

Item 3



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

April 4, 2013

Richard Young
Bureau Chief, Long Term Care Licensing
Acting Office Chief, Assisted Living Licensing
Department of Health Services
150 N. 18th Ave., Suite 440
Phoenix, AZ 85007

Dear Richard,

While the Office of the State Long Term Care Ombudsman will be submitting a formal response to the proposed Assisted Living Facility Rules during the open comment period, the issue of discharge and residency termination is of such great importance to this program that I am reaching out personally. I am asking that you retain the current rules related to discharge and residency termination, R9-10-709, sections E through I, located in the A.A.C., Title 9, Chapter 10, Article 7. I also ask that you institute an appeals process for residents related to discharge, and establish this in the proposed rules.

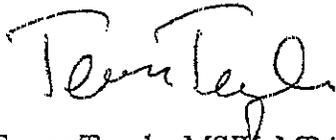
The Long Term Care Ombudsman Program relies heavily on this section of the current Assisted Living Facility Rules to protect and promote the health and safety of residents. With the exception of FFY 2011, in which discharge ranked as number two, reporting from FFY 2007 through current FFY 2012 shows that discharge was the number one assisted living facility complaint responded to and logged by Long Term Care Ombudsmen across the state. If these rules are eliminated, Ombudsmen will have very little authority when advocating for basic resident rights that decrease the likelihood that residents are not, for example, discharged unfairly and unsafely, or without sufficient notice in which to find other placement. Can you imagine what might happen if facilities were allowed to discharge residents without any notice at all? This creates the potential for serious safety issues for some of our states most vulnerable citizens.

I have included the document *A Primer for State Aging Directors and Executive Staff: State-Long Term Care Ombudsman Program* for your review. This document outlines the purpose,

legal authority, and importance of the Long Term Care Ombudsman Program. I hope you will find it useful in understanding the unique role of a Long Term Care Ombudsman.

On behalf of Ombudsmen across the state who rely on these rules when advocating for the best possible quality of life and care for facility residents, please accept this letter with appreciation for your consideration. If you have any questions, do not hesitate to contact me.

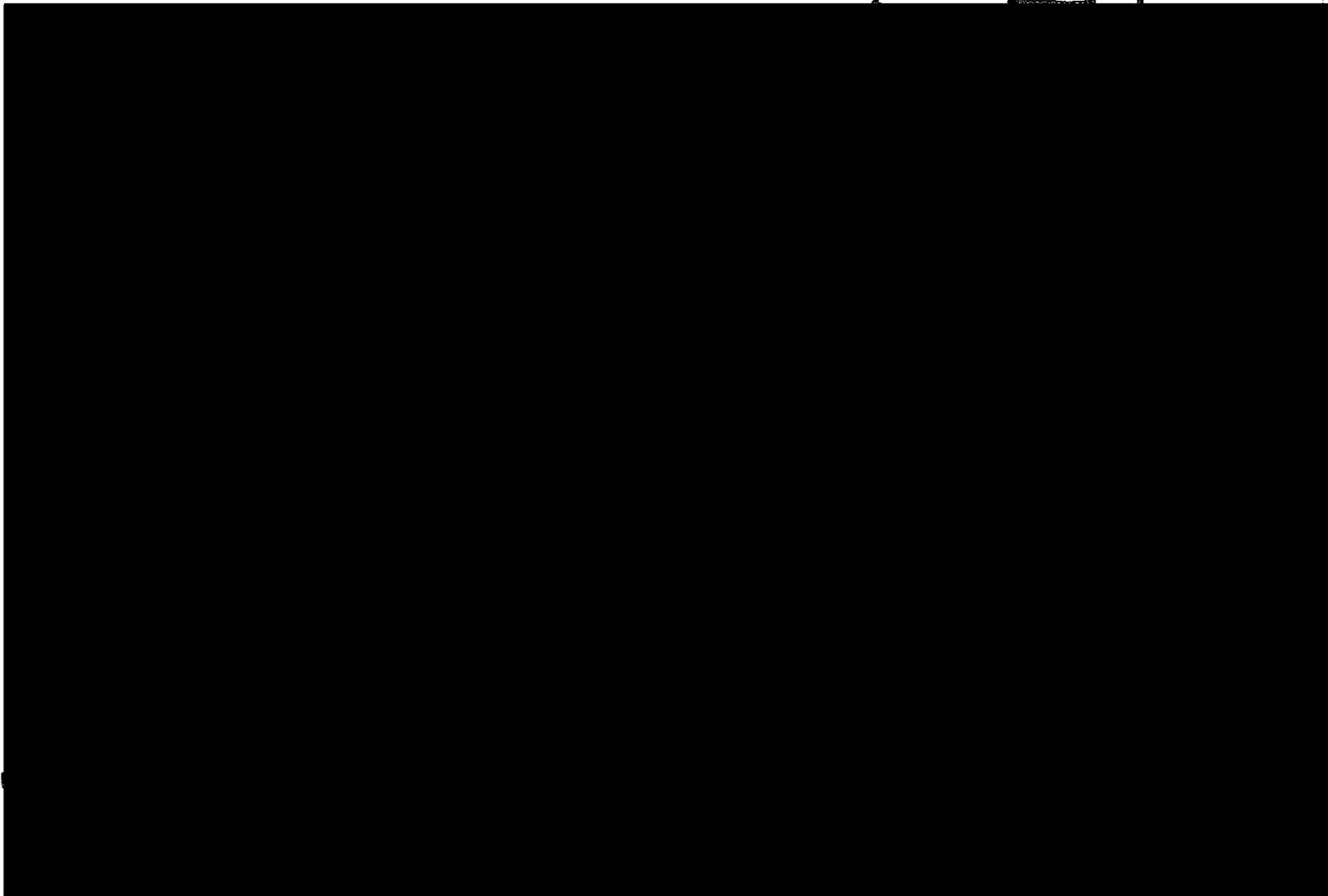
Sincerely,



Teresa Teeple, MSW, MPA
State Long Term Care Ombudsman
Department of Economic Security
1789 W. Jefferson St., 950 A
Phoenix, AZ 85007

Enclosures: 1

cc: Cara Christ, DHS Chief Medical Officer, Assistant Director, Division of Licensing Services
Melanie Starns, DES Assistant Director, Division of Aging and Adult Services
Lynn Larson, DES Deputy Assistant Director, Division of Aging and Adult Services
Cynthia Saverino, DES Independent Living Supports Administrator, Division of Aging and Adult Services



“ ALF ”

Response to Assisted Living Facility Proposed Rules, April 2013 Draft

In response to the question “How can the draft rules be improved?”

R9-10-807 G (Page 12) Revert to original rule R9-10-709 E-I E. A licensee or resident may terminate residency as follows:

1) A licensee may terminate residency of a resident without notice if:

- a The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility;
- b The resident's urgent medical or health needs require immediate transfer to another health care institution;
- or c. The resident's care and service needs exceed the services the assisted living facility is

licensed to provide; 2. A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for one of the following reasons:

a. Documentation of failure to pay fees or charges; b. Documentation of the resident's non-compliance with the residency agreement or internal facility requirements; 3. Except as provided by subsections (E)(1) and (2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice; 4. A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency:

a. Neglect;

b. Abuse;

c. Exploitation; or

d. Conditions of imminent danger to life, health, or safety; and 5. A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement

F. A licensee shall ensure that a written notice of termination of residency includes:

1. The reason for the termination of residency; 2. The effective date of the termination of residency; 3. The resident's right to grieve the termination of residency; 4. The assisted living facility's grievance procedure; and 5. The assisted living facility's refund policy.

G. A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency:

1. A copy of the resident's service plan; 2. Documentation that the resident is free from pulmonary tuberculosis; and 3.

The phone numbers and addresses of the local area agency on aging and D E S Long-Term Care Ombudsman

H. A licensee shall not request or retain fees as follows:

1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency; 2. If termination of residency occurs as permitted in subsection (E)(1), (2), or (5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and 3. For reasons other than identified in subsections (H)(1) and (2), the licensee shall not request or retain fees for more than 30 days after termination of residency.

I. Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition:

1. A written statement that includes:

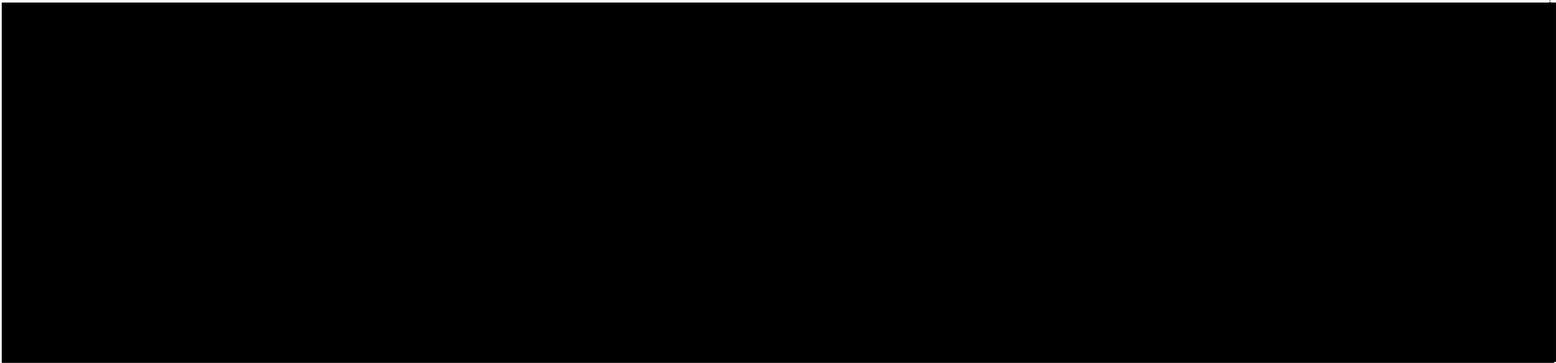
a. The disposition of the resident's personal property; b. An accounting of all fees, personal funds, or deposits owed to the resident; and c. An accounting of any deduction from fees or deposits; and 2. All fees or deposits required by this Section and personal funds

In response to the question "Has anything been left out that should be in the rules?"

