

Licensure Requirements for Alzheimer's / Dementia Special Care Units & Programs

Human Resources			
Z101	4.1.a.	A designated staff member shall be responsible for the coordination of the Alzheimer's/dementia special care unit or program. The coordinator shall:	
	4.1.a.1.	Coordinate as needed outside psychiatric and psychosocial services to assist with behavior modification plans;	
	4.1.a.2.	Advocate for resident rights;	
	4.1.a.3.	Ensure individualized interventions are provided to allow residents to express feelings resulting from the disease process, lost roles and life status;	
	4.1.a.4.	Obtain and utilize a listing of community resources available to residents and family members, including Alzheimer's networks; and	
	4.1.a.5.	Offer monthly educational and family support group meetings.	
Z102	4.1.b.	The coordinator shall meet the minimum qualifications which include:	
	4.1.b.1.	A license or degree as a health related professional;	
	4.1.b.2.	A minimum of one year working directly with dementia or Alzheimer's care patients; and	
	4.1.b.3.	Completion of at least a thirty (30) hour training course by a nationally recognized Alzheimer's/dementia care giving resource or association, or have comparable training and experience.	
Z103	4.1.c.	All assigned staff members shall complete a minimum of thirty (30) hours of training on the care of residents with Alzheimer's disease and related dementia. Staff shall have a minimum of fifteen (15) hours of documented training prior to supervised direct hands on resident care. An additional fifteen (15) hours of training shall be completed prior to unsupervised direct care. Supervision shall be provided by a staff person who has completed the entire training. Training shall include at a minimum:	
	4.1.c.1.	The facility's philosophy and resident care policies;	

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	4.1.c.2.	The nature, stages, and treatment of Alzheimer's disease and related dementia;	
	4.1.c.3.	Positive therapeutic interventions and activities;	
	4.1.c.4.	Communication techniques;	
	4.1.c.5.	Behavior management;	
	4.1.c.6.	Medication management;	
	4.1.c.7.	Therapeutic environmental modifications;	
	4.1.c.8.	Individualized comprehensive assessments and care plans;	
	4.1.c.9.	The role of the family and their need for support;	
	4.1.c.10.	Staff burnout prevention; and	
	4.1.c.11.	Abuse prevention.	
Z104	4.1.d.	The facility shall provide a minimum of eight (8) hours of documented annual training to all staff on the topics in subdivision 4.1.c. of this subsection.	
Z105	4.1.e.	The facility shall maintain and utilize an orientation manual and policies and procedures specific to the Alzheimer's/dementia special care unit or program.	

	4.2.	Staffing Requirements	
Z106	4.2.a.	The A/D SC Unit or Program shall provide sufficient numbers of direct care staff to provide care and services during all hours of operation to meet the physical, mental and psychosocial needs and to promote the highest practicable level of well-being of each resident.	
		The A/D S/C Unit or Program shall provide staffing at no less than an average of 2.25 hours of direct	

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Z107	4.2.b.	care personnel time per resident per day, or during the hours of operation, or as required by the facility's state licensure rule if more demanding.	
	4.2.b.1.	When the resident census is greater than 5 residents, a minimum of 2 direct care personnel shall be present.	
	4.2.b.2.	"Available" or "on call" staff shall not be calculated into the minimum staffing hours required.	
Z108	4.2.c.	A licensed nurse shall be available on-site if any resident requires nursing procedures, included as needed (PRN) injections, or as required by the facility's state licensure rule, if more restrictive.	
Z109	4.2.d.	Direct care staff shall not have housekeeping, laundry, food preparation or maintenance duties as their primary responsibilities. The unlicensed direct care staff included in the minimum staffing shall not be responsible for medication administration during the day or evening shift, including staff in a facility that participates in 64CSR60 "Medication Administration By Unlicensed Personnel".	
Z110	4.2.e.	The secretary may require staffing above the minimum requirement specified in this subsection if necessary to meet the resident's needs.	

