

NATIONAL CENTER FOR ASSISTED LIVING  
**GUIDING**  
Principles

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*for Assisted Living*

## **INTRODUCTION**

According to the National Center for Health Statistics, about 750,000 Americans reside in assisted living communities (ALCs). Assisted living is a growing and dynamic form of residential care, serving primarily elderly people and individuals with disabilities. Assisted living is more than a physical setting – it embraces a philosophy of care. Created in response to customer preferences and demand for person-centered care, ALCs provide assistance with activities of daily living and residents’ health-related needs. They also strive to meet the social, emotional, cultural, intellectual, and spiritual well-being of residents.

The National Center for Assisted Living (NCAL) developed these *Guiding Principles* as an informational resource to generally describe what assisted living is and some of the ways that the assisted living profession is striving to continue developing and improving services. The contents of *Guiding Principles for Assisted Living* may represent some preferred practices, but do not represent minimum standards, “standards of care,” or industry-wide norms for ALCs.

## **GUIDING PRINCIPLE #1: DEFINING ASSISTED LIVING**

Assisted living has evolved in a variety of models based on consumer preferences and regional differences. As a result, states take a variety of approaches in overseeing the industry and establishing standards.

While assisted living is the most common term used in the nation both by the industry and state regulatory agencies, assisted living settings may be known by different names, including, but not limited to, residential care, personal care, adult congregate care, boarding homes, and domiciliary care. Regardless of what they are called, ALCs typically are:

- Congregate residential settings that provide or coordinate personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities and health-related services, and that include at least one awake staff member at all times;
- Designed to minimize the need to move;
- Designed to accommodate residents’ individual diagnoses, changing needs, and preferences;
- Designed to maximize residents’ quality of life, dignity, autonomy, privacy, socialization, independence, choice, and safety;
- Designed to foster quality of life as defined by the individual;
- Designed to encourage family (or family members of choice) and community involvement and interaction; and
- Settings that provide assistance in maintaining and enhancing the physical, emotional, intellectual, social, and spiritual well-being of residents based on their preferences.

### **GUIDING PRINCIPLE #2: SIZE**

In defining assisted living, the size of a community is less important than the scope of the services it provides. The size and configuration of each ALC should be determined by consumer demand and the types of services provided.

### **GUIDING PRINCIPLE #3: PHYSICAL PLANT**

An ALC should be designed, operated, and maintained in a manner that meets the special needs of the population served. The community should be located, constructed, and equipped in compliance with applicable laws, codes, and regulations.

ALCs should have effective fire safety systems. Smoke detectors should be installed in all rooms and common areas in existing buildings that are not fully sprinkled. NCAL believes that new communities should be fully sprinkled. Owners of existing communities without sprinklers should consider retrofitting the residences for sprinkling where economically and physically feasible. Carbon monoxide detectors should be installed in accordance with applicable codes and regulations.

An ALC should be designed in a way that maximizes the quality of life, independence, autonomy, safety, dignity, socialization, choice, and privacy of residents. Safety is another factor that is considered in building design. Settings should be designed in a manner that encourages family and community involvement.

### **GUIDING PRINCIPLE #4: MOVE-IN AND OCCUPANCY**

New residents and/or their family members should receive orientation about the services the ALC offers. Occupancy agreements should clearly specify what services can and will be provided, the community's rates for all services and payment structure, and the community's occupancy and relocation criteria. Agreements should be reviewed periodically to ensure accuracy. Copies of original and any amended agreements should be provided to the resident and/or responsible party.

### **GUIDING PRINCIPLE #5: SERVICES**

Services should be delivered in an appropriate and safe setting in compliance with applicable rules and regulations. When moving into an ALC, each resident should be evaluated or assessed to determine how his or her need for services can best be met. Individuals or their representatives should not choose to move into an ALC that is unable to meet the full scope of their needs.

A service plan should be developed indicating services that will be delivered to meet individual needs based on the individual's physical, psychosocial, and cognitive capabilities. The individual, family, or a responsible party should be encouraged to participate in the development of the service plan, which should be reviewed and updated regularly and as changes in the resident's condition occur.

The ALC should designate who is responsible for developing, implementing, and evaluating the progress of the service plan. A copy of the service plan should be given to the resident and/or responsible party/representative.

