

Memory Care Community Rules

Frequently Asked Questions & Answers

During the Memory Care Communities Rules Training, a few questions were asked by providers, advocates and DHS staff. It was felt that the answers to those questions may benefit providers as well as surveyors or other DHS staff.

1. Please provide clarification on continuing education requirements for administrators; when does the clock start on when those can be obtained?

A. The rules go into effect on November 1, 2010, so administrators can start obtaining those hours then. If administrators attended the Memory Care Community rules training classes in September and October, those three approved hours can be counted towards the total 10 hours for the first year. This is for residential care, assisted living and nursing facility administrators. The expectation is that these 10 hours will have been achieved by November 1, 2011. SPD will not review CEU's related to dementia care until October 1, 2011 and may start citing at that time if no hours have been obtained.

2. OAR 411-057-0140 states that the continuing education credits must be obtained through Division approved sources. Please explain what a Division approved source would be.

A. For administrators of memory care communities that are licensed as a residential care or assisted living facilities, trainings provided by the two trade associations in Oregon are automatically approved. If you are seeking credits from another source, then that training would need to be approved by the Division. For example, if you are use to taking an online training course, then that course would need to be approved by the Division. Trainings that have been approved by NAB are not automatically approved by SPD.

For nursing facility administrators, their courses would need to be approved through the Oregon Health Licensing Agency.

3. If an employee who is newly hired has worked at another memory care community and has received all the training at the other community, does that employee have to go through training at our community as well?

A. It is possible that a newly hired staff person may accelerate through a training course if they have worked in other settings with people who have dementia. However the community is responsible for ensuring that their staff have the ability to support residents with dementia. The community is also responsible for determining each staff person's knowledge and understanding of the training that is provided by the community. See OAR 411-057-0150 (2) & (4).

4. Does a community have to go back and retrain current staff in the training requirements as outlined in Table 1?

A. Most of the training requirements in Table 1 are requirements from the current Alzheimer's Care Unit rules. So if staff that are hired prior to November 1, 2010 have been through that training, then they do not need to be retrained on all the topics again. There are some new topics such as providing personal care, integrating leisure activities into the daily life of the resident, and evaluating behaviors and what to observe and report that staff may need to be trained on, if they have not already.

5. Please provide clarification on OAR 411-057-0140 (5) (d) which requires the community to develop and implement a policy on assessment of residents for the use and effects of medications including psychotropic medications.

A. The intent behind this rule is to ensure there is ongoing assessment of medications so that medications are not added without careful review of their potential effects on the resident or interactions with other medications which may contribute to over sedation, negative behaviors or health conditions. In addition, there needs to be a system in place for care-givers to report in the event if or when negative effects appear.

6. OAR 411-057-0140 (5) (1) requires the community to develop a policy on safekeeping of residents' possessions and that the policy is to be shared with residents and their representatives. By having this policy, does this mean that the facility will not be held responsible if an item belonging to a resident becomes lost.

A. The intent of this rule is to educate residents and their representatives of the common behavior that many people with dementia have in terms of going into other residents' rooms and taking items such as nick nacks or clothing. And that it would not be uncommon for a family member to see another resident wearing their loved one's clothing. The community is still responsible for the overall safekeeping of resident's belongings and would be accountable if it is found that the facility or their staff is found to be negligent in any way.