

Utah

Agency Department of Health, Bureau of Licensing and Certification

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Opening Statement	The Department of Health and Human Services, Office of Licensing, licenses two types of assisted living facilities (ALFs) according to the level of care required by residents.
Licensure Term	Assisted Living Facilities – Type I and Type II
Definition	<p>Type I Assisted Living Facility: Provide assistance with activities of daily living (ADLs) and social care to two or more residents who are capable of achieving mobility sufficient to exit the facility without the assistance of another person.</p> <p>Type II Assisted Living Facility: Are homelike and provide an array of 24-hour coordinated supportive personal and health care services, including full assistance with ADLs and general nursing care, to residents capable of achieving mobility sufficient to evacuate the facility with limited assistance.</p> <p>Type I and Type II facilities are classified as large (17 or more residents), small (6-16 residents), and limited capacity (2-5 residents). Depending on their classification, facilities must comply with different building codes.</p>
Regulatory and Legislative Update	There have been no recent legislative or regulatory updates that affect the content of this report on assisted living.
Move-in Requirements Including Required Disclosures/Notifications	Upon admission, the facility must give the resident a written description of the resident's legal rights, including but not limited to a description of the manner of protecting personal funds; a statement that the resident may file a complaint with the state long term care ombudsman or an advocacy group concern resident abuse, neglect, or misappropriation of property; and the resident's rights.
Facility Scope of Care	Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, administration, and

assistance with self-administration of medication, and arrange for necessary medical and dental care. Facilities may provide intermittent nursing care.

Type I Assisted Living Facility: May accept and retain residents who meet the following criteria:

- (1) Be ambulatory or mobile and capable of taking life-saving action without the assistance of another person in an emergency;
- (2) Have stable health;
- (3) Require no assistance or only limited assistance from staff with ADLs; and
- (4) Do not require total assistance from staff or others with more than three ADLs.

Type 1 facilities may accept and retain residents who:

- (1) are cognitively impaired and physically disabled but are able to evacuate from the facility without the assistance of another person; and
- (2) require and receive regular or intermittent care or treatment in the facility from a licensed health professional.

Type I facilities must not accept or retain people who: require significant assistance during the night; are unable to take life-saving action in an emergency without assistance; and require close supervision and a controlled environment.

Type II Assisted Living Facility: May accept or retain residents who meet the following criteria:

- (1) Require total assistance from staff or others in more than three ADLs in certain circumstances;
- (2) Are physically disabled but able to direct their own care; and
- (3) Are cognitively impaired or physically disabled but can evacuate from the facility with limited assistance of one person.

Limitations of Services

Type I and Type II assisted living facilities may not provide skilled nursing care but shall assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply:

- (a) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel; or
- (b) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident.

Both Type I and II facilities must not admit or retain persons who:

- (1) Manifest behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;
- (2) Have active tuberculosis or other chronic communicable diseases; or
- (3) Require inpatient hospital or nursing care.

For both Type I and Type II facilities, a resident may be discharged, transferred, or evicted if the facility is no longer able to meet the needs of the resident; the resident fails to pay for services as required by the admission agreement; and/or the resident fails to comply with policies or rules.

Resident Assessment Requirements and Frequency

A resident assessment must be completed prior to admission and at least every 6 months thereafter, or when there is a significant change in the resident's condition. There is a mandated assessment form that is available on the agency Web site. The form must be updated every six months.

The assessment must reflect each resident's ability or current condition in the following areas:

- (i) memory and daily decision making ability;
- (ii) ability to communicate effectively with others;
- (iii) physical functioning and ability to perform activities of daily living;
- (iv) continence;
- (v) mood and behavior patterns;
- (vi) weight loss;
- (vii) medication use and the ability to self-medicate;
- (viii) special treatments and procedures;
- (ix) disease diagnoses that have a relationship to current activities of daily living status, behavior status, medical treatments, or risk of death;
- (x) leisure patterns and interests;
- (xi) assistive devices; and
- (xii) prosthetics.

