Facilities Regulations.  
[https://msdh.ms.gov/msdhsite/\\_static/30,0,83,60.html](https://msdh.ms.gov/msdhsite/_static/30,0,83,60.html)

Mississippi Division of Medicaid. Assisted Living Waiver.  
<https://medicaid.ms.gov/programs/assisted-living-waiver/>

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