

# Wyoming

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	The Department of Health, Office of Healthcare Licensing and Surveys licenses assisted living facilities (ALFs). The rules do not specify a minimum number of residents needed to trigger licensure requirement. There are two levels of licensure: Level 1 is for ALFs that do not have a secure unit, and Level 2 is for ALFs that have a secure unit and are required to meet special staffing and staff education requirements defined under the rules. The licensing level is used for regulatory purposes only.
<b>Legislative and Regulatory Update</b>	While no legislative or regulatory changes have been finalized, the state is in the process of reviewing and revising regulations that will affect assisted living. The governing regulations were last updated in 2007.
<b>Definition</b>	An assisted living facility is a dwelling operated by any person, firm, or corporation engaged in providing limited nursing care, personal care, and boarding home care, but not habilitative care, for persons not related to the owner of the facility.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	The facility must provide, among other core services: (1) assistance with transportation; (2) assistance with obtaining medical, dental, and optometric care; (3) Assistance in adjusting to group activities; (4) partial assistance with personal care; (5) limited assistance with dressing; (6) minor non-sterile dressing changes; (7) stage I skin care; (8) infrequent assistance with mobility; (9) cueing; (10) limited care to residents with incontinence and catheters (if the resident can care for his/her condition independently); and (11) 24-hour monitoring of each resident.

The following services cannot be provided:

- (1) Continuous assistance with transfer and mobility;

- (2) Care of the resident who is unable to feed himself independently and/or; monitoring of diet is required;
- (3) Total assistance with bathing and dressing;
- (4) Provision of catheter or ostomy care; e.g., changing of catheter or irrigation of ostomy; total assist with appliance care/changing.
- (5) Care of resident who is on continuous oxygen, if: (A) The resident is unable to determine if oxygen is on or off; (B) The resident is unable to adjust the flow or turn the oxygen on or off; or (C) Continuous monitoring is required.
- (6) Care of resident whose wandering jeopardizes the health and safety of the resident;
- (7) Incontinence care by facility staff;
- (8) Wound care requiring sterile dressing changes;
- (9) Stage II skin care and beyond;
- (10) Care of the resident with inappropriate social behavior; e.g., frequent aggressive, abusive, or disruptive behavior;
- (11) Care of resident demonstrating chemical abuse that puts him and/or others at risk; and
- (12) Monitoring of acute medical conditions.

**Third Party Scope of Care**

The facility may provide or arrange access for barber/beauty services, hospice care, Medicare/Medicaid home health care, and any other services necessary to support the resident.

**Admission and Retention Policy**

Individuals may only be admitted if accompanied by a medical history and physical that is completed by a physician or physician extender within 90 days prior to admission.

**Resident Assessment**

The staff or a contracted registered nurse (RN) must conduct initial assessment no earlier than 1 week prior to admission, immediately upon any significant changes to a resident's mental or physical condition, or no less than once every 12 months. The report must be an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. The RN must make an initial assessment of the resident's

needs, which describes the resident's capability to perform activities of daily living (ADLs) and notes all significant impairments in functional capability. A current assessment must be maintained in each resident's file. The assessment should include, for example, medically defined conditions, prior medical history, physical status and impairments, and nutritional status and impairments. The assessments are used to develop, review, and revise the resident's individualized assistance plan.

Residents admitted to secure dementia units must be assessed on the MMSE on admission, and at least annually thereafter, and score between 20 and 10.

**Medication Management**

An RN must be responsible for the supervision and management of all medication administration. Residents able to self-medicate may keep prescription medications in their room if deemed safe and appropriate by the RN. An RN completes medication review for each resident every two months or 62 days, when new medication is prescribed, or when the resident's medication is changed. The staff shall be responsible for providing necessary assistance to residents deemed capable of self-medicating, but are unable to do so because of a functional disability, in taking oral medications.

**Square Feet Requirements**

Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 80 square feet per resident.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

At least one flush toilet and lavatory must be provided for every two beds and at least one tub or shower must be provided for every 10 beds.

**Life Safety**

Assisted living facilities are evaluated for safety using the Life Safety Code (National Fire Protection Association (NFPA) 101). This code requires the facilities to meet national standards for sprinkler protection using NFPA 13 Installation of Sprinkler Systems and national standards for fire alarm systems using NFPA 72, the National Fire Alarm Code, which determines the installation and maintenance of smoke detectors and applicable devices.

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

Under Wyoming tiered licensing system, a Level 1 License is for ALFs that do not have a secure unit, and facilities operating with a Level 1 License are not required to meet the special staffing and education requirements. A Level 2 license is for ALFs that have a secure unit, and facilities operating with a Level 2 license are

required to meet special staffing and staff education requirements defined under the rules.

