

Pennsylvania

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Licensure Term

Personal Care Homes and Assisted Living Residences

Opening Statement

The Department of Human Services, Bureau of Human Services Licensing is responsible for oversight of Personal Care Homes and Assisted Living Residences in Pennsylvania. The two licensure types differ in concept, the type of units provided, and the level of care provided. Pennsylvania Personal Care Homes serve residents who are aged, have mental illness, mental retardation and/or physical disabilities. The Personal Care Homes serves residents who do not need 24-hour nursing home care, yet who may need assistance with activities of daily living (ADLs), in contrast to Assisted Living Residences which may serve residents that need a nursing home level of care. Licensing protects the health, safety, and well-being of individuals residing in the Personal Care Home and Assisted Living Residence settings.

In 2012, the Department of Public Welfare, now the Department of Human Services, transferred responsibility for licensure and enforcement of Assisted Living Residences from the Office of Long-Term Living to the Bureau of Human Services Licensing, which also regulates Personal Care Homes.

As of March 31, 2017, there were 1,198 licensed Personal Care Homes in Pennsylvania with a capacity to serve 65,206 residents. Personal Care Homes currently serve about 45,400 residents.

As of April 27, 2017, there were 41 licensed Assisted Living Residences in Pennsylvania with a capacity to serve 2,865 residents.

Legislative and Regulatory Update

There are no recent legislative or regulatory updates affecting Assisted Living Residents.

Until recently, the terms Personal Care Home and Assisted Living have been synonymous in Pennsylvania. In 2007, legislation was passed to define Assisted Living Residences and create a separate

set of regulations to govern their operation. Pennsylvania's Assisted Living regulations took effect January 18, 2011 thereby creating two levels of licensure. Some homes licensed as Personal Care Homes may meet the new criteria, but many do not. Assisted Living Residences are a long-term care alternative that allows individuals to age in place and receive the assistance they need to maintain maximum independence and exercise decision-making and personal choice.

Definition

Personal Care Home: A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in ADLs or instrumental activities of daily living (IADLs). The term includes a premise that has held or presently holds itself out as a Personal Care Home and provides food and shelter to four or more adults who need personal care services, but who are not receiving the services.

Assisted Living Residences: A premise in which food, shelter, assisted living services, assistance or supervision, and supplemental health care services are provided for a period exceeding 24-hours for four or more adults who are not relatives of the operator, who require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation from the residence in the event of an emergency, or medication prescribed for self-administration.

Disclosure Items

For both Personal Care Homes and Assisted Living Residences, a written contract is required between the home/residence and the resident.

Personal Care Home: Specific contract must specify: each resident shall retain the current personal needs allowance as the resident's own funds for personal expenditures; fee schedule listing actual amount of allowable charges for each available service; explanation of the annual assessment; medical evaluation and support plan requirements and procedures; party responsible for payment; method for payment of charges for long distance telephone calls; conditions surrounding refunds; financial management arrangements and assistance; home's rules; contract termination conditions; statement about 30-days advance notice of change of contract; list of personal care services to be provided based on support plan, list of rates for food, shelter and services; bed hold charges; and resident rights and complaint procedures.

Assisted Living Residence: The contract must specify: each resident

shall retain the current personal needs allowance as the resident's own funds for personal expenditures; fee schedule listing actual amount of charges for each assisted living service included in the resident's core service package; explanation of the annual assessment; medical evaluation and support plan requirements and procedures; party responsible for payment; method for payment of charges for long distance telephone calls; conditions surrounding refunds; financial management arrangements and assistance; residence's rules; contract termination conditions; statement about 30-days advance notice of change of contract; list of assisted living services or supplemental health care services or both provided based on the support plan; list of rates for food, shelter and services; bed hold charges; and resident rights and complaint procedures.

Facility Scope of Care

Personal Care Home: May provide assistance with ADLs, IADLs, and medications. ADLs and IADLs are defined in the code.

Assisted Living Residence: Must provide an independent core service package, which includes, at a minimum, 24-hour supervision, monitoring and emergency response, nutritious meals and snacks, housekeeping, laundry services, assistance with unanticipated ADLs for a defined recovery period, activities and socialization, and basic cognitive support services.