Please consider implementing an appeal process at the Department of Health Services (DHS) for assisted living facility (ALF) residents wishing to appeal a transfer or discharge, and include a rule explaining this process in the new ALF rules. For reference, the Arizona Health Care Cost Containment System currently contracts with the Office of Administrative Hearings to provide appeal hearings for their Arizona Long Term Care System members in these situations.

Submitted by:

Teresa Teeple, State Long Term Care Ombudsman, Arizona Department of Economic Security



Assisted Living Rules

Draft #3

R9-10-803 Administration

H. Abuse is alleged or suspected, a manager shall **NEW**
c The names of witnesses to the alleged or suspected abuse, neglect or exploitation.

The witness may prefer to remain anonymous and if the person knows their name will be placed in the public domain they may elect NOT to report This sets up a system where vital information will become less available

G A manager shall provide written notification to the Department: **NEW**
1 Within one working day after a resident's death;
2 Within two working days after a resident's suicide attempt or infliction of self-injury that results in the resident needing medical services; and
3 Within three working days after a resident has an accident, emergency, or serious injury that results in the resident needing medical services

With over 26,000 assisted living beds filled with frail elderly, naturally and routinely, death does occur. To ask Providers to call DHS upon EACH death would create a bureaucratic nightmare not only for providers but also for DHS to manage

R9-10-804 Quality Management

NEW

A manager shall ensure that:
1 A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes

Much of the information required by this subsection must be included in service plans Requiring the information in a separate plan is redundant

R9-10-807 Residency and Residency Agreements

NEW

B A manager shall ensure that before or at the time of acceptance of an individual, the **individual** submits documentation that:

We would appreciate clarification as to what is meant by "individual." It is our opinion that a Nurse should make this determination

1 Is dated within 90 days before the individual is accepted by an assisted living facility:

3 Is dated and signed by a:
a Physician,
b Registered nurse practitioner,
c Registered Nurse
d. Physician Assistant

Asking a Physician, PA or NP to sign the Residency Agreement also known as a "lease" is impractical. Medical professions do not want to become involved in day-to-day business office practice and could also be perceived as a conflict of interest for the medical profession

The Registered Nurse should be changed to Nurse

C. A manager shall not accept or retain an individual if: **NEW**

3. If the documentation required in subsection (B) indicates the individual needs behavioral health services, the individual's need for supervisory care services, personal care services, or directed care services are secondary to the individual's need for behavioral health services

This section requires clarification. Common belief is each level of care within assisted living builds on one another i.e. you cannot have a directed license unless you have training in the first two levels to offer directed. But, as this reads, a Behavioral Health license is a "stand alone" license and an assisted living provider who offers only Behavioral Health would not be required to offer the first three levels of care.

G. If an assisted living facility issues a written notice of termination of residency

to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the:

- 1 Specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, and
- 2 Level of care that may provide services to meet the resident's needs after termination of residency

For simplicity it may make more sense to place the entire move in/move out criteria in one place to make it easier to track for both the Department and Provider

R9-10-808

Transport: Transfer

NEW

This is a completely new requirement. Assisted living centers transport our residents to doctors, grocery store, restaurants and other places upon request. To force providers to create numerous levels of transfer protocols will once again increase providers' cost and change their operations dramatically.

It would be helpful to address the differences between Transfers and Transport

This requirement would also place an unnecessary burden on the residents. The requirement as written would take away the Residents' freedom to go, as they choose, to Walgreens, Fry's or a restaurant. Residents prefer not to be questioned or "evaluated" on each trip away from the community. For example, it is unrealistic to expect full medical records to be reviewed on every trip to the grocery store.

We believe it is reasonable to request a policy for Assisted Living Providers to address the safety of the residents during transporting

R9-10-809 Resident Rights

B 2 c Except in an emergency, is informed of proposed treatment alternatives treatment, associated risks and possible complications **NEW**

This concept is misplaced—it is a physician's responsibility to inform residents of alternative treatment, assisted risks and possible complications according to healthcare scope of practice. Assisted Living facilities are not in a position to get involved in these doctor/patient issues

B 2 g May: **NEW**
Request or consent to relocation with the assisted living facility, and
ii Except when relocation is necessary based on a change in the resident's condition as documents in the resident's service plan, refuse relocation within the assisted living facility

There are times Providers must move residents for a variety of reasons, including safety issues and/or general well-being.

C 1 Not to be discriminated against based on or source of payment

There is a concern that a decision by a facility to not accept ALTCS residents could give rise to a claim of "discrimination" under this new language

R9-10-810 Service Plans and Providing Services

C 2 Assistant Caregiver who is **16 or 17** years of age.

Change to "at least" 16 years old

R9-10-813. Direct Care Services **NEW**

C 3 Service plan includes a determination of the residents' cognitive awareness

This requirement requires substantial clarification. For example, who would determine the resident's cognitive function using what standard?

C 5 Supervision of the resident to ensure personal safety **NEW**

Recommend changing to "Ensure the safety of the Resident "

E. 1. Bell, intercom or other mechanical means to alert staff be **NEW**
INSTALLED in bedroom

A majority of assisted living centers do not have hard wired emergency call systems, as they use wireless call systems as necessary

This requirement is impractical because residents do not only have issues while in their bedrooms.

Recommend changing "Installed" to "Provide" or "offer"

R9-10-814 Medication Services NEW

A 1 a A process for providing information to a resident about medication prescribed

Only Physicians are permitted by law to inform residents of alternative treatment, assisted risks and possible complications according to healthcare scope of practice

A 1 b. Procedures for preventing, responding to and reporting: **NEW**

ii An adverse response to a medication

iii A medication overdoes

This requirement would only fall under a Physicians scope of practice

2 Quality Management program

a A medication error

b An adverse reaction to medication

The Quality Management tool is a new requirement that is redundant to service plans and increases the paperwork burden on Providers while not providing a positive outcome

C Assistant in self-administration of medication, **NEW**

This is duplicative of the NCIA Board medication training requirement that ALL caregivers must pass before working in assisted living

4 Training for a personnel member, other than a medical practitioner or registered nurse,

a Is provided by a medical practitioner or a register nurse or an individual trained by medical practitioner or registered nurse:

b Included demonstration of their abilities

This is duplicative of the NCIA Board medication training requirement that ALL caregivers must pass before working in assisted living

E Report Medication error to a medical practitioner **NEW**

This requirement can be incorporated into 2 a or 2 B Also, the term immediate should be removed.

R9-10-815 Resident Records

15 Any changes in Residents behaviors

16 Notification required if resident cannot handle their financial affairs

Who is notified and if there is no family to be notified?

Additionally, 15 & 16 are currently contained in the service plan section

18 Address and phone number of new place of residence **NEW**

This violates residents' right to privacy and exercising their independence by selecting move from one community to the next. Often, residents choose not to provide this information, which is out of the facility's control

19 d i. For a psychotropic medication: assessment of the Resident's behavior before administering medication

R9-10-816 Food Service

A 8 Adaptive eating devices **NEW**

This is a Medicare Part B benefit the Residents need to use to purchase their personal adaptive medical equipment

R9-10-817 Emergency and Safety Standards

D. When an injury occurs manager will ensure that: **NEW**
A caregiver or assistance caregiver notifies emergency contacts and physician

If there is an emergency, available staff will make the contact with the physician. We also recommend changing "caregiver or assistant caregiver" to "staff".

E Fire alarm systems **NEW**

There are instances when city code is different from DHS code, what would happen then?

F Assisted Living homes may use a fire extinguisher

Assisted Living Homes can unfortunately have fires and therefore must also be required to have fire alarm systems

R9-10-818 Environmental Standards

A 13 a Pets or animals **NEW**
Are controlled to prevent endangering the residents

Providers should be required to have a Policy but the Resident owns the pets

B Swimming Pools **NEW**

1 On day resident is going to swim we must test the water.

This requirement is already covered by the County Health Department, and is therefore redundant.

Use of Administrator and Manager interchangeably

Throughout the Rules the word Administrator and Manager are used interchangeably. These two words are defined differently depending on whether you are referring to assisted living or Nursing Homes.

In assisted living they are called Certified Managers and in Nursing Homes called Administrators.

Dear Mr Humble:

At our last meeting we discussed the impact of the Draft Rules on assisted living providers.

As you know, the legislative mandate was specifically to reduce monetary or regulatory cost on persons or individuals and streamline the regulatory process. Additionally, at our meeting we believed it was agreed in principle that when these proposed draft of rules became effective on July 1, Assisted Living Providers who elected NOT to license as Behavioral Health rules should not be substantially impacted.

From our perspective, this draft takes us in the wrong direction relative to the stated interest.

We ask the department to review and implement our requested changes to the third draft of the rules. We would of course be happy to meet with you to discuss our comments and concerns.

