

**COLORADO**Department of Public
Health & Environment

To: Members of the State Board of Health

From: Cheryl McMahon, Home and Community Facilities Branch Chief, Health Facilities and Emergency Medical Services Division

Through: D. Randy Kuykendall, Director, *DRK*

Date: October 22, 2020

Subject: Request for a Rulemaking Hearing concerning 6 CCR 1011-1, Chapter 7, Assisted Living Residences

In April 2018, the Board of Health adopted revisions to 6 CCR 1011-1, Chapter 7, Assisted Living Residences. At that time, the rules had not undergone a comprehensive review in over 20 years, and the revisions, developed over a two-year stakeholder process, resulted in a chapter that was completely reorganized and renumbered, with thorough updates to both reflect industry standards of care and support the Division's specific health and safety expectations.

Although every effort was made at the time to address the concerns of stakeholders, some providers, namely owners/operators of small assisted living residences (those with 19 beds or fewer), had lingering concerns regarding some of the rule provisions and the potential impact that the implementation of the 2018 rules would have on their own operations, as well as the overall sustainability of the small assisted living residence (ALR) model of care. In response, Senate Resolution 18-005 was passed, requesting that work with stakeholders continue to ensure that the rules are modified as appropriate for small ALRs. Consistent with this request, the Division has engaged in subsequent stakeholder efforts, working with a workgroup comprised of small ALR representatives, along with the statutorily-created Assisted Living Advisory Committee, to evaluate and address those concerns.

In addition to identifying potential revisions through the Small ALR Workgroup process, the Division also identified some areas in need of revision for other reasons, such as updated federal laws, mitigation of unintended financial consequences, and specific feedback from stakeholders during the phased-in implementation of the 2018 rules (July 2018 through December 2020.) Issues have also been identified during the initial and ongoing experiences with and responses to the COVID-19 pandemic.

The Division is requesting that the Board schedule a public hearing on the proposed revisions to Chapter 7, Assisted Living Residences.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

Basis and Purpose.

The proposed revisions to Chapter 7 primarily originated through recommendations from the Assisted Living Advisory Committee (ALAC) based on feedback from small assisted living residence (ALR) providers, and feedback from other stakeholders. Additional changes and/or updates have been identified due to changes in other rule sets, federal laws, and the ongoing COVID-19 response.

Changes made in response to stakeholder feedback

When the Board adopted revisions to Chapter 7, Assisted Living Residences, in April 2018, the rules had not had a comprehensive review in over 20 years. The revisions resulted in a chapter that was completely reorganized, renumbered, and updated from the previous Chapter 7.

While the stakeholder process leading up to the 2018 revision was robust, lasting over two years, it was challenging to ensure revisions addressed the full range of ALRs licensed by CDPHE. For context, Chapter 7 is used to license and oversee ALRs ranging from small ALRs operating in single-family homes located in residential neighborhoods with 8 or fewer residents, to large ALRs with 200+ residents. Although every effort was made at the time to address the concerns of stakeholders across this spectrum during the 2018 stakeholder process, some providers, namely owners/operators of small ALRs (those with 19 or fewer beds), had lingering concerns regarding some of the rule provisions and the potential impact that the implementation of those rules would have on their own operations, as well as the overall sustainability of the small ALR model of care. In response, Senate Resolution 18-005 was passed, requesting that work with stakeholders continue to ensure that the rules are modified as appropriate for small ALRs. Consistent with this request, the Division has engaged in subsequent stakeholder efforts, working with a workgroup comprised of small ALR representatives, along with the statutorily-created Assisted Living Advisory Committee, to evaluate and address those concerns. The Division also worked with ALAC to address feedback from other sources, such as ombudsmen and/or provider organizations.

The proposed revisions based on stakeholder feedback include:

- **Administrator qualifications.** During the implementation of the rules passed in 2018, stakeholders found the new administrator qualifications to be too limiting, and not reflective of the intent to accommodate multiple combinations of education and experience to enable an individual to qualify as an administrator. In April 2019, the Department began issuing rule waivers for ALRs wishing to hire administrators with the combinations of education and experience which were inadvertently left out of the 2018 rule revision, as adopted by the Board. This was also an issue identified by the Small ALR Workgroup as an area of hardship. The Division has not observed any negative results from allowing these waivers, and the ALAC agreed with the recommendation to adopt additional pathways to demonstrate administrator qualifications. The proposed revisions codify those pathways into the rule language, allowing the Division to eliminate the waiver.

