# Wyoming

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| **Agency** | Department of Health, Office of Healthcare Licensing and Surveys |
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| **Opening Statement** | 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. |
| **Licensure Term** | Assisted Living Facilities |
| **Definition** | 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. |
| **Regulatory and Legislative Update** | There have been no recent regulatory or legislative updates. |
| **Move-in Requirements Including Required Disclosures/Notifications** | The assisted living must provide residents a copy of the resident's rights, resident assistance contracts, if any, and make available all facility policies including admission/discharge policies. |
| **Facility Scope of Care** | The facility must provide, among other core services:<br>1. meals, housekeeping, personal and other laundry services;<br>2. a safe, clean environment;<br>3. assistance with local transportation;<br>4. assistance with obtaining medical, dental, and optometric care;<br>5. assistance in adjusting to group living activities;<br>6. maintenance of a personal fund account, if requested by the resident or resident's responsible party;<br>7. provision of appropriate recreational activities in/out of the assisted living facility;<br>8. care of individuals who require any or all of the following services:<br>a) partial assistance with personal care;<br>b) limited assistance with dressing; |

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c) minor non-sterile dressing changes;
d) stage I skin care;
e) infrequent assistance with mobility;
f) cueing;
g) limited care to residents with incontinence and catheters (if the resident can care for his/her condition independently); and
9. assessments completed by a registered nurse;
10. 24-hour monitoring of each resident.

**Limitations of Services**

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.

**Resident Assessment Requirements and Frequency**

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

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| | individualized assistance plan.<br><br>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. Non-licensed staff can only assist with oral medications. |
| **Staff Scheduling 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.<br><br>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.<br><br>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. 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. |
| **Administrator/Director Education and Training Requirements** | An ALF must have a manager who assumes overall responsibility for the day-to-day facility operation. Among other requirements, the manager must:<br>(1) be at least 21 years of age;<br>(2) pass an open book test (with a score of 85% or greater) on the |

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state's assisted living licensure and program administration rules; and
(3) meet at least one of the following:
(A) 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
(B) 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.

**Direct Care Staff Education and 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.

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

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| | (2) Be certified as a residential care/assisted living facility administrator or have equivalent training. |
| **Quality Requirements** | The facility shall have an active quality improvement program to ensure effective utilization and delivery of resident care services.<br><br>A member of the facility's staff shall be designated to coordinate the quality improvement program.<br><br>The quality improvement program shall encompass a review of all services and programs provided for all residents. The program shall have:<br>(I) A written description;<br>(II) Problem areas identified;<br>(III) Monitor identification;<br>(IV) Frequency of monitoring;<br>(V) A provision requiring the facility to complete annually a self-assessment survey of compliance with the regulations; and<br>(VI) A satisfaction survey shall be provided to the resident, resident's family, or resident's responsible party at least annually.<br><br>Problems identified during the annual survey or the quality improvement process shall be addressed with appropriate written corrective actions.<br><br>The quality improvement program shall be re-evaluated at least annually. |
| **Infection Control Requirements** | Written policies must be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties.<br><br>These written policies must, at a minimum:<br>(i) Ensure a safe and sanitary environment for residents and personnel;<br>(ii) Require tuberculin testing, or screening as appropriate; and<br>(iii) Prohibit any person with an airborne, contagious, or infectious disease from being employed until a work release is obtained. |
| **Emergency Preparedness** | (I) The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. A copy of the plans shall be available at all times within the facility. Emergency plans in the event of a fire shall be in accordance with the Life Safety Code Operating Features sections. The facility shall train all employees in emergency procedures. New staff shall be trained within the first week of |

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| | employment. The facility shall review the procedures with all staff at least every twelve (12) months. A training record shall be kept in each personnel file. |
| **Medicaid Policy and Reimbursement** | 1915 (c) Community Choices Waiver (CCW)<br>https://health.wyo.gov/healthcarefin/hcbs/ |
| **Citations** | http://www.whcawical.org<br>https://www.dhs.wisconsin.gov/regulations/health-residential.htm<br>https://www.dhs.wisconsin.gov/regulations/cbrf/regulations.htm<br>https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83.pdf chapter 83 Community Based Residential Facilities - click on Wis. Admin. Code ch. DHS 83. - click on PDF icon at top of webpage<br>https://www.dhs.wisconsin.gov/regulations/rcac/regulations.htm<br>https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89.pdf chapter 89 Residential Care Apartment Complexes - click on Rules and Regulations on the left side of webpage - click on RCAC (Wis. Admin. Code ch. DHS 89) - click on PDF icon at top of webpage<br>https://www.dhs.wisconsin.gov/regulations/afh/regulations.htm<br>https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88.pdf chapter 88 Adult Family Homes - click on Wisconsin Admin. Code ch. DHS 88 Licensed Adult Family Homes - click on PDF icon at top of webpage<br>https://docs.legis.wisconsin.gov/statutes/statutes/50.pdf chapter 50 Uniform Licensure (for all) - click on PDF icon at top of webpage |

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