

Topic Group Recommendations Adopted by Two-Thirds Majority of the ALW Staffing

Purpose

The staffing topic group of the ALW focused on practices and procedures related to the staffing components of ALRs.

Issues

Recommendations related to staffing were made in the following areas: communication; criminal background checks; abuse registry; job descriptions; staff vaccinations; compliance with federal employment laws; verification of employment history; administrator qualifications; workload; awake staff; acting administrator authorization; management recruitment and retention practices; human resources recruitment and retention practices; direct care training and supervision; orientation; and performance evaluations.

Participants

The topic group was co-chaired by Bernadette Wright of AARP and Karen Love of the Consumer Consortium on Assisted Living.

Topic group participants included Linzi Burns, American College of Health Care Administrators; Steven Evans, American Medical Directors Association; Sandy Flores, American Assisted Living Nurses Association; Iris Freeman; Elinor Fritz, New Jersey LTC Assessment and Survey Division; Genevieve Gipson, National Network of Career Nursing Assistants; Marianna Grachek, Joint Commission on Accreditation of Healthcare Organizations; Marsha Greenfield, American Association of Homes and Services for the Aging; Rick Harris, Association of Health Facility Survey Agencies; Gerald Kasunic, National Association of State Ombudsmen Programs; Karen Kauffman, National Conference of Gerontological Nurse Practitioners; Martha Mohler, National Committee to Preserve Social Security and Medicare; Jonathan Musher, American Medical Directors Association; Doug Pace, American Association of Homes and Services for the Aging; Mary Parker, Institute for Palliative and Hospice Training Inc.; Jackie Pinkowitz, Consumer Consortium on Assisted Living; Brian Rasmussen, United Cerebral Palsy; Barbara Resnick, American Geriatric Society; Shelley Sabo, National Center for Assisted Living; Beth Singley, Assisted Living Federation of America; Mary Tellis-Nayak, American College of Health Care Administrators; Janet Wells, National Citizens' Coalition for Nursing Home Reform; Jacque Woodruff, National Association of Local LTC Ombudsman Programs.

Staffing

S.01 Staffing Qualifications: Communication

Recommendation

In ALRs serving a majority English speaking population, staff who interact with residents in the delivery of services will have the ability to communicate in English with ALR residents and the community at large. Staff shall be able to communicate or have a method or mechanism to communicate with all residents. There shall be at least one person on duty at all times who has the ability to communicate in English.

Implementation

Guideline for State Regulation

Rationale

It is important that service staff have the ability to communicate with residents. For most ALRs, proficiency in English will be necessary to communicate with residents and with the community at large (e.g., residents' families, physicians, outside service providers).

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Adult Family Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, National Association of Home Care

Organizations Abstaining From the Vote on This Recommendation

NCB Development Corporation

Supplemental Positions for S.01

1) We dissent. Although we can support the intent of this recommendation, it goes beyond the mandate of the ALW.

Assisted Living Federation of America, National Association of Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

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S.02 Federal Criminal Background Checks

Recommendation

The federal government should establish an affordable and timely system that allows ALRs to access the national criminal background check registry. The system should use appropriate technologies to ensure the validity of the information (e.g. fingerprints, retin scans, etc.).

Implementation

Guideline for Federal Policy

Rationale

State criminal background checks only provide information on an individual's criminal record in that state. If an individual has been convicted of a crime in one state and then applies for a job in another state, a criminal background check in that state would not detect the prior conviction in the other state.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.02

None Submitted

Staffing

S.03 Staff Qualifications: Use of Information from Criminal Background Checks

Recommendation

Each state should enact legislation or adopt rules requiring health care providers, including assisted living residences, to conduct criminal background checks before hiring staff members. The legislation or rules should also specify the crimes, conviction of which will result in disqualification from employment in the ALR.

Implementation

Guideline for State Regulation

Rationale

The benefits of conducting criminal background checks, as well as other measures to screen those who have access to vulnerable AL residents, are intuitively obvious. Of course, a criminal background check does not, by itself, provide any protection. It merely provides information. The critical factor is how the information gathered by criminal background checks will be used. There is a tremendous potential benefit to residents and to providers in having a uniform set of standards specifying which crimes ought to disqualify an individual from working in the AL setting, as well as how long a particular crime's disqualification should last.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Local Long Term Care Ombudsmen, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Adult Family Care Organization, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.03

Staffing

None Submitted

Staffing

S.04 Federal Abuse Registry

Recommendation

The federal government should establish and fund a national registry of individuals with histories of abuse, to include founded complaints substantiated by state survey agencies. system of due process should be in place to allow workers to appeal a finding of abuse.

Implementation

Guideline for Federal Policy

Rationale

All 50 states have a nursing home aide abuse registry. This could be expanded to cover assisted living.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.04

None Submitted

Staffing

S.05 Verification of Employment History

Recommendation

The ALR should contact prior employers for all potential employees in order to verify employment history. Written documentation should be kept in the employee's confidential file.

