Pennsylvania

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Opening Statement

The Department of Human Services, Bureau of Human Services Licensing is responsible for the oversight of Personal Care Homes and Assisted Living Residences in Pennsylvania. The two licensures are different in concept, type of units provided, and level of care provided. Personal Care Homes are residences that serve residents who are aged, have a mental illness, have an intellectual disability, and/or physical disabilities. The Personal Care Homes serve residents who do not need 24-hour nursing home care, yet who may need assistance with activities of daily living (ADLs). In contrast, Assisted Living Residences may serve residents that need a nursing home level of care. Licensing protects the health, safety, and well-being of individuals residing in the Personal Care Home and Assisted Living Residence settings.

Licensure Term

Personal Care Homes and Assisted Living Residences

Definition

Personal Care Home: A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in ADLs or instrumental activities of daily living (IADLs). The term includes a premise that has held or presently holds itself out as a Personal Care Home and provides food and shelter to four or more adults who need personal care services, but who are not receiving the services.

Assisted Living Residences: A premise in which food, shelter, assisted living services, assistance or supervision, and supplemental health care services are provided for a period exceeding 24-hours for four or more adults who are not relatives of the operator, who require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation from the residence in the event of an emergency, or medication prescribed for self-administration.

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Regulatory and Legislative Update

There are no legislative or regulatory updates affecting Personal Care Homes or Assisted Living Residences except for a medicaid policy change.

Move-in Requirements Including Required Disclosures/Notifications

For both Personal Care Homes and Assisted Living Residences, a written contract is required between the home/residence and the resident.

Personal Care Home: Specific contract must specify: each resident shall retain the current personal needs allowance as the resident's own funds for personal expenditures; fee schedule listing actual amount of allowable charges for each available service; explanation of the annual assessment; medical evaluation and support plan requirements and procedures; party responsible for payment; method for payment of charges for long distance telephone calls; conditions surrounding refunds; financial management arrangements and assistance; home's rules; contract termination conditions; statement about 30-days advance notice of change of contract; list of personal care services to be provided based on support plan, list of rates for food, shelter and services; bed hold charges; and resident rights and complaint procedures.

Assisted Living Residence: The contract must specify: each resident shall retain the current personal needs allowance as the resident's own funds for personal expenditures; fee schedule listing actual amount of charges for each assisted living service included in the resident's core service package; explanation of the annual assessment; medical evaluation and support plan requirements and procedures; party responsible for payment; method for payment of charges for long distance telephone calls; conditions surrounding refunds; financial management arrangements and assistance; residence's rules; contract termination conditions; statement about 30-days advance notice of change of contract; list of assisted living services or supplemental health care services or both provided based on the support plan; list of rates for food, shelter and services; bed hold charges; and resident rights and complaint procedures.

Facility Scope of Care

Personal Care Home: May provide assistance with ADLs, IADLs, and medications. ADLs and IADLs are defined in the code.

Assisted Living Residence: Must provide an independent core service package, which includes, at a minimum, 24-hour supervision, monitoring and emergency response, nutritious meals and snacks, housekeeping, laundry services, assistance with unanticipated ADLs for a defined recovery period, activities and socialization, and basic cognitive support services.

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An enhanced core package must be available to residents who require assistance with ADLs, to include the core package as well as assistance with performing ADLs for an undefined period of time, transportation as defined in the code, and assistance with self-administration of medication or medication administration.

Assisted Living Residences must also provide or arrange for the provision of supplemental health care services, including, but not limited to, hospice services, occupational therapy, skilled nursing services, physical therapy, behavioral health services, home health services, escort service if indicated in the resident's support plan or requested by the resident to and from medical appointments, and specialized cognitive support services.

The home shall have a current written description of services and activities that the home provides including the following:
(1) The scope and general description of the services and activities that the home provides.
(2) The criteria for admission and discharge.
(3) Specific services that the home does not provide but will arrange or coordinate.

Limitations of Services

Personal Care Home: Residents requiring the services in or of a nursing facility should not be admitted into the home. Admission of residents with special needs is allowed, only if the home complies with certain additional staffing, physical site, and fire safety requirements. A home must have a written program description including the services the home intends to provide and the needs of the residents that can be safely served.