Thank you

CHAPTER 10 – ARTICLE 8

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 68 2 90 109**Response Started:** Sunday, May 5, 2013 6:54:10 PM**Response Modified:** Sunday, May 5, 2013 7:31:58 PM**1. What parts of the draft rules do you believe are effective?**

Only those which preserve the philosophy of Assisted Living (AL) as a home based atmosphere in which health care can be provided (by HomeHealth or Hospice, as at home) and allow Behavioral Health (BH) clients to be assisted with activities of daily living

2. How can the draft rules be improved?

The Rules must be revised to reflect the home based philosophy rather than the medical model in a corporate hierarchy as presently presented. The Rules as stated do not fit the 1700 small group AL home providers. At least change 'manager' to "licensee shall ensure the manager" AZDHS/OALL has no jurisdiction or authority over a manager to ensure they comply with the Rules. All group homes (ten and fewer residents) do not have administrators - they are licensed to a person or LLC or corporation that hires a manager and as such are accountable to require their managers to perform as required by the Rules. The unfortunate interchangeable use of manager, administrator, and other corporate titles are confusing to all, but especially as applied to group homes. A distinction must be made between the 'physical assessment' performed by a RN for the purpose of determining a Care Plan or identifying the status of disease processes and the term 'assessment' as used to evaluate a resident's ability to provide his own care and thus determine the services that the AL facility will provide. This latter assessment or ADL evaluation can be conducted by LPNs and even the Manager or the residents' family - it results in a Service Plan rather than a Care Plan. Similarly, the resident is not there principally for treatment - it is a residence.

3. Has anything been left out that should be in the rules?

Residents have lost rights in the draft rules: they are not permitted to terminate the residency agreement - which is a contract for services and not a remand by a doctor to a medical facility. The draft rules do not allow for a resident to leave with notice, especially if the provider does not provide the services contracted for or if the resident is no longer appropriate for care in that facility. Keep the current rules at least. As written, the resident would be liable for continuous payment beyond their residency without any limit. Residents have lost the right to have visitors and phone calls, to access common areas, to choose their own PCP, pharmacy or other provider or to refuse to perform work. Please replace. A resident who needs directed services should have their Service Plan reviewed by a nurse, as well as those who receive intermittent nursing services, since they cannot always convey their needs to less well trained caregivers. Specific policies and procedures should be specified, and parameters to ensure providers do not exploit residents should remain in the rules: eg caps on amounts of deposits, requirements for refunding, ADD consequences for not returning funds, retain the grievance procedure in the residency agreement, etc. Retain the list in the current rules at least. Under physical plant standards or under hazards, a bedroom egress should not be directly into a pool area.

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 68 2 90 109**Response Started:** Sunday, May 5, 2013 6:44:56 PM**Response Modified:** Sunday, May 5, 2013 6:53:58 PM**1. What parts of the draft rules do you believe are effective?**

Only those that have retained the home based atmosphere philosophy and specifics of the current Rules, and those that allow for behavioral clients to be assisted with activities of daily living, either in AL or BH facilities.

2. How can the draft rules be improved?

The draft has lost the philosophy of Assisted Living (AL) as a home like atmosphere, where health care is available, and has couched the new Rules in a medical, corporate model which does not recognize the services rendered by over 1700 small owners and providers who operate homes of 10 residents or fewer.

3. Has anything been left out that should be in the rules?

Yes: 1 Residents have lost rights - there is no provision for residents or their representatives to terminate residency if they are unhappy, if the provider does not

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 72.223.83.191**Response Started:** Sunday, May 5, 2013 1:57:08 PM**Response Modified:** Sunday, May 5, 2013 3:48:20 PM**1. What parts of the draft rules do you believe are effective?**

Family Care Homes, Inc , along with the other members of the Arizona Coalition for Assisted Living, would like to thank The Arizona Department of Health Services for taking the time to consider our input on The Proposed Draft 4-4-2013 Rule changes

2. How can the draft rules be improved?

Family Care Homes, Inc , along with many other AZCAL members, is concerned that the most recent Proposed Draft 4-4-2013 Rules as written will increase monetary and regulatory cost to ALL Assisted Living settings Therefore, exceeding the mandate set forth by HB2634. The Assisted Living community has many areas of concern We have addressed these concerns in both private and public meetings with The Department of Health Services. Please review and revise the changes below prior to the final draft submission. R9-10-801 Definitions "Residency Agreement" change verbiage to read: means a document signed by a resident or the resident's representative and manager, manger's designee or licensee, detailing the terms of the residency as agreed upon by the resident or the resident's representative and the manager, manager's designee or licensee Reason: Many Assisted Living Facilities keep the Resident's financial records separate from their health related information. Changing this rule adds additional burden to the Manager and limits the Assisted Living Facilities ability to designate in their own Policies and Procedures whom they deem responsible for the Residency Agreement R9-10-803 Administration (A)(5) Adopt a quality management program that complies with R9-10-804 This new requirement will drastically increase the cost, as well as the workload, to the Assisted Living Facilities. It will also be burdensome to the DHS surveyors by lengthening the time spent in each facility. This proposed rule is not consistent with HB2634. R9-10-803 Administration (C)(1) A manager shall ensure that policies and procedures are: Cover: Orientation for employees and volunteers. This new requirement of providing orientation, CPR, etc. to volunteers will drastically increase cost and burden of Administration If the volunteer does not have "hands on" contact with the Residents they should not need orientation, CPR, etc. Also, sharing any health related information with a volunteer would breech HIPAA R9-10-803 Administration Labeled (G) intended to be (I) A manager shall provide written notification to the Department: This rule would dramatically increase cost and burden on both the Assisted Living Facilities as well as The Department of Health Services The amount of charting, reporting, writing, reading and paper would be exponential. R9-10-804 Quality Management Addressed above and feel it is important to remove this new rule from the draft before final changes are made and submitted. R9-10-806 Personnel (A)(1) (b) A manager shall ensure that a caregiver has documentation of completion of a caregiver training program that complies with A A C. R4-33-702 (A)(5) This rule does not mention caregivers that were certified prior to A A C R4-33-702. If this rule is not addressed by adding "Grandfathering" the industry will suffer greatly and the health and safety of our Residents will severely be affected. R9-10-807 Residency or Residency Agreement (E) Before or at the time of an individual's acceptance by an assisted living facility a manager, (a manager's designee, or licensee) shall ensure that the individual or individual's representative signs a written residency agreement with the assisted living facility that includes: This was addressed above in the definitions section. Please add manager's designee and licensee to the terminology. R9-10-808 Transport: Transfer (The ENTIRE section) This rule is new to Assisted Living and will severely increase workload as well as cost to the facilities. This rule is not consistent with HB2634 R9-10-809 Resident Rights (B)(1) A manager shall ensure that a resident: Is not subjected to: A manager cannot ensure that a Resident is not subjected to that list of items However, they CAN ensure that proper investigating, reporting and action are taken if any of those situations occur This verbiage in this rule needs to be rewritten Many managers of Assisted Living have expressed their concern over this provision Many fear the liability of such vague regulations R9-10-809 Resident Rights (B)(2)(a) A resident or the resident's representative: Except in an emergency, either consents to or refuses treatment Assisted Living Facilities function under the Physician's Umbrella Therefore, allowing a family member/resident's representative to refuse treatment is contradictory to our current set of rules. Please remove the words resident's representative. R9-10-810 Service Plans and Providing Services(A)(3)(g) Any health care directives This is duplicative and should be stricken Health care directives are addressed in other areas of the proposed draft changes. R9-10-814 Medication Services (C)(4) Training for a personnel member, other than a medical practitioner or registered nurse, in self-administration of medication: This

training is redundant to the Certified Caregiver Training Program. This provision should be removed. This type of training would increase monetary and regulatory costs. R9-10-815 Residents Records (C)(19) (c)(i)(ii) & (d)(i)(ii) Documentation of a medication or a biological administered to the resident that includes: This provision is new to Assisted Living Facilities. Creating and managing the forms that would be required for this process would be costly and burdensome to all parties. Please REMOVE this provision. R9-10-818 Environmental Standards (A)(2) A pest control program is used to minimize the presence of insects and vermin; This provision is new to Assisted Living Facilities. Many Facilities manage their own pest control. Having to hire an outside company would increase costs. Please clarify this rule. R9-10-818 Environmental Standards (A)(8) A resident has access to laundry services or a washing machine and dryer in the assisted living facility. Many Assisted Living Homes and some Centers keep their laundry rooms locked. Especially, homes that cater to individuals with dementia. Also, many homes keep their toxic substances in these areas under lock and key. R9-10-819 Physical Plant Standards (D)(4)(f) A resident's sleeping area: Has a means of direct egress to the outside through a window or door that the resident is capable of using. REMOVE the last part of the rule - that the resident is capable of using. If a resident has a pelvic fracture, dementia, stroke, parkinson's disease, paraplegic, etc they are not going to be "capable" of using the window or door.

3. Has anything been left out that should be in the rules?

I feel that a Pilot Program involving several homes, centers, skilled, behavioral, etc facilities would be beneficial to all concerned parties. Implementing new regulations without a test period will be very encumbering. Thank you for your time and consideration.

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2. How can the draft rules be improved?