Implementation

Guideline for Operations

Rationale

Contacting references can be a useful tool for assessing the fit between the applicant and the job and for screening out applicants who are untruthful about their work history.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

Assisted Living Federation of America

Supplemental Positions for S.05

1) We dissent. This recommendation attempts to micromanage routine administrative paperwork by requiring ALRs to keep verification of employment history in a file folder. It provides no guidance to the states or ALRs that would improve quality in assisted living.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

S.06 Compliance with Federal Employment Laws

Recommendation

Assisted living residences shall comply with all applicable federal employment laws, including, but not limited to the American Disabilities Act (ADA), the Fair Labor Standards Act (FLSA), the Civil Rights Act, and the Occupational Safety and Health Act (OSHA).

Implementation

Guideline for Operations

Rationale

Several federal employment laws apply to ALRs. ALRs should comply with all of these laws.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.06

1) We dissent. The thrust of this recommendation is that ALR must comply with existing laws. As such, it is redundant, and provides no new guidance to the states that will improve quality in assisted living.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

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S.07 24-Hour Awake Staff

Recommendation

The ALR shall ensure that the right number of trained and awake staff are on duty and present at all times, 24 hours a day, 7 days a week, to meet the needs of residents and to carry out all the processes listed in the ALR's written emergency and disaster preparedness plan for fires and other natural disasters.

Implementation

Guideline for State Regulation

Rationale

For the ALR to be able to protect residents in the event of an emergency or disaster, it is essential that the ALR ensure that there are present at all times staff who are trained to implement the ALR's written emergency plans. At a minimum, this will require at least one awake trained staff person at all times. The number of staff needed to respond to emergencies will vary, depending on the size and layout of the ALR and the needs of its residents.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Adult Family Care Organization, National Center for Assisted Living, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Network of Career Nursing Assistants, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

American Bar Association

Supplemental Positions for S.07

1) We dissent. A minimum number of trained, alert staff on duty must be specified in state regulation. It should not be left to the ALR alone to determine "the right number." States must also set a standard for augmenting the number of staff above the required minimum, in proportion to the number of dependent residents. At the very least there should be two staff members on duty on each residential floor or unit of more than five residents, thus allowing at least one to attend to an urgent

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situation and one to call for help and meet on-going needs of residents. Beyond the baseline minimum, there should be additional staff persons to provide routine observation and assistance according to identified individual needs and the ability of residents to exit the unit or building by themselves in an emergency.

Provision for at least two staff for emergencies is currently found in proposed or existing requirements of some states. E. g., Virginia requires dementia units to have at least two direct care staff members awake and on duty at all times, unless fewer than six residents are present and at least two other direct care staffs are in the building.

National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs

Staffing

S.08 Authorized Acting Administrator

Recommendation

There shall be an individual authorized in writing to act for the administrator during absences.

Implementation

Guideline for State Regulation

Rationale

This recommendation is intended to ensure that an individual is designated to act in place of the administrator during their absence from the facility.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Adult Family Care Organization, National Center for Assisted Living, National Hospice and Palliative Care Organization, Pioneer Network

Organizations Opposing This Recommendation

Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.08

1) We dissent. As written, this recommendation leaves open the possibility that a person of no specified qualifications could be designated as acting administrator for any period of time. States should set minimum requirements for the qualifications of an acting administrator and limit the period of time an ALR can be directed by an acting administrator.

Consumer Consortium on Assisted Living, National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs

Staffing

Staffing

S.09 Vaccinations

Recommendation

All staff, including volunteers the ALR or state policy determine necessary, will be tested for and vaccinated against communicable diseases, consistent with the most current CDC and OSHA requirements and all applicable state requirements. A record of vaccinations and test results will be kept in the individual's confidential file.

Implementation

Guideline for State Regulation

Rationale

CDC's "Immunizations for Staff of Long Term Care Facilities" can be found in Prevention and Control of Vaccine-Preventable Diseases in Long Term Care Facilities, available at <http://www.cdc.gov/nip/publications/Long-term-care.pdf>. To briefly summarize:

- (1) Hepatitis B Vaccine: "Any health care worker who performs tasks involving contact with blood, blood-contaminated body fluids or other body fluids or sharps should be vaccinated."
- (2) Influenza Vaccine: "To reduce staff illnesses and absenteeism during the influenza season and to reduce the spread of influenza to and from workers and patients, all health care workers who work in long term care facilities should be vaccinated in the fall of each year." The CDC suggests ways to improve influenza vaccination use among employees.
- (3) Measles, Mumps and Rubella Vaccine: "While older residents of long term care facilities may have had these diseases and be immune, staff immunization requirements should comply with the ACIP recommendations for health care workers, i.e. demonstration of immune status either by means of a vaccination record or documentation of physician-diagnosed disease, or if they were born before 1957."
- (4) Herpes Zoster and Varicella Vaccine (125): "Varicella (chicken pox) is a highly contagious disease caused by the varicella zoster virus (VZV). Varicella vaccine is recommended for susceptible adults in the following high risk groups: a) persons who live or work in environments where transmission of VZV is likely (teachers of young children, day care employees, and residents and staff members in institutional settings); b) persons who live and work in environments where transmission can occur (college students, inmates, and staff members of correctional institutions and military personnel); c) non-pregnant women of childbearing age; d) adolescents and adults living in households with children; e) international travelers.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy,

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Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Home Care, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

Assisted Living Federation of America, National Association for Regulatory Administration

Supplemental Positions for S.09

None Submitted

Staffing

S.10 Discussion of Job Descriptions with Potential Employees

Recommendation

The ALR will ensure that relevant job descriptions are discussed with potential employees, students, and volunteers and that employees receive written copies of their job descriptions upon the start of employment, or before.

