

**Long-Term Levels of Care
"Meaningful Distinctions Grid"**

	Personal Care Homes	Adult Care Residences	Assisted Living Communities	Nursing Homes
Legal Definition	2 or more beds with room, food service + one or more personal services	2 or more beds with room, food service + one or more personal services	25 or more beds with room, food service+ one or more personal services (Note: definition in SB 178 does not specify that facility must provide "assisted living care" though assisted living care is defined and intended)	2 or more beds with residents admitted on medical referral only with arrangements for continuous medical supervision, facilities for skilled nursing, rehabilitative nursing with medical and dental supervision provided
Sources of Legal Authority	31-7-1, 31-7-2,31-7-12, Rules 111-8-62	31-7-1, 31-7-2, 31-7-12, 31-7-12, Rules 111-8-62	31-7-1,31-7-2,31-7-12.2, Rules 111-8-62	31-7-1, 31-7-2, Rule 290-3-8-.01(a)
Proposed Size Distinctions for Licensure Classifications	2 through 6 beds	7-100+	25-100+	2+
Administrator Qualifications	Must be 21	Must be 21	Must be 21	Must be 21
	Pass TOFHLA, or higher qualifications, e.g. GED or Diploma with x healthcare experience	Associate's Degree or 2 yr's experience working in a licensed personal care home and GED or H.S. diploma-- Comments: Require only 1 year experience in health-related setting, clients more likely to fail in home where administrator has no experience	Bachelor's degree,or licensed ALF or NH Administrator or GED or HS Diploma and 4 years experience with 2 yrs supervisory experience working in a licensed personal care home or other health-related setting SHOULD THE ADMINISTRATOR BE FULL-TIME?	Licensed Nursing Home Administrator, minimum of h.s. diploma, 8 yrs NH experience with 5 in management and 2000 administrator in training hours
	Pass Orientation Class	Pass Orientation Class	Pass Orientation Class	No
Professional /Special Staffing				

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MD, Required? etc.	No	No	No	At least one physician, one dentist
Pharmacist Required?	No	No	Yes. Quarterly drug regimen reviews required by pharmacist, etc.	Yes--monthly medication regimen reviews, etc.*
			More information on reasons for meds, assessment of resident	
Nursing Staff Required?	No, but if operating specialized memory care unit and residents are incapable of self-administration, <i>Suggest more flexibility for prescribed meds a 2 bed home should be able to use meds as delivered, would proxy caregiver law and rules permit non-nurse to do</i>	No, but licensed nurse required to administer medications to residents of specialized memory care unit who are incapable of self-administration? <i>Question whether some meds should be given by unlicensed staff, e.g coumadin, does bubble-packing help protect? VA won't use bubble packing, would proxy caregiver law and regs impact need for nurse to provide meds in Memory Care Unit</i>	No, but quarterly observations of medication administration required to be done by RN or pharmacist where CMAs are used, licensed nurse required to administer medications to residents of specialized memory care units to residents who are incapable of self-administration? do we need RN if using CMAs supervised by RN	Yes, must be an RN full-time and at least one nurse(RN, LPN,GN) on duty at all times
Certified Nursing Assistants Required When Non-Licensed Nursing Staff Used	No	No	No	Yes*

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Certified Medication Aides	No	No	Yes, must be registered and in good-standing, not terminated for cause re: CMA duties	No, all medications given by a nurse if resident not capable of self-administration safely
Proxy Caregivers Permitted	Yes	Yes, can proxies give meds in specialized memory care units	Yes, but caregivers may not be able to administer meds on behalf of ALC	No
Injectables	Can injectables be given by proxy caregivers ?	Can injectables be given by proxy caregivers ?	Yes, certain injectables can be given by CMAs.	
Basic First Aide	Yes	Yes	Yes	No
CPR Training	Yes	Yes	Yes	No, but safety and emergency training required

