ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-5-20
SPECIALTY CARE ASSISTED LIVING FACILITIES

420-5-20-.04 Personnel.

(1) A specialty care assisted living facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. No specialty care assisted living facility shall have fewer staff on duty than specified in Table A below. Even if this minimum staffing ratio is met, the governing authority of a specialty care assisted living facility shall have additional staff on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Facilities with resident bedroom wings separated from the remainder of the facility by a lockable door shall maintain dedicated staff to these areas adequate to meet all care and safety needs of the residents in these areas at all times.

Table A

Staff Number	7 AM - 3 PM	3 PM - 11 PM	11 PM - 7 AM
2	1-16 Residents	1-16 Residents	1-16 Residents
3	17-24 Residents	17-36 Residents	17-48 Residents
4	25-32 Residents	37-48 Residents	49-64 Residents
5	33-40 Residents	49-60 Residents	65-80 Residents
6	41-48 Residents	61-72 Residents	81-96 Residents
7	49-56 Residents	73-84 Residents	97-112 Residents
8	57-64 Residents	85-96 Residents	113-128 Residents
9	65-72 Residents	97-108 Residents	129-144 Residents
10	73-80 Residents	109-120 Residents	145-160 Residents
11	81-88 Residents	120-132 Residents	161-176 Residents
1 Additional Staff	For each 8 residents, or any fraction thereof,	For each 12 residents, or any fraction thereof,	For each 16 residents, or any fraction thereof,

(a) A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).

(b) A specialty care assisted living facility must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.

(2) **Employee Schedule.** A specialty care assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.

In the event of an unplanned staff shortage which would make it otherwise impossible to meet the staffing requirements imposed by these rules, a facility may employ a certified nurse aide who has not received the training specified in these rules. For the purposes of this subsection, a certified nurse aide is defined as an individual who has been deemed or determined to be competent by the Alabama Nurse Aide Registry maintained by the Alabama Department of Public Health. This individual may not work unless accompanied at all times by an individual who is appropriately trained in accordance with these rules. Such employment shall last only until the facility has employed staff trained in accordance with the above. In no event may the period during which such staff is employed in a facility exceed 120 consecutive hours.

(3) **Employee Screening.**

(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms.

(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.

(c) Vaccines. Specialty care assisted living facilities shall immunize employees in accordance with current recommended *Centers for Disease Control and Prevention* (CDC) guidelines (www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.

(d) A specialty care assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.

(4) **Personnel Records.** A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain:

(a) An application for employment which contains information regarding the employee's education, training, and experience.

(b) Verification of current certification or licensure, if applicable.

(c) Record of required physical examinations and vaccinations.

(d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.

(e) Date of hire.

(f) Date of initial resident contact.

(g) Date employment ceased.

(5) No member of a specialty care assisted living facility governing authority, and no employee of a specialty care assisted living facility, including the administrator, shall serve as legal guardian, as conservator, or as attorney-in-fact for any resident of the facility, nor shall any such individual solicit or accept control over the property of any resident, such as by becoming authorized to sign checks for the resident, or by becoming authorized to enter a resident’s safe deposit box, or by having authority to control real property or securities owned by the resident. No member of a specialty care assisted living facility governing authority, and no employee of a specialty care assisted living facility, including the administrator, shall accept gifts, cash, or any item of value from a resident of the specialty care assisted living facility other than what the resident is obligated to pay the facility for services rendered, as specified in the resident’s financial agreement with the facility. Provided, however, that specialty care assisted living facility residents, sponsors, and family members may offer, and employees may accept, gifts whose value does not exceed $25, on appropriate occasions such as holidays or birthdays if the gift is offered freely and voluntarily. In the case of a gift from a resident, the resident must have sufficient cognitive ability to knowingly, freely, and voluntarily offer a gift. Provided further, that none of these prohibitions shall apply between a resident and any member of the governing authority or employee if the two individuals are related to one another as defined in Section 420-5-20-.01(2)(b). Notwithstanding the foregoing, an individual appointed before

October 5, 2001, as legal guardian for a specialty care assisted living facility resident may continue to serve. This subsection is not intended to prevent a specialty care assisted living facility from offering to place resident funds in an escrow or trust account for the benefit of the resident whose funds are deposited, so long as exclusive decision-making authority for fund disbursement is vested in the resident or responsible family member, and so long as disposition of escrowed funds are periodically reported to the resident or family member as appropriate. This subsection is also not intended to prohibit a facility from accepting memorial gifts in any amount from family members of deceased relatives, nor is it intended to prohibit a facility from accepting testamentary bequests in any amount from the estates of deceased residents.

(6) **Medical Director**. Each specialty care assisted living facility shall have a medical director who is a physician currently licensed to practice medicine in Alabama. The medical director is responsible for implementation of resident care policies, and the coordination of medical care in the facility. The medical director shall participate in quality assurance activities in the facility. A nurse practitioner or physician's assistant shall not serve as the medical director of a specialty care assisted living facility.

(7) **Registered Professional Nurse**. Each facility shall have at least one RN. An RN may also serve as the administrator or as the care coordinator, but not as both. In all instances where the facility's RN is assigned other duties as an administrator or care coordinator the facility must assure that the RN devotes sufficient time and effort to all clinical duties.

(a) Responsibility. The RN shall be responsible for oversite and coordination of resident care.

1. The RN shall assess the residents in the specialty care assisted living facility.

2. The RN shall develop, document, and evaluate resident plans of care.

3. The RN shall consult with the administrator on all issues of resident safety, health, and wellbeing.

4. The RN shall communicate significant resident changes to the resident's physician and sponsor or responsible family member.

5. The RN shall identify staff training needs and ensure needed training is appropriately provided.

6. The RN shall direct the practice of any licensed practical nurse.

(8) **Care Coordinator.** There shall be a care coordinator who will manage the daily routine delivery of resident care. This person shall be an LPN or RN. An LPN care coordinator shall work under the supervision of the RN in the management and delivery of resident care.

(9) **Training.**

(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. An RN shall identify staff training needs and shall provide or arrange for needed training. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that, prior to resident contact, all staff members receive training on the subject matter listed below:

1. State law and rules on specialty care assisted living facilities.

2. Facility policies and procedures.

3. Resident rights.

4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.

5. Identifying and reporting abuse, neglect, and exploitation.

6. Basic first aid.

7. Advance directives.

8. Protecting resident confidentiality.

9. Resident fire and environmental safety.

(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.

(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.

(d) Cardiopulmonary Resuscitation. A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of a specialty care assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. A specialty care assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or the American Red Cross in CPR or AED utilization.

(e) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.

(f) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.

Author: Rick Harris, Kelley Mitchell
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