Implementation

Guideline for State Regulation

Rationale

It is important that potential employees, students, and volunteers understand the nature and responsibilities of their job prior to hire.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

Assisted Living Federation of America

Supplemental Positions for S.10

1) We dissent. Recommendation attempts to micromanage routine administrative paperwork by requiring ALRs to provide employees with written copies of their job descriptions. Recommendation does not provide guidance to the states that will improve quality in assisted living.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

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S.11 Qualifications for Administrators

Recommendation

To qualify as an assisted living administrator, individuals who are not qualified nursing home administrators shall complete a state-approved ALR licensure course and pass a state-approved exam.

Minimum Qualifications of a Licensure Course and Exam

The licensure course and exam shall cover the following areas:

(1) Philosophy of assisted living; (2) Organizational management and governance; (3) Resident services; (4) Clinical services; (5) Environmental management; (6) Financial management; (7) Personnel management; (8) Applicable regulations.

Continuing Education

To maintain licensure, an AL administrator shall complete 18 hours of state-approved continuing education per year on subjects relevant to assisted living operations, management, and philosophy.

Current Assisted Living Administrators and Interim Administrators

Current assisted living administrators who have worked for a period of at least one (1) year should not be required to take an ALR licensure course, but still shall take and pass the state approved ALR Administrator exam within six (6) months. Interim administrators shall be licensed within 6 months.

Minimum Education and Experience

An individual shall have one of the following combinations of education and experience, in order to take the AL administrator licensure exam:

1. A high school diploma or equivalent plus 4 years experience working in assisted living or health or aging related setting, including 2 years in a leadership or management position
2. An associate's degree plus 2 years experience working in assisted living or health or aging related setting, including 1 year in a leadership or management position
3. A bachelor's degree plus 1 year experience in a health or aging related setting.

Implementation

Guideline for State Regulation

Rationale

In developing the above recommendation, the topic group examined the qualifications for certification or licensure by national organizations and modified these to include additional skills recognized as important by the topic group. Modifications were also made to take into consideration differences in ALR size.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Consumer

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Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Assisted Living Nurses Association, American Seniors Housing Association, Assisted Living Federation of America, Center for Medicare Advocacy, Joint Commission on Accreditation of Health Care Organizations, National Association of Home Care, National Center for Assisted Living

Organizations Abstaining From the Vote on This Recommendation

National Association of Social Workers, National Association for Regulatory Administration

Supplemental Positions for S.11

1) We oppose the recommendation and the operational model. We believe each state is capable of determining the level of education and experience needed for assisted living administrators.

National Center for Assisted Living, American Seniors Housing Association

Staffing

S.12 Recruitment and Retention: Management Practices

Recommendation

To aid in the recruitment and retention of staff, management shall foster an assisted living culture that values, respects, and supports all residents, staff, family, and volunteers. Management shall implement operational and staffing practices that promote effective communication, collaboration, responsibility, and accountability among its members.

Implementation

Guideline for Operations

Rationale

Effective recruitment, staff development and retention practices lead to enhanced quality of life for both residents and staff members of the ALR. They have direct and significant implications for residents with respect to quality of care and services provided them; for staff with respect to job effectiveness and job satisfaction; and for providers with respect to operating costs associated with high staff turnover. Indeed, high turnover in the LTC workforce has long been associated with poorer resident outcomes--as it places greater, often unrealistic and unmanageable, workload demands on remaining staff. Decreased worker effectiveness, increased levels of stress, and increased job dissatisfaction have all been cited as negative outcomes of, and potential triggers for more, staff turnover. As Susan Eaton notes in her research paper "Keeping Caring Caregivers": "From the research literature in organizational behavior, management, sociology and human resources, it is known that supervisory relationships, staffing levels, wage levels, benefit levels, and even the organizational culture of care could make working in two apparently similar facilities very different experience (Herzenberg et al 1999)." Indeed, her findings indicate that a well-managed organization that respects and develops caregivers and utilizes thoughtful work structures, implements positive and flexible human resource policies that build on workers intrinsic motivation, and maintains adequate staffing levels can do much to ameliorate staffing and quality care issues.

Susan Eaton in "Beyond 'Unloving Care:' Linking Human Resource Management and Patient Care Quality in Nursing Homes" (full text at <http://www.ksg.harvard.edu/socpol/eatonpaper.htm>): "The most striking characteristic of the working conditions in the higher quality nursing homes was that the facilities were not understaffed....Work organization also differed. Nurse aides often worked in teams, or "care partners", so they could assist each other. Information on resident health status was freely shared by nurse supervisors, often in a "team meeting" at the beginning of a shift."