- **Training.** Revisions have been made to the general training requirements with specific considerations for small ALRs. Topics have been reorganized (e.g., moving some from initial orientation to required training and vice versa), and time requirements for when that training should be completed have been modified. The proposed rule takes into account what the stakeholders and ALAC felt ALR staff should have knowledge about prior to their first shift (initial orientation,) and separates those topics from those that can wait for on-the-job training, which is offered less frequently in small ALRs. For the training that applies to all ALRs, no topics were added or deleted, only reorganized. Training on resident care plans was added as a requirement for ALRs providing a secure environment, and the required hours of other training for that setting were reduced to offset that addition. These changes allow training to occur as topics become relevant to the care and services being provided.
- **Defining “volunteer.”** There are several places in the rules that require a volunteer providing ALR services to meet the same standards as staff, such as criminal history record checks, training, maintenance of a personnel file, etc. Providers expressed concern that these requirements could be interpreted too broadly, since there was no definition of “volunteer” in the chapter. “Volunteer” is now defined, providing clarity for the application of these volunteer-related standards.
- **Food safety.** Several minor revisions were made to the standards related to food safety for small ALR facilities with 19 beds or fewer, including clarification around glove use, food holding temperatures, food sources, and dishwasher requirements. These revisions were developed with the assistance of the Division of Environmental Health and Sustainability after several meetings with the small ALR workgroup members to discuss food safety practices and expectations in small ALR settings.
- **Medication destruction and disposal.** Current rules require ALRs to dispose of expired or otherwise unneeded/unused medications at least every 30 days. During rule implementation, this was found to be financially burdensome on providers due to the costs associated with medication disposal. The proposed revisions now require medications be destroyed in accordance with federal, state, and local regulations within 30 days, and continue to require disposal in compliance with the State’s Hazardous Waste regulations.
- **Ombudsman-related standards.** Revisions are proposed to clarify facility reporting to state and local ombudsmen agencies. Revisions also clarify that “access to residents” includes access to residents’ contact information in order to ensure ombudsman access when in-person contact cannot occur, as experienced during the Division’s COVID-19 response.
- **Applicability of FGI exceptions.** The Division is responsible for setting standards for ALRs to ensure “the premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care to the residents” (Section 25-27-104(2)(c), C.R.S.) As part of the 2018 revision of the ALR rules, standards from the Facilities Guidelines Institute (FGI) were adopted for this purpose. During that revision process, the Division agreed with stakeholders that there were standards within FGI that would be difficult for ALRs with 10 beds or fewer to meet. Therefore, the current rules include exceptions to the FGI requirements that the ALR have a gurney-sized elevator, and that each resident have access to a bathroom without entering a corridor. The proposed revision removes the 10 beds or fewer language, and instead applies the exceptions to ALRs in residential neighborhoods operating in structures that were built as single-family homes. The change should provide more flexibility for ALRs, while still meeting the intent of the exceptions in the current rules.

Miscellaneous corrections and updates

There are a number of revisions proposed that did not originate from the Small ALR Workgroup process or broader stakeholder feedback. These originated due to changes in 6 CCR 1011-1, Chapter 2, General Licensure Standards and federal law, internal review, new information from external sources, and the passage of time.

- Removed language regarding incorporation by reference, as the information is now incorporated within 6 CCR 1011-1, Chapter 2, General Licensure Standards, and is no longer necessary to include within Chapter 7.
- Added requirements for the identification, reporting, investigation and documentation of injuries of unknown origin, and for policies related to the same. These are not new requirements. They had been previously included in rules referring to statutorily-required occurrence reporting and investigation. However, no such requirement is included in the occurrence statute. While not a statutory occurrence, investigation of injuries of unknown origin is an important step for facilities to take in order to rule out abuse or mistreatment and identify opportunities for staff training. This requirement was therefore made a stand-alone requirement within the rules.
- Revised language about fingerprint-based criminal history record checks of owners and administrators for consistency with statutory authority.
- Struck detailed language around occurrence reporting, instead referring to the standards in Chapter 2, to both clarify and ensure consistency between chapters.
- Struck general language around FGI building standards, as those standards are now in Chapter 2. (ALR-specific FGI requirements and exceptions remain in this Chapter 7.)
- Updated references to Chapter 2, General Licensure Standards, throughout the chapter, and revised definitions to reflect the current Chapter 2 language.
- Added language to ensure an ALR's infection control policies are based on nationally-recognized guidelines and comply with CDPHE guidance.
- Deleted language around phased-in fee increases, as all implementation dates have now passed.
- Updated the federal statutory reference for ombudsman requirements, as the federal law was updated in 2020. A correction was also made to a reference to Colorado statutes related to the ombudsman.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Section 25-27-104, C.R.S.

Section 25-27-111, C.R.S.

Is this rulemaking due to a change in state statute?

Yes, the bill number is _____. Rules are ___ authorized ___ required.
 No

Does this rulemaking include proposed rule language that incorporate materials by reference?

Yes URL
 No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes
 No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/S/B
Assisted Living Residences Licensees	707	C
Residents living in ALRs	Over 20,000*	B
Industry organizations	3	S
Consumer advocacy groups	6	S
*estimate based on 25,150 licensed ALR beds		

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

These revisions primarily clarify existing rule language, making it easier for providers to comply with the rules, which will result in increased resident safety. The proposed rule is expected to improve the experience or outcomes for all populations, including previously disenfranchised, un-served or underserved, or marginalized populations.

Economic outcomes

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

Licensees should experience an overall cost benefit from these proposed revisions, including:

- The change from requiring medication disposal every 30 days, which stakeholders reported costing approximately \$500 per disposal, to allowing medications to be

destroyed (rendered non-retrievable to prevent diversion) within 30 days, and disposed of less frequently, resulting in lower costs for providers.