Medication Management

Licensed staff may administer medication and unlicensed staff may assist with self-medication. There are six appropriate scenarios for medication administration:

- (1) the resident may self-administer;
- (2) the resident may self-direct with staff assistance;
- (3) family members or a designated responsible person may administer, but must have total responsibility for all medications;

- (4) staff may administer with appropriate delegation from a licensed health care professional;
- (5) residents may independently administer their own personal insulin injections if they have been assessed to be independent in that process exclusively or in conjunction with one of the other five scenarios; and
- (6) home health or hospice agency staff may provide medication administration exclusively or in conjunction with one of the other five scenarios.

A Type 1 facility must employ or contract with a registered nurse (RN) to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.

Staff Scheduling Requirements

Type I Assisted Living Facility: None specified

Type II Assisted Living Facility: Those with approved secured units may admit residents with a diagnosis of Alzheimer's/dementia if the resident is able to exit the facility with limited assistance from one person.

At least one staff with documented training in Alzheimer's/dementia care must be in the secured unit at all times.

Facilities must employ an administrator. Direct care staff are required on site 24 hours per day to meet resident needs as determined by assessments and service plans. There are no minimum staffing ratios.

Type I Assisted Living Facility: All staff who provide personal care must be at least 18 years of age or be a certified nurse aide and have related experience in the job to which they are assigned in the facility or receive on-the-job training.

Type II Assisted Living Facility: Staff providing personal care must be 18 years of age or be a certified nurse aide. Once certified nurse aide must be on duty at all times. The facility must employ or contract with an RN to provide or supervise nursing services to include a nursing assessment on each resident, general health monitoring, and routine nursing tasks.

Administrator/Director Education and Training Requirements

Administrators must be 21 years of age, have knowledge of applicable laws and rules, and successfully complete criminal background screening.

Type I Assisted Living Facility: An Associate's degree or two years of experience in a health care facility is required.

Type II Assisted Living Facility: Administrators must complete a Department approved, national certification program within six months of hire. Administrators of Type II small or limited-capacity facilities must meet at least one of the following:

- (1) hold an Associate's degree in the health care field;
- (2) have at least two years of management experience in the health care field; or
- (3) have one year experience in the health care field as a licensed health care professional.

Administrator of large Type II facilities must have at least one of the following:

- (1) A State of Utah health facility administrator license;
- (2) A Bachelor's degree in a health care field to include management training or one or more years of management experience;
- (3) A Bachelor's degree in any field, to include management training or one or more years of management experience and one or more years of experience in a health care field; or
- (4) An Associate's degree and four years or more management experience in a health care field.

Direct Care Staff Education and Training

All staff must complete orientation to include: job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policies and procedures; report responsibility for abuse, neglect, and exploitation; and dementia specific training including: communicating with dementia patients and their caregivers; communication methods and when they are appropriate; types and stages of dementia including information on the physical and cognitive declines as the disease progresses; person centered care principles; and how to maintain safety in the dementia patient environment. Staff must also complete extensive in-service training to include specified topics.

In addition to completing facility orientation and demonstration of core competency skills, each direct-care employee shall receive 16 hours of documented one-on-one job training with a direct-care employee, with at least three months of experience and who has completed orientation, or with the supervising nurse at the facility.

Quality Requirements

The licensee shall implement a quality assurance program to include a Quality Assurance Committee. The committee must:

- (a) consist of at least the facility administrator and a health care professional, and

**Infection Control
Requirements**

- (b) meet at least quarterly to identify and act on quality issues.

The facility shall develop and implement policies and procedures governing an infection control program to protect residents, family and personnel, which includes appropriate task related employee infection control procedures and practices. The facility shall comply with the Occupational Safety and Health Administration's Blood-borne Pathogen Standard.

**Emergency
Preparedness**

- (1) The facility is responsible for the safety and well-being of residents in the event of an emergency or disaster.