Susan Eaton in "Keeping Caring Caregivers: How Managerial Practices Affect Turnover among Front-line Nursing Assistants": "...five areas stand out as distinguishing facilities with low nursing staff turnover:

(1) High quality leadership and management, offering recognition, meaning, and feedback as well as the opportunity to see one's work as valued and valuable; Managers who built on the intrinsic motivation of workers in this field

(2) An organizational culture, communicated by managers, families, supervisors, and

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nurses themselves, of valuing and respecting the nursing caregivers themselves as well as residents

(3) Basic positive or 'high performance' Human Resource policies, including wages and benefits but also in the areas of 'soft' skills and flexibility, training, and career ladders, scheduling, realistic job previews, etc.

(4) Thoughtful and effective, motivational work organization and care practices

(5) Adequate staffing ratios and support for high quality care.”

Iowa Caregivers C.N.A. Recruitment/Retention Project
(www.gao.gov/new.items/d01750t.pdf)

Final Report details a pilot program of direct care worker interventions (including training on conflict resolution, workshops in communication and team building and a mentor training program) implemented to address CNAs' top concerns:

- 1) Short-staffing
- 2) Poor wages and benefits
- 3) Relationships (supervisors) and lack of respect from public
- 4) Inadequate job orientation and levels of training

CNAs reported the need for:

- 1) Better orientation programs
- 2) Better communication, teamwork, and improved relationships with co-workers, especially supervisors.
- 3) More training on the disease processes and in caring for dementia clients.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association of Local Long Term Care Ombudsmen, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, American Seniors Housing Association, National Center for Assisted Living

Organizations Abstaining From the Vote on This Recommendation

Staffing

None

Supplemental Positions for S.12

1) We dissent. Recommendation is focused on instructing the ALR to implement operational and staffing processes, rather than focusing a quality monitoring component from the perspective of the consumer and determining the resident's views and opinions on the quality of life in the ALR.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

S.13 Recruitment and Retention: Human Resource Practices

Recommendation

Management shall implement human resource practices to promote the recruitment, professional development, and retention of direct and indirect care staff. Management shall consider short and long-term strategies and professional and personal support services that would be deemed most meaningful to their specific staffing populations including:

- a. Effective leadership and supervision offering strong, respectful organizational culture support all staff so that staff can be effective, supportive caregivers;
- b. Living wages and benefits;
- c. Consistent resident assignments, with input from residents and staff;
- d. No mandatory overtime;
- e. Skills development (training including advanced skills, mentoring, train-the-trainer) and;
- f. Career advancement (career ladders, peer mentors).

Management shall develop, implement, monitor, and evaluate the recruitment, development, and retention of direct care staff.

Implementation

Guideline for State Regulation

Rationale

Effective recruitment, staff development and retention practices lead to enhanced quality of life for both residents and staff members of the ALR. They have direct and significant implications for residents with respect to quality of care and services provided them; for staff with respect to job effectiveness and job satisfaction; and for providers with respect operating costs associated with high staff turnover. Indeed, high turnover in the LTC workforce has long been associated with poorer resident outcomes--as it places greater, often unrealistic and unmanageable, workload demands on remaining staff. Decreased worker effectiveness, increased levels of stress, and increased job dissatisfaction have all been cited as negative outcomes of, and potential triggers for more, staff turnover. As Susan Eaton notes in her research paper "Keeping Caring Caregivers": "From the research literature in organizational behavior, management, sociology and human resources, it is known that supervisory relationships, staffing levels, wage levels, benefit levels, and even the organizational culture of care could make working in two apparently similar facilities very different experience (Herzenberg et al 1999)." Indeed, her findings indicate that a well-managed organization that respects and develops caregivers and utilizes thoughtful work structures, implements positive and flexible human resource policies that build on workers intrinsic motivation, and maintains adequate staffing levels can do much to ameliorate staffing and quality care issues.

Susan Eaton in "Beyond 'Unloving Care:.' Linking Human Resource Management and Patient Care Quality in Nursing Homes" (full text at <http://www.ksg.harvard.edu/socpol/eatonpaper.htm>): "The most striking characteristic of

Staffing

the working conditions in the higher quality nursing homes was that the facilities were understaffed....Work organization also differed. Nurse aides often worked in teams, or “care partners”, so they could assist each other. Information on resident health status was freely shared by nurse supervisors, often in a “team meeting” at the beginning of a shift.”

Susan Eaton in “Keeping Caring Caregivers: How Managerial Practices Affect Turnover among Front-line Nursing Assistants”: “...five areas stand out as distinguishing facilities with low nursing staff turnover:

(1) High quality leadership and management, offering recognition, meaning, and feedback as well as the opportunity to see one’s work as valued and valuable; Managers who built the intrinsic motivation of workers in this field

(2) An organizational culture, communicated by managers, families, supervisors, and nurses themselves, of valuing and respecting the nursing caregivers themselves as well as residents

(3) Basic positive or ‘high performance’ Human Resource policies, including wages and benefits but also in the areas of ‘soft’ skills and flexibility, training, and career ladders, scheduling, realistic job previews, etc.