### **GUIDING PRINCIPLE #6: ADVERTISING, SALES, AND MARKETING**

NCAL is committed to professional and ethical conduct in all advertising, sales, and marketing activities. Assisted living is a multi-faceted profession that has developed over the past 25 years into a unique and diverse component of the long term care continuum. Because of this diversity, it is important for providers to present their customers with information as complete, concise, accurate and candid as reasonably possible about their particular residences and the services provided. Those responsible for the advertising, sales, and marketing of assisted living services should clearly describe services offered and fees charged by the ALC. Providers should strive to ensure that all communications are consistent, accurate, and in accordance with applicable laws and regulations. In addition, providers should not engage in any false or misleading advertising and sales practices or practices that are intentionally designed to deceive or manipulate consumers.

### **GUIDING PRINCIPLE #7: HEALTH NEEDS**

ALCs typically provide daily supervision or assistance with activities of daily living (eating, bathing, dressing, toileting, and transferring) and instrumental activities of daily living (such as shopping, meal preparation, communicating, medication assistance, etc.), as needed. Care is most effective when community staff coordinate services they provide with the care provided by outside agencies. Daily assistance with activities may include the administration, supervision and/or assistance with self-administration of medication by a qualified staff person, and other health care services as permitted by state laws and regulations.

While an emphasis on wellness can be an important part of a setting's approach toward health care delivery, staff should work to assure that residents receive prompt and appropriate medical and other health-related services when required. Providers should inform consumers about the policies and procedures followed in emergency medical situations.

The health care of each resident should be under the supervision of a physician of the resident's choice. NCAL believes that a nurse should be available either on-site or on an on-call basis 24 hours a day.

If possible, residents with temporary periods of incapacity due to major illness, injury, or recuperation from surgery should be able to remain in the facility or be readmitted from a hospital if appropriate services can be provided. Communities also should be allowed to help residents remain when death is imminent if appropriate hospice and/or palliative services can be provided in the setting.

### **GUIDING PRINCIPLE #8: AGING IN PLACE**

Once used to describe a commitment to minimize the need to move out of the assisted living community, the phrase "aging in place" has evolved to mean many different things to different people. To prevent any consumer confusion or misunderstanding of this term, NCAL discourages the use of the phrase "aging in place" unless accompanied by

an explanation that includes any health-related occupancy restrictions or move-out requirements mandated by the residence and/or state law.

### **GUIDING PRINCIPLE #9: STAFF QUALIFICATIONS AND TRAINING**

The ALC's administrator (or director) typically is responsible for the overall operation of the community. The administrator should ensure that staff training programs are conducted and that staff members meet any training, licensing, or certification requirements in applicable state regulations. An ALC's administrator should have:

- An adequate education, demonstrated experience, and/or ongoing training to meet the health and psychosocial needs of residents; and
- Demonstrated management or administrative ability to maintain the overall operations of the setting.

A competent acting administrator may be designated to act on the administrator's behalf when the administrator is not readily available. The personal care staff should:

- Be sufficient in numbers and qualifications to meet the 24-hour scheduled and unscheduled needs of residents and to deliver provided services; and
- Have adequate skills, education, experience, and ongoing training to serve residents and their families in a manner consistent with the philosophy of assisted living.

If a community provides specialty care to individuals with particular needs or diagnoses, staff should be specifically trained to meet the individual needs of those residents.

Certification, training and/or demonstrated competency testing should be used to qualify personal care staff or medication assistants whose responsibilities include administration, assistance with self-administration, or supervision of medications.

### **GUIDING PRINCIPLE #10: STAFFING PATTERNS**

ALCs should offer 24-hour supervision and oversight of residents. NCAL believes that at least one staff member should be awake at all times. Communities should embrace a philosophy that allows individuals to remain at the ALC as long as staff can properly provide for residents' health, safety, and well-being within the scope of the service program.

The number and type of staff employed by an ALC should depend on a number of factors, including state regulations, the number of people living in the community, each resident's service needs, and the range of services offered.