An enhanced core package must be available to residents who require assistance with ADLs, to include the core package as well as assistance with performing ADLs for an undefined period of time, transportation as defined in the code, and assistance with self-administration of medication or medication administration.

Residences must also provide financial management.

Assisted Living Residences must also provide or arrange for the provision of supplemental health care services, including, but not limited to, hospice services, occupational therapy, skilled nursing services, physical therapy, behavioral health services, home health services, escort service if indicated in the resident's support plan or requested by the resident to and from medical appointments, and specialized cognitive support services.

Third Party Scope of Care

Hospice care licensed by the Pennsylvania Department of Health may be provided in both Personal Care Homes and Assisted Living Residences.

Personal Care Homes: None specified.

Assisted Living Residences: Each residence must demonstrate the ability to provide or arrange for the provision of supplemental health care services in a manner protective of the health, safety, and well-being of its residents utilizing employees, independent contractors, or contractual arrangements with other health care facilities or practitioners licensed, registered, or certified to the extent required by law to provide the service. Supplemental health care services are defined as the provision by an Assisted Living Residence of any type of health care service, either directly or through contractors, subcontractors, agents, or designated providers, except for any service that is required by law to be provided by a health care facility under the Health Care Facilities Act. Supplemental health care services include, but are not limited to hospice, occupational therapy, skilled nursing services, physical therapy, behavioral health services, home health services, escort service, and specialized cognitive support services.

The Assisted Living Residence must assist residents in securing medical care and supplement health care services. The residence may require residents to use providers of supplemental health care services approved or designated by the residence. However, the residence must permit a resident to select or retain his/her primary care physician. The residence must assist residents in securing preventive medical, dental, vision, and behavioral health care as requested by a physician, physician's assistant, or certified registered nurse practitioner.

Admission and Retention Policy

Personal Care Home: Residents requiring the services in or of a nursing facility may not be admitted into the home. Admission of residents with special needs is allowed, only if the home complies with certain additional staffing, physical site, and fire safety requirements. A home must have a written program description including the services the home intends to provide and the needs of the residents that can be safely served.

Assisted Living Residence: May not admit, retain, or serve an individual with any of the following conditions or health care needs unless the residence seeks approval from the Department: ventilator dependency; stage III and IV decubiti and vascular ulcers that are not in a healing stage; continuous intravenous fluids; reportable infectious diseases in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence; nasogastric tubes; physical restraints; or continuous skilled nursing care 24-hours a day. The Department may approve an exception related to

any of the conditions or health care needs listed above under specified conditions and procedures. Adults requiring the services of a licensed long-term care nursing facility, including those with mobility needs, may reside in a residence, provided that appropriate supplemental health care services are provided to those residents and provisions are made to allow for their safe emergency evacuation.

With regard to transfers and discharges, both Personal Care Homes and Assisted Living Residences must ensure a safe and orderly transfer or discharge that is appropriate to meet the resident's needs and allows the resident to participate in the decision relating to relocation. If the home or residence initiates a transfer or discharge, or if the legal entity chooses to close the residence, the home or residence must provide a 30-day advance written notice to the resident, the resident's family, or designated person and the referral agent citing the reasons for the transfer or discharge, the effective date of the transfer or discharge, the location to which the resident will be transferred or discharged, an explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge, and the resident's transfer or discharge rights.

Resident Assessment

Personal Care Home: A preadmission screening must be completed prior to move-in to assess the needs of the resident and whether the home can meet these needs. A medical evaluation must be completed 60 days prior to or 30 days after moving into the home. The assessment includes an assessment of mobility needs, medication administration needs, communication abilities, cognitive functioning, ADLs, IADLs, referral sources, and personal interests and preferences. It must be completed within 15 days of admission. A support plan must be developed to meet the needs identified in the assessment and implemented within 30 days after admission. The Department requires specified forms to be used in each instance.

Assisted Living Residence: An initial assessment must be completed within 30 days prior to admission, or within 15 days of admission in specified circumstances. Either the Department's form is to be used or the residence may use its own assessment and support plan forms if they include the same information as the Department's form. The code specifies requirements for the assessment, such as assessing the resident's need for assistance with ADL and IADLs.