(4) Thoughtful and effective, motivational work organization and care practices

(5) Adequate staffing ratios and support for high quality care.”

Iowa Caregivers CNA Recruitment/Retention Project

(www.gao.gov/new.items/d01750t.pdf) Final Report details a pilot program of direct care worker interventions (including training on conflict resolution, workshops in communication and team building and a mentor training program) implemented to address CNAs’ top concerns:

- 1) Short-staffing
- 2) Poor wages and benefits
- 3) Relationships (supervisors) and lack of respect from public
- 4) Inadequate job orientation and levels of training

CNAs reported the need for:

- 1) Better orientation programs
- 2) Better communication, teamwork, and improved relationships with co-workers, especially supervisors.
- 3) More training on the disease processes and in caring for dementia clients.

Organizations Supporting This Recommendation

AARP, Alzheimer’s Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple

Staffing

Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association of Local Long Term Care Ombudsmen, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, American Seniors Housing Association, Catholic Health Association of the United States, National Center for Assisted Living

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.13

1) We dissent. Recommendation is focused on instructing the ALR to implement certain human resources practices rather than focusing a quality monitoring component from the perspective of the consumer and determining the resident's views and opinions on the quality of life in the ALR.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

S.14 Orientation for All ALR Staff

Recommendation

Within 14 days of employment, all ALR staff shall successfully complete an orientation program designed by the ALR to provide information on:

- the care philosophy of the ALR,
- understanding of dementia;
- understanding of the common characteristics and conditions of the resident population served;
- appropriate interaction with residents and family members,
- customer service policies, including resident rights and recognizing and reporting of signs of abuse and neglect;
- ALR fire, life safety, emergency disaster plans, and emergency call systems and use of ALR equipment required for job performance; and
- the ALR's employment/human resource policies and procedures.

All staff shall have specific orientation relevant to their specific job assignments and responsibilities.

Contract staff should receive an orientation on topics relevant to their job tasks, including orientation to ALR fire, life safety, emergency disaster plans, and emergency call systems

Implementation

Guidelines for Operations

Rationale

Practice and research on long term care and health care staffing and training have documented the need for these requirements, which can be presumed to extend to staffing and training for the assisted living workforce. Information and research is cited from studies conducted in nursing facilities as they provide the closest parallels to assisted living.

Research documents the frailty of residents in assisted living (Haas, 2002). Therefore ALR staff responsible for direct care of residents need a basic level of training and skills and ongoing training and skill development to ensure that the residents receive required care and services that meet generally accepted standards of care for the specific conditions of each resident. Research also suggests that staff training should cover ethical and interpersonal aspects of care as well as technical skills development (Feldman, 1994).

The Abt Associates, Inc. Phase II study on nursing staffing and training in nursing facilities conducted for the U.S. Department of Health and Human Services found that most of the nursing assistants and educators agreed that the federally mandated 75 hours of training was not enough to cover all the material that they needed to learn. A number of states require twice that amount. Since the care requirements of residents in assisted living generally are not as high as those of nursing home residents, the recommendation for 75 hours of training is reasonable.

Staffing

The medical profession has long practiced a successful training tool - learn a skill, do the skill, teach the skill. The paraprofessional workforce could benefit significantly from this learning method that focuses on competency. A study conducted by the Iowa Caregivers Association in 2000 found this axiom to be true.

Research shows that a high percentage of certified nursing assistant turnover occurs within the first three to six months of hiring (Institute of Medicine 2001). Lack of good orientation or mentoring appeared to increase early turnover among high-turnover facilities (Eaton, "Keeping Caring Caregivers"). The Iowa Caregivers 2000 study found that nursing assistants identified inadequate levels of education, training and orientation as one of the major reasons why they do not stay in the field. Careful attention therefore to direct care staff education, orientation, mentoring, and on-the-job training are essential to ensure a stable workforce.

On-the-job injuries are also high for this category of worker (OSHA). Good training and job preparation will help reduce injuries both to workers and to residents.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association of Local Long Term Care Ombudsmen, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.14

1) We dissent. The primary issue related to quality of care is if there is evidence of care needs not being met. States can determine this through substantiated complaints; comparison of assessed need with the service plan, accuracy of the resident's existing service plan relative to observed need; and measures of consumer satisfaction.

Absent data that correlates the ALW's prescribed requirements for orientation programs state

Staffing

agencies and ALRs should retain the flexibility to decide the best combination of staff training requirements and care monitoring that will result in high standards of care.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Staffing

S.15 Staff Performance Evaluations

Recommendation

All staff shall have performance evaluations conducted at least annually. The evaluation is prepared by a direct supervisor, based on established performance and competency standards for the employee's level of staff responsibility. The evaluation shall include measurable performance objectives for the next evaluation period and a plan for training or other activity to assist the employee to achieve these objectives. Copies of the evaluation and performance objectives and achievement plan shall be placed in the employee's personnel record. A copy of the evaluation shall be given to the employee and the employee provided an opportunity to discuss the evaluation with the supervisor and respond to unfavorable evaluations as part of employee grievance processes.