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Other Initial Training for Direct Care Employees	Emergency evacuation procedures, medical and social needs and characteristics of each resident, resident's rights and copy of LTC Abuse Reporting Act-- Completed w/in 60 days but if employee is being left alone with residents must have necessary training sooner than 60 days	Emergency evacuation procedures, medical and social needs and characteristics of resident population, resident's rights and copy of LTC Abuse Reporting Act-- Completed w/in 60 days	Emergency evacuation procedures, medical and social needs and characteristics of resident population, resident's rights and copy of LTC Abuse Reporting Act--Completed w/in 60 days-- caregivers at 16, Suggest requiring 24 hours for CMAs, administrators, health staff but question 24 hours for food, yard staff, suggestion made that administrators be required to get specific training (CEUs) related to leadership, etc.	Must become CNAs within 4 months of hiring. Must have at least 16 hours of training in the following subjects before any direct contact with the resident: resident rights, emergency procedures , promoting resident independence, basic personal care skill and care of cognitively impaired residents.

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Ongoing Training	8 hours/year--need to understand basics from beginning, 50% in homes according to research have some dementia. Believe training should be across the board, what if PRN staff isn't trained; consistent assignment and individualized care are important; question whether 8 hours is enough, specify that some hours be dedicated to dementia and wandering for all staff.	16 hours/year--may consider requiring dementia training for all, adls, transfer training. Use "silver chair" learning system which is web-based. Costs \$25 -35 per employee per year; can put own modules in silver chair curriculum, tracks continuing education; have certain required training in first 60 days as now which would be added to current list,	24 hours/year --16 hours is proposed for all direct care, but 24 in the first year + 8 hours dementia if assigned to the dementia unit, have concerns about higher level of care ALC residents will probably require, training is repetitive, have to train on plans of care; 24 hours is a lot of training to provide annually.	12 hours/year*
related to job duties				
Qualifications	18 years of age unless working under direct supervision of responsible staff person who is in the home, what about younger yard staff, not direct caregivers	18 years of age	18 years of age	Work under supervision of licensed nurse until certified and have completed competency checkoff*

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Staffing Ratios	At least one staff on site whenever residents are in home, more staff may be required to meet needs of residents, <i>when residents are active, self -scheduling</i>	1:15 day, 1:25 at night at all times residents are present and as many staff as needed to safeguard health of residents, <i>fire drills times help adjust staffing, direct care staff, versus "universal staff, maintenance people, yard staff, nights and days may be too narrow a definition given needs of residents, e.g. memory care unit residents may be more active at night than day; PEOPLE WHO ARE INVOLVED WITH RESIDENTS AND ARE IN THEIR ROOMS EVERY DAY SHOULD BE INCLUDED, SUCH AS HOUSEKEEPERS, LAUNDRESS, BUT THEY HAVE TO HAVE STAFF TIME TRAINING, CPR TO BE INCLUDED IN RATIOS--UNIVERSAL EMPLOYEES SHOULD BE INCLUDED, NURSES, WELLNESS DIRECTORS, WHO IS TRAINED FOR THAT LEVEL OF CARE, WHO HELPS WITH TRANSFERS, CPR,</i>	1:15 day, 1:25 at night at all times residents are present and as many staff as needed to safeguard health of residents BUILD DEFINITION OF DIRECT CARE IN RULES THAT IS CLEARER, PUT IN JOB DESCRIPTION WHAT THEY DO THAT IS DIRECT CARE, SHOULDN'T THEY ACTUALLY DO THE TASK ON OCCASION TO MAKE SURE THAT THEY DON'T LOSE TRAINED SKILLS?; HANDS ON DIRECT CARE; SOME HOMES ARE ALREADY DISCLOSING STAFFING RATIOS--WHAT DOES RATIO INCLUDE; RATIOS CHANGE ABOVE MINIMUM FREQUENTLY DEPENDING UPON ACUITY LEVEL OF RESIDENTS AND CENSUS; BELIEVE THAT ALL STAFF WHO AVAILABLE AND TRAINED TO PROVIDE ASSISTANCE WITH ADLS, INCLUDING TRANSFERS, MEDS AND ASSISTANCE	Sufficient nursing staff on duty at all times to provide care for each resident according to resident's needs, a minimum of 2.0 hours of direct nursing care per patient and 1 RN or LPN for every 7 total nursing personnel; also 1 RN or LPN on each shift
Criminal Records Checks				