Assisted Living Residence: May not admit, retain, or serve an individual with any of the following conditions or health care needs unless the residence seeks approval from the Department: ventilator dependency; stage III and IV decubiti and vascular ulcers that are not in a healing stage; continuous intravenous fluids; reportable infectious diseases in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence; nasogastric tubes; physical restraints; or continuous skilled nursing care 24-hours a day. The Department may approve an exception related to any of the conditions or health care needs listed above under specified conditions and procedures. Adults requiring the services of a licensed long-term care nursing facility, including those with mobility needs, may reside in a residence, provided that appropriate supplemental health care services are provided to those residents and provisions are made to allow for their safe emergency evacuation.

With regard to transfers and discharges, both Personal Care Homes and Assisted Living

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Residences must ensure a safe and orderly transfer or discharge that is appropriate to meet the resident's needs and allows the resident to participate in the decision relating to relocation. If the home or residence initiates a transfer or discharge, or if the legal entity chooses to close the residence, the home or residence must provide a 30-day advance written notice to the resident, the resident's family, or designated person and the referral agent citing the reasons for the transfer or discharge, the effective date of the transfer or discharge, the location to which the resident will be transferred or discharged, an explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge, and the resident's transfer or discharge rights.

Resident Assessment Requirements and Frequency

Personal Care Home: An Adult Residential Licensing Personal Care Home Preadmission Screening must be completed prior to move-in to assess the needs of the resident and whether the home can meet these needs. A medical evaluation must be completed 60 days prior to or 30 days after moving into the home. The assessment includes an assessment of mobility needs, medication administration needs, communication abilities, cognitive functioning, ADLs, IADLs, referral sources, and personal interests and preferences. It must be completed within 15 days of admission. A support plan must be developed to meet the needs identified in the assessment and implemented within 30 days after admission. The Department requires specified forms to be used in each instance.

Assisted Living Residence: An initial assessment must be completed within 30 days prior to admission, or within 15 days following admission in specified circumstances. Either the Department's form, the Assessment and Support Plan, is to be used or the residence may use its own assessment and support plan forms if they include the same information as the Department’s form. The code specifies requirements for the assessment.

Medication Management

Personal Care Home: Must provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. A home may provide medication administration services for a resident who is assessed to need medication administration services. Medications must be administered by licensed medical personnel or by a staff person who has completed a Department approved medication administration course that includes passing the Department's performance-based competency test.

Assisted Living Residence: Must provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place, and offering the resident the medication at the prescribed

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times. A residence shall provide medication administration services for a resident who is assessed to need medication administration services and for a resident who chooses not to self-administer medications. Prescription medication that is not self-administered by a resident shall be administered by a licensed professional or a staff person who has completed a Department-approved medication administration course that includes passing the Department's performance-based competency test.

Staff Scheduling Requirements

For Personal Care Homes, in addition to the assessments and support plans required in a standard Personal Care Homes, a resident of a dementia care unit must have a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team within 72 hours prior to admission to a secure dementia care unit. The resident must be assessed annually for the continuing need for the secured dementia care unit. The resident-home contract must include the services provided in the dementia care unit, admission, and discharge criteria, change in condition policies, special programming, and costs and fees.

Facilities must offer the following types of activities at least weekly: gross motor activities, such as dancing, stretching, and other exercise; self-care activities, such as personal hygiene; social activities, such as games, music, and holiday and seasonal celebrations; crafts, such as sewing, decorations, and pictures; sensory and memory enhancement activities, such as review of current events, movies, storytelling, picture albums, cooking, pet therapy, and reminiscing; and outdoor activities, as weather permits, such as walking, gardening, and field trips. At least two hours per day of personal care services must be provided to each resident. Additional staffing is required to provide the services specified in each resident's support plan.

In Personal Care Homes and Assisted Living Residences, no more than two residents are permitted in each secure dementia care unit bedroom, regardless of size. Admission to a secure dementia care unit/secure care unit requires consent from the individual or designated person legally authorized to make the decision on their behalf.

