

**DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES**

CHAPTER 411

**DIVISION 57
INDORSEMENT OF ALZHEIMER'S CARE UNITS**

411-057-0000 Statement of Purpose

(Effective 6/1/1993)

(1) The purpose of these rules is to establish standards for Alzheimer's Care Units and to establish criteria for the indorsement of Alzheimer's Care Units, which provide Alzheimer's patients or residents with a positive quality of life, consumer protection, and maximum individualized care that promotes rights, dignity, comfort, and independence in the least restrictive environment.

(2) Adherence to these rules does not exempt the facility from complying with its licensing or registration rules. These rules are in addition to the facility's licensing or registration rules.

Stat. Auth.: ORS 410.070 & 443.886

Stats. Implemented: ORS 443.886

411-057-0010 Definitions

(Effective 6/1/1993)

(1) "Advertise" means to make publicly and generally known, usually by printed notice or a broadcast.

(2) "Alzheimer's Care Unit" means a special care unit in a designated, separated area for patients and residents with Alzheimer's Disease or other dementia that is locked, segregated or secured to prevent or limit access by a resident outside the designated or separated area.

(3) "Alzheimer's Disease" means a chronic, progressive disease of unknown cause that attacks brain cells or tissues.

(4) "Dementia" means a clinical syndrome characterized by a decline in mental function of long duration in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgement, comprehension, attention, and orientation to time and place and to oneself. Dementia can be caused by such diseases as: Alzheimer's Disease, Pick's Disease, Amyotrophic Lateral Sclerosis (ALS), Parkinson's and Huntington's Disease, Creutzfeldt-Jakob Disease, multi-infarct dementia, etc.

(5) "Direct Care Staff" means an employee responsible for providing services to residents. Direct care staff may include the Administrator, but does not include housekeeping or dietary staff.

(6) "Disclosure Statement" means the written statement prepared by the facility which must be provided to individuals and their families prior to admission to the unit. The disclosure statement must be approved by the Division prior to use, and must include at least the following information about the facility's Alzheimer's Care Unit:

(a) The philosophy of how care and services are provided to the residents;

(b) The admission, discharge and transfer criteria and procedures;

(c) The training topics, amount of training spent on each topic, and the name and qualifications of the individuals used to train the direct care staff; and

(d) The number of direct care staff assigned to the unit during each shift.

(7) "Division" means the Seniors and People with Disabilities Division of the Department of Human Services.

(8) "Facility" means a nursing facility, residential care facility, assisted living facility, or any other like facility required to be licensed or registered by the

Seniors and People with Disabilities Division. "Facility" does not mean Adult Foster Home.

(9) "Interdisciplinary Staff" means employees who provide supportive nursing, social service work/case management, administration, and activities direction.

(10) "Market" means to expose for sale in a market. This includes but is not limited to individual letters written to prospective users/ purchasers of service.

(11) "Nursing Facility," as defined in OAR 411-085-0005, means an establishment with permanent facilities that include inpatient beds; providing medical services, including nursing services but excluding surgical procedures; and which provides care and treatment for two or more unrelated residents. In this definition, "treatment" means complex nursing tasks that cannot be delegated to an unlicensed person.

(12) "Person" means an individual, a trust or estate, a partnership or corporation, including associations, joint stock, companies and insurance companies, a state, or a political subdivision or instrumentality including a municipal corporation.

(13) "Resident," as used in these rules, means an individual with Alzheimer's Disease or other dementia who lives in an Alzheimer's Care Unit.

(14) "Residential Care Facility" means a facility that provides care for six or more persons over the age of 18 in one or more buildings on contiguous property.

(15) "Staff," as used in these rules, means "direct care staff" as defined in these rules.

(16) "Unit," as used in these rules, means an Alzheimer's Care Unit that is a building, or wing or contiguous rooms within a building.

Stat. Auth.: ORS 410.070 & 443.886
Stats. Implemented: ORS 443.886

411-057-0020 Application for Indorsement

(Effective 6/1/1993)

(1) Indorsement Required. Any facility that offers or provides care for residents with Alzheimer's Disease or other dementia in an Alzheimer's Care Unit must obtain an indorsement on its facility license.