Admission, Transfer and Discharge			
Z111	5.1.	Each facility shall have a written policy of pre-admission screening, admission, transfer and discharge procedures, including an explanation of the level of care the facility is licensed to provide and the conditions that may necessitate a resident's transfer or discharge.	
Z112	5.2.	Admission criteria shall include a signed and dated physician's diagnosis of Alzheimer's disease or related dementia, a description of any behavioral, personality and physical symptoms, medical history, physical exam, and treatment plan.	
Z113	5.3.	The facility shall base admission decisions on the facility's ability to meet the individual's needs, state licensure limitations on the facility's level of care, and the availability of licensed nursing staff to provide care.	

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Z114	5.4.	Prior to admission, the facility shall provide a copy and an explanation of the disclosure statement to the resident and/or the resident's legal representative. The facility shall maintain a copy of this disclosure, signed and dated by the resident and/or legal representative, in the resident's record.	
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Assessments and Plans of Care			
Z115	6.1.	Within three (3) days of admission, the unit coordinator, with input from at least the resident and/or the resident's legal representative, shall review the immediate care needs of the resident and establish a preliminary care plan.	
Z116	6.2.	Within seven (7) days of admission, an interdisciplinary team including the unit coordinator, a social worker, the activities director, direct care staff and a registered nurse and other professional disciplines as appropriate, shall complete an initial assessment of a new resident which includes at a minimum: a social history; family supports; level of activities of daily living functioning; cognitive level; behavioral impairment; and nutritional status, including weight and nutritional requirements.	
Z117	6.3.	Within twenty-one (21) days of admission the interdisciplinary team and the resident and/or the resident's legal representative, shall develop a written individualized care plan, signed by each member of the Alzheimer's/dementia special care unit or program staff, the resident and/or the resident's legal representative which shall:	
	6.3.a.	Reflect the resident as a person, with family history and interests;	
	6.3.b.	Accurately describe specific needs, choices, problems and any inappropriate behaviors;	
	6.3.c.	Describe specific desired outcomes and specific interventions to be used to achieve the desired outcomes;	
	6.3.d.	Support the individual toward as much independence as possible;	
	6.3.e.	Include opportunities for resident choice and self management; and	
	6.3.f.	Contain the job titles of staff who are to be primarily responsible for implementing the care plan.	

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Z118	6.4.	The facility shall make a copy of the care plan available to all staff to ensure consistent implementation.	
Z119	6.5.	The facility shall provide resident care in accordance with the care plan.	
Z120	6.6.	The interdisciplinary team shall review, evaluate for effectiveness and revise the resident's assessment and care plan at least quarterly or more frequently as indicated by the changing needs of the resident.	

Behavior Management			
	7.1	The Alzheimer's/dementia special care unit or program shall conduct and document an ongoing evaluation of any resident with behaviors, which are persistent and constitute sources of distress or dysfunction to the resident, or present a danger to the resident or other individuals. The evaluation shall determine the following:	
	7.1.a.	A baseline of the intensity, duration, and frequency of the behavior;	
	7.1.b.	Antecedent behaviors and activities;	
	7.1.c.	Recent changes or risk factors in the resident's life;	
	7.1.d.	Environment factors such as time of day, staff involved, noise, levels etc.;	
	7.1.e.	The resident's medical status;	
	7.1.f.	Staffing patterns at times of inappropriate behavior;	
	7.1.g.	Alternative, structured activities or behaviors that have been successful or unsuccessful in the past; and	
Z121	7.1.h.	The effectiveness of behavioral management approaches.	
Z122	7.2.	The facility shall implement a less restrictive, systematic, non-medication behavioral management approach to assist a resident prior to obtaining orders for psychotropic or behavioral modifying medications.	
Z123	7.3.	The facility shall ensure that any resident receiving a psychotropic or behavioral modifying medication shall:	