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Owner	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-2-14 changing to 31-2-9 as of 7/1/11	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-2-14 changing to 31-2-9 as of 7/1/11	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-2-14 changing to 31-2-9 as of 7/1/11	No
Administrator	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-7-250	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-7-250	Yes, fingerprint check done by DCH, O.C.G.A. Sec. 31-7-250	Yes, GCIC name check done by NH at time of initial employment in NH
Employees	Yes, GCIC name check done by home \$10 FOR NAME CHECKS, WAITING ON FINGERPRINT CHECKS IS LONG, COMPLICATED,	Yes, GCIC name check done by home, variation in covered crimes doesn't make good sense for various long term care settings	Yes, GCIC name check done by home	Yes, GCIC name check done by NH Not so much issue of \$ but it's the time, turnover can range from 25 to 40, using card shop or UPS, some barriers to access
Admission Criteria				
Written admission agreement	Yes with current definition of ambulatory	Yes	Yes	Yes
Able to Ambulate Independently	Yes but need for PCHS to be able to use same definition for ambulation as exists now, may need help transferring to chair but are able to maneuver when they get there, MFP for small 4 bed homes consider 2 person assists if staffing is	Yes, is 2-person transfer "minimal assistance? Should keep to current standard, one person assistance so long as self-propel (one person, minimal) Hoyer lifts were specifically not included in list for SB 178	No, assisted self-preservation ok	No
Medical Examination	Yes	Yes	Yes	Yes
Physician's Order for Admission	No	No	No	Yes
Skilled Nursing Care	No	No	No	Yes

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Written Plan of Care/ Service Plans	No, unless proxy caregivers are used or resident is in a specialized memory care unit could be as simple a service plan written with family input? Family input is not always available, people who know the person/resident best; Believe that all should have either a written plan of care or at least a simple service plan	No unless proxy caregivers used or resident is in specialized memory care unit	Yes, required for all residents	Yes*
Specialized Memory Care Services	Yes	Yes	Yes	Yes
Retention Criteria				
Staff may assist with transfer and ambulation provided all retention criteria met	Yes	Yes	Yes	Yes
Nursing, Medical Care Provided By Staff	No	No	No	Yes
Needs of residents are being met	Yes	Yes	Yes	Yes

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Restraint Usage	No. But what about positioning devices to keep people from flipping out of wheelchairs; does it enable person to participate, what about family signing off on use of restraints? HFRD staff have looked at how the device is used, function. If resident says "I like this assistive device, it helps me, go away and leave me alone.." then it is not a restraint.. Would physician okay device as helpful?; pummel cushion okay but not belts. Suggesting allowing where assistive device is put in service plan, staff trained and physician order? Restraints should never be used in PCHs because of training necessary to use correctly, rights and risk of injuries. Even though restraints	No what about positioning devices to keep people from flipping out of wheelchairs; does it enable person to participate, what about family signing off on use of restraints, have looked at how the device is used, function, I like this assistive device, go away and leave me alone...would physician okay help; pummel cushion okay but not belts; put in service plan, staff trained and physician order? Restraints should never be used in PCHs because of training	No what about positioning devices to keep people from flipping out of wheelchairs; does it enable person to participate, what about family signing off on use of restraints, have looked at how the device is used, function, I like this assistive device, go away and leave me alone...would physician okay help; pummel cushion okay but not belts; put in service plan, staff trained and physician order? Restraints should never be used in PCHs because of training. Any device has to be released on a regular schedule, included in the plan of care plan and individualized based on the needs of the individual resident.	Yes
Physical Plant				