(2) Application:

(a) The application for indorsement shall be on a form provided by the Division. An applicant must complete the application by providing all information requested on the form. As part of the application process, each applicant will be required to assure the Division that the specific requirements of these rules are met. The applicant will be required to specifically describe how the facility complies with the rules in detail sufficient to allow the Division to determine whether or not the facility meets the standards set out in the rules;

(b) The application shall be accompanied by the required application fee;

(c) The application must be accompanied by the facility's proposed disclosure statement. The disclosure statement must be approved by the Division prior to use;

(d) An application will not be considered complete until the application form has been completed, the application fee submitted, and all supplemental documentation and information (including the sample disclosure statement) requested by the supplemental information to clarify the application. The Division may conduct an on-site inspection at the facility prior to issuance of the indorsement;

(e) Between June 1, 1993 and September 1, 1993, the Division shall issue an indorsement to a facility within 90 days of receipt of a completed application if the facility is in compliance with the requirements set out in these rules. Thereafter, within 60 days of receipt of a completed application, the Division shall issue an indorsement to the facility if the facility is in compliance with the requirements set out in these rules. The indorsement shall be

attached to the facility's license or registration. The indorsement will state the effective date of the indorsement and include the following statement: "This endorsement does not constitute a recommendation of this Alzheimer's Care Unit by the Seniors and People with Disabilities Division";

(f) If the Division determines the facility is not in compliance with these rules, the Division shall deny the indorsement. The notice denying the application for indorsement shall list the specific standards with which the facility is not in compliance. When the Division issues a notice denying the application for indorsement, the licensee is entitled to a hearing in accordance with the provisions of ORS Chapter 183 and the Division's rules governing the refusal to issue or refusal to renew a nursing facility or residential care facility license.

Stat. Auth.: ORS 410.070 & 443.886
Stats. Implemented: ORS 443.886

411-057-0030 Indorsement Fee
(Effective 6/1/1993)

The non-refundable indorsement application fee is due upon receipt of the application for an indorsement and thereafter is due whenever the facility's license is renewed. Fees shall be as follows:

- (1) For each facility with a total Alzheimer's Care Unit capacity of 16 or fewer residents, the fee shall be \$50;
- (2) For each facility with a total Alzheimer's Care Unit capacity of 17 to 50 residents, the fee shall be \$75;
- (3) For each facility with a total Alzheimer's Care Unit capacity of 51 or more residents, the fee shall be \$100.

Stat. Auth.: ORS 410.070 & 443.886
Stats. Implemented: ORS 443.886

411-057-0040 Standards for Alzheimer's Care Units
(Effective 6/1/1993)

(1) Physical Design, Environment, and Safety. The Alzheimer's Care Unit shall be designed to accommodate residents with dementia in a home-like environment. The design and environment of a unit shall assist residents in their activities of daily living; enhance their quality of life; reduce tension, agitation, and problem behaviors; and promote their safety:

(a) Physical Design. In addition to the physical design standards required for the facility's license, an Alzheimer's Care Unit shall include the following:

(A) A multipurpose room(s) for dining, group and individual activities and family visits which complies with the licensing rule requirements for common space;

(B) Secured outdoor space and walkways which allow residents to ambulate but prevents undetected egress. Such walkways shall meet the accessibility requirements of the most current edition of Chapter 31 of the Oregon Structural Specialty Code, promulgated by the Oregon Building Codes Agency;

(C) High visual contrasts between floors and walls and doorways and walls in resident use areas. Except for fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;

(D) Floors, walls and ceiling shall be non-reflective to minimize glare;

(E) Adequate and even lighting which minimizes glare and shadows and is designed to meet the specific needs of the residents; and

(F) A monitoring or nurses' station which includes a communication system such as a telephone or two-way voice actuated call system to the main staff station of the facility and space for charting and storage for resident records.

