

# Virginia

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**Agency** Department of Social Services, Division of Licensing Programs

**Contact** Sharon Stroble

**E-mail** sharon.stroble@dss.virginia.gov

**Web Site** <http://www.dss.virginia.gov/facility/alf.cgi>

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**Opening Statement**

The Virginia Department of Social Services (DSS) licenses two levels of service: residential living care (minimal assistance) and assisted living care (at least moderate assistance). Facilities may be licensed for either residential living care only or for both residential and assisted living care.

**Licensure Term**

Assisted Living Facilities

**Definition**

An assisted living facility is a congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance for the maintenance or care of four or more adults who are aged, infirm, or disabled and who are cared for in a primarily residential setting. Maintenance or care means the protection, general supervision, and oversight of the physical and mental well-being of an aged, infirm, or disabled individual.

Assisted living care means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require at least moderate assistance with the activities of daily living (ADLs). Included in this level of service are individuals who are dependent in behavior pattern (i.e., abusive, aggressive, disruptive) as documented on the uniform assessment instrument.

Residential living care means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require only minimal assistance with ADLs. Included in this level of service are individuals who are dependent in medication administration as documented on the uniform assessment instrument, although they may not require minimal assistance with ADLs. This definition includes the services provided by the facility to individuals who are assessed as capable of maintaining themselves in an independent living status.

**Regulatory and  
Legislative Update**

There have been no recent regulatory or legislative updates.

**Move-in Requirements  
Including Required  
Disclosures/Notifications**

Assisted living facilities must provide a disclosure statement on a department form to prospective residents and their legal representatives, with the information also available to the general public. The disclosure statement includes the following information: name of the facility; name of the licensee; ownership structure of the facility; description of the facility's accommodations, services, and care offered; description of and fees charged for accommodations, services, and care, including what is included in the base fee and what is an additional fee; criteria for admission to the facility and restrictions on admission; criteria for transfer within the same facility; criteria for discharge; categories, frequency, and number of activities; staffing on each shift; whether or not the facility maintains liability insurance that provides at least the minimum amount of coverage established for disclosure; the minimum amount of liability insurance coverage established in 22 VAC 40-73-45; notation that additional information about the facility that is included in the resident agreement is available upon request; and the department's website address, with a note that additional information about the facility may be obtained from the website.

Additionally, ALFs must disclose in writing whether the facility has an on-site emergency electrical power source for the provision of electricity during an interruption of the normal electric power supply.

**Facility Scope of Care**

Facilities provide residents with assistance with activities of daily living, other personal care services, social and recreational activities, and protective supervision. Services are provided to meet the needs of residents, consistent with individualized service plans. Services include, but are not limited to, assistance or care with activities of daily living, instrumental activities of daily living, ambulation, hygiene and grooming, and functions and tasks such as arrangements for transportation and shopping. Service plans support individuality, personal dignity, and freedom of choice.

**Limitations of Services**

No resident may be admitted or retained:

- (1) for whom the facility cannot provide or secure appropriate care;
- (2) who requires a level of care or service or type of service for which the facility is not licensed or which the facility does not provide; or
- (3) if the facility does not have staff appropriate in numbers and with appropriate skill to provide the care and services needed by the resident.

An assisted living facility shall only admit or retain individuals as permitted by its use and occupancy classification and certificate of occupancy. The ambulatory or non-ambulatory status of an individual is based upon information contained in the physical examination report and information contained in the most recent uniform assessment instrument (UAI). Based upon review of the UAI prior to admission of a resident, the facility administrator is required to provide written assurance to the resident that the facility has the appropriate license to meet the individual's care needs at the time of admission. Additional admissions requirements include a documented interview between the administrator or a designee responsible for admission and retention decisions, the individual, and their legal representative, if any, and mental health screening.

All residents shall be 18 years of age or older, and the regulations list several specific criteria for residents who may not be admitted or retained. These exclusions include, but are not limited to, those with:

- (1) Ventilator dependency;
- (2) Some stage III and all stage IV dermal ulcers;
- (3) Some individuals who require intravenous therapy or injections directly into the vein;
- (4) Certain airborne infectious diseases in a communicable state requiring isolation of the individual or requiring special precautions by the caretaker to prevent transmission of the disease;
- (5) Psychotropic medications without appropriate diagnosis and treatment plans;
- (6) Nasogastric tubes and, in some cases, gastric tubes;
- (7) Imminent physical threat or danger to self or others;
- (8) Need for continuous licensed nursing care;
- (9) Whose physician certifies that placement is no longer appropriate; and
- (10) Physical or mental health care needs that cannot be met by a facility as determined by the facility.