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	7.3.a.	Have that medication administered in a dose based on the age recommendations of the individual;	
	7.3.b.	Have a diagnosed and documented condition justifying the use of the medication;	
	7.3.c.	Receive daily monitoring for any side effects or adverse reaction to the medication;	
	7.3.d.	Have adverse findings reported to the resident's physician immediately; and	
	7.3.e.	Have periodic dose reductions in the medication in an attempt to discontinue the medication unless the physician has determined that a dose reduction is contraindicated, based on the resident's condition.	
Z124	7.4.	A registered professional nurse or other appropriate licensed health care professional shall evaluate all residents receiving psychotropic or behavioral modifying medications monthly to assess the resident's functional level, identify potential adverse effects of the medication and consult with the resident's physician to determine if the medication should be continued.	
Z125	7.5.	The resident's physician shall document in the resident's medical record every six (6) months a reassessment and determination for the continued use of the medications and reasons a dose reduction would be contraindicated	

Social Services			
Z126	8.1.	A licensed social worker or licensed professional counselor shall be responsible for providing the Alzheimer's's/dementia special care unit or program with the following services:	
	8.1.a.	A comprehensive social assessment of each resident which includes the following:	
	8.1.a.1.	The resident's preferred name;	
	8.1.a.2.	The resident's past places of residence;	
	8.1.a.3.	The resident's family support system, with names and telephone numbers;	

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	8.1.a.4.	The resident's past employment status, career history, and educational level;	
	8.1.a.5.	The resident's place of birth;	
	8.1.a.6.	The resident's childhood history (i.e. rural or city, religion, lifestyle, culture);	
	8.1.a.7.	Languages spoken;	
	8.1.a.8.	Names of the resident's parents, children, siblings and legal representative;	
	8.1.a.9.	Names of the resident's pets; and	
	8.1.a.10.	The resident's adult daily routines (i.e. hour of rising and sleep, habits, etc.); and	
Z127	8.1.b.	Participation in resident interdisciplinary care planning.	

Activities			
Z128	9.1.	The Alzheimer's/dementia special care unit and program shall provide activities appropriate to the needs of the individual residents. The residents' routine should be developed and structured seven (7) days per week and incorporate the possible need for therapeutic programming twenty four (24) hours per day in an Alzheimer's/dementia special care unit and during the hours of operation of the Alzheimer's/dementia special care program.	
Z129	9.2.	The activities program shall be directed by a person who is a therapeutic recreation specialist, occupational therapist, or activities professional who has:	
	9.2.a.	Two years of experience in a social or recreational program in the past five years, one of which was full-time in a resident activities program in a health care setting;	
	9.2.b.	Demonstrated the ability to provide for an ongoing program of activities designed to meet the residents needs;	
	9.2.c.	Completed a training course approved by the state; and	

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	9.2.d.	Completed the training required in subdivision 4.1.c. of this rule.	
Z130	9.3.	At least one employee per shift shall be responsible for activities programming with the assistance, participation and coordination of all direct care staff.	
Z131	9.4.	Activities programming shall:	
	9.4.a.	Be provided to large and small groups, and on an individual basis;	
	9.4.b.	Be geared toward long term memory rather than short term memory;	
	9.4.c.	Provide multiple short activities to work with short attention spans;	
	9.4.d.	Provide experiences with animals, nature, and children;	
	9.4.e.	Provide opportunities for physical, social and emotional outlets;	
	9.4.f.	Provide activities that create a feeling of usefulness; and	
	9.4.g.	Be appropriate and meaningful for each resident, by respecting his or her cognitive level, beliefs, culture, values, and life experience.	
Z132	9.5.	Planned and spontaneous group and individual activities shall be provided in the following areas at least daily:	
	9.5.a.	Gross motor activities (i.e. exercise, dancing, gardening, cooking, etc.);	
	9.5.b.	Self care activities (i.e. dressing, personal hygiene, grooming, etc.);	
	9.5.c.	Social activities (i.e. spiritual, intellectual, games, music, etc.); and	
	9.5.d.	Sensory and memory enhancement activities (i.e. auditory, scent, taste, and tactile stimulation, and reminiscing, etc.).	
Z133	9.6.	The Alzheimer's/dementia special care unit or program shall offer the following activities at least weekly at a minimum and within specified time periods:	

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	9.6.a.	Crafts (i.e. decorations, pictures, painting, etc.); and	
	9.6.b.	Outdoor activities, as weather permits (i.e. walking outdoors, field trips, etc.).	
	9.7.	The Alzheimer's/dementia special care unit or program shall offer the following activities at least monthly:	
Z134	9.7.a.	Seasonal and holiday activities.	

