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INTERIM AL REGULATIONS COMMENTS

JUL 3 1 REC'D

General

INDEPENDENT REGULATORY
REVIEW COMMISSION

- 1) I believe the current term for AL facilities is "AL Communities" (ALCs)
- 2) I would like some sort of encouragement for ALCs to have medical directors. A medical director is mentioned in several places in the regs (2800.22 (6)(3), 2800.228 (h)(8)(i)(3), 2800.229 (a)(2)), which I think underscores the importance.
- 3) I still feel the distinction between personal care and assisted living is artificial, not consistent with nationwide practices, and confusing to consumers. I think levels of AL care would have been preferable (and will save facilities from having to change all their building signs and marketing materials).
- 4) I would urge survey consistency, and having surveyors be helpful and have constructive advice to ALCs, not be antagonistic and/or punitive.

Specific

2800.3 I realize (c) has been deleted, but—other states have used CARF accreditation as an example of facilities that would require less frequent surveying. I think that's a good idea.

2800.4 I think the definition of ADLs and IADLs are incorrect. ADLs are only hygiene, dressing, continence, eating, toileting and transferring. IADLs are usually finding and using resources, using the telephone, shopping, managing finances, preparing meals, housework and managing medications.

Also, dementia does not necessarily have to be of "long" duration.

2800.20 I'd change the gender to either d/c it, or make it "s/he" and "his/hers" (for consistency!)

2800.22 (a)(1)

"Medical evaluation completed within 60 days prior to or 15 days after admission on a form specified by the Department" This 60 day requirement is noted several times in the regs. I believe 30 days would be more appropriate, as much can change in a two month period.

2800.22 (6)(b.2)(3) I am somewhat concerned that allowing the medical director the ability to certify the resident as appropriate for the ALC may potentially a conflict of interest.

2800.64 (15) and 2800.65 (f)(3)(ix) for training, is it "gerontology" or "geriatrics"? Gerontology is research in aging—I think you mean the latter term.

2800.65 (xv) I'd reword this to "infection control principles and signs and symptoms of infection"

2800.96 (a) "The residence shall have an automatic electronic defibrillation device located in each building on the premises." Just pointing out there's not good data about AEDs being worthwhile for LTC residents (if it's for staff

and families, that's different). Note there's nothing in the regs about annual, ongoing training for AED use.

2800.101 (d)(1)(i) and (2)(ii)(A) "Upon entering the assisted living residence, the resident or his designated person shall be asked if he wishes to have a cooking appliance. The cooking appliance shall be provided by the residence if desired by the resident or his designated person. If the resident or his designated person wishes to provide their own cooking appliance, it shall meet the residence's safety standards"

I'm afraid of a patient with dementia having cooking appliances in the room. I would suggest a mandatory dementia screen prior to doing this.

2800.132 Fire Drills

I would suggest/support that residents on hospice and/or actively dying should be exempt from having to leave their room during a fire drill.

2800.141 (a) again, the 60 day suggestion—I feel 30 days is more appropriate.

(a)(7) The medical eval should include "medication regimen" and "the ability to self-administer medications," but I do NOT feel should include "contraindicated medications" and "medication side effects." This doesn't really make sense, especially the latter.

(b)(2) residents should have a med. eval yearly and "if the medical condition of the resident changes prior to the annual medical evaluation."

This is awfully vague, and would be subject to varying interpretation. These days, it's been interpreted as if the resident goes onto hospice, which may not even be a dramatic change in the patient's status. It needs to be more specific. Consider making the evaluation "suggested" or "encouraged," or when there's a significant change in the care plan.

(also mentioned in 2800.225 (c)(2))

2800.144 Use of tobacco. I still think we should mandate giving residents smoking cessation information if they smoke.

2800.221 (b) "The program must be based upon individual and group interests AND ABILITIES, and provide..."

My concern is that there's nothing in the regs about activities geared to dementia patients who don't reside in a specialized unit.

2800.231 (b) again, 60 day prior evals (also (g)(i))

(c)(I)(ii) shouldn't definition of geriatric assessment team be under definitions, and omitted here?

(f)(1) there should be some mechanism of waiver of quarterly assessment for dementia unit if the patient has a progressive, untreatable dementia.

2800.237 (a)(2) The following types of activities shall be offered at least weekly to residents of a special care unit for residents with Alzheimer's disease or dementia: Self-care activities, such as personal hygiene." So, the regs recommend dementia patients to get at least weekly baths? Shouldn't this be more often?