(b) Physical Environment and Safety. The Alzheimer's Care Unit shall:

(A) Provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms;

(B) Provide plates and eating utensils which provide visual contrast between them and the table and that maximize the independence of the individual residents;

(C) Label or inventory all residents' possessions;

(D) Provide comfortable chairs, including at least one in the common use area that allows for gentle rocking or gliding;

(E) Encourage and assist residents to decorate and furnish their rooms with personal items and furnishings based on the resident's needs, preferences and appropriateness;

(F) Individually identify residents' rooms to assist residents in recognizing their room;

(G) Keep corridors and passageways through common use areas free of objects which may cause falls; and

(H) Only use a public address system in the unit (if one exists) for emergencies.

(c) Egress Control:

(A) The Alzheimer's Care Unit shall develop policies and procedures to deal with residents who may wander. The procedures shall include actions to be taken in case a resident elopes;

(B) If locking devices are used on exit doors, as approved by the Building Codes Agency and Fire Marshal having jurisdiction over the facility, then the locking device shall be electronic and release when the following occurs:

- (i) Upon activation of the fire alarm or sprinkler system;
- (ii) Power failure to the facility; or
- (iii) By passing a key button/key pad located at exits for routine use by staff for service.

(C) If the unit uses keypads to lock and unlock exits, then directions for their operations shall be posted on the outside of the door to allow individuals access to the unit. However, if the unit is a whole facility, then directions for the operation of the locks need not be posted on the outside of the door. The units shall not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

(2) Staffing and Staff Training. Every effort must be made to provide residents with familiar and consistent staff members in order to minimize resident confusion. All direct care staff assigned to the Alzheimer's Care Unit shall be specially trained to work with residents with Alzheimer's Disease and other dementias:

(a) Staffing.

(A) Only staff trained as specified in subsections (2)(b) and (c) of this rule shall be maintained and assigned to the unit. Staffing shall be sufficient to meet the needs of the residents and outcomes identified by the individual care plan and sufficient to implement the full day and evening care program. Staffing levels on the night shift will depend on the sleep patterns and needs of residents (without control of sleep by medications). Staffing shall be sufficient to enable each resident to achieve and maintain their functioning, self-care and independence;

(B) The facility shall maintain a written, weekly staffing schedule showing the number and category of staff assigned to the unit for each shift.

(b) Staff Orientation. The goals of training and education for direct care staff of Alzheimer's Care Units are to enhance staff understanding and sensitivity toward the unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities, and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer's Disease and other dementias. The facilities shall provide an orientation program to all new employees assigned to the unit. The orientation program shall be outlined in an orientation manual and shall include, but not be limited to:

(A) The facility's philosophy related to the care of residents with Alzheimer's Disease and other dementias in the Alzheimer's Care Unit;

(B) A description of Alzheimer's Disease and other dementias;

(C) The facility's policies and procedures regarding care provided in the unit, including therapies provided and general approach; treatment modalities; admission, discharge and transfer criteria; basic services provided within the unit; policies regarding physical restraints, wandering/egress control, and medication management; staff training; and family activities; and

(D) Common behavior problems and recommended behavior management.

(c) In-Service Training. Ongoing in-service training shall be provided to all medical and non-medical staff who may be in direct contact with residents of the unit. Staff training shall be provided at least quarterly. The facility will keep records of all staff training provided and the qualifications of the trainer(s). At least four of the following topics shall be trained each quarter, so after six months, staff will have been trained on all the topics listed:

(A) The nature of Alzheimer's Disease and other dementias, including the definition of dementia, the need for careful diagnosis and knowledge of the stages of Alzheimer's Disease;

(B) Common behavioral problems and recommended behavior management techniques;

(C) Communication skills that facilitate better resident-staff relations;

(D) Positive therapeutic interventions and activities, such as exercise, sensory stimulation, activities of daily living skills, etc.;

(E) The role of the family in caring for residents with Alzheimer's Disease, as well as the support needed by the family of these residents;

(F) Environmental modifications -- Avoiding problems and creating a therapeutic environment;

(G) Development of comprehensive and individual care plans and how to update and implement them consistently across shifts. Establishing a baseline and concrete treatment goals and outcomes; and

(H) New developments in diagnosis and therapy.