Implementation

Guideline for Operations

Rationale

It is appropriate that employers and employees understand the standards of performance and competency upon which the employee will be evaluated. Positive employment practices use evaluations as a method of assisting employees to improve their performance therefore evaluations should be tied to a plan which will assist the employee, by training otherwise, to achieve performance objectives. Employees should have a right to dispute unfavorable evaluations as part of employee grievance practices.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association of Local Long Term Care Ombudsmen, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America

Organizations Abstaining From the Vote on This Recommendation

National Center for Assisted Living

Supplemental Positions for S.15

Staffing

1) We dissent. This recommendation attempts to micromanage administrative personnel functions of the ALR. Beyond the mandate of the ALW.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Topic Group Recommendations That Did Not Reach Two-Thirds Majority Staffing

The following recommendations did not reach a two-thirds majority of the ALW. The recommendations showing a voting record were unable to reach two-thirds majority at the final vote. The recommendations that do not have a voting record were unable to reach two-thirds majority during the development process.

Staffing

S.16 Personal Care Assistant (PCA) Training

2/3 Maj. Not Reached

Recommendation

Personal Care Assistants (PCAs) are any staff providing direct care services. All staff providing direct care shall:

1. Be at least 18 years old unless enrolled in a state-accredited high school vocational education program; and
2. Successfully complete a state-approved training program including both classroom and clinical skills practicum and pass a written examination and skills competency test administered by a state-approved examiner prior to or within 4 months of hire. The learning and performance objectives for the personal care assistant training program shall include all of the following:
 - a. Demonstrate understanding of the philosophy and concepts of assisted living and how they guide caregiving
 - b. Successfully demonstrate the understanding of resident rights (e.g., privacy, freedom of choice, preserving dignity, encouraging independence, personalizing services, etc.)
 - c. Involve and support family caregivers
 - d. Demonstrate cultural competency
 - e. Successfully demonstrate ADL care techniques for dressing, grooming, bathing, oral hygiene, toileting, perineal care for incontinent residents, eating, and assistance with ambulation
 - f. Demonstrate understanding of the normal aging process, sensory changes in older adults, and common geriatric conditions
 - g. Recognize the signs and symptoms of depression and other common mental health conditions
 - h. Successfully demonstrate appropriate techniques for assisting residents with functional disabilities, physical frailties, and mental health issues
 - i. Successfully complete a CPR and First Aid program
 - j. Demonstrate understanding of quality of life needs in the four domains: physical, psychological, social, and spiritual
 - k. Demonstrate understanding of how to respond to emergencies, including falls
 - l. Demonstrate understanding of and demonstrate appropriate infection control measures
 - m. Demonstrate ability to measure, report, and document all vital signs (temperature, pulse, blood pressure, respiration, and pain) including appropriate techniques
 - n. Document tasks associated with the care needs of residents
 - o. Identify and report changes in health conditions
 - p. Document and report adverse outcomes (e.g., resident falls, elopement, lost teeth/hearing aid, etc.)
 - q. Use resources/references related to the care needs of residents
 - r. Demonstrate understanding of responsibilities under state regulatory requirements related to providing care
 - s. Successfully demonstrate the understanding of care needs for individuals with dementia including: overview of Alzheimer's disease and related dementias, communicating with individuals with dementia, challenging behaviors, environment and safety, late stage care

Staffing

- assistance with ADLs, and integration of activities in daily life,
- t. Demonstrate understanding of the use of advanced directives and DNR orders
- u. Demonstrate understanding of the principles of palliative and end-of-life care

Current state-approved certification or licensure (e.g., certified nursing assistant, Medical certified home health aide, licensed practical nurse, registered nurse) may be exempt from the above requirement. States will determine which certifications/licensures will exempt person from participating in the PCA training. Training for the care of persons with dementia will be provided at the orientation in each ALR.

3. Work under the direct supervision of an experienced mentor who has passed the state-approved certification or licensure training program until they have completed and passed their certification or licensure program.

4. Receive annually at least 12 hours of relevant training and skills development to include at least 4 hours of specific training related to special needs of residents for whom care is provided (e.g., dementia-specific care needs). Completed training should be outlined in each individual's staff performance and training plan and be provided by a state-approved or accredited training source.

Contract staff shall meet the same qualifications as permanent staff, and there shall be a written contract between the ALR and the agency.

Implementation

Guideline for State Regulation

Rationale

This recommendation specifies performance objectives to be achieved, rather than specifying a minimum number of hours of training that shall be completed. The consensus of the ALW was that specifying performance objectives was a better approach than specifying number of hours.

See additional discussion/rationale after S.16 – Orientation for All ALR Staff.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder

Staffing

Law Attorneys, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Association of Local Long Term Care Ombudsmen, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

American Bar Association

Supplemental Positions for S.16

1) The need for appropriate staff training is imperative in order to meet the needs of ALR residents. A national study of assisted living found, "most staff members were not knowledgeable about what constituted normal aging."* Because of the increasingly higher functional and health care needs of assisted living residents, personal care assistants need a thorough training program to adequately prepare them for working in assisted living. Additionally, because of the significant number of residents in assisted living that have dementia, staff need to receive specialized training in this area as well.