**Resident Assessment  
Requirements and  
Frequency**

The Uniform Assessment Instrument (UAI) is the department-designated form used to assess all assisted living facility residents. There are two versions of the UAI, one for residents receiving Auxiliary Grants and one for private pay residents. Social and financial information that is not relevant because of a resident's payment status is not included on the private pay version. The UAI must be completed within 90 days prior to admission and updated at least once every 12 months, or whenever there is a significant change in the resident's condition. The forms are available on the

agency Web site. An individual also must have a physical examination prior to admission. In addition, if needed, there must be a screening of psychological, behavioral, and emotional functioning. For residents who meet the criteria for assisted living care, by the time the comprehensive individualized service plan is completed, a fall risk rating must be done. The fall risk rating must be reviewed and updated at least annually, when the condition of the resident changes, and after a fall.

### **Medication Management**

Medications may be administered by licensed individuals or by medication aides who have successfully completed a Board of Nursing approved training program, have passed a competency evaluation, and are registered with the Virginia Board of Nursing. Medication aides are permitted to act on a provisional basis when certain requirements are met. Medication aides must be supervised by facility staff who meet certain qualifications. Each facility must have a written plan for medication management. A licensed health care professional must perform an annual review of all the medications of each resident assessed for residential living care, except for those who self-administer all of their medications, and a review every six months of all the medications of each resident assessed for assisted living care.

### **Staff Scheduling Requirements**

The facility is required to have staff adequate in knowledge, skills, and abilities and sufficient in number to provide services to maintain the physical, mental, and psychosocial well-being of each resident, and to implement the fire and emergency evacuation plan.

Staffing requirements are specified for facilities with a mixed population consisting of any combination of:

- (1) Residents who have serious cognitive impairments due to a primary psychiatric diagnosis of dementia who are unable to recognize danger or protect their own safety and welfare and who are not in a special care unit;
- (2) Residents who have serious cognitive impairments due to any other diagnosis who cannot recognize danger or protect their own safety and welfare; and
- (3) Other residents.

When these residents are present, there shall be at least two direct care staff members awake and on duty at all times in each building. However, if the facility is licensed for 10 or fewer residents and not more than three of the residents have serious cognitive impairments, these increased staffing provisions do not apply.

Additionally, during trips away from the facility, there shall be sufficient direct care staff to provide sight and sound supervision to all residents who cannot recognize danger or protect their own safety and welfare.

The facility must have an administrator who is responsible for the general administration and management of the facility and who oversees its day-to-day operation.

There must be a staff member in each building at all times who has a current first aid certificate, unless the facility has an on-duty registered nurse, licensed practical nurse, or currently certified emergency medical technician, first responder or paramedic. In facilities licensed for more than 100 residents, there must be at least one additional employee with current CPR certification for every 100 residents or portion thereof.

#### **Administrator/Director Education and Training Requirements**

An administrator of a facility licensed for both residential and assisted living care must be licensed by the Virginia Board of Long-Term Care Administrators. An administrator of a facility licensed for residential living care only is not required to be licensed. Licensed assisted living facility administrators are regulated and governed by the Board of Long-Term Care Administrators, which has specific educational and Administrator in Training requirements.

For facilities licensed for residential living care only, an administrator employed prior to February 1, 2018 must be at least 21 years of age, a high school graduate or have a GED, have at least 30 credit hours of post-secondary education from an accredited college or university or a Department of Social Services approved course specific to the administration of an assisted living facility, and have at least one year of administrative or supervisory experience in caring for adults in a group care facility.

Those employed after February 1, 2018 must be at least 21 years of age, a high school graduate or have a GED, have at least one year of administrative or supervisory experience in caring for adults in a residential group care facility, and either: have successfully completed at least 30 credit hours of postsecondary education from an accredited college or university with at least 15 of the 30 credit hours in business or human services or a combination thereof; have successfully completed a course of study approved by the

department that is specific to the administration of an assisted living facility; have a Bachelor's degree from an accredited college or university; or, be a licensed nurse.

The Board of Long-Term Care Administrators regulates licensed administrators and requires 20 hours of approved continuing education annually. The Department of Social Services requires 20 hours of continuing education annually for any unlicensed administrators of residential living care only facilities. For a facility licensed only for residential living care that does not employ a licensed administrator, the administrator shall attend at least 20 hours of training related to management or operation of a residential facility for adults or relevant to the population in care within 12 months from the starting date of employment and annually thereafter from that date. At least two of the required 20 hours of training shall focus on infection control and prevention. When adults with mental impairments reside in the facility, at least six of the required 20 hours shall focus on topics related to residents' mental impairments.

Administrators of mixed population facilities are required to attend 12 hours of training in working with individuals who have a cognitive impairment within three months of beginning employment at the facility.