(3) Admission, Discharge, and Disclosure Policy. Facilities with Alzheimer's Care Units shall have a written policy of preadmission screening, admission and discharge procedures. Admissions criteria shall require, at a minimum, a physician's diagnosis of Alzheimer's Disease or other dementia. The policy shall include criteria for moving residents from within the facility, into or out of the unit. When moving a resident within the facility or transferring a resident to another facility or placement, the facility shall take into account the resident's welfare:

(a) Prior to admission into the Alzheimer's Care Unit, the facility shall provide the resident or the resident's legal guardian and a member of the residents family (if appropriate), with a copy of the disclosure statement as defined in OAR 411-057-0010(6);

(b) The facility shall document who received the disclosure statement and date of receipt;

(c) When a resident is moved into or out of the unit from within the facility, measures shall be taken by the facility to minimize confusion and stress resulting from the move.

(4) Assessments and Individual Care Plans. Each resident shall receive a psychosocial and physical assessment. The assessment shall also include the resident's family supports, level of activities of daily living functioning and level of behavioral impairment. Individual care plans shall be developed by the interdisciplinary staff consisting of at least one member of the direct care staff, with input from direct care staff from each shift:

(a) Within seven working days of admission, the interdisciplinary staff shall review the care needs of the new resident. Within 14 days of admission, the interdisciplinary staff shall develop an individualized care plan which shall describe the resident's needs, choices, problems to be worked on, the desired outcomes or interventions, and the names of the staff who are to be primarily responsible for implementing the care plan. The care plan shall reflect the resident as a person, with family, history and interests;

(b) Individual care plans shall be developed and written by the interdisciplinary staff and signed by each member of the staff. Each care plan shall be reviewed, evaluated for its effectiveness, and updated at least quarterly or more frequently if indicated by changing needs of the residents. Specific methods and interventions to be used to accomplish the desired outcomes shall be disclosed in the care plan. Interventions used may include support groups, recreational therapy, occupational therapy, physical therapy and a variety of treatment modalities as indicated by the resident's particular needs. Outcomes for the individual care of each resident shall include:

(A) Promoting remaining abilities for self-care;

(B) Encouraging independence while recognizing limitations;

(C) Providing safety and comfort;

(D) Maintaining dignity by respecting the need for privacy, treating the resident as an adult and avoiding talking as if the resident is not present; and

(E) At least one issue of a psychosocial nature related to the resident's preferred manner of living and receiving care.

(c) Whenever possible and appropriate, the family shall be involved in the development of a resident's care plan. The family shall be provided with information regarding social services, such as support groups for families and friends. A designated family member shall be notified in a timely manner of care plan sessions. Documentation of such notification shall be kept by the facility;

(d) Only in emergency situations can there be a deviation from the individual care planning procedures. When such emergencies occur, the regular procedure must be utilized as soon as possible. The deviated procedure must be recorded in the resident's care plan.

(5) Therapeutic Activities. Therapeutic activities can improve a resident's eating and sleeping patterns; lessen wandering, restlessness and anxiety; improve socialization and cooperation; delay deterioration of skills; and improve behavior management. To this end, all facilities with Alzheimer's Care Units shall provide for activities appropriate to the needs of the individual residents. The following activities shall be offered to the residents at least weekly:

(a) Gross motor activities; e.g., exercise, dancing, gardening, cooking, etc.;

(b) Self care activities; e.g., dressing, personal hygiene/grooming;

(c) Social activities; e.g., games, music;

(d) Crafts; e.g., decorations, pictures, etc.;

(e) Sensory enhancement activities; e.g., distinguishing pictures and picture books, reminiscing, and scent and tactile stimulation, etc.; and

(f) Outdoor activities; e.g., walking outdoors, field trips, etc.

