

Rhode Island

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Licensure Term Assisted Living Residences, Alzheimer Dementia Special Care Unit/Program, Limited Health Services

Opening Statement The Department of Health, Center for Health Facility Regulation, licenses assisted living residences for individuals who do not require the level of medical or nursing care provided in a health care facility, but who require room and board and personal assistance and may require medication administration.

Residences are licensed based on levels according to fire code and medication classifications, as well as for dementia care and Limited Health Services. Fire code Level 1 licensure is for residents who are not capable of self-preservation and Level 2 is for residents who are capable of self-preservation in an emergency.

Medication Level 1 licensure is used when one or more residents require central storage and/or medication administration, and Level 2 is used when residents require only assistance with self-administration of medications.

Alzheimer Dementia Special Care Unit Program licensure is required when: one or more resident's dementia symptoms affects their ability to function based on several specified criteria; a residence advertises or represents special dementia services; or if the residence segregates residents with dementia. Dementia care licensure must be at Level 1 for both fire and medication-related requirements.

Limited health services licensure is required for residences that provide limited health services which are services provided by a qualified licensed assisted living staff member, as ordered by the resident's physician. These services can include: stage I and stage II pressure ulcer treatment and prevention, simple wound care, ostomy care, and urinary catheter care. Those that provide limited health services must also meet all of the other Assisted Living

Legislative and Regulatory Update

requirements, including those for Alzheimer Dementia Special Care Unit/Program Licensure.

There are no recent regulatory or legislative updates affecting assisted living in Rhode Island.

Rhode Island amended its rules and regulations for licensing assisted living residences effective April 30, 2018. This amendment to the regulations removed statutory duplication, removed vaccination reporting requirements, increased the temperature threshold for hot water, revised reporting requirements for accidents, and corrected the name of the RIDOH center which oversees the enforcement of the regulations. The regulations were also amended to require assisted living facilities to have an annual inspection to assess compliance with the Fire Safety Code, conducted under the authority of the State Fire Marshal and added documentation of the inspection required under the new section 2.4.27(A)(1)(e) to be submitted with the application for renewal of licensure, and such documentation must reflect compliance with the Fire Safety Code or be in accordance with section 2.4.27(A)(1)(a) of the regulations, which is regarding plans of correction with the State Fire Marshal for fire code deficiencies.

Definition

Assisted living residence means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements, personal assistance and may include the delivery of limited health services, as defined in R.I. Gen Laws § 23-17.4-2(12) to meet the resident's changing needs and preferences, lodging, and meals to six or more adults who are unrelated to the licensee or administrator. However, this excludes any privately operated establishment or facility licensed pursuant to R.I. Gen. Laws Chapter 23-17 and those facilities licensed by or under the jurisdiction of any state agency. Assisted living residences include sheltered care homes, board and care residences, or any other entity by any other name providing the above services that meet the definition of assisted living residences.

Every residence is licensed with a fire code classification and a medication classification (see Medication Management below).

Assisted living residences may also be licensed for Alzheimer Dementia Special Care Unit Programs and Limited Health Services.

Fire Code Classifications:

Level F1 licensure is for a residence that has residents who are not

capable of self preservation and these residences must comply with a more stringent life safety code.

Level F2 licensure is for residences that will have residents who are capable of self preservation.

Dementia Classification:

Dementia care licensure is required when one or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following:

- (1) Safety concerns due to elopement risk or other behaviors;
- (2) Inappropriate social behaviors that adversely impact the rights of others;
- (3) Inability to self preserve due to dementia; or
- (4) A physician's recommendation that the resident needs dementia support consistent with this level.

Additionally, this licensure is required if a residence advertises or represents special dementia services or if the residence segregates residents with dementia.

Disclosure Items

Assisted living residences must disclose, in a print format, at least the following information to each potential resident, the resident's interested family, and the resident's agent early in the decision-making process and at least prior to the admission decision being made:

- (1) Identification of the residence and its owner and operator;
- (2) Level of license and an explanation of each level of licensure;
- (3) Admission and discharge criteria;
- (4) Services available;
- (5) Financial terms to include all fees and deposits, including any first month rental arrangements, and the residence's policy regarding notification to tenants of increases in fees, rates, services, and deposits;

(6) Terms of the residency agreement, including the process used in the event that a resident can no longer afford the cost of care being provided; and

(7) The names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General, the State Ombudsperson, and local police office.

The residency agreement or contract must also include specified information, such as resident's rights and admission and discharge criteria.

Any assisted living residence that refers clients to any health care facility or a certified adult day care in Rhode Island and has a financial interest in that entity must disclose the following information to the individual:

(1) That the referring entity has a financial interest in the residence or provider to which the referral is being made; and

(2) That the client has the option of seeking care from a different residence or provider that is also licensed and/or certified by the state to provide similar services to the client.