- The addition of multiple pathways for meeting administrator qualifications should make it easier for ALRs to recruit and fill administrator positions.
- Changing from a bed-based limit to a broader definition for exemptions from specified FGI requirements may expand the ability of small ALR owners to operate in residential settings.

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Favorable non-economic outcomes include:

- C: Removing the time requirement on staff training, in current rules as no later than 30 days after hire, and instead requiring the training be complete prior to staff working independently with residents, gives ALRs more flexibility to provide training on an as-needed basis.

The requirement for ALRs to base their infection control policies on nationally-recognized guidelines and guidance from CDPHE provides facilities with more information regarding what infection control should address, which is expected to mitigate future difficulties similar to those that have been encountered in the Division's COVID-19 response and day-to-day infectious disease prevention, both for the facilities trying to provide quality care, and for the residents receiving that care.

- S: Clarifying that ombudsmen "access to residents" includes not only in-person access, but access to residents' contact information, enables the ombudsmen to better fulfill their advocacy and oversight role. The Ombudsman Office reported difficulty in obtaining residents' contact information from ALRs for telephone and video contact when in-person contact was not possible. This change will provide better protection to ALR residents by increasing their access to ombudsmen.

- B: Clarifications around the meaning of "volunteer," requirements for infection control policies and practices, and more detailed rules on investigations of injuries of unknown origin offer better protection of ALR residents, while making compliance with the rules easier for providers.

Requiring staff training prior to the staff working independently increases resident safety by ensuring staff have the knowledge to provide appropriate care at the time they are assigned to provide it.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

- A. Anticipated CDPHE personal services, operating costs or other expenditures:

N/A

Anticipated CDPHE Revenues:

N/A

- B. Anticipated personal services, operating costs or other expenditures by another state agency:

N/A

Anticipated Revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

- Comply with a statutory mandate to promulgate rules.
 Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
 Maintain alignment with other states or national standards.
 Implement a Regulatory Efficiency Review (rule review) result
 Improve public and environmental health practice.
 Implement stakeholder feedback.
 Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities
 Goal 2, Increase Efficiency, Effectiveness and Elegance
 Goal 3, Improve Employee Engagement
 Goal 4, Promote health equity and environmental justice
 Goal 5, Prepare and respond to emerging issues, and
 Comply with statutory mandates and funding obligations

Strategies to support these goals:

- Substance Abuse (Goal 1)
 Mental Health (Goal 1, 2, 3 and 4)
 Obesity (Goal 1)
 Immunization (Goal 1)
 Air Quality (Goal 1)
 Water Quality (Goal 1)
 Data collection and dissemination (Goal 1, 2, 3, 4, 5)
 Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
 Employee Engagement (Goal 1, 2, 3)
 Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
 Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
 Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

Inaction would cause a gap in criminal history record check procedures for ALR owners and administrators, leaving in place rules that are inconsistent with statutory authority. Additional outdated references to Colorado and federal law, and 6 CCR 1011-1, Chapter 2, General Licensure Standards, could create confusion regarding the authority for rules and application of these licensing rules.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The rules as proposed are not expected to result in additional costs from the current rule, as they do not substantially change any operational principles, and were developed with substantial stakeholder involvement. The proposed rules represent the most cost-effective option for achieving the desired protection of health, safety, and welfare for residents of ALRs.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The Division is responsible for setting standards for ALRs to ensure “the premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care to the residents” (Section 25-27-104(2)(c), C.R.S.) The 2018 revision of the ALR rules adopted standards from the Facilities Guidelines Institute (FGI) for this purpose, and exempted ALRs with 10 or fewer beds from two specific standards that would require a gurney-sized elevator and resident access to a bathroom without entering a corridor. Despite these exceptions, one of the lingering concerns from ALR operators was the potential impact that compliance with other FGI standards could have on ALRs with 10 or fewer beds. During this revision process, the Small ALR Workgroup made a recommendation to the statutory Assisted Living Advisory Committee (ALAC) that some ALRs be fully exempt from all FGI standards. The ALAC thoroughly discussed the recommendation from the Small ALR Workgroup in the context of the Division’s responsibility for setting these standards, the lack of identification of specific standards that were problematic for the Small ALR Workgroup, and the ability of non-ALR facility types of similar sizes to comply with FGI. Based on these factors, the ALAC recommended the FGI standards should continue to apply to all ALRs.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

In developing the proposed rules, the Division considered material provided by stakeholders, Division experience providing ongoing technical support and compliance inspections during the rollout period for the 2018 rules, and experiences in completing COVID-19-related surveys of ALRs. In order to inform deliberations and decisions regarding whether additional FGI requirements should be exempted for small ALRs, the Division worked with its FGI Plan Review and Safety Services Unit to research, review, and compile comprehensive information regarding the use of FGI across the country, and compared the 2018 edition of the Facility Guidelines Institute standards to the draft standards being considered for the 2022 version. Food safety and medication destruction/disposal changes were

made in collaboration with Department subject matter experts in food safety and hazardous waste.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1011-1, Chapter 7, Assisted Living Residences