(6) Social Services. A social worker or an assigned staff shall provide social services to both the resident and support to family members:

- (a) The socialization of a resident shall be incorporated in the resident's care plan;
- (b) The provision of support to the resident's family, including formation of family support groups, shall be offered by the facility;
- (c) Every effort shall be made by the facility to maintain close positive relationships between family members and the resident, unless it would be injurious to the resident.

Stat. Auth.: ORS 410.070 & 443.886
Stats. Implemented: ORS 443.886

411-057-0045 Waivers
(Effective 6/1/1993)

(1) Application. While all facilities are required to maintain compliance with the Division's rules, these requirements do not prohibit the use of alternative concepts, methods, procedures, techniques, equipment, facilities, personnel qualifications, or the conducting of pilot projects or research. Requests for waivers to these rules shall:

- (a) Be submitted to the Division in writing;
- (b) Identify the specific rule(s) for which a waiver is requested;
- (c) Describe the special circumstances relied upon to justify the waiver;
- (d) Describe what alternatives were considered, if any, and why alternatives (including compliance) were not selected;
- (e) Demonstrate that the proposed waiver is desirable to maintain or improve the quality of care for the residents, will maintain or improve resident potential for self-direction and self-care, and will not jeopardize resident health and safety; and
- (f) Identify the proposed duration of the waiver.

(2) Approval Period. Upon finding that the facility has satisfied the conditions of this rule, the division may grant a waiver for a specified period of time, not to exceed a period of three years.

(3) Revocation. The Division may revoke any waiver issued by the Division immediately upon finding that the facility's operation under the waiver has endangered, or if continued would endanger, the health or safety of one or more residents.

(4) Implementation. The facility may implement a waiver only after written approval from the Division.

Stat. Auth.: ORS 410.070 & 443.886

Stats. Implemented: ORS 443.886

411-057-0050 Marketing and Advertising

(Effective 6/1/1993)

(1) A facility may not advertise or market its facility as having an Alzheimer's Care Unit unless the facility has obtained an indorsement from the Division.

(2) A facility with a valid indorsement may advertise that the facility has the indorsement; however, the advertisement and/or marketing materials may not imply or state that the Division recommends or supports a specific facility.

(3) All advertisements and marketing material shall be truthful and shall not include or use coercive or misleading information about the indorsement or the Alzheimer's Care Unit.

Stat. Auth.: ORS 410.070 & 443.886

Stats. Implemented: ORS 443.886

411-057-0060 Complaints, Inspections, and Sanctions

(Effective 6/1/1993)

(1) Complaints and Investigations. The Division will investigate complaints regarding an indorsed Alzheimer's Care Unit in accordance with the complaint and investigation procedures set out in the Division's nursing facility or residential care facility licensing rules. Complaints and investigations may include alleged violations of ORS 443.885-443.886 or violations of these rules. When the Division requests documents or records during an investigation, the licensee shall make the information available to the investigator for review and copying.

(2) Inspections. At the time of the facility's regular license inspection or survey to determine compliance with nursing facility or residential care facility laws, the Division will inspect the Alzheimer's Care Unit to determine compliance with these rules. The Division may also conduct an on-site inspection prior to issuing an indorsement.

(3) Sanctions. Sanctions for failure to comply with these rules may include the imposition of civil penalties, restriction of admission, and/or suspension or revocation of the indorsement. Notice and hearing rights with respect to a sanction involving the indorsement shall be in accordance with the nursing facility or residential care facility license rule applicable to the type of sanction imposed:

(a) Suspension. The Division may immediately suspend a facility's indorsement if the Division finds a serious threat to the public health and safety and sets forth specific reasons for such findings;

(b) Revocation. The Division may issue a notice of revocation of indorsement upon finding that there is substantial failure to comply with the Alzheimer's Care Unit rules such that the health, safety or welfare of residents is jeopardized, or any substantial failure to comply with one or more of the Division's Alzheimer's Care Unit rules;

(c) Civil Penalties. The Division may impose civil penalties on a facility or person for violation of any rule or general order of the Division.

Stat. Auth.: ORS 410.070 & 443.886
Stats. Implemented: ORS 443.886