Special dementia care units/secure care units are permitted to have doors equipped with key locking devices, electronic card operated systems, or other devices that prevent immediate egress if they have written approval from the Pennsylvania's Department of Labor and Industry, Department of Health, or appropriate local building authority permitting the use of the specific locking system. A residence must have a statement from the manufacturer, specific to that residence, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately upon a

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signal from an activated fire alarm system, heat or smoke detector; a power failure to the residence; or overriding the electronic or magnetic locking system by use of a keypad or other lock-releasing device.

The Assisted Living Residences statute establishes standards for special care units, which are a residence or portion of a residence providing in the least restrictive manner 1) specialized care and services for residents with Alzheimer's disease or dementia; and/or 2) intense neurobehavioral rehabilitation for residents with severely disruptive and potentially dangerous behaviors as a result of brain injury

Facilities must provide space for dining, group and individual activities, and visits. Each resident in a special dementia care unit/secure care unit shall be considered to be a resident with mobility needs and therefore must receive a minimum of two hours per day of direct care.

Assisted Living Residence special care units for Alzheimer's disease or dementia, in addition to the medical evaluation required of all residents, a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the licensing agency's cognitive preadmission screening form must be completed for each resident within 72 hours prior to admission. A support plan that identifies the resident's physical, medical, social, cognitive, and safety needs must be developed within 72 hours of admission or within 72 hours prior to the resident's admission to the special care unit. The support plan must be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes. Residents of a special care unit for Alzheimer's disease or dementia must also be assessed quarterly for the continuing need for the unit.

The following types of activities must be offered at least weekly to residents of a special care unit for residents with Alzheimer's disease or dementia: gross motor activities, such as dancing, stretching, and other exercise; self-care activities, such as personal hygiene; social activities, such as games, music, and holiday and seasonal celebrations; crafts, such as sewing, decorations, and pictures; sensory and memory enhancement activities, such as review of current events, movies, storytelling, picture albums, cooking, pet therapy, and reminiscing; and outdoor activities, as weather permits, such as walking, gardening, and field trips.

Personal Care Home: An administrator must be in the home an average of 20 hours or more per week in each calendar month. At least one direct care staff person shall be awake at all times residents are present in the home. While there are no staffing ratios, direct care staff must be present to provide one hour of personal care per day for mobile residents

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and two hours per day for residents with mobility needs, 75 percent of which shall be given during waking hours. Additionally, there must be staff available to meet the needs of each individual resident as specified in the resident's support plan. At least one staff person for every 50 residents who is trained in first aid, certified in obstructed airway technique and CPR must be present in the home at all times. Direct-care staff must be at least 18 years of age and have a high school diploma or GED.

Assisted Living Residence: An administrator must be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

A direct care staff person 21 years of age or older must be present in the residence whenever at least one resident is present. While there are no staffing ratios, direct care staff persons must be available to provide at least one hour per day of assisted living services to each mobile resident and at least two hours per day to each resident with mobility needs. At least 75 percent of the Assisted Living Residence service hours must be available during waking hours. Direct care staff persons on duty in the residence shall be awake at all times. Staffing must be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements. An Assisted Living Residence must have a licensed nurse available in the building or on call at all times. The licensed nurse shall be either an employee of the residence or under contract with the residence. The residence must have a dietician on staff or under contract to provide for any special dietary needs of a resident as indicated in his/her support plan. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times.

Administrator/Director Education and Training Requirements

Prior to initial employment, all Personal Care Home and Assisted Living Residence Administrators must successfully complete the following:
(1) An orientation program approved and administered by the Department;
(2) A 100-hour standardized Department-approved administrator training course; and
(3) A Department-approved competency-based training test with a passing score.
An Administrator must have at least 24 hours of annual training.
Personal Care Home: Administrator must be at least 21 years of age and meet one of the following qualifications:
(1) Be a licensed registered nurse (RN);
(2) Have an Associate's degree or 60 credit hours from an accredited college or university;
(3) Be a licensed practical nurse (LPN) with one year of work experience in a related field;
(4) Be a licensed nursing home administrator in Pennsylvania; or

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(5) For a home serving eight or fewer residents, a GED or high school diploma and two years of direct care or administrative experience in the human services field.