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Organization	Representative Name and Title (if known)
Colorado Health Care Association	**Ann Kokish, Associate Director, Long-Term Care Services
LeadingAge Colorado	**Deborah Lively, Director of Public Policy & Public Affairs,
Colorado Assisted Living Association and St. Bernadette Assisted Living	**,*Lyle Campbell, Owner/Administrator
Denver Regional Council of Governments	**Shannon Gimble, Ombudsman Program Manager
Alzheimer's Association	**Tina Wells, Director of Regional Programs
Spectrum Retirement Communities	**Dana Andreski, Executive Director
Millbrook Homes Assisted Living	**Janet Cornell, Administrator
Northern Colorado Living Solutions	**Tamra Murer, Owner
Upper Arkansas Area Council of Governments	**Theresa Gerstmeyer, Lead Ombudsman
Good Samaritan Society-Estes Park Village	**Julie Lee, Executive Manager
Boulder County Area on Aging	**Tina Wells, Ombudsman
Colorado Department of Health Care Policy and Financing	Cassandra Keller, Alternate Care Facility Specialist, Diane Byrne, Brain Injury Waiver Administrator
Disability Law Colorado	Leah McMahon, State Long-Term Care Ombudsman, Jeremy Bell, Assistant State Long-Term Care Ombudsman
Colorado Gerontological Society	Eileen Doherty, Pat Cook
Belmont Senior Care	*Andrea Sanchez
A Loving Hand Assisted Living	*Janelle Molina, Owner/Administrator
Constant Care Assisted Living Homes	*Jeff Reynolds, Director
Life Quality Homes Memory Care	*Tracie Nicoll
Solange Assisted Living Facility	*Christel Aime, Owner
Broadmoor Court Assisted Living	*Linda Hodges, Executive Director
Turnberry Place Assisted Living Facility	*Rachel Roberts
Monarch Greens Assisted Living	*Erin Ellis
Shamrock Manor	Michelle Westerman
The Kyle Group	Corky Kyle
Bethhaven House	Mike Van de Cateele
Continuum Health	Linda Metzler

A Wildflower Assisted Living	Nicole Schiavone
Jackson Creek Senior Living	Dena Mackey, Executive Director
Florence Care Homes	Jane Chess
Leading Age Colorado	Terry Zamell, Senior Policy Analyst
Pinkowski Law Firm	Michelle Pinkowski, Attorney
Colorado Department of Public Health and Environment	Therese Pilonetti, Division of Environmental Health and Sustainability
	Michelle Billups

* Small ALR Workgroup participant

** Assisted Living Advisory Committee member

Stakeholder process and timeline:

April 2018—Board of Health adoption of in-depth revision and reorganization of 6 CCR 1011-1, Chapter 7, Assisted Living Residences, effective June 2018.

July 2018 to December 2020—Division implementation of a soft rollout of 2018 adopted rules to perform compliance monitoring, address concerns with the small ALR workgroup, develop a standardized survey inspection process, provide ongoing technical assistance, and work with the Joint Budget Committee on funding through the Decision Item Process.

June 2018 to October 2019—Small ALR Workgroup process

- June 2018—Memo to stakeholders soliciting membership for the Small ALR Workgroup
 - Work estimated to last one year.
 - Purpose of workgroup was to evaluate how specific areas of the 2018 revisions would be applied in small ALRs, specifically those with 19 or fewer beds, and make formal suggestions to the ALAC on any guidance documents or amendments to the rules as they relate specifically to assisted living facilities of that size.
- September 2018 through October 2019
 - 15 2-hour meetings with the Small ALR Workgroup
 - Work focused on 5 areas of concern—Administrator Qualifications, Personnel, Food Safety, FGI, and Secure Environment.
 - Meetings periodically included subject matter experts and presentations related to Food Safety and FGI.
 - Between 5 and 10 owners/operators of ALRs with 19 beds or fewer were in attendance at each meeting.
- Meeting information was posted on the Division’s website, and distributed to all ALRs and other interested parties through the Division’s messaging portal in advance of meetings.

September 2019–August 2020 (with 3-month hiatus from March to May 2020 for COVID-19 response)—Assisted Living Advisory Committee (ALAC) process

- September 2019—Small ALR Workgroup presents recommendations to ALAC
- October 2019, and January, February, June, and July 2020—ALAC discussion of Small ALR Workgroup recommendations, with additional Small ALR Workgroup participation. During these meetings, changes originating outside of the Small ALR Workgroup process were also discussed by the ALAC.

- August 2020—Final consideration of proposed rules
- Agendas and proposed rule language were posted on the Division’s website in advance of every meeting, as well as sent to all ALRs and other interested parties through the Division’s messaging portal.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

- Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking
- Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department’s efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

Administrator Qualifications. During the process of revising the ALR rules in 2018, the Department and stakeholders discussed the need for ALRs to have administrators be able to meet minimum qualifications through a variety of methods. Inadvertently, several alternative methods based on combinations of education and experience, which had been discussed with stakeholders and approved by the ALAC, were removed from the rules prior to their adoption by the Board of Health. In April 2019, the Department began issuing rule waivers for ALRs wishing to hire administrators who met the requirements of these alternative methods. These alternatives of a combination of education and experience are being included in this rulemaking as they have been found to be a successful way of filling these positions.