Facilities with Alzheimer Dementia Special Care Unit's/Program's or a Limited Health Services license must also disclose information specific to the following areas: philosophy; pre-occupancy, occupancy, and termination of residence; assessment, service planning & implementation; family role in providing support and services; and program costs.

Alzheimer Dementia Special Care Units must also disclose staffing patterns, training ratio, physical environment, and resident activities.

Facility Scope of Care

Facilities may: provide assistance with activities of daily living; assist the resident with self-administration of medication or administration of medication by appropriately licensed staff, depending on the licensure; arrange for support services; and monitor residents' recreational, social, and personal activities. Residences may also be licensed to provide limited health services, which include: state I and stage II pressure ulcer treatment and prevention, simple wound care, ostomy care, and urinary catheter care.

See "Admission and Retention Policy" below for additional details.

Third Party Scope of Care

Residents have the right to arrange for services not available through the setting at their own expense as long as the resident remains in compliance with the resident contract and all applicable laws and regulations.

Admission and Retention Policy

Residences are licensed based on the level of service they provide and only residents meeting the classification criteria specified in the license may move in. Admission and residency are limited to persons not requiring medical or nursing care as provided in a health care facility, but who require personal assistance, lodging and meals and may require the administration of medication and/or limited health services. A resident must be capable of self-preservation in emergency situations, except in limited circumstances. Persons needing medical or skilled nursing care and/or persons who are bedbound or in need of the assistance of more than one person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to 45 days subject to an extension of additional days as approved by the state or in specified circumstances. Residents who are bed bound or in need of assistance of more than one staff person for ambulation may reside in a residence if they are receiving hospice care.

The residence can require that a resident move out only for certain reasons and with 30 days advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the state ombudsperson's office. In cases of a life-threatening emergency or non-payment of fees and costs, the 30-day notice is not required. If termination due to non-payment of fees and costs is anticipated, the residence must make a good faith effort to counsel the resident of this expectation. Residences may discharge a resident in the following circumstances:

(1) If a resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;

(2) If a resident is a danger to self or the welfare of others, and the residence has made reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; and

(3) Failure to pay all fees and costs, resulting in bills more than 30 days outstanding.

Resident Assessment

Prior to a resident moving into a residence, the administrator must have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse (RN). The assessment must be on a form designed or approved by the Department of Health.

The approved Department form is available at <http://health.ri.gov/forms/assessment/AssistedLivingResident.pdf>.

Medication Management

Facilities are further classified by the degree to which they manage medications. Nurse review is necessary under all levels of medication licensure. Level M1 is for a residence that has one or more residents who require central storage and/or administration of medications. In Level M1 facilities, licensed employees—registered medication aides, RNs, licensed practical nurses—may administer oral or topical drugs and monitor health indicators; however, schedule II medications may only be administered by licensed personnel (e.g., RN or licensed practical nurse). Level M2 is for residences that have residents who require assistance with self-administration of medications, as defined in the regulations.

Square Feet Requirements

Single rooms must be a minimum of 100 square feet in area and eight feet wide; double bedrooms must be a minimum of 160 square feet in area and 10 feet wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules.

Residents Allowed Per Room

A maximum of two residents is allowed per resident unit.

Bathroom Requirements

The facility must provide a minimum of one bath per 10 residents and one toilet per eight residents.

Life Safety

Facilities must have sprinklers and smoke detectors. Residential board and care facilities must have carbon monoxide detectors, which must be either hardwired or wireless and be installed in accordance with National Fire Protection Association 720. Facilities must have an annual inspection conducted under the authority of the State Fire Marshal to assess compliance with the Fire Safety Code.

Unit and Staffing Requirements for Serving Persons with Dementia

A residence that offers or provides services to residents with Alzheimer's disease or other dementia, by means of an Alzheimer Dementia Special Care Unit/Program, must disclose the type of services provided in addition to those services required by the state. A standard disclosure form created by the licensing agency must be

completed and submitted to the licensing agency for review to verify the accuracy of the information reported on it. The form must also be provided to any individual seeking to move in to the residence. The information disclosed must explain the additional care that is provided through:

- (1) The residence's philosophy;
- (2) Pre-occupancy, occupancy, and termination of residence;
- (3) Assessment, service planning, and implementation;
- (4) Staffing patterns and staff training;
- (5) Physical environment;
- (6) Resident activities;
- (7) Family role in care; and
- (8) Program costs.

In addition to training required for staff in all assisted living residences, staff in a residence licensed for dementia care level must receive at least 12 hours of orientation and training on (1) understanding various dementias; (2) communicating effectively with dementia residents; and (3) managing behaviors, within 30 days of hire and prior to beginning work alone in the assisted living residence.