S. 16 carefully and thoroughly details the learning and performance objectives for personal care assistant training as well as conditions under which they are tested and supervised. This recommendation importantly addresses the need for contract staff to meet the same qualifications as permanent staff. The undersigned strongly support the importance and value of S. 16.

* Catherine Hawes, Charles D. Phillips, and Miriam Rose. High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey (Washington, D.C., U.S. Department of Health and Human Services, November 2000), <http://aspe.hhs.gov/daltcp/reports/hshp.htm>.

AARP, American College of Health Care Administrators, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Professional Geriatric Care Managers, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network

2) We oppose this failed recommendation because no length of training is required. The federal minimum requirement for certified nurse aide training is 75 hours, and a number of states require more. The suggested personal care assistant curriculum would have little meaning in practice if training time is too minimal to assure staff competence.

National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, National Senior Citizens Law Center, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs

3) We dissent. Requires states to adopt a state-approved training program for PCA's, and specifies the learning and performance objectives that the state must include. Infringes on state authority and flexibility to decide how it will meet the intent of an appropriate recommendation.

The primary issue related to quality of care is not whether the PCA has passed an examination, but rather is there evidence of care needs that are not being met. States can determine this through

Staffing

substantiated complaints; comparison of assessed need with the service plan, accuracy of the resident's existing service plan relative to observed need; and measures of consumer satisfaction.

Absent data that correlates the ALW's prescribed requirements with an improved level of quality of care, states should retain the flexibility to decide the best combination of Direct care staff training requirements and care monitoring that will result in high standards of care.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

4) We believe by limiting employees to a minimum age of 18, that providers are losing a valuable and proven population within the workforce. The minimum age should be 16 years. This is critical at a time when the labor pool in our country is tight and long term care workers are in such high demand.

In addition, we believe PCAs should successfully complete a state-approved training program including both classroom and clinical skills practicum that could be offered at the facility level. Finally, we also believe the list of learning and performance objectives is too extensive for front line caregivers. States should determine what subject matter PCAs are trained in initially and should also be able to identify ongoing training needs.

National Center for Assisted Living, American Seniors Housing Association

Staffing

S.17 Staffing Workload

2/3 Maj. Not Reached

Recommendation

The ALR shall ensure sufficient staff are on duty on each shift and manage staff activities in a manner that meets the needs of all residents and maintains a clean and safe environment at all times. Management shall implement practices for achieving realistic and reasonable workload levels based upon specific levels of assistance and care needed by residents and the staff time needed on each shift to provide required assistance to all residents assigned for care in a safe, competent, and caring manner.

The elements from the pre-move in screening process, initial assessment, on-going assessments and service plan, in addition to reviewing any change of condition residents may be experiencing shall be considered in determining staffing patterns for direct and indirect care staff.

State regulatory agencies shall develop or adopt a tool for use by surveyors to determine the adequacy of staffing levels to perform tasks specified in the ALR's resident service plans. This tool shall be freely shared with and may be used by ALRs, as well as ombudsmen and consumers.

Chronic understaffing should be cited as a serious deficient practice requiring imposition immediate and meaningful penalties without the opportunity to be relieved of penalty.

To facilitate workload planning and compliance, states shall develop or adopt a standard curriculum for training personnel with decision-making authority for admission of prospective residents that will enable these employees to adequately assess whether a potential resident's care needs exceed what an ALR can provide, given its staffing level. All personnel involved in admission decisions shall complete this curriculum, and shall be regularly in-serviced with refresher material after completing the curriculum. The ALR will train the marketer on what is appropriate to disclose in the admission process.

Based on the needs of the residents, the assisted living residence shall assure that the resident receives health care services under the direction of a registered nurse and shall:

- Have at least one registered nurse available at all times, meaning at least on call and capable of being reached by telephone;
- Develop nursing practice policies and procedures and coordination of all health care services.

Implementation

Guidelines for State Regulations

Rationale

Because understaffing creates great potential for harm to residents, state regulatory agencies should consider chronic understaffing as a deficient practice in and of itself, irrespective of whether other care-related deficient practices are identified.

Research in nursing homes has shown that quality of resident care is contingent upon

Staffing

appropriate staffing workloads. Too little staff can not meet the full needs of residents. Additionally, when there are insufficient staff, more staff injuries occur -[Susan Eaton, "What a Difference Management Makes! Nursing Staff Turnover Variation Within a Single Labor Market," Abt Assoc. Inc. 2001 – "More injuries were reported by workers on short-staffed units and they also said that residents were more difficult to comfort and soothe, since time was scarcer."] creating expenses for workman's compensation and losing a staff member for an indefinite period of time.

Research has also shown that insufficient staffing workloads are a significant reason why staff resign. Estimates to replace and initially train each new direct care staff member range from \$1,750 to \$5,000 per hire. This is an expense that ALRs frequently do not consider.