Definition of Volunteer. There are several locations throughout the rules that reference requirements for staff or a “volunteer providing ALR services,” such as criminal history record checks, training, or maintenance of a personnel file. Without a definition of volunteer, or a definition for what “providing ALR services” means in the context of the rule, stakeholders felt that clarification was needed. The Department developed, with stakeholder input, a definition of volunteer that eliminates the need to distinguish between “volunteers providing ALR services” and other types of volunteers. The Department has also agreed to issue further guidance, if necessary, that would include examples of which visitors, such as holiday carolers, would not be considered volunteers under the proposed definition.

Staff Training. While stakeholders agreed training is an important component of ensuring ALR staff are able to provide safe, appropriate care, they expressed concerns about the time requirements (to be completed no later than 30 days after hire). Through the discussion process, stakeholders were able to identify which training would be necessary before an individual started working, and which training could wait until the individual provided the specific service/activity that was the focus of the training. The proposed

rules remove the specific time requirement of 30 days, and instead allow training to be completed prior to staff being assigned a new task and working independently to perform that task.

Two areas had a lack of consensus between the recommendations of the Small ALR Workgroup (workgroup) and the recommendations of the Assisted Living Advisory Committee (ALAC):

FGI. The Small ALR Workgroup recommended to the ALAC that ALRs with 19 beds or fewer should not be required to comply with any of the building standards from the Facilities Guidelines Institute (FGI), citing the difficulty and cost of compliance. The Department repeatedly requested the workgroup provide details on which specific FGI standards were problematic, in order to explore appropriate alternatives. The Department also suggested the workgroup members reach out to group homes regulated under 6 CCR 1011-1, Chapter 8, Facilities for Persons with Developmental Disabilities, as they share several characteristics with the small ALRs (i.e., number of residents, Medicaid funding, located in residential homes/neighborhoods,) and have been successfully complying with FGI for some time. The workgroup did not identify specific standards that were problematic, and instead held firm on the recommendation that FGI should not be applied to ALRs with 19 or fewer beds. After considerable discussion, the ALAC recommended keeping FGI standards as they are. After the ALAC's recommendation, the Small ALR workgroup suggested removing the requirement of complying with 2018 FGI in the current rule and revisiting the appropriateness of FGI for ALRs with 19 beds or fewer once the 2022 version of FGI is published.

Upon review of the draft 2022 FGI regulations currently out for public comment, no substantive change was found in the standards between the 2018 and 2022 versions. The 2022 draft did move from defining a "small facility" in terms of bedrooms to defining facilities based on characteristics of the setting. Therefore the Department has proposed replacing "Small model assisted living facilities applying for a license for 10 beds or less" with "Assisted living residences that are located in single-family residential neighborhoods and are operating in structures designed to be single-family homes" in the rule language related to the current exceptions to FGI standards for gurney-sized elevators and access to bathrooms without entering a corridor, but keeping the remaining language regarding FGI compliance as is.

Awake Overnight Staff in Secure Environments. The workgroup recommended modifying the requirement that an ALR have at least one awake staff on duty at all hours to only apply when there are one or more residents who require assistance during the night, due to cost concerns. The ALAC raised concerns about not having awake staff due to the population served in a secure environment, and felt a resident could need assistance at night at any time, even if they had not previously needed assistance. Additional ALAC discussion covered the following points: the possibility of individuals being improperly admitted to a secure environment if they do not require overnight assistance; that Medicaid regulations require awake staff; and that, based on survey and complaint data, the Department has not seen evidence that small facilities have had difficulty complying with this regulation. After the discussion, the ALAC recommended keeping the requirement for awake staff as-is. The Department proposes no change to this requirement.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	X	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	X	Ensures a competent public and environmental health workforce or health care workforce.
	Other: _____ _____		Other: _____ _____

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
CHAPTER 7 - ASSISTED LIVING RESIDENCES

6 CCR 1011-1 Chapter 7

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on _____, 2020. Effective, _____, 2021.

2 ~~Adopted by the Board of Health on April 18, 2018.~~

3 TABLE OF CONTENTS

- 4 ~~Section PART 1 – Statutory Authority and Applicability~~
5 ~~Section PART 2 – Definitions~~
6 ~~Section PART 3 – Department Oversight~~
7 ~~Section PART 4 – Licensee Responsibilities~~
8 ~~Section PART 5 – Reporting Requirements~~
9 ~~Section PART 6 – Administrator~~
10 ~~Section PART 7 – Personnel~~
11 ~~Section PART 8 – Staffing Requirements~~
12 ~~Section PART 9 – Policies and Procedures~~
13 ~~Section PART 10 – Emergency Preparedness~~
14 ~~Section PART 11 – Resident Admission and Discharge~~
15 ~~Section PART 12 – Resident Care Services~~
16 ~~Section PART 13 – Resident Rights~~
17 ~~Section PART 14 – Medication and Medication Administration~~
18 ~~Section PART 15 – Laundry Services~~
19 ~~Section PART 16 – Food Safety~~
20 ~~Section PART 17 – Food and Dining Services~~
21 ~~Section PART 18 – Health Information Records~~
22 ~~Section PART 19 – Infection Control~~
23 ~~Section PART 20 – Physical Plant Standards~~
24 ~~Section PART 21 – Exterior Environment~~
25 ~~Section PART 22 – Interior Environment~~
26 ~~Section PART 23 – Environmental Pest Control~~

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

27 ~~Section~~ **PART 24 – Waste Disposal**

28 ~~Section~~ **PART 25 – Secure Environment**

29 **SECTION PART 1 – STATUTORY AUTHORITY AND APPLICABILITY**

30 1.1 Authority to establish minimum standards through regulation and to administer and enforce such
31 regulations is provided by §§~~SECTIONS~~ 25-1.5-103, 25-27-101, and 25-27-104, C.R.S.