Family Care Homes, Inc., along with many other AZCAL members, is concerned that the most recent Proposed Draft 4-4-2013 Rules as written will increase monetary and regulatory cost to ALL Assisted Living settings Therefore, exceeding the mandate set forth by HB2634. The Assisted Living community has many areas of concern. We have addressed these concerns in both private and public meetings with The Department of Health Services Please review and revise the changes below prior to the final draft submission R9-10-801 Definitions "Residency Agreement" change verbiage to read: means a document signed by a resident or the resident's representative and manager, manger's designee or licensee, detailing the terms of the residency as agreed upon by the resident or the resident's representative and the manager, manager's designee or licensee Reason: Many Assisted Living Facilities keep the Resident's financial records separate from their health related information Changing this rule adds additional burden to the Manager and limits the Assisted Living Facilities ability to designate in their own Policies and Procedures whom they deem responsible for the Residency Agreement R9-10-803 Administration (A)(5) Adopt a quality management program that complies with R9-10-804 This new requirement will drastically increase the cost, as well as the workload, to the Assisted Living Facilities. It will also be burdensome to the DHS surveyors by lengthening the time spent in each facility. This proposed rule is not consistent with HB2634. R9-10-803 Administration (C)(1) A manager shall ensure that policies and procedures are: Cover: Orientation for employees and volunteers. This new requirement of providing orientation, CPR, etc. to volunteers will drastically increase cost and burden of Administration If the volunteer does not have "hands on" contact with the Residents they should not need orientation, CPR, etc Also, sharing any health related information with a volunteer would breech HIPAA R9-10-803 Administration Labeled (G) intended to be (I) A manager shall provide written notification to the Department: This rule would dramatically increase cost and burden on both the Assisted Living Facilities as well as The Department of Health Services The amount of charting, reporting, writing, reading and paper would be exponential. R9-10-804 Quality Management Addressed above and feel it is important to remove this new rule from the draft before final changes are made and submitted R9-10-806 Personnel (A)(1) (b) A manager shall ensure that a caregiver has documentation of completion of a caregiver training program that complies with A A C. R4-33-702 (A)(5) This rule does not mention caregivers that were certified prior to A A C R4-33-702. If this rule is not addressed by adding "Grandfathering" the industry will suffer greatly and the health and safety of our Residents will severely be affected. R9-10-807 Residency or Residency Agreement (E) Before or at the time of an individual's acceptance by an assisted living facility a manager, (a manager's designee, or licensee) shall ensure that the individual or individual's representative signs a written residency agreement with the assisted living facility that includes: This was addressed above in the definitions section Please add manager's designee and licensee to the terminology R9-10-808 Transport: Transfer (The ENTIRE section) This rule is new to Assisted Living and will severely increase workload as well as cost to the facilities. This rule is not consistent with HB2634 R9-10-809 Resident Rights (B)(1) A manager shall ensure that a resident: Is not subjected to: A manager cannot ensure that a Resident is not subjected to that list of items. However, they CAN ensure that proper investigating, reporting and action are taken if any of those situations occur This verbiage in this rule needs to be rewritten Many managers of Assisted Living have expressed their concern over this provision Many fear the liability of such vague regulations R9-10-809 Resident Rights (B)(2)(a) A resident or the resident's representative: Except in an emergency, either consents to or refuses treatment Assisted Living Facilities function under the Physician's Umbrella Therefore, allowing a family member/resident's representative to refuse treatment is contradictory to our current set of rules. Please remove the words resident's representative. R9-10-810 Service Plans and Providing Services(A)(3)(g) Any health care directives This is duplicative and should be stricken Health care directives are addressed in other areas of the proposed draft changes R9-10-814 Medication Services (C)(4) Training for a personnel member, other than a medical practitioner or registered nurse, in self-administration of medication: This

training is redundant to the Certified Caregiver Training Program This provision should be removed. This type of training would increase monetary and regulatory costs. R9-10-815 Resident Records (C)(19) (c)(i)(ii) & (d)(i)(ii) Documentation of a medication or a biological administered to the resident that includes: This provision is new to Assisted Living Facilities Creating and managing the forms that would be required for this process would be costly and burdensome to all parties. Please REMOVE this provision. R9-10-818 Environmental Standards (A)(2) A pest control program is used to minimize the presence of insects and vermin; This provision is new to Assisted Living Facilities Many Facilities manage their own pest control Having to hire an outside company would increase costs Please clarify this rule R9-10-818 Environmental Standards (A)(8) A resident has access to laundry services or a washing machine and dryer in the assisted living facility. Many Assisted Living Homes and some Centers keep their laundry rooms locked Especially, homes that cater to individuals with dementia. Also, many homes keep their toxic substances in these areas under lock and key R9-10-819 Physical Plant Standards (D)(4)(f) A resident's sleeping area: Has a means of direct egress to the outside through a window or door that the resident is capable of using. REMOVE the last part of the rule - that the resident is capable of using. If a resident has a pelvic fracture, dementia, stroke, parkinson's disease, paraplegic, etc they are not going to be "capable" of using the window or door.

3. Has anything been left out that should be in the rules?

I feel that a Pilot Program involving several homes, centers, skilled, behavioral, etc facilities would be beneficial to all concerned parties. Implementing new regulations without a test period will be very encumbering. Thank you for your time and consideration

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 24 251.153 14**Response Started:** Sunday, May 5, 2013 2:10:21 PM**Response Modified:** Sunday, May 5, 2013 2:20:47 PM**1. What parts of the draft rules do you believe are effective?**

Food Services, in general is well written

2. How can the draft rules be improved?

Under the section below - 5. Meals for each day are planned using the applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm; ADD - A registered dietitian: a
Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met, b
Documents the review of a food menu, This will ensure that the foundation of healthy eating is established. It is
then the resident's right to follow it or not. Having a registered dietitian review that menus will cost the facility as
little as \$ 200 a year. A small price to pay for good nutrition. A registered dietitian also aids with cost control of the
menu - doing so offsets the cost of the menu review. As a registered dietitian, I have observed misunderstanding of
nutritional adequacy of menus as well as menus not written with the residents in mind

3. Has anything been left out that should be in the rules?

Registered dietitian services to review menus or act as a consultant, prn

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 68 99 84 80**Response Started:** Saturday, May 4, 2013 6:25:31 PM**Response Modified:** Saturday, May 4, 2013 6:27:24 PM**1. What parts of the draft rules do you believe are effective?**

Please note that the Office of Human Rights (OHR) is the unit of Arizona Department of Health Services/Division of Behavioral Health Services that provides advocacy to individuals with a Serious Mental Illness (SMI) in Arizona's public behavioral health system. To further our mission – providing advocacy to individuals with a SMI to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the public behavioral system in Arizona – OHR reviews and submits comments on proposed changes to rules, regulations, policies, etc that affect individuals with a SMI. OHR's focus of the review of this set of revisions was fairly narrow. The introduction of assisted living facilities also providing needed behavioral health services (for residents who have secondary behavioral health needs) is overall a positive, as at times these needs are not fully met, particularly if the resident is not eligible for behavioral health services in the public system. However, as noted below, allowing only the highest tier of assisted living facilities to provide such is essential to ensuring high quality care to meet both the medical needs but also any behavioral health needs of residents.

2. How can the draft rules be improved?

The definitions section: termination of residency or terminate residency is confusing as it notes that a resident is no longer receiving assisted living services from the facility, but it does not discuss whether the person is still residing there. R9-10-803(F)(2) provides for a facility to administer funds for a resident, but why? This appears to put the facility in a direct conflict of interest and should not be permitted. Our office has seen several instances where the facility exploits this role and it creates significant issues when the resident decides to move. If the rules continue to contain this language, we suggest at a minimum that in addition to all the other requirements listed in a-d, that 1) before the person authorizes the facility to manage funds, that the facility has presented a list/information about other organizations that can operate as payee or otherwise handle the funds and 2) that an accounting must be provided upon request from the resident or representative, even if three months has not passed since the last accounting. R9-10-809 covers resident's rights and we are shocked to see that subsection B 1 a permits the "intentional infliction of physical, mental or emotional pain" that is related to the "resident's condition." How can this be? We strongly support removal of the qualifier about relation to the resident's condition. We also strongly suggest that a section noting the word "abuse" is also inserted – as that could be due to negligence and not necessarily fall under "intentional." In the same subsection, we note concern that the term "sexual abuse" is used and then two references to Arizona criminal law are made – is this sufficient to cover such, as not all acts may fall under a criminal definition yet still should be prohibited. In subsection C.7, we suggest inserting a reference to "upon request" because a resident may wish to move to a different facility for other reasons than those listed in that section. Section R9-10-811 covers if a facility provides behavioral health services, but clarification about what it would need to put into place to even deliver such is lacking. A reference to the provision of behavioral health services by an assisted living facility is meant to address secondary needs (not primary behavioral health needs of a resident) is also warranted. It is also unclear as to what these behavioral health services could consist of as this term is not defined in the draft rules anywhere. Additionally, subsection 2 is missing a reference to the SMI regulations – R9-21-101 et seq. Subsection C of R9-10-815 should note a requirement that when a resident has a representative, proof of the legal authority of the representative must also be stored in the records. This makes it clear who holds the power to give consent and also supports appropriate communication with the representative.