Assisted Living Residence: Administrator must be at least 21 years of age and have one of the following qualifications:
(1) A license as an RN from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field;
(2) An Associate's degree or 60 credit hours from an accredited college or university in a human services field and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field;
(3) An Associate's degree or 60 credit hours from an accredited college or university in a field that is not related to human services and two years, in the prior 10 years, of direct care or administrative experience in a health care or human services field;
(4) A license as an LPN from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field;
(5) A license as a nursing home administrator from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field; or
(6) Experience as a Personal Care Home administrator, employed as such for two years prior to Jan. 18, 2011, and completed the administrator training requirements and passed the Department-approved competency-based training test by January 18, 2012.

Direct Care Staff Education and Training Requirements

For both Personal Care Homes and Assisted Living Residences, direct care staff must be 18 years of age or older and have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Prior to or during the first workday, all direct care staff persons, ancillary staff, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes specified topics.

Within 40 scheduled working hours, all direct care staff persons, ancillary staff, substitute personnel and volunteers shall have an orientation on: Resident rights; emergency medical plan; mandatory reporting of abuse and neglect under the state's Older Adult Protective Services Act; and reporting of reportable incidents and conditions. Prior to providing unsupervised ADL services, direct care staff persons must successfully complete and pass the Department-approved direct care training course and competency test.

Personal Care Home: Direct care staff persons must have at least 12 hours of annual training relating to their job duties.

Assisted Living Residence: Direct care staff must complete an initial orientation approved by the Department and must be certified in first aid and CPR before providing direct care

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to residents.

Within 40 scheduled working hours, Assisted Living Residences direct care staff, ancillary staff, substitute personnel, and volunteers must have orientation training must include, in addition to the topics above: safe management techniques, and core competency training that includes person-centered care, communication, problem solving and relationship skills, and nutritional support according to resident preference.

For Assisted Living Residences, direct care staff may not provide unsupervised assisted living services until completion of 18-hours of training including: a demonstration of job duties followed by supervised practice, successful completion and passing the Department-approved direct care training course and passing of the competency test. Initial direct care staff training includes: safe management techniques; assisting with ADLs and IADLs; personal hygiene; care of residents with mental illness, neurological impairments, mental retardation, and other mental disabilities; normal aging-cognitive, psychological and functional abilities of individuals who are older; implementation of initial assessment, annual assessment, and support plan; nutrition, food handling, and sanitation; recreation, socialization, community resources, social services, and activities in the community; gerontology; staff person supervision; care needs of residents served; safety management and hazard prevention; universal precautions; requirements of the regulation chapter; signs and symptoms of infections and infection control; care for individuals with mobility needs; behavioral management techniques; understanding the resident's assessment and how to implement the support plan; and person-centered care.

Assisted Living Residence direct care staff must have at least 16 hours of annual training relating to their job duties. Administrative staff, direct care staff, ancillary staff, substitute personnel, and volunteers must receive at least four hours of dementia-specific training within 30 days of hire and at least two hours of dementia-specific training annually.

Quality Requirements

Personal Care Home and Assisted Living Residence: The facility shall establish and implement a quality management plan. The quality management plan shall address the periodic review and evaluation of the following:
(1) The reportable incident and condition reporting procedures.
(2) Complaint procedures.
(3) Staff person training.
(4) Licensing violations and plans of correction, if applicable.
(5) Resident or family councils, or both, if applicable.

The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the

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periodic review and evaluation.

Infection Control Requirements

There are no infection control plan requirements specified other than providing staffing training on infection control and general principles of cleanliness and hygiene.

Emergency Preparedness Requirements

Personal Care Home and Assisted Living Residence: The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located. The home shall have written emergency procedures that include the following:

(1) Contact information for each resident's designated person.

(2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.

(3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.

(4) Means of transportation in the event that relocation is required.

(5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

(6) Alternate means of meeting resident needs in the event of a utility outage.

The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Medicaid Policy and Reimbursement

While Medicaid funding is not available for Personal Care Homes, Pennsylvania does provide a state supplement to Supplemental Security Income to qualifying Personal Care Home residents.

Medicaid funding for services provided in Assisted Living is in the process of changing in late 2023. More details will be available soon.

Citations

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