(2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline the protection or evacuation of all residents, and include arrangements for staff response or provisions of additional staff to ensure the safety of any resident with physical or mental limitations.

(a) Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.

(b) The emergency and disaster response plan shall be in writing and distributed or made available to all facility staff and residents to assure prompt and efficient implementation.

(c) The licensee and the administrator must review and update the plan as necessary to conform with local emergency plans. The plan shall be available for review by the Department.

(3) The facility's emergency and disaster response plan must address the following:

(a) the names of the person in charge and persons with decision-making authority;

(b) the names of persons who shall be notified in an emergency in order of priority;

(c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;

(d) instructions on how to contain a fire and how to use the facility alarm systems;

(e) assignment of personnel to specific tasks during an emergency;

(f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations;

(g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;

(h) delivery of essential care and services to facility occupants by

alternate means;

- (i) delivery of essential care and services when additional persons are housed in the facility during an emergency; and
- (j) delivery of essential care and services to facility occupants when personnel are reduced by an emergency.

(4) The facility must maintain safe ambient air temperatures within the facility.

(a) Emergency heating must have the approval of the local fire department.

(b) Ambient air temperatures of 58 degrees F. or below may constitute an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate action in the best interests of the residents.

(c) The facility shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents.

(5) Personnel and residents shall receive instruction and training in accordance with the plans to respond appropriately in an emergency. The facility shall:

(a) annually review the procedures with existing staff and residents and carry out unannounced drills using those procedures;

(b) hold simulated disaster drills semi-annually;

(c) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and

(d) document all drills, including date, participants, problems encountered, and the ability of each resident to evacuate.

(6) The administrator shall be in charge during an emergency. If not on the premises, the administrator shall make every effort to report to the facility, relieve subordinates and take charge.

(7) The facility shall provide in-house all equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, first aid kit, and radio.

(8) The following information shall be posted in prominent locations throughout the facility:

(a) The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and

appropriate communication and emergency transport systems; and

(b) Evacuation routes, location of fire alarm boxes, and fire.

Medicaid Policy and Reimbursement

Utah's New Choices Waiver covers services in assisted living. It serves individuals 18 and older who meet a nursing facility level of care (both people who are aged and those with disabilities) and who have resided, at a minimum, in a nursing home for at least 90

days or an assisted living for at least one year. The program provides supportive services to enable individuals to live in their own homes or in other community-based settings.

Life Safety Requirements

All facilities must be inspected annually and obtain a certificate of fire clearance signed by the State Fire Marshal, and all administrators must develop emergency plans as preparedness as required in the International Fire Code. An approved automatic fire detection system shall be installed in accordance with the provisions of this code and NFPA 72. Rule R710-3 specifies requirements for Type I and II assisted living facilities; the requirements vary based on both the licensed type of facility and the size of the facility. Generally, facilities must comply with the International Building Code for construction and the International Fire Code for fire safety maintenance.

Citations

Utah Administrative Code. (2020) Rule R432-270: Assisted Living Facilities. <https://adminrules.utah.gov/public/search/432-270/Current%20Rules>

Utah Administrative Code. (2018) Rule R432-6: Assisted Living Facility General Construction. <https://adminrules.utah.gov/public/search/R432-6/Current%20Rules>

Utah Administrative Code. (2016) Rule R710-3: Public Safety, Fire Marshal, Assisted Living Facilities <https://adminrules.utah.gov/public/search/R710-3/Current%20Rules>

Utah Department of Health & Human Services, Division of Licensing and Background Checks. (2017). Assisted Living Facility Type I & II Resident Assessment (n.d.) <https://dlbc.utah.gov/wp-content/uploads/ALASSESSMENT.pdf>

Utah Department of Health. (n.d.) Utah Home and Community Based Services (HCBS) Waiver Programs. New Choices Waiver. <https://medicaid.utah.gov/ltc-2/nc/>