Physical Environment Requirements			
Z135	10.1.	The A/D SC Unit and Program site shall be designed to accommodate residents with dementia in a non-institutional home-like environment. The design and environment shall assist residents in their activities of daily living; enhance their quality of life, reduce tension, agitation, and problem behaviors, and promote their safety.	
	10.2.	In addition to the physical design standards required for the facility's license, an Alzheimer's/dementia special care unit and program site shall have the following:	
Z136	10.2.a	A floor plan design with limited access to the designated area so that visitors and staff do not pass through the unit to get to other areas of the facility;	
Z137	10.2.b.	A multipurpose room for dining, group and individual activities and family visits which complies with the facility's applicable licensing requirements for common space;	
Z138	10.2.c.	Security measures to provide for the safety of wandering residents that are as unobtrusive as possible;	
Z139	10.2.d.	High visual contrasts between floors and walls, and doorways and walls in resident use areas. Except for fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;	
Z140	10.2.e.	Non-reflective floors, walls and ceilings which minimize glare;	
		Evenly distributed lighting which minimizes glare and shadows and is designed to meet specific needs of the	

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Z141	10.2.f.	residents;	
Z142	10.2.g	A monitoring or nurses' station, which includes a communication system such as a telephone or two-way voice actuated call system to the main staff station of the facility, and space for charting and storage for resident records; and	
Z143	10.2.h	Secured outdoor space and walkways which allow residents to ambulate but prevent undetected egress.	
	10.2.h.1.	Outdoor areas shall have fencing or barriers that prevent elopement and do not have features that pose a threat to resident safety.	
	10.2.h.2	Walkways shall meet the accessibility requirements of the Americans with Disabilities Act (ADA) structural building codes.	
Z144	10.3.	The Alzheimer's/dementia special care unit and Alzheimer's/dementia special care program (as applicable) shall:	
	10.3.a.	Provide freedom of movement for the residents to common areas, and to their personal spaces, and shall not lock residents out of or inside their rooms;	
Z145	10.3.b.	Provide plates and eating utensils which provide visual contrast between them and the table and that maximize the independence of the individual residents;	
Z146	10.3.c.	Provide comfortable chairs, in the common use area, including chairs that allow for gently rocking or gliding;	
Z147	10.3.d.	Encourage and assist residents to decorate and furnish their rooms in accordance with their personal preferences;	
Z148	10.3.e.	Individually identify resident's rooms to assist residents in recognizing their room based on each resident's cognitive level;	
Z149	10.3.f.	Keep corridors and common use areas free of objects which may cause falls;	
Z150	10.3.g.	Be free of toxic plants; and	
Z151	10.3.h.	Only use public address systems in the unit (if one exists) for emergencies.	

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Z152	10.4.	The Alzheimer's/dementia special care unit or program shall develop policies and procedures to deal with residents who may wander so as to prevent egress and shall include actions to be taken in case a resident elopes.	
Z153	10.5.	If locking devices are used on exit doors, the locking devices shall be electronic and release when the following occurs:	
	10.5.a.	The fire alarm or sprinkler system is activated;	
	10.5.b.	Power to the facility fails; and	
	10.5.c.	A key button or key pad located at the exits for routine use by staff for service is passed.	
Z154	10.6.	If key pads are used to lock and unlock exits:	
	10.6.a.	Directions for their operations shall be posted on the outside of the door to allow individuals access to the unit; and	
	10.6.b.	Staff shall be trained in the methods of releasing the locking device.	
Z155	10.7.	All locking devices and keypad locks shall meet all applicable fire safety requirements.	