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Room Size	80 square feet of usable floor space per resident unless grandfathered w/ 70	80 square feet of usable floor space per resident	80 square feet of usable floor space per resident	100 square feet of usable floor space for single rooms, 80 square feet of usable floor space for multi-bed rooms
Fire Safety Requirements	Able to evacuate in under 3 minutes	Sprinklers at least for 7+ residents and when required by local jurisdiction, less than 13 minutes or meet requirements for existing health care occupancy	Sprinklers, visual signals with alarms for hearing impaired residents and evacuate in less than 13 minutes, or existing health care occupancy designation	NFPA 101(2000), unless wired in smoke detectors in all resident sleeping areas and public areas, sprinklered*
Fire Drills	Meet state/local requirements	Meet state/local requirements	Meet state/local requirements	Quarterly on all 3 shifts*
Called Fire Drills Where Residents Cannot Self-Propel--USE Judiciously	Yes	Yes--PROVIDERS BELIEVE PARAMETERS FOR WHEN SURVEYORS COULD CALL DRILL SHOULD BE VERY CLEAR, E.G. NOT WHEN RAINING, NOT WITHOUT GOOD REASON.	Yes	
Food Safety,	Food service preparer class every little thing is another cost for small providers, could it be part of the orientation for the beginning operation employees as part of orientation	Food service manager class	Food service manager class and food service permit	Professional dietitian required
Posting of Menus	No--posting; question whether they will retain if not required to post	Yes	Yes	Yes

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Record of Menus Retained	Yes	Yes	Yes	Yes
Posting of Activity Calendars	No	Yes	Yes	Yes
Staffing Planning Schedules Posted-- Available?	No	Yes	Yes	Yes
Records of Staffing Retained	Yes, but records can be by exception	Yes	Yes	Yes
Staffing Ratios Posted Do we need both?	No	Yes	Yes	Yes
Program Profiles Required/Posted/Available?	Optional	Yes--concerned about institutional look of having everything posted, wants residents and families to be informed about what would trigger a need to move to secure unit before hand	Yes	No
Required to maintain internet address with DCH	Yes, multiple homes could choose to be listed under one email address; wonders whether others who are not licensed directly can be added to email notification lists?	Yes	Yes	
Call Systems	Optional	Optional	Optional	Required
Web-based monitoring of residents available	Optional--Rest Assured was tested. Families well-received.	Optional	Optional	Optional

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Marketing Consistent with Licensing Category -1 Yr Phase In for Existing	<p>Personal Care Homes--Some family models also call themselves assisted living, forms would have to be changed, cost to home to get signs changed. Question raised as to whether existing homes using "assisted living" could all be grandfathered? Using "personal care homes" when others are "assisted living" can result in these small homes being marginalized. Researchers will not even look at the small homes if all the others called "assisted living". Could all homes be referred to as "assisted living, levels 1, 2, 3? Consumers use and understand the term. Consumers know to look for "assisted living", they don't use term "personal care",</p>	<p>Adult Care Residences, Not important so much what we are called--e.g. personal care homes, but it is very important to be able to market under "assisted living". Consumer disclosure and education is key on what services any home can provide. Currently, all are personal care homes. Law states that as well.SB 178 talks about "personal care services" and "assisted living care".</p>	<p>Assisted Living Communities--It is not so much what we are called as it is the services that they can provide (from the beginning) that are important. Should be required to disclose in all marketing materials, what levels of service they provide. It was noted that levels 1, 2 and 3 might not be descriptive since it is a question of the services that the facility provides. A mid-size home may provide very similar services to an ALC once the resident is admitted, through proxy caregivers, waivers, etc.</p>	<p>Skilled Nursing Facilities</p>

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Inventory Control of Medications, Drug Regimen Review, Checking Pharmacy Records, Disposal of Meds	Small facilities that participate in source and ccsp have nurse going in 2x a month, but these homes represent a minority. The pharmacy has a responsibility, but all homes still need to make sure that meds are inventoried when they come in the door and are properly disposed of. Point made that homes need to track discontinuation of drug orders. Medication standards for homes serving BHDDAD consumers require detailed inventory controls. Those standards may be too involved for small homes. Small homes may have owner or manager do reconciliations, not just a nurse or pharmacist. Believe that every home needs up to date list of meds., multiple physicians		Drug Regimen reviews required	MARs can be obtained free from some companies.
* Federal Medicare requirement				

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