3. Has anything been left out that should be in the rules?

The rules lack a section on "supervisory care services" – despite that pages 19-22 address requirements about facilities providing personal care services, directed care service, and behavioral health services. Such a section could specify further what is expected of those facilities and contain a prohibition that the lowest level of assisted living facilities – supervisory care homes – cannot provide behavioral health services. This is essential to support the ongoing progress in Arizona in ensuring individuals with significant behavioral health needs, particularly individuals with a SMI, have their needs met by an appropriate facility or provider in the least restrictive environment and avoid subjecting this population to the lower standards and functioning of supervisory care homes. The ADHS/DBHS has for many years taken this stance for the entire state (see Provider Manual section 5.26) for specific reasons as it

relates to treatment and recovery and ensuring such in the least restrictive environment with the appropriate supports. The Arnold lawsuit also ensures this type of setting is not "sold" as a viable option to individuals with a SMI in Maricopa County. Changing this prohibition (currently in R9-10-705 (3)) would permit individuals with behavioral health needs that warrant placement in a behavioral health residential facility to be placed in a supervisory care home, which has fewer requirements, less trained staff and overall offers a lower standard of care. However, the likely result due to the current court order in the class action mentioned above is that persons in Maricopa County will not be subjected to that, but persons in the remaining fourteen counties could be. This simply does not make sense as it results in different standards for where one happens to live within the state. Second, the rules also lack the specific details contained in the current version of R9-10-709 on residency agreements, such as reasons for licensee to terminate, notice timelines for both resident and licensee termination, and the like. This lack of detail will undoubtedly lead to significant confusion with each facility having a different approach on this. This is detrimental to the resident and being able to protect his or her interests with respect to not only the treatment he/she receives at an assisted living facility, but also what serves as his or her home/residence. Third, while the requirements for room size and occupancy are encouraging, it seems nothing in the rules limits facilities from becoming large institutions. What about considering the creation of a maximum occupancy requirement to address this concern? Comments submitted in on-line survey by Cheryl Koch-Martinez, Office Chief, on behalf of the Office of Human Rights and individuals with a SMI, 5-4-13

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 70 209 77 179

Response Started: Saturday, May 4, 2013 11:46:54 AM

Response Modified: Saturday, May 4, 2013 12:23:09 PM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

Please take a look at the square footage requirements for facilities. AL home has 80 +, hospice has 80+, Nursing has none, Recovery has none, and than AL center has 220-320 mini Seems very cost prohibited towards centers

3. Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 70.209.77.179

Response Started: Saturday, May 4, 2013 11:43:58 AM

Response Modified: Saturday, May 4, 2013 11:44:38 AM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

Pg. 27-19 Please specify for all routine pain and psychotropic medications or just PRN

3. Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 70 209 77 179

Response Started: Saturday, May 4, 2013 11:40:32 AM

Response Modified: Saturday, May 4, 2013 11:43:50 AM

1 What parts of the draft rules do you believe are effective?

No Response

2 How can the draft rules be improved?

pg. 24 4 why have this section if caregiver training is supposed to be done by NCIA board

3 Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 174 234 64 252

Response Started: Saturday, May 4, 2013 11:38:59 AM

Response Modified: Saturday, May 4, 2013 11:39:47 AM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

No Response

3. Has anything been left out that should be in the rules?

Add "awake" staff available for direct care providers

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 174.234.64.252

Response Started: Saturday, May 4, 2013 11:36:58 AM

Response Modified: Saturday, May 4, 2013 11:38:46 AM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

No Response

3. Has anything been left out that should be in the rules?

Add "referral source" to resident records. It is important that people know that there might be a cost associated to the referral agent and in turn to them in a residency agreement

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 70 209.77 179**Response Started:** Saturday, May 4, 2013 10:20:30 AM**Response Modified:** Saturday, May 4, 2013 11:11:08 AM**1. What parts of the draft rules do you believe are effective?**

I am in support of the fingerprinting for 10% or greater ownership I also support a quality management program

2. How can the draft rules be improved?

Page. 11 F 2. Maintaining an original of the residency agreement in the residents record I would like to see copy I do not allow my staff or out side contractors to see the amount an individual is paying for care It can cause discriminatory issues that are unacceptable. Pg 19 Daily newspaper is what is required now, when adding current magazines this will increase cost to facilities Pg 20 D. using the word "installed", we can no longer use alarms that are battery operated Additional cost Would prefer the word "available" E 1 How does one treat bruises? Is watching it disappear a treatment?

3 Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 70.209.77.179**Response Started:** Saturday, May 4, 2013 10:16:18 AM**Response Modified:** Saturday, May 4, 2013 10:20:12 AM**1. What parts of the draft rules do you believe are effective?**

I do appreciate you taking out the details of what needs to be stipulated in a contract

2. How can the draft rules be improved?

"Residency Agreement" means a document signed by a resident or the resident's representative and a manager or (manager designee - ADD), detailing the terms of residency as agreed upon by the resident or the resident representative and the manager or (manager designee- ADD)

3. Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: empty

IP Address: 74.32.209.162

Response Started: Friday, May 3, 2013 6:25:23 PM

Response Modified: Friday, May 3, 2013 6:26:59 PM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

R9-10-807 G (Page 12) Revert to original rule R9-10-709 E-I E. A licensee or resident may terminate residency as follows: 1. A licensee may terminate residency of a resident without notice if: a. The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility; b. The resident's urgent medical or health needs require immediate transfer to another health care institution; or c. The resident's care and service needs exceed the services the assisted living facility is licensed to provide; 2. A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for one of the following reasons: a. Documentation of failure to pay fees or charges; b. Documentation of the resident's non-compliance with the residency agreement or internal facility requirements; 3. Except as provided by subsections (E)(1) and (2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice; 4. A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency: a. Neglect; b. Abuse; c. Exploitation; or d. Conditions of imminent danger to life, health, or safety; and 5. A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement. F. A licensee shall ensure that a written notice of termination of residency includes: 1. The reason for the termination of residency; 2. The effective date of the termination of residency; 3. The resident's right to grieve the termination of residency; 4. The assisted living facility's grievance procedure; and 5. The assisted living facility's refund policy. G. A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency: 1. A copy of the resident's service plan; 2. Documentation that the resident is free from pulmonary tuberculosis; and 3. The phone numbers and addresses of the local area agency on aging and D.E.S. Long-Term Care Ombudsman. H. A licensee shall not request or retain fees as follows: 1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency; 2. If termination of residency occurs as permitted in subsection (E)(1), (2), or (5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and 3. For reasons other than identified in subsections (H)(1) and (2), the licensee shall not request or retain fees for more than 30 days after termination of residency. I. Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition: 1. A written statement that includes: a. The disposition of the resident's personal property; b. An accounting of all fees, personal funds, or deposits owed to the resident; and c. An accounting of any deduction from fees or deposits; and 2. All fees or deposits required by this Section and personal funds. If the current proposed rules are adopted, assisted living home residents could potentially have fewer protections in place around issues of discharge and residency termination than even the common renter, who is protected under the Landlord Tenant Act.

3. Has anything been left out that should be in the rules?

Please consider implementing an appeal process at the Department of Health Services (DHS) for assisted living facility (ALF) residents wishing to appeal a transfer or discharge, and include a rule explaining this process in the new ALF rules. For reference, the Arizona Health Care Cost Containment System currently contracts with the Office of Administrative Hearings to provide appeal hearings for their Arizona Long Term Care System members in these situations. Submitted by: Teresa Teeple, State Long Term Care Ombudsman, Arizona Department of Economic Security

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: empty

IP Address: 74 32 209 162

Response Started: Friday, May 3, 2013 6:21:24 PM

Response Modified: Friday, May 3, 2013 6:24:33 PM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

R9-10-807 G (Page 12) Revert to original rule R9-10-709 E-I E A licensee or resident may terminate residency as follows: 1. A licensee may terminate residency of a resident without notice if: a The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility; b The resident's urgent medical or health needs require immediate transfer to another health care institution; or c The resident's care and service needs exceed the services the assisted living facility is licensed to provide; 2 A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for one of the following reasons: a Documentation of failure to pay fees or charges; b Documentation of the resident's non-compliance with the residency agreement or internal facility requirements; 3 Except as provided by subsections (E)(1) and (2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice; 4 A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency: a Neglect; b Abuse; c Exploitation; or d Conditions of imminent danger to life, health, or safety; and 5 A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement F A licensee shall ensure that a written notice of termination of residency includes: 1 The reason for the termination of residency; 2 The effective date of the termination of residency; 3 The resident's right to grieve the termination of residency; 4 The assisted living facility's grievance procedure; and 5 The assisted living facility's refund policy G A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency: 1 A copy of the resident's service plan; 2 Documentation that the resident is free from pulmonary tuberculosis; and 3. The phone numbers and addresses of the local area agency on aging and D E S Long-Term Care Ombudsman H A licensee shall not request or retain fees as follows: 1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency; 2 If termination of residency occurs as permitted in subsection (E)(1), (2), or (5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and 3 For reasons other than identified in subsections (H)(1) and (2), the licensee shall not request or retain fees for more than 30 days after termination of residency I Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition: 1 A written statement that includes: a The disposition of the resident's personal property; b An accounting of all fees, personal funds, or deposits owed to the resident; and c An accounting of any deduction from fees or deposits; and 2 All fees or deposits required by this Section and personal funds If rules pass as they are currently proposed, assisted living facility residents could potentially have fewer protections in place around issues of discharge and residency termination than the common renter, who is protected under the Landlord Tenant Act

3. Has anything been left out that should be in the rules?

Please consider implementing an appeal process at the Department of Health Services (DHS) for assisted living facility (ALF) residents wishing to appeal a transfer or discharge, and include a rule explaining this process in the new ALF rules For reference, the Arizona Health Care Cost Containment System currently contracts with the Office of Administrative Hearings to provide appeal hearings for their Arizona Long Term Care System members in these situations Submitted by: Teresa Teeple, State Long Term Care Ombudsman, Arizona Department of Economic Security

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 71.214.170.1**Response Started:** Friday, May 3, 2013 2:42:57 PM**Response Modified:** Friday, May 3, 2013 2:45:34 PM**1. What parts of the draft rules do you believe are effective?****No Response**

2. How can the draft rules be improved?

A review of the rules appears to have left out the issue of pre-pouring of medications. There is also the question as to whether facility staff can pour the medications from an organizer into a resident's hand or into a cup to give to the resident

3. Has anything been left out that should be in the rules?**No Response**

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 63 232 79 42**Response Started:** Friday, May 3, 2013 10:05:27 AM**Response Modified:** Friday, May 3, 2013 11:29:47 AM**1. What parts of the draft rules do you believe are effective?**

Not having to have an RN as the nurse in the community. Thank you for changing the language!!! We have an awesome LPN who has done a far better job than the RN's who have worked for us in the past.