32 1.2 Assisted living residences, as defined herein, shall comply with all applicable federal and state
33 statutes and regulations including, but not limited to, the following:

34 (A) This Chapter 7.;

35 (B) 6 CCR 1011-1, Chapter 2, ~~pertaining to general licensure standards~~ **GENERAL LICENSURE**
36 **STANDARDS.;**

37 (C) 6 CCR 1011-1, Chapter 24, **MEDICATION ADMINISTRATION REGULATIONS**, and §§~~SECTIONS~~
38 25-1.5-301 through 25-1.5-303 C.R.S., pertaining to medication administration.;

39 (D) **6 CCR 1010-2, COLORADO RETAIL FOOD ESTABLISHMENT REGULATIONS, PERTAINING TO**
40 **FOOD SAFETY, FOR RESIDENCES LICENSED FOR 20 OR MORE BEDS.;**

41 (E) **6 CCR 1009-1, EPIDEMIC AND COMMUNICABLE DISEASE CONTROL.;**

42 (D~~F~~) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and
43 Facilities, Section 13, Medical Waste. **AND**

44 (G) **6 CCR 1007-3, PART 262, STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE.**

45 1.3 ~~This regulation incorporates by reference (as indicated within) material originally published~~
46 ~~elsewhere. Such incorporation, however, excludes later amendments to or editions of the~~
47 ~~referenced material. Pursuant to § 24-4-103 (12.5), C.R.S., the Health Facilities and Emergency~~
48 ~~Medical Services Division of the Colorado Department of Public Health and Environment~~
49 ~~maintains copies of the incorporated texts in their entirety which shall be available for public~~
50 ~~inspection during regular business hours at:~~

51 Division Director
52 Colorado Department of Public Health and Environment
53 Health Facilities and Emergency Medical Services Division
54 4300 Cherry Creek Drive South
55 Denver, Colorado 80246-1530
56 Phone: (303) 692-2836

57 Certified copies of material will be provided by the division, at cost, upon request. Additionally,
58 any material that has been incorporated by reference may be examined in any state publications
59 depository library unless the incorporated material is publicly available on the internet. Copies of
60 the incorporated materials that have been sent to the state publications depository and
61 distribution center and are available for interlibrary loan.

Commented [A1]: No longer necessary, as FGI is now incorporated in Chapter 2.

62 **SECTION PART 2 – DEFINITIONS**

63 For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

64 **2.1** "Abuse" means any of the following acts or omissions:

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 65 (A) The non-accidental infliction of bodily injury, serious bodily injury or death,
- 66 (B) Confinement or restraint that is unreasonable under generally accepted caretaking
67 standards, or
- 68 (C) Subjection to sexual conduct or contact that is classified as a crime.
- 69 2.2 "Administrator" means a person who is responsible for the overall operation, daily administration,
70 management and maintenance of the assisted living residence. The term "administrator" is
71 synonymous with "operator" as that term is used in Title 25, Article 27, Part 1.
- 72 2.3 "Activities of daily living (ADLs)" means those personal functional activities required by an
73 individual for continued well-being, health and safety. As used in this Chapter 7, activities of daily
74 living include, but are not limited to, accompaniment, eating, dressing, grooming, bathing,
75 personal hygiene (hair care, nail care, mouth care, positioning, shaving, skin care), mobility
76 (ambulation, positioning, transfer), elimination (using the toilet) and respiratory care.
- 77 2.4 "Alternative care facility" means an assisted living residence certified by the Colorado Department
78 of Health Care Policy and Financing to receive Medicaid reimbursement for the services provided
79 pursuant to 10 CCR 2505-10, sSection 8.495.
- 80 2.5 "Appropriately skilled professional" means an individual that has the necessary qualifications
81 and/or training to perform the medical procedures prescribed by a practitioner. This includes, but
82 is not limited to, registered nurse, licensed practical nurse, physical therapist, occupational
83 therapist, respiratory therapist, and dietitian.
- 84 2.6 "Assisted living residence" or "ALR" means:
- 85 (A) A residential facility that makes available to three or more adults not related to the owner
86 of such facility, either directly or indirectly through a resident agreement with the resident,
87 room and board and at least the following services: personal services; protective
88 oversight; social care due to impaired capacity to live independently; and regular
89 supervision that shall be available on a twenty-four-hour basis, but not to the extent that
90 regular twenty-four hour medical or nursing care is required, or
- 91 (B) A Supportive Living Program residence that, in addition to the criteria specified in
92 paragraph (a) above ~~THE ABOVE PARAGRAPH~~, is certified by the Colorado Department of
93 Health Care Policy and Financing to also provide health maintenance activities,
94 behavioral management and education, independent living skills training and other
95 related services as set forth in the supportive living program regulations at 10 CCR 2505-
96 10, sSection 8.515.
- 97 (C) Unless otherwise indicated, the term "assisted living residence" is synonymous with the
98 terms "health care entity," "health facility," or "facility" as used elsewhere in 6 CCR 1011-
99 1, Standards for Hospitals and Health Facilities.
- 100 2.7 "At-risk person" means any person who is 70 years of age or older, or any person who is 18 years
101 of age or older and meets one or more of the following criteria:
- 102 (A) Is impaired by the loss (or permanent loss of use) of a hand or foot, blindness or
103 permanent impairment of vision sufficient to constitute virtual blindness;
- 104 (B) Is unable to walk, see, hear or speak;
- 105 (C) Is unable to breathe without mechanical assistance;