For an ALF with a Level 2 license for a secured unit, a licensed nurse must be on duty on all shifts. This may be a licensed practical nurse if an RN is available on premises or by telephone to administer medication as needed and to perform ongoing resident evaluations to ensure appropriate, timely interventions.

In addition to meeting Staff Education/Training described below, direct care staff in Level 2 ALFs must receive documented training in:

- (1) The facility or unit's philosophy and approaches to providing care and supervision of persons with severe cognitive impairment;
- (2) The skills necessary to care for, intervene, and direct residents who are unable to independently perform activities of daily living;
- (3) Techniques for minimizing challenging behaviors, such as wandering and delusions;
- (4) Therapeutic programming to support the highest level of residents' functioning;
- (5) Promoting residents' dignity, independence, individuality, privacy, and choice;
- (6) Identifying and alleviating safety risks to residents;
- (7) Recognizing common side effects and reactions to medications; and
- (8) Techniques for dealing with bowel and bladder aberrant behavior.

Staff must have at least 12 hours of continuing education annually related to care of persons with dementia.

Managers of secure dementia units must:

- (1) Have at least three years of experience in working in the field of geriatrics or caring for disabled residents in a licensed facility; and
- (2) Be certified as a residential care/assisted living facility administrator or have equivalent training.

Certification requirements include a training program covering

topics referenced in the regulations. The course work must take place in a college, vocational training, or state or national certification program, approved by the Department of Health. Licensed nursing home administrators, for the purpose of these rules, meet the qualifications

## **Staffing Requirements**

The facility must designate a manager who is responsible for the overall operation of the ALF and ensuring compliance with the rules. Staffing must be sufficient to meet the needs of all residents and ensure the appropriate level of care is provided. There must be at least one RN, licensed practical nurse (LPN), or certified nursing assistant (CNA) on duty and awake at all times. There must be personnel on duty to: maintain order, safety, and cleanliness of the premises; prepare and serve meals; assist the residents with personal needs and recreational activities; and meet the other operational needs of the facility.

For an ALF with a Level 2 license for a secured unit, a licensed nurse must be on duty on all shifts. This may be a licensed practical nurse if an RN is available on premises or by telephone to administer medication as needed and to perform ongoing resident evaluations to ensure appropriate, timely interventions.

All ALF staff must successfully complete, at a minimum, a Wyoming Division of Criminal Investigation fingerprint background check and a Department of Family Services Central Registry Screening before direct resident contact.

## **Administrator Education/Training**

An ALF must have a manager who assumes overall responsibility for the day-to-day facility operation. Among other requirements, the manager must: be at least 21 years of age; pass an open book test (with a score of 85% or greater) on the state's assisted living licensure and program administration rules; and meet at least one of the following:

- (1) Have completed at least 48 semester hours or 72 quarter-system hours of post-secondary education in health care, elderly care, health case management, facility management, or other related field from an accredited college or institution; or
- (2) Have at least two years of experience working with elderly or disabled individuals.

Administrators must complete at least 16 hours of continuing education annually. At least eight of the 16 hours of the annual

continuing education shall pertain to caring for persons with severe cognitive impairments.

**Staff Education/Training**

Management must provide new employee orientation and education regarding resident rights, evacuation, and emergency procedures, as well as training and supervision designed to improve resident care.

Staff must have at least 12 hours of continuing education annually related to the care of persons with dementia.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

The state's Medicaid 1915(c) home and community-based services Community Choices waiver covers services in assisted living centers.

**Citations**

Wyoming Department of Health, Department of Health Quality, Administrative Rules for Licensure of Assisted Living Facilities, Chapter 4. [June 28, 2001]  
<https://health.wyo.gov/wp-content/uploads/2016/11/HLS-Rule-Ch-4-Assisted-Living-Facilities.pdf>

Wyoming Department of Health, Aging Division, Administrative Rules for Program Administration of Assisted Living Facilities, Chapter 12. [December 12, 2007]  
<https://health.wyo.gov/wp-content/uploads/2016/11/HLS-Rule-Ch-12-Assisted-Living-Facilities.pdf>

Wyoming Department of Health, Healthcare Licensing and Surveys website: Assisted Living Facility Licensing.  
<https://health.wyo.gov/aging/hls/facility-types/assisted-living-facility-wyoming-licensure-information/>

Wyoming Department of Health, Wyoming Medicaid: Community Choices Waiver.  
<https://health.wyo.gov/healthcarefin/medicaid/homeandcommunitybasedservicesunit/>

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