2. How can the draft rules be improved?

R9-10-803 Administration G.1 --Report to department all resident deaths within one working day This is extra work not only for assisted living but DHS to collect that data? Did you mean for deaths that were accidental or caused by harm? Working in assisted living for memory care our residents pass away from dementia on a regular basis. R9-10-804 Quality Management This type of program which you describe would require a Quality Assurance Director which would be costly to the organization Could you simplify in some way? R9-10-805 Contracted Services 1) Where are the requirements according to this article? R9-10-806 Personnel In section A.6 you require first aid and CPR before providing Personnel Care Services? Since the department is no longer responsible for education and training of caregivers should this be in the Rules and Regs by DHS? In section B.1 b You identify person 12 years or older residing in assisted living. Do you mean 18 years and older as a 12 year old would not qualify to reside in an assisted living community? R9-10-112 Residency and Residency Agreements Section B should be re-written. Due to following reasons 1) Assisted living is a choice by a person or guardian not a medical provider 2) Physician health and progress notes should be sent to a community within 30 days of move-in to assist with the care plan 3) A Residency Agreement reviews some medical but mostly payment, policies, services provided Should this should be defined clearer. 4) Restraints--Could you please define better whether qualifications to use restraints in assisted living We were always told they were not allowed 5) The Manager should sign off on the Residency Agreement, not a medical professional What medical personnel is going to what to sign off on a document that explains the assisted living business practices Section C--If someone's primary diagnosis is Behavioral Health does that mean they cannot be accepted in one of the three levels of care but only in a behavioral health community? R9-10-808 Transport; Transfer Remove or simplify this entire section. What is the difference between transport and transfer? Can we focus on providing safety if an assisted living is providing the transportation? Some assisted livings do not provide transportation and when the resident leaves with a family member or a transportation company it is out of the assisted living hands as to how things occur Section C Resident Rights 1. Remove Source of Payment. That is opening a can of worms for those who have limited ALTCs beds or No ALTCs beds R9-10-810 Service Plans and Providing Services I believe Assistant Caregivers should be removed from the Regulations We need qualified caregivers who can perform all duties. Not people who can basically just monitor a resident's actions R9-10-813 Direct care Services Section C.3 I believe this entire section needs to be spelled out very clearly. If assisted living communities are providing services to people with memory loss and they do not specialize solely in memory care then they should be held accountable for providing the appropriate level of care 1) If the community does not have an architectural designed building for people with memory loss then they should be required to monitoring residents the majority of time while they are alone in their apartments, 2) providing a separate activity program/director at the same time an activity program is running for the general population, 3) assure extra staffing for a 1:6 ratio based on every identified person with memory loss 4) Complete a mini mental status exam on each person if the community does not specialize in memory care 5) Have a physician assessment that states the resident DOES NOT have any form of memory loss to ensure that the assisted living is providing the appropriate care. I believe this should be labelled on and in the chart like a DNR so that surveyors know who and who is not being cared for with memory loss. Assisted living communities need to be held accountable for providing the special care day in and day out for people with memory loss to ensure appropriate care versus trying to keep their communities full Section E.1 Regarding a bell, intercom etc from being installed 1) This would be a costly venture for older buildings to be hard-wired There should be a grandfather clause for this 2) Residents with dementia cannot operate regardless. If not grandfathered can something be different for those communities who are specifically designed for memory care--meaning not individual apartments R9-10-814 Medication Assisted livings should not be held accountable for providing information to residents about their medications Isn't there a law that states only a physician or pharmacist can do so? This would be a huge

liability on behalf of a community R9-10-816 Food Service Section A 8 Coming from a physical rehabilitation background and O.T should specify use of adaptive equipment which would therefore be covered under Medicare Mandating an assisted living to provide adaptive equipment is costly and should not have to be an expense. R9-10-817 Emergency and Safety Standards D. Any staff person should be able to call the physician in the event of an emergency--not juts a caregiver R9-10-818 Environmental Standards A 13 a The assisted living should be required to create a policy that states any residents with an uncontrollable pet cannot keep the pet in the assisted living community

3. Has anything been left out that should be in the rules?

Thank you for your work on these and for consideration of comments offered

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 174.30.151.25

Response Started: Friday, May 3, 2013 9:18:35 AM

Response Modified: Friday, May 3, 2013 9:20:57 AM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

Assisted Living homes and centers can effectively serve residents with limited mobility. Care givers accomplish the transfer of residents from beds to wheelchairs and back giving the resident the opportunity to participate in social eating and entertainment experiences, along with just socializing in general with their friends

3. Has anything been left out that should be in the rules?

No Response

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 159 36 0 199**Response Started:** Thursday, May 2, 2013 3:42:09 PM**Response Modified:** Thursday, May 2, 2013 3:47:19 PM**1. What parts of the draft rules do you believe are effective?****No Response**

2. How can the draft rules be improved?**No Response**

3. Has anything been left out that should be in the rules?

Assistance in the self-administration of medication in R9-10-814(C)(2) leaves out the current Rule which allows a caregiver to place a specified dosage into a resident's hand or a cup to be handed to the resident 814 also does not address the use of medication organizers and does not prohibit pre-pouring of medication. Pre-pouring of meds into unlabeled containers will lead to more medication errors (unless it is done immediately before handing the medication to the resident or administering the medication)

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: empty

IP Address: 24 249 255 135

Response Started: Sunday, April 28, 2013 3:22:01 PM

Response Modified: Sunday, April 28, 2013 4:17:02 PM

1. What parts of the draft rules do you believe are effective?

R9-10-801 Definitions R9-10-803A 5 Administration - Quality Management R9-10-803C d i and ii R9-10-803 H 2 and 4 R9-10-803.G R9-10-806.C 1 R9-10-807G 2 R9-10-810.A.5 b R9-10-812 A 2 a R9-10-813.B.1 a R9-10-814 B 1 a R9-10-814 C 3 R9-10-814 C 4 and 5 R9-10-815 R9-10-815C 19 c and d R9-10-816 B.1

2. How can the draft rules be improved?

R9-10-801 - Residency Agreement - managers should be able to delegate the signing of the agreement to another. It use to be the manager's deisgnee could also sign To have only one person being able to is not efficient practice R9-10-803 A.5 - Administration - the addition of a qualtiy management program that complies with R9-10-804 will be additional cost to the AL as this will increase the amount of paperwork/documentation that the AL is required to do R9-10-803C.d i and ii The AL's depend on volunteers to spend quality time wiht residents At times, it may be only 1 hour/month or less To require volunteers to be trained in CPR/First aid does not appear to be feasible as they are not responsible for the care of the residents In addition, people have choices as to where they obtain CPR/First aid education. It cannot be expected that the AL be held accountable for other training programs by having documentation of the method and content of such training It appears the intent of the proposed rule is to have the AL's conduct the training in their own environment This takes time and will increase the cost of that time in the AL R9-10-803 H 2 and 4. In AL - "Immediately" report leaves room for interpretation To be consistent with SNF, within 24 hours is suggested A thorough investigation of abuse takes time, 48 hours to investigate and have a written report does not give a manager appropriate time Recomendations are to keep with the 5 working days to submit - then the report is written with that R9-10-803 G Please review the requirement of notification to the department of resident's death This will be time consuming to report every death and unnecessary for those that it is expected R9-10-806.C 1. It appears the increased requirement for documenation of records for VOLUNTEERS is unnecessary related to their qualifications, skills and knowledge What skills they have are not necessarily what is used for their volunteering. In addition, CPR/First Aid should not be a requirement for them R9-10-807G 2 - The AL does not have the ability to assess the level of care that may provide services to meet the resident's needs after termination of residency and should not be required to The AL has the ability to know what they can or cannot care for, but not necessarily what the resident lelve of need is R9-10-810 A 5 b - related to services plans, please add the manager's designee can sign/date R9-10-810 already refers to that so it would be consistent. R9-10-812 A 2 a - Private duty nurse has been removed and should be added back in for residents requiring continuous nursing services R9-10-813 B 1 a - same as above regarding private duty nurse R9-10-814 B 1.a - P&P for medication administration has been changed to only have a medical practitioner review and approve With all respect, medical practitioner's are not the one's with the knowledge on this process Please add back pharmacist and or RN R9-10-814 C 3 - Same as above re: P&P. Please add back pharmacist R9-10-814 C 4 and 5- This new requirement is not necessary that only a medical practitioner or RN do not require training in the self administration of medications Licensed Professional Nurse's are more than capable to do so also. All references in this area should delete the reference to RN's and state "Nurse" R9-10-815 - the language "Administrator" is used throughout this rule and needs to be changed to Manager R9-10-815C 19 c and d - medications for residents that are routine should not require an assessment prior to be given Caregivers passing medications do not have the qualifications to do an assessment on residents There are multiple residents in AL receiving pain and psychotropics routinely Recommendations are to change language to "an evaluation is conducted prior to administering a PRN (as needed) medication R9-10-816 B 1 What is the definition of "current"? The current rules indicate within 5 years The word current leaves much to interpretation It seems unnecessary to replace annually