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 106 (D) Is a person with an intellectual and developmental disability as defined in §SECTION 25.5-
107 10-202, C.R.S.;
- 108 (E) Is a person with a mental health disorder as defined in §SECTION 27-65-102(11.5),
109 C.R.S.;
- 110 (F) Is mentally impaired as defined in §SECTION 24-34-501(1.3)(b)(II), C.R.S.;
- 111 (G) Is blind as defined in §SECTION 26-2-103(3), C.R.S.; or
- 112 (H) Is receiving care and treatment for a developmental disability under Article 10.5 of Title
113 27, C.R.S.
- 114 2.8 “Auxiliary aid” means any device used by persons to overcome a physical disability and includes
115 but is not limited to a wheelchair, walker or orthopedic appliance.
- 116 2.9 “Care plan” means a written description, in lay terminology, of the functional capabilities of an
117 individual, the individual’s need for personal assistance, service received from external providers,
118 and the services to be provided by the facility in order to meet the individual’s needs. In order to
119 deliver person-centered care, the care plan shall take into account the resident’s preferences and
120 desired outcomes. “Care plan” may also mean a service plan for those facilities which are
121 licensed to provide services specifically for the mentally ill.
- 122 2.10 “Caretaker neglect” means neglect that occurs when adequate food, clothing, shelter,
123 psychological care, physical care, medical care, habilitation, supervision or any other service
124 necessary for the health or safety of an at-risk person is not secured for that person or is not
125 provided by a caretaker in a timely manner and with the degree of care that a reasonable person
126 in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence
127 or intimidation to create a hostile or fearful environment for an at-risk person.
- 128 2.11 “Certified nurse medication aide (CNA-Med)” means a certified nurse aide who meets the
129 qualifications specified in 3 CCR 716-1, ~~Chapter 19~~ **RULE 1.19**, and who is currently certified as a
130 nurse aide with medication aide authority by the State Board of Nursing.
- 131 2.12 “Controlled substance” means any medication that is regulated and classified by the Controlled
132 Substances Act at 21 U.S.C., §812 as being schedule II through V.
- 133 2.13 “Deficiency” means a failure to fully comply with any statutory and/or regulatory requirements
134 applicable to a licensed assisted living residence.
- 135 2.14 “Deficiency list” means a listing of deficiency citations which contains a statement of the statute or
136 regulation violated; and a statement of the findings, with evidence to support the deficiency.
- 137 2.15 “Department” means the Colorado Department of Public Health and Environment or its designee.
- 138 2.16 “Disproportionate share facilities” means facilities that serve a disproportionate share of low
139 income residents as evidenced by having qualified for federal or state low income housing
140 assistance; planning to serve low income residents with incomes at or below 80 percent of the
141 area median income; and submitting evidence of such qualification, as required by the
142 Department.
- 143 2.17 “Discharge” means termination of the resident agreement and the resident’s permanent departure
144 from the facility.