### **GUIDING PRINCIPLE #11: RESIDENT RIGHTS**

The philosophy of assisted living emphasizes the right of the individual to choose the setting for care and services. Resident rights may include the following:

- Privacy;
- Being treated at all times with dignity and respect;

- Controlling the delivery of personal finances;
- Retaining and having use of personal possessions;
- Interacting freely with others both within the assisted living setting and in the local community;
- Practicing religion or abstaining from religious practice;
- Accepting or refusing receipt of any services, including health-related services;
- Determining which family members (or family members of choice) if any, have access to the resident's personal health care information;
- Being free from acts of abuse or neglect;
- Organizing and participating in resident councils and other resident activities;
- Being free from chemical and physical restraints; and,
- Complaining without the fear of reprisal.

Equally important is understanding that assisted living residents have responsibilities as well as rights. These responsibilities strike a necessary balance between an individual's ability to exercise his or her rights and the provider's responsibility to establish reasonable rules and guidelines that will ensure the dignity, privacy, comfort, and well-being of all those receiving assistance in the community.

Upon move-in, residents should be given a copy of their rights and responsibilities and encouraged to ask questions or discuss their rights with staff or the administrator at any time. A copy of those rights and responsibilities should be posted in the residence.

Assisted living communities should:

- Permit access to the setting and to residents (with the individual resident's permission) by visitors and approved advocates and community organizations;
- Ensure that an informal or formal communications process is in place between the ALC's administration, residents, and families;
- Establish community rules governing visitors, use of tobacco and alcohol, and the use of personal property; and
- Ensure each resident is free from discrimination as provided by local, state, and federal law.

### **GUIDING PRINCIPLE #12: LICENSURE AND CERTIFICATION**

States are encouraged to consider establishing programs to reward -- through public recognition, modified inspection processes, financial incentives, etc. -- ALCs that provide the highest quality care to residents.

The health, safety, and well-being of residents should be the primary consideration when states develop regulations for the licensure and operation of ALCs. In most states, assisted living communities are licensed or certified by an appropriate department or agency that oversees a process for issuance of initial licenses and for renewing existing licenses. NCAL believes that ALCs or services should be licensed or certified, as applicable under state law. However, under reasonable circumstances, states should



provide the opportunity for a variance or waiver to allow an individual community to seek an exception to a requirement of the applicable licensure or certification rules (if such a request is reasonable and does not compromise residents' health, safety, or well-being).

The state should maintain a program to identify communities that fail to comply with applicable state standards. The health, safety, and well-being of the residents should be the primary consideration when a state determines if closure is necessary. Communities that refuse to correct repeated acts of abuse and neglect should not be allowed to continue to operate.

### **GUIDING PRINCIPLE #13: MEASURING AND IMPROVING QUALITY**

NCAL strongly supports efforts to improve the quality of care and the performance excellence of the assisted living profession. However, NCAL strongly believes that placing assisted living on a parallel regulatory track with skilled nursing care centers would be a mistake. Such a regulatory model would stifle the very spirit that led to the creation of assisted living. Instead of following the nursing centers' regulatory model, quality assurance systems for assisted living that focus on customer satisfaction and actual outcome measures should be utilized. Such systems would provide meaningful data that could be utilized by providers, consumers, managed care entities, and government agencies to ensure that quality services and care are being maintained. More important, such systems would better serve the interests of assisted living customers by potentially providing them with meaningful input into the quality evaluation process and the delivery of services.

Survey processes used by state government agencies should address areas where communities excel and achieve high levels of customer satisfaction and outcomes, not only minimum standards.

Customer satisfaction measurement is a key to measuring quality in the assisted living setting. Beyond customer satisfaction, quality measurement systems also frequently include measurement of actual facility performance, including key clinical indicators. Such performance measures can produce tangible data and feedback that can be used to continuously improve assisted living quality.

Note: The assisted living profession continues to grow and evolve as does NCAL's perspectives on our changing profession. The concepts and terms used in this document may vary from state to state and time to time and are provided as a framework to help promote a general understanding of assisted living. The contents of this document may represent some preferred practices, but do not represent minimum standards, "standards of care," or industry-wide norms for ALCs. As always, an ALC is responsible for making clinical decisions and providing care and services that are best for each individual person. In addition, the contents of this document are for general informational purposes only and may not be substituted for legal advice.

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