3. Has anything been left out that should be in the rules?

No Response

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 207 200 116 135

Response Started: Saturday April 27 2013 9:20:41 AM

Response Modified: Saturday April 27, 2013 9:21:30 AM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

R9-10-803. Administration G 1-3 G A manager shall provide written notification to the Department: This needs clarification It is presumed that G pertains to incidents related to abuse/neglect but as a stand alone clause it appears that all deaths, injuries, etc would need to be reported which would be not only unreasonably costly and burdensome to operators but to DHS as well. If not related to abuse/neglect but accidents or natural deaths entire clause should be clearly related only to abuse only or stricken for undue reporting burden placed on care facilities. Unreasonable and expensive reporting secondary to the natural deaths of ALH business not because of poor or neglectful workmanship is not rational R9-10-804 Quality Management This entire requirement needs removal at best or simplification to honor & financially support the intimate atmosphere provided by the 10 bed facilities The cost of a Quality Manager or program may cause some facilities to close Others will need to pass costs on to budget sensitive elders who are already making choices between care and other necessities Methodology formulation and time consuming reporting for small scale facilities is unnecessary and in some cases, not possible because of educational and logistical constraints (we are not corporate entities) Sensible, holistic empiricism by on-site, working managers/owners is most valuable, tried and true Same can be said for diligent licensure surveyors who can identify quality and lack thereof R9-10-807 C 6: Some allowance for (continued) bed rail use is owed to alert residents who use rails for transfer or bed mobility. Outright prohibition may, conversely, cause injury to residents or staff who benefit from safe use R9-10-808: This proposed mandate should be removed entirely and would place undue financial burden on ALH's who already face staffing challenges for care services alone - - the staffing, related assessment protocols & coordination requirements of adding transportation, which is outside of the scope of services of what should be required as offerings, will detract from our main focus which is undeserving & financially burdensome (i.e. we offer in home care) It will raise rates unnecessarily for residents who largely rely on families for no-cost transportation anyway R9-10-817 Evacuating residents during fire drills should strongly be reconsidered With the new fire protection mandates most if not all, facilities are equipped with sprinklers and high powered suppression systems. The risk of intermittently vacating & upsetting frail, cognitively impaired residents who have settled in to their surroundings may cause collateral agitation and injury post fire drill for very little safety return Their memory retention of such practice may not outweigh the risk. Staff practice is invaluable and can be 'run through" without endangering and confusing our clients For Personal and Direct Care Services R9-10-812 & 813 pages 19-21 Under the proposed rules, will "bed bound residents" require home health or hospice involvement to remain in ALH?? Many do not have skilled or end of life needs and will not qualify for such under insurance standards For what purpose would they be paying for such private services in order to remain in their home of many years or to come to an ALH? Their involvement will cause undue financial burden on already budget constrained residents If this provision stands, where will they go (that offers affordable as fine personalized care?). The current standard provides attainable physician and representative consent while the proposed one does not provide attainable supervision R9-10-814 "c Observing the resident while the resident removes the medication from the container;" this statement requires clarification to avoid unattainable mandate Because of physical limitations (i.e. visual or motor skill impairment), many residents are unable to do this and require medications presented in med cups. A more flexible presentation allowance for med pass is safer and feasible R9-10-814 C 4 & 5 page 24 - - medication training by RN or Med Professionals for all personnel other than medical practitioner or registered nurse will cause financial burden on all facilities and duplicates existing certificate training programs and employee orientations. Further, requiring LPN's to train and disallowing them to provide training is unreasonable and will further cause undue financial burden on already cash strapped care homes. General comments re/ Behavioral Health, Geriatric Care and "Medical Services" As a provider/operator, I'm not sure if a line is drawn delineating what constitutes any of these services and how a manager/owner would classify appropriateness under these regulations While, it appears that Assisted Living licensure formerly largely governed geriatric diagnoses and care, if behavioral services are to fall under this umbrella, more clear regulatory guidelines in language, definitions and allowances should be structured to be fair to operators who want to maintain their census and services but who will not understand allowable parameters (some of which overlap) which are not direct in this draft

3. Has anything been left out that should be in the rules?

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 24 249 255 135**Response Started:** Sunday, April 28, 2013 3:22:01 PM**Response Modified:** Sunday, April 28 2013 4:17:02 PM**1 What parts of the draft rules do you believe are effective?**

R9-10-801 Definitions R9-10-803A 5 Administration - Quality Management R9-10-803C d i and ii R9-10-803 H 2 and 4 R9-10-803.G R9-10-806.C 1 R9-10-807G 2 R9-10-810.A.5 b R9-10-812 A 2 a R9-10-813.B.1 a R9-10-814 B 1 a R9-10-814 C 3 R9-10-814 C 4 and 5 R9-10-815 R9-10-815C 19 c and d R9-10-816 B 1

2 How can the draft rules be improved?

R9-10-801 - Residency Agreement - managers should be able to delegate the signing of the agreement to another. It use to be the manager's deisgnee could also sign To have only one person being able to is not efficient practice R9-10-803 A.5 - Administration - the addition of a qaliaty management program that complies with R9-10-804 will be additional cost to the AL as this will increase the amount of paperwork/documentation that the AL is required to do R9-10-803C.d i and ii The AL's depend on volunteers to spend quality time wiht residents At times, it may be only 1 hour/month or less To require volunteers to be trained in CPR/First aid does not appear to be feasible as they are not responsible for the care of the residents In addition, people have choices as to where they obtain CPR/First aid education It cannot be expected that the AL be held accountable for other training programs by having documentation of the method and content of such training It appears the intent of the proposed rule is to have the AL's conduct the training in their own environment This takes time and will increase the cost of that time in the AL R9-10-803 H 2 and 4. In AL - "Immediately" report leaves room for interpretation To be consistent with SNF, within 24 hours is suggested A thorough investigation of abuse takes time, 48 hours to investigate and have a written report does not give a manager appropriate time Recomendations are to keep with the 5 working days to submit - then the report is written with that R9-10-803 G Please review the requirement of notification to the department of resident's death This will be time consuming to report every death and unnecessary for those that it is expected. R9-10-806.C 1 It appears the increased requirement for documenation of records for VOLUNTEERS is unnecessary related to their qualifications, skills and knowledge What skills they have are not neccessarily what is used for their volunteering In addition, CPR/First Aid should not be a requirement for them R9-10-807G 2 - The AL does not have the ability to assess the level of care that may provide services to meet the resident's needs after termination of residency and should not be required to. The AL has the ability to know what they can or cannot care for, but not necessarily what the resident lelve of need is R9-10-810 A 5.b - related to services plans. please add the manager's designee can sign/date R9-10-810 already refers to that so it would be consistent. R9-10-812 A 2 a - Private duty nurse has been removed and should be added back in for residents requiring continuous nursing services R9-10-813 B 1 a - same as above regarding private duty nurse R9-10-814 B 1.a. - P&P for medication administration has been changed to only have a medical practitioner review and approve With all respect, medical practitioner's are not the one's with the knowledge on this process Please add back pharmacist and or RN R9-10-814 C 3 - Same as above re: P&P. Please add back pharmacist R9-10-814 C 4 and 5- This new requirement is not necessary that only a medical practitioner or RN do not require training in the self administration of medications Licensed Professional Nurse's are more than capable to do so also All references in this area should delete the reference to RN's and state "Nurse" R9-10-815 - the language "Administrator" is used throughout this rule and needs to be changed to Manager R9-10-815C 19.c and d - medications for residents that are routine should not require an assessment prior to be given Caregivers passing medications do not have the qualifications to do an assessment on residents. There are multiple residents in AL receiving pain and psychotropics routinely Recommendations are to change language to "an evaluation is conducated prior to administering a PRN (as needed) medication R9-10-816 B 1 What is the definition of "current"? The current rules indicate within 5 years The word current leaves much to interpretation It seems unnecessary to replace annually

3. Has anything been left out that should be in the rules?**No Response**

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 159 36 0 199

Response Started: Thursday, April 25, 2013 5:01:31 PM

Response Modified: Thursday, April 25, 2013 5:17:56 PM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

No Response

3. Has anything been left out that should be in the rules?

The current Rule R9-10-703(A)(3): "A licensee is responsible for the organization and management of an assisted living facility. A licensee shall: 3. Permit an individual to manage no more than two health care institutions that may be located not more than 40 miles apart;" This should be retained; otherwise, a manager would be able to "manage" an unlimited number of facilities. The licensee should also be mandated to see to it that the manager spends a certain number of hours each week physically in the facility actually overseeing the care being provided. The phrase "A manager shall ensure that:" appears throughout the rules, transferring responsibility for compliance with the Rules from the licensee to the manager. I don't believe ADHS has the statutory authority to regulate the conduct of the manager - that's taken care of by the NCIA Board. The authorizing statutes for ADHS in A R S § 36 Chapter 4 refer to the applicant and the licensee, not the manager. The current Rules use the phrase "A licensee shall ensure that:" or "A licensee shall ensure that a manager of an assisted living facility:" placing ultimate responsibility on the licensee, where it belongs. The way the draft is written, if ADHS attempts to take enforcement action against a licensee he or she could simply point to the Rules and say "It doesn't say that I'm responsible for that", and would be correct. ADHS would effectively be unable to take any action against a licensee.