Medication Management

Personal Care Home: Must provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. A home may provide medication administration

services for a resident who is assessed to need medication administration services. Medications must be administered by licensed medical personnel or by a staff person who has completed a Department-approved medication administration course that includes passing the Department's performance-based competency test.

Assisted Living Residence: Must provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place, and offering the resident the medication at the prescribed times. A residence shall provide medication administration services for a resident who is assessed to need medication administration services and for a resident who chooses not to self-administer medications. Prescription medication that is not self-administered by a resident shall be administered by a licensed professional or a staff person who has completed a Department-approved medication administration course that includes passing the Department's performance-based competency test.

Square Feet Requirements

Personal Care Home: Resident bedrooms must be a minimum of 80 square feet and multiple-occupancy bedrooms must provide a minimum of 60 square feet per resident. A bedroom for one or more residents with a mobility need must have at least 100 square feet per resident and allow for passage of beds and for the comfortable use of assistive devices, wheelchairs, walkers, special furniture, or oxygen equipment.

Assisted Living Residences: For new construction after January 18, 2011, must have at least 225 square feet of floor space measured wall-to-wall, excluding bathrooms and closet space for each living unit of one resident. If two residents share a living unit, there must be a total of 300 square feet. Regulations also specify requirements for a kitchen.

For residences in existence prior to January 18, 2011, each living unit must have at least 160 square feet measured wall-to-wall, excluding bathrooms and closet space. If two residents share a living unit, there must be a total of 210 square feet. Regulations also specify requirements for a kitchen.

Residents Allowed Per Room

Personal Care Homes: A maximum of four residents is allowed per bedroom. No more than two residents are permitted in each secure dementia care unit bedroom.

Assisted Living Residences: May not require residents to share a living unit. However, two residents may voluntarily agree to share one living unit, provided that the agreement is in writing and contained in each resident-residence contract. No more than two residents may reside in any living unit.

Bathroom Requirements

Personal Care Home: Must have at least one toilet for every six or fewer users, including residents, staff persons, and household members.

Assisted Living Residence: Each living unit must have a bathroom with one functioning flush toilet, at least one sink and wall mirror, and a bathtub or shower for each unit. Residences must have at least one public restroom that is convenient to common areas and be wheelchair accessible. Each bathroom must be equipped with a system to notify staff in the event of an emergency.

Life Safety

Personal Care Home: Must have two exits on each floor of the home. Operable automatic smoke detectors must be located in the hallways within 15 feet of each bedroom door. If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic. An unannounced fire drill shall be held once a month at various times of the day and night, under normal staffing conditions. A fire drill shall be held during normal sleeping hours once every six months. During fire drills, all residents must evacuate to a designated meeting place away from the building or within the fire safe area during each drill, within the time specified by a fire department or within 2½ minutes.

Assisted Living Residence: Stairways, hallways, doorways, passageways, and egress routes from living units and from the building must be unlocked and unobstructed. All buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors, and location of the fire extinguishers and pull signals must be posted in a conspicuous and public place on each floor. If the residence serves one or more residents with mobility needs above or below the residence grade level, there must

be a fire-safe area, as specified by a fire safety expert, on the same floor as each resident with mobility needs.

There must be an operable automatic smoke detector in each living unit. If the residence serves nine or more residents, there must be at least one smoke detector on each floor interconnected and audible throughout the residence or an automatic fire alarm system that is interconnected and audible throughout the residence. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert must be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire. Smoke detectors and fire alarms must be tested for operability at least once per month. In residences where there are five or more residents with mobility needs, the fire alarm system must be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

There must be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including public walkways and common living areas every 3,000 square feet, the basement, and attic. If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space. A fire extinguisher with a minimum 2A-10BC rating must be located in each kitchen of the residence.

There must be one unannounced fire drill once a month held on different days of the week and at various times of the day and night, under normal staffing conditions. A fire drill must be held during sleeping hours once every six months. Residents must evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

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

Personal Care Homes: In addition to the required assessments and support plans, a resident of a secured dementia care unit must have a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team within 72-hours prior to admission to the secured dementia care unit. The resident must be assessed annually for the continuing need for the secured dementia care unit. The resident-home contract must include the services provided in the secured dementia care unit, admission and discharge criteria, change in condition policies, special programming, and costs and fees. In Personal Care Homes, no more than two residents are

permitted in each secured dementia care unit bedroom. Key-operated locks are not permitted. All doors must be equipped with magnetic locks that automatically open when the fire alarm system is activated. Homes must offer defined activities at least weekly.