Staffing Requirements

Each residence must have an administrator who is certified by the Department of Health, and who is responsible for the safe and proper operation of the residence at all times. All residences must provide staffing that is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being of the residents, according to the appropriate level of licensing. There are no staffing ratios, though the administrator must be in charge of no more than three residences with an aggregate resident total of no more than 120 residents.

At least one staff person who has completed employee training and at least one person who has successfully completed CPR training must be on the premises at all times. In addition, each residence must have responsible adults who are employees or who have a contractual relationship with the residence to provide the services required who is at least 18 years of age and:

- (1) Awake and on the premises at all times;
- (2) Designated in charge of the operation of the residence; and
- (3) Physically and mentally capable of communication with

emergency personnel.

All staff having contact with residents must have a criminal records check.

An RN must visit the residence at least once every 30 days, except in specified circumstances, to complete a review as defined in the regulation.

Additional staffing requirements are in place for residents that offer Alzheimer Dementia Special Care Unit/Program and Limited Health Services.

Administrator Education/Training

The Department of Health shall issue certification as an administrator for up to two years if the applicant is 18 years or older, of good moral character, and has initial training that includes one of the following:

- (1) Successful completion of a training program and assisted living administrator licensing examination, satisfactory completion of at least 80 hours of field experience in a training capacity in a state-licensed assisted living residence to include specified training within a 12-month period;
- (2) Successful completion of a degree in a health-centered field from an accredited college or university that includes coursework in gerontology, personnel management, and financial management, and satisfactory completion of at least 80 hours of field experience in a training capacity in a state-licensed assisted living residence to include specified training within a 12 month period; or
- (3) Possess a current Rhode Island nursing home administrator's license.

If an individual does not meet the above specified training requirements, a written examination as determined by the Department of Health to test the qualifications of the individual as an assisted living residence administrator must be successfully completed.

To be eligible for recertification, an administrator must complete 32 hours of Department of Health-approved continuing education within the previous two years. Sixteen of the required 32 hours of continuing education must be contact hours. The remaining 16 hours of continuing education may be non-contact hours.

Staff Education/Training

All new employees must receive at least two hours of orientation and training in the areas listed below within 10 days of hire and prior to beginning work alone, in addition to any training that may be required for a specific job classification at the residences.

Training areas include:

- (1) Fire prevention;
- (2) Recognition and reporting of abuse, neglect, and mistreatment;
- (3) Assisted living philosophy (goals/values: dignity, independence, autonomy, choice);
- (4) Resident's rights;
- (5) Confidentiality;
- (6) Emergency preparedness and procedures;
- (7) Medical emergency procedures;
- (8) Infection control policies and procedures; and
- (9) Resident elopement.

New employees who will have regular contact with residents and provide residents with personal care must receive at least 10 hours of orientation and training on specified topics within 30 days of hire and prior to beginning work alone in the assisted living residence, in addition to the areas identified above. Training areas include a variety of topics, such as basic knowledge of cultural differences and aging-related behaviors, personal assistance, and resident transfers.

Employees must have on-going (at intervals not to exceed 12 months) in-service training as appropriate for their job classifications and that includes the topics identified above.

See the "Unit and Staffing Requirements for Serving Persons with Dementia" section above for additional training requirements that exist for facilities that have Alzheimer Dementia Special Care Unit/Program Licensure.

**Entity Approving
CE Program**

Approved continuing education programs in assisted living related areas include those offered or approved by:

- (1) Rhode Island Association of Facilities and Services for the Aging;
- (2) Rhode Island Assisted Living Association;
- (3) Rhode Island Health Care Association;
- (4) Alliance for Better Long Term Care;
- (5) Rhode Island Chapter, Alzheimer's Association;

(6) Appropriate coursework from any regionally accredited college;

(7) A national affiliate of any of the organizations listed above; and

(8) Any other organizations as may be approved by the Assisted Living Residence Administrator Certification Board.

Medicaid Policy and Reimbursement

A Medicaid 1115 demonstration waiver program called the Rhode Island Global Consumer Choice Compact Waiver covers assisted living services.

Citations

Rules and Regulations for Licensing Assisted Living Residences. State of Rhode Island and Providence Plantations, Department of Health. [April 2018]<https://rules.sos.ri.gov/regulations/part/216-40-10-2>

Rules and Regulations for the Certification of Administrators of Assisted Living Residences. State of Rhode Island and Providence Plantations, Department of Health. [November 2018]
<https://rules.sos.ri.gov/regulations/part/216-40-05-18>

Executive Office of Health and Human Services, Long Term Services and Supports.
<http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Healthcare/LongTermServicesandSupports.aspx>

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