Staffing plans shall consider the functional dependencies and care and service needs of residents. Some experts in the field of long-term care research recommend using an acuity-based staffing model. Acuity-based staffing is used frequently by hospitals, but has not been evaluated in assisted living.

1. Research needs to be conducted on developing an effective system for determining appropriate staffing workloads in ALRs.
2. Research needs to be conducted on developing an outcome measurement system to evaluate the effectiveness of ALR staffing practices.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Adult Family Care Organization, National Association of Social Workers, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Network of Career Nursing Assistants, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for S.17

- 1) We oppose this failed recommendation because it does not advise states to set any minimum

Staffing

staffing standards to assure the presence of qualified licensed or certified staffs to provide necessary services at all hours.

Robust minimum staffing requirements should be developed in accordance with the numbers of residents, the extent of their care needs and dependency, and, where applicable, the level of licensure. Where there is no specified level of licensure or restriction on the facility's resident admission and retention practices, and/or where a facility is Medicaid certified to serve nursing home eligible residents, the facility must be staffed to provide the highest level of care and health-care oversight.

In developing its method to calculate the minimum staff required per shift, the state must address:

- A baseline staffing level necessary to carry out the facility's emergency plan and routine services applicable to all residents, commensurate with the general acuity level of the population in care or potentially in care according to its licensure level/restrictions or lack thereof;
- Staffs needed to perform the care and service plans for each resident; and
- The extent of nursing care and oversight needed for residents in care or potentially in care for purposes of (a) overseeing the adequate performance of care plans, (b) monitoring all residents for health status changes, and (c) serving residents with significant disabilities and dependencies, including nursing home-eligible residents, residents needing support technology, and those receiving hospice care.

Assisted living healthcare services must be planned and directed by a Registered Nurse (RN), who may delegate responsibilities to qualified staff but must oversee and is accountable for the care provided. Research by Philips, Hawes, and Rose for the U. S. Department of Health and Human Services (2000) "has shown the positive impact of RN care in facilitating 'aging in place' and preventing or delaying transfer from assisted living to a nursing home . . . Residents in facilities with a full time RN involved in direct care were half as likely to move to a nursing home." (Catherine Hawes, telephone conversation, 3-16-2003.) Indeed, at least one state, Alabama, has extensive requirements for RN involvement in Specialty Care dementia units (Ala. Admin. Code section 420-5-20-.06(2)).

National Citizens' Coalition for Nursing Home Reform, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) The need for appropriate staffing workloads in ALRs is extremely important. Understaffing creates great potential for harm to residents and at minimum unmet personal care needs. Additionally, research shows that insufficient staffing workload leads to increased staff injuries and is a significant reason why staff resign.

Advocates for nursing home reform have supported using a 'fixed ratio' system to determine appropriate staffing workloads, e.g., a minimum of 3.5 direct care staff hours per resident per day. The shortfall of this approach is that there is no research basis (as in nursing homes) for determining minimum staffing ratios for ALRs. Also, the 'fixed ratio' approach does not ensure that the actual needs of the residents are taken into account. Therefore, a 'fixed ratio' system might either provide too few staff if resident acuity needs were very high or too much staff if the resident care needs were quite low. The disparity in resident care needs is prominent in assisted living.

S.17 recommends an 'acuity-based' system that ALRs shall follow to ensure that direct care staffing

Staffing

is based on the actual needs of residents. Many researchers and experts in long-term care promote the use of a resident acuity-based approach to determining appropriate staffing workload. This approach focuses on the scheduled and unscheduled functional dependencies and care and service needs of the residents within each ALR - not state-by-state or chain-by-chain, etc. Acuity-based staffing models have been used by hospitals, but have not been widely developed or evaluated in assisted living. Additional research needs to be conducted on developing an effective system for determining appropriate staffing workloads in ALRs.

S. 17 also addresses the need for each ALR to consider the needs of their residents to determine how much time would need to be provided by a registered nurse (RN) to support the health care needs of their residents. The core requirement for an RN is - Based on the needs of the residents, the ALR shall assure that at least one registered nurse is available at all times, meaning at least on call and capable of being reached by telephone. Each facility shall make individual determinations based on the needs of their residents about how many RNs are needed and whether they are staff or contracted professionals.

AARP, American College of Health Care Administrators, American Seniors Housing Association, Consumer Consortium on Assisted Living, NCB Development Corporation, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network

3) The use of healthcare professionals should be based on the needs of the residents. We would recommend keeping the first two paragraphs which are listed below and suggest deleting the rest of the recommendation. Therefore this recommendation should read:

The ALR shall ensure sufficient staff are on duty on each shift and manage staff activities in a manner that meets the needs of all residents and maintains a clean and safe environment at all times. Management shall implement practices for achieving realistic and reasonable workload levels based upon specific levels of assistance and care needed by residents and the staff time needed on each shift to provide required assistance to all residents assigned for care in a safe, competent, and caring manner.

The elements from the pre-move in screening process, initial assessment, on-going assessments and service plan, in addition to reviewing any change of condition residents may be experiencing must be considered in determining staffing patterns for direct and indirect care staff.

National Center for Assisted Living, American Seniors Housing Association