### **Direct Care Staff Education and Training**

Staff are required to be trained in specified areas to protect the health, safety, and welfare of residents. Direct care staff must be registered as a certified nurse aide or complete one of the other specified educational curricula. Direct care staff must complete at least 14 hours annually (for residential living level of care) or at least 18 hours annually (for the assisted and residential living level of care) of continuing education related to the population in care. The training shall be in addition to any required first aid training, CPR training, and, for medication aides continuing education required by the Virginia Board of Nursing. At least two of the required hours of training shall focus on infection control and prevention. When adults with mental impairments reside in the facility, at least four of the required hours shall focus on topics related to residents' mental impairments.

Direct care staff who are licensed health care professionals or certified nurse aides can complete 12 hours annually of continuing education instead of the 14 or 18 required earlier in this paragraph. Additionally, direct care staff of mixed population facilities must, within four months of the starting date of employment, attend six

hours of training in working with individuals who have a cognitive impairment. This training may be counted toward the annual training requirement for the first year with certain exceptions.

### **Quality Requirements**

There is no specified quality requirement detailed.

### **Infection Control Requirements**

The assisted living facility shall develop, in writing, and implement an infection control program addressing the surveillance, prevention, and control of disease and infection that is consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines and the federal Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations.

### **Emergency Preparedness**

The facility shall develop a written emergency preparedness and response plan that shall address:

1. Documentation of initial and annual contact with the local emergency coordinator to determine:
  - (i) local disaster risks,
  - (ii) communitywide plans to address different disasters and emergency situations, and
  - (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency.
2. Analysis of the facility's potential hazards, including severe weather, biohazard events, fire, loss of utilities, flooding, workplace violence or terrorism, severe injuries, or other emergencies that would disrupt normal operation of the facility.
3. Written emergency management policies and procedures for provision of:
  - a. Administrative direction and management of response activities;
  - b. Coordination of logistics during the emergency;
  - c. Communications;
  - d. Life safety of residents, staff, volunteers, and visitors;
  - e. Property protection;
  - f. Continued services to residents;
  - g. Community resource accessibility; and
  - h. Recovery and restoration.
4. Written emergency response procedures for assessing the situation; protecting residents, staff, volunteers, visitors, equipment, medications, and vital records; and restoring services. Emergency procedures shall address:
  - a. Alerting emergency personnel and facility staff;
  - b. Warning and notification of residents, including sounding of alarms when appropriate;
  - c. Providing emergency access to secure areas and opening locked doors;

- d. Conducting evacuations and sheltering in place, as appropriate, and accounting for all residents;
  - e. Locating and shutting off utilities when necessary;
  - f. Maintaining and operating emergency equipment effectively and safely;
  - g. Communicating with staff and community emergency responders during the emergency; and
  - h. Conducting relocations to emergency shelters or alternative sites when necessary and accounting for all residents.
5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, memoranda of understanding with relocation sites, and list of major resources such as suppliers of emergency equipment.

**Medicaid Policy and Reimbursement**

Virginia has no Medicaid Alzheimer's assisted living (AAL) waiver.

**Life Safety Requirements**

A written plan for fire and emergency evacuation is required. This plan must be approved by the appropriate fire official. Fire and emergency evacuation drawings must be posted in all facilities. The telephone numbers for the fire department, rescue squad or ambulance, police, and Poison Control Center must be posted by each telephone shown on the fire and emergency evacuation plan or, under specified circumstances, by a central switchboard. Staff and volunteers are to be fully informed of the approved fire and emergency evacuation plan, including their duties, and the location and operation of fire extinguishers, fire alarm boxes, and any other available emergency equipment.

Fire and emergency evacuation drill frequency and participation are in accordance with the current edition of the Virginia Statewide Fire Prevention Code. Additional fire and emergency evacuation drills may be held at the discretion of the administrator or licensing inspector and must be held when there is any reason to question whether the requirements of the approved fire and emergency evacuation plan can be met. Each required fire and emergency evacuation drill must be unannounced, and its effectiveness evaluated. Any problems identified in the evaluation must be corrected. A record of the required fire and emergency evacuation drills is to be kept in the facility for two years.

Assisted living facilities must comply with the sprinkler and smoke detector requirements of the appropriate building and/or fire codes. The International Fire Code is used.



## Citations

Virginia Department of Social Services. (n.d.) Assisted Living Facilities (ALF). <http://www.dss.virginia.gov/facility/alf.cgi>

Virginia Department of Social Services. (2021) Division of Licensing Programs. Standards for Licensed Assisted Living Facilities. [https://www.dss.virginia.gov/files/division/licensing/alf/intro\\_page/code\\_regulations/regulations/final\\_alf\\_reg.pdf](https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/final_alf_reg.pdf)

Virginia Department for Aging and Rehabilitative Services. (n.d.) Adult Protective Services Division. Adult Services. <https://www.vadars.org/aps/AdultServices.htm>

Virginia Department for Aging and Rehabilitative Services. (n.d.) Adult Protective Services Division. Auxiliary Grants. <http://www.dss.virginia.gov/family/as/auxgrant.cgi>