Assisted Living Residence: The applicable statute establishes standards for special care units, which are a residence or portion of a residence providing in the least restrictive manner: specialized care and services for residents with Alzheimer's disease or dementia, and/or intense neurobehavioral rehabilitation for residents with severely disruptive and potentially dangerous behaviors as a result of brain injury. Admission to a special care unit must be in consultation with the resident's family or designated person. No more than two residents may occupy a living unit regardless of its size.

Special care units are permitted to have doors equipped with key-locking devices, electronic card operated systems, or other devices that prevent immediate egress if they have written approval from the Pennsylvania's Department of Labor and Industry, Department of Health, or appropriate local building authority permitting the use of the specific locking system. A residence must have a statement from the manufacturer, specific to that residence, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately upon a signal from an activated fire alarm system, heat or smoke detector, a power failure to the residence, or overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

The Assisted Living Residence must provide space for dining, group and individual activities, and visits. Each resident in a special care unit shall be considered to be a resident with mobility needs and therefore must receive two hours per day of assisted living services.

In Assisted Living Residence special care units for Alzheimer's disease or dementia, a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form, completed for each resident within 72 hours prior to admission, in addition to the medical evaluation required of all residents. A support plan that identifies the resident's physical, medical, social, cognitive, and safety needs must be developed within 72 hours of admission or within 72 hours prior to the resident's admission to the special care unit. The support plan must be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes. Residents of a special care unit for

Alzheimer's disease or dementia must also be assessed quarterly for the continuing need for the unit. Residences must offer defined activities at least weekly.

Staffing Requirements

Personal Care Home: An administrator must be in the home an average of 20 hours or more per week in each calendar month. At least one direct care staff person shall be awake at all times residents are present in the home. While there are no staffing ratios, direct care staff must be present to provide one hour of personal care per day for mobile residents and two hours per day for residents with mobility needs, 75 percent of which shall be given during waking hours. Additionally, there must be staff available to meet the needs of each individual resident as specified in the resident's support plan. At least one staff person for every 50 residents who is trained in first aid and CPR must be present in the home at all times. Direct-care staff must be at least 18 years of age and have a high school diploma or GED.

Assisted Living Residence: An administrator must be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

A direct care staff person 21 years of age or older must be present in the residence whenever at least one resident is present. While there are no staffing ratios, direct care staff persons must be available to provide at least one hour per day of assisted living services to each mobile resident and at least two hours per day to each resident with mobility needs. At least 75 percent of the Assisted Living Residence service hours must be available during waking hours. Direct care staff persons on duty in the residence shall be awake at all times. Staffing must be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements. An Assisted Living Residence must have a licensed nurse available in the building or on call at all times. The licensed nurse shall be either an employee of the residence or under contract with the residence. The residence must have a dietician on staff or under contract to provide for any special dietary needs of a resident as indicated in his/her support plan. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times.

Administrator Education/Training

Personal Care Home: Administrator must be at least 21 years of age

and meet one of the following qualifications:

- (1) Be a licensed registered nurse (RN);
- (2) Have an associate's degree or 60 credit hours from an accredited college or university;
- (3) Be a licensed practical nurse (LPN) with one year of work experience in a related field;
- (4) Be a licensed nursing home administrator in Pennsylvania;
- (5) For a home serving eight or fewer residents, a GED or high school diploma and two years of direct care or administrative experience in the human services field.

The administrator must complete the following prior to employment:

- (1) An orientation program approved and administered by the Department;
- (2) A 100-hour standardized Department-approved administrator training course; and
- (3) A Department-approved competency based training test with a passing score.

Personal Care Home Administrators must complete 24 hours of annual training by a Department-approved training source.