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 68 104 176 56

Response Started: Tuesday, April 23, 2013 12:04:06 PM

Response Modified: Tuesday, April 23, 2013 12:05:15 PM

1. What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

get rid of the quality management section It is as clear as mud

3. Has anything been left out that should be in the rules?

No Response

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 66 224 86 164**Response Started:** Monday, April 22, 2013 11:41:21 AM**Response Modified:** Monday, April 22, 2013 11:42:57 AM**1 What parts of the draft rules do you believe are effective?****No Response**

2 How can the draft rules be improved?

I do not agree with evacuation drills, pg 30 paragraph 4 - all employees to be evacuated - leaves residents unsupervised; pg 30 paragraph 5 evacuation drill for all residents disrupts residents, causes fear and confusion. I agree residents should participate in fire drills but not required to fully evacuate

3 Has anything been left out that should be in the rules?**No Response**

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 206 169 183 12

Response Started: Thursday, April 18 2013 11:07:22 AM

Response Modified: Thursday April 18 2013 11:09:20 AM

1 What parts of the draft rules do you believe are effective?

No Response

2 How can the draft rules be improved?

No Response

3 Has anything been left out that should be in the rules?

STAFFING REQUIREMENTS- MANAGERS GET BONUSES BASED ON BUDGETS AND THEY WILL ALWAYS SHORT STAFF. THERE SHOULD BE A FORMULA BASED ON NUMBER OF RESIDENTS AND SERVICES RECEIVED IN ORDER TO ENSURE THAT ALL RESIDENTS HAVE ALL OF THEIR NEEDS MET

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 159 36 0 199

Response Started: Thursday April 18 2013 8:27:52 AM

Response Modified: Thursday, April 18, 2013 8:40:48 AM

1 What parts of the draft rules do you believe are effective?

CONGRATULATIONS, these rules look really excellent to me! I like that there is an emphasis on disallowing (explicitely) the use of seclusion or restraints. However, many AL homes do (and MUST) employ the use of physical holds to prevent harm to self or others.

2 How can the draft rules be improved?

R9-10-809 Resident Rights B A manager shall ensure that a resident: 1 Is not subjected to: h Seclusion or restraint if not necessary to prevent harm to self or others; I included this section just as a reference. The bill of rights looks good, but shouldn't there also be the right to be kept from harm by self or others so it becomes clear that such interventions are not only acceptable but necessary as part of the protections afforded to a resident?

3. Has anything been left out that should be in the rules?

Since you have made it explicitely clear, the banning of the use of restraints (as well they should be!) it would VERY helpful if there were standards around the use of physical holds to prevent harm to self or others (for example a specific methodology such as CPI training, etc), documentation requirements of such instances (and retention requirements for such records), and reporting requirements (not to the Department but to the resident's family members legal guardians, personal representative, fiduciary agent, etc., whoever is appropriate to help make a determination if their placement is working out should they see a pattern arise from such instances)

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 63.151.254.142**Response Started:** Monday, April 15, 2013 2:28:57 PM**Response Modified:** Monday, April 15, 2013 2:29:34 PM**1. What parts of the draft rules do you believe are effective?**

DRAFT Rules (4/4/2013) Chapter 10 Department of Health Services- Health Care Institution Licensing Article 8 Assisted Living Facilities AHCA Comments: A general comment – this DRAFT includes requirements for both "Managers" and "Administrators" Only "Managers" apply to assisted living. R9-10-802 1 b • The 10% ownership fingerprinting requirement for a corporation headquartered out of state seems excessive and burdensome, and difficult to accurately assess and document This number seems too low and unreasonable given the fact that there are many companies with multiple owners nationally R9-10—803 • Abuse Reporting: requirement for immediate reporting- WE AGREE, but the 48 hours to create a written report is unrealistic. Since the report has to be submitted in 5 days why does this requirement even exist? We want thorough investigations, not a rush to judgment • C 1 d i and ii. This is a new requirement, adds a burden and increased regulation and cost to assisted living facilities This requirement regarding the method and content of CPR training will limit where facilities can receive training Once again, this is far more prescriptive than the current rules • G #2 Please note the incorrect alphabetical order of items G, H, G • G#2 Death reporting: where did this originate and why? Again, new information, not discussed in any previous rules working meetings, AND entirely outside the philosophy of palliative care, avoiding unnecessary re-hospitalizations, providing comfort care and hospice services to provide dignified deaths to millions of our elders. Much less, the burden on both providers and the department to process this information • Reporting timelines are all different, one two and three days- this can't possibly be streamlining and how will it be tracked? None of this has been discussed with stakeholders in public meetings R9-10-805 • This entire section appears to have been taken from the skilled nursing rules It refers to an administrator ensuring contracted services according to the requirements in this article. This is new to assisted living It is confusing R9-10-806 Personnel • Same concern as noted in DNC/SNF rules: the requirement for providing proof of freedom from infectious tuberculosis has been changed from volunteers to those who have direct interaction with a resident The sentence should be clarified or rewritten to make it clear that this requirement applies ONLY to volunteers and not to a personnel member or an employee. The current sentence leaves room for an interpretation that only staff or employees that have direct resident contact would need proof of freedom from TB • B 1 This is confusing, if you comply with Section (A) (1) aren't you a caregiver? R9-10-807 Residency and Residency Agreements • B 2 d States that the facility must submit documentation when the resident is admitted that includes whether the individual requires "restraints" Restraints are prohibited in assisted living. (refer to C 6 of this same section where the manager shall NOT accept or retain an individual if: the individual requires restraints, including the use of bedrails. • C 2 states that a manager shall not accept or retain an individual if the individual requires "nursing services" The definition of nursing services has been omitted from both this article and article one – making it difficult to identify what these services include • C 3 This section is seems unclear, and if behavioral health is considered primary- why wouldn't this be true in skilled nursing care or other settings? This is not the case in the regulatory scheme as we know it, and we are uncertain as to the implications of this primary vs "secondary" language But it sounds important R9-10-808 Transport • Same as comments re: NCI/SNF- These sections refer to the "transport" of a resident to another health care institution as an outpatient with the intent of receiving the patient back at the sending institution; and to the "transfer" of a resident to another institution as an inpatient without the intent of returning to the sending institution There is no guidance for discharging home The description of the policies and procedures is excessively prescriptive and does not begin to compare with other policy and procedure requirements in these rules For instance, there are one line requirements that describe almost all policies and procedures under R9-10-403 Administration. These rules go into excessive and prescriptive detail regarding residents who are transported and transferred. The rules do not specify if such things as consents are required (2 a) every time a resident goes to say a dialysis appointment Not well thought out. Just someone's idea of a concern that needed to require a rule. Under A e. – is a good example of how prescriptive these rules are This section says that the policy must "Specify how medical record information for the resident that is not provided at the time of transport but is requested by the receiving health care institution is communicated to the receiving health care institution." One would assume that the sending institution would call it over, send it by fax email it, etc. Why would we be assuming in the first place that the medical information is not provided? A simple rule that requires all necessary information to assure a safe and appropriate transfer is sent with the resident would suffice R9-10-810 Service Plans • A 3 a We do not know what an emotional condition is and cannot find a definition anywhere for it • C1 f This requirement for a caregiver to : "interact with a resident to detect deficits in a residents cognitive awareness -and reinforce remaining cognitive awareness" This may be a best practice but should not be a rule. How is this defined and measured? These are not even terms used in dementia care- i e cognitive awareness? R9-10-814 • A 1 c has been revised and is now more confusing Current rule reads – A manager shall ensure that a nurse,

pharmacist, or the resident's primary care provider reviews the medication and medication record of each resident receiving medication administration services each time the resident's service plan is reviewed and updated. The new DRAFT rule reads that a manager shall ensure that a P&P include procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner and meets the resident's needs. • C 4 This entire section EXCLUDES LPNs. The LPN is the nurse in almost every assisted living facility in Arizona. The training is currently completed by LPNs in most facilities. It would be prohibitive to require that physicians or registered nurses even initially train LPNs (which is what the DRAFT states) who then could train the caregivers. This is new information not reviewed with providers R9-10-815. C 19 c. and d. This states that an "assessment" of the resident's pain is made prior to administering pain medications or the resident's behavior prior to administering psychotropic medications. There are two concerns with this requirement. First, caregivers cannot "assess" and it would be more appropriate that the wording "observe and document" be used to reflect the abilities this level of staff have. But most importantly and second: there is no qualifying language that these are "PRN" medications or given "as needed." Many of these medications are given on a routine basis and it would be inappropriate and against the orders given by the physician to assess the resident's pain or behavior each time the medication is given. This is very prescriptive and burdensome R-10-818 Environmental. Same as NCI/SNF - This rule currently states that heating and cooling systems should maintain an AL environment at a temperature between 68 degrees F and 85 degrees F at all times. The new assisted living rules state 70 - 84 degrees. The SNF rules are different yet and including the old and the new rules there are four different sets of temperatures. What is the import of this? We were assured in the meetings that these would all be consistent and uniform to all provider types and be placed in Article 1. Thank you for this opportunity to provide input and I pledge my cooperation in the implementation of these and all DHS rules. With appreciation, Kathleen Collins Pagels Executive Director Arizona Health Care Association 1440 East Missouri Suite C102 Phoenix, AZ 85014 kcpagels@azhca.org 602-265-5331

2. How can the draft rules be improved?

Thank you for your consideration Kathleen Collins Pagels

3 Has anything been left out that should be in the rules?

All is noted in our above comments