Assisted Living Residence: Administrator must be 21 years of age or older and have one of the following qualifications:

- (1) A license as an RN from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.
- (2) An associate's degree or 60 credit hours from an accredited college or university in a human services field and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.
- (3) An associate's degree or 60 credit hours from an accredited college or university in a field that is not related to human services and two years, in the prior 10 years, of direct care or administrative experience in a health care or human services field.
- (4) A license as an LPN from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.
- (5) A license as a nursing home administrator from the Department of State and one year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.
- (6) Experience as a PCH administrator, employed as such for two years prior to Jan. 18, 2011, and completed the administrator training requirements and passed the Department-approved competency-based training test by January 18, 2012.

Prior to initial employment, all Assisted Living Residence Administrators must successfully complete the following:

- (1) An orientation program approved and administered by the Department;
- (2) A 100-hour standardized Department-approved administrator training course; and
- (3) A Department-approved competency-based training test with a passing score.

An Assisted Living Residence Administrator must have at least 24 hours of annual training relating to the job duties.

Staff Education/Training

Personal Care Home: Direct care staff must be 18 years of age or older and have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Prior to or during the first work day, all direct care staff persons, ancillary staff, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place, smoking safety procedures, location of fire extinguishers, smoke detectors and fire alarms, and telephone use and emergency services notification. Within 40 scheduled working hours, direct care staff persons, ancillary staff, substitute personnel and volunteers shall have an orientation on: Resident rights; emergency medical plan; mandatory reporting of abuse and neglect under the state's Older Adult Protective Services Act; and reporting of reportable incidents and conditions. Prior to providing unsupervised ADL services, direct care staff persons must successfully complete and pass the Department-approved direct care training course and competency test. Direct care staff persons must have at least 12 hours of annual training relating to their job duties.

Assisted Living Residence: Direct care staff must be 18 years of age or older and have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Prior to or during the first work day, direct care staff, ancillary staff, substitute personnel, and volunteers, must have an orientation in general fire safety and emergency preparedness including: Evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable, designated meeting place outside the building or within the fire-safe area, smoking safety procedures, the residence's smoking policy and location of smoking areas, if applicable, location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services. Direct care

staff must complete an initial orientation approved by the Department and must be certified in first aid and CPR before providing direct care to residents.

Within 40 scheduled working hours, direct care staff, ancillary staff, substitute personnel, and volunteers must have orientation training including: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, reporting of reportable incidents and conditions, safe management techniques, and core competency training that includes person-centered care, communication, problem solving and relationship skills, and nutritional support according to resident preference.

For Assisted Living Residences, direct care staff may not provide unsupervised assisted living services until completion of 18-hours of training including: a demonstration of job duties followed by supervised practice, successful completion and passing the Department-approved direct care training course and passing of the competency test. Initial direct care staff training includes: safe management techniques; assisting with ADLs and IADLs; personal hygiene; care of residents with mental illness, neurological impairments, mental retardation, and other mental disabilities; normal aging-cognitive, psychological and functional abilities of individuals who are older; implementation of initial assessment, annual assessment, and support plan; nutrition, food handling, and sanitation; recreation, socialization, community resources, social services, and activities in the community; gerontology; staff person supervision; care needs of residents served; safety management and hazard prevention; universal precautions; requirements of the regulation chapter; signs and symptoms of invecions and infection control; care for individuals with mobility needs; behavioral management techniques; understanding the resident's assessment and how to implement the support plan; and person-centered care.

Assisted Living Residence direct care staff must have at least 16 hours of annual training relating to their job duties. Administrative staff, direct care staff, ancillary staff, substitute personnel, and volunteers must receive at least two hours of dementia-specific training annually.

**Entity Approving
CE Program**

None specified.

**Medicaid Policy and
Reimbursement**

While Medicaid funding is not available for Personal Care Homes, the Commonwealth does provide a state supplement to Supplemental Security Income to qualifying Personal Care Home

residents.

Currently there is no Medicaid funding available for services provided in Assisted Living Residences.

Citations

The Pennsylvania Code, Title 55, Chapter 2600 Personal Care Homes, [October 24, 2005]
<http://www.pacode.com/secure/data/055/chapter2600/chap2600toc.html>

The Pennsylvania Code, Title 55, Chapter 2800 Assisted Living Residences, [January 18, 2011],
<http://www.pacode.com/secure/data/055/chapter2800/chap2800toc.html>