Commented [A2]: 3 CCR 716-1 was revised with an effective date of 12/15/19, and no longer refers to chapters. The use of “Rule 1.19” is consistent with the internal language used within 3 CCR 715-1.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 145 **2.18** “Egress alert device” means a device that is affixed to a structure or worn by a resident that
 146 triggers a visual or auditory alarm when a resident leaves the building or grounds. Such devices
 147 shall only be used to assist staff in redirecting residents back into the facility when staff are
 148 alerted to a resident’s departure from the facility as opposed to restricting the free movement of
 149 residents.
- 150 **2.19** “Emergency contact” means one of the individuals identified on the face sheet of the resident
 151 record to be contacted in the case of an emergency.
- 152 **2.20** “Exploitation” means an act or omission committed by a person who:
- 153 (A) Uses deception, harassment, intimidation or undue influence to permanently or
 154 temporarily deprive an at-risk person of the use, benefit or possession of anything of
 155 value;
- 156 (B) Employs the services of a third party for the profit or advantage of the person or another
 157 person to the detriment of the at-risk person;
- 158 (C) Forces, compels, coerces or entices an at-risk person to perform services for the profit or
 159 advantage of the person or another person against the will of the at-risk person; or
- 160 (D) Misuses the property of an at-risk person in a manner that adversely affects the at-risk
 161 person’s ability to receive health care, health care benefits, or to pay bills for basic needs
 162 or obligations.
- 163 **2.21** “External services” means personal services and protective oversight services provided to a
 164 resident by family members or healthcare professionals who are not employees, contractors, or
 165 volunteers of the facility. External service providers include, but are not limited to, home health,
 166 hospice, private pay caregivers and family members.
- 167 **2.22** “High Medicaid utilization facility” means a facility that has no less than 35 percent of its licensed
 168 beds occupied by Medicaid enrollees as indicated by complete and accurate fiscal year claims
 169 data; and served Medicaid clients and submitted claims data for a minimum of nine (9) months of
 170 the relevant fiscal year.
- 171 **2.23** “Hospice care” means a comprehensive set of services identified and coordinated by an external
 172 service provider in collaboration with the resident, family and assisted living residence to provide
 173 for the physical, psychosocial, spiritual and emotional needs of a terminally ill resident as
 174 delineated in a care plan. Hospice care services shall be available 24 hours a day, seven days a
 175 week pursuant to the requirements for hospice providers set forth in 6 CCR 1011-1, Chapter 21,
 176 Hospices.
- 177 **2.24** “Licensee” means the person or entity to whom a license is issued by the Department pursuant to
 178 §SECTION 25-1.5-103 (1) (a), C.R.S., to operate an assisted living residence within the definition
 179 herein provided. For the purposes of this Chapter 7, the term “licensee” is synonymous with the
 180 term “owner.”
- 181 **2.25** “Medical waste” means waste that may contain disease causing organisms or chemicalS that
 182 present potential health hazards such as discarded surgical gloves, sharps, blood, human tissue,
 183 PRESCRIPTION OR OVER-THE-COUNTER pharmaceutical waste, and laboratory waste.
- 184 **2.26** “Medication administration” means assisting a person in the ingestion, application, inhalation, or,
 185 using universal precautions, rectal or vaginal insertion of medication, including prescription drugs,
 186 according to the legibly written or printed directions of the attending physician or other authorized

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

187 practitioner, or as written on the prescription label, and making a written record thereof with
188 regard to each medication administered, including the time and the amount taken.

189 (A) MEDICATION ADMINISTRATION DOES NOT INCLUDE:

190 (1) MEDICATION MONITORING; OR

191 (2) SELF-ADMINISTRATION OF PRESCRIPTION DRUGS OR THE SELF-INJECTION OF MEDICATION
192 BY A RESIDENT.

193 (B) MEDICATION ADMINISTRATION BY A QUALIFIED MEDICATION ADMINISTRATION PERSON (QMAP)
194 DOES NOT INCLUDE JUDGEMENT, EVALUATION, ASSESSMENTS, OR INJECTING MEDICATION
195 (UNLESS OTHERWISE AUTHORIZED BY LAW IN RESPONSE TO AN EMERGENT SITUATION.)

196 ~~“Medication administration” by a qualified medication administration person does not include judgment,
197 evaluation, or assessments or the injections of medication (unless otherwise authorized by law in
198 response to an emergent situation), the monitoring of medication, or the self-administration of medication,
199 including prescription drugs and including the self-injection of medication by the resident.~~

Commented [A3]: Moved to a subsection of “Medication Administration” definition, above, for clarity.

200 2.27 “Medication monitoring” means:

201 (A) Reminding the resident to take medication(s) at the time ordered by the authorized
202 practitioner;

203 (B) Handing to a resident a container or package of medication that was lawfully labeled
204 previously by an authorized practitioner for the individual resident;

205 (C) Visual observation of the resident to ensure compliance;

206 (D) Making a written record of the resident’s compliance with regard to each medication,
207 including the time taken; and

208 (E) Notifying the authorized practitioner if the resident refuses or is unable to comply with the
209 practitioner’s instructions regarding the medication.

210 2.28 “Mistreatment” means abuse, caretaker neglect, or exploitation.

211 2.29 “Nurse” means an individual who holds a current unrestricted license to practice pursuant to
212 Article ~~38~~ 255 of Title 12, C.R.S., and is acting within the scope of such authority.

Commented [A4]: Title 12 was reorganized/renumbered during the 2019 legislative session. Old Article 38 = New Article 255, which is the Nurse Practice Act

213 2.30 “Nursing services” means support for activities of daily living, the administration of medications,
214 and the provision of treatment by a nurse in accordance with orders from the resident’s
215 practitioner.

216 2.31 “Owner” means the person or business entity that applies for assisted living residence licensure
217 and/or in whose name the license is issued.

218 2.32 “Palliative care” means specialized medical care for people with serious illnesses. This type of
219 care is focused on providing residents with relief from the symptoms, pain and stress of serious
220 illness, whatever the diagnosis. The goal is to improve quality of life for both the resident and the
221 family. Palliative care is provided by a team of physicians, nurses and other specialists who work
222 with a resident’s other health care providers to provide an extra layer of support. Palliative care is
223 appropriate at any age and at any stage in a serious illness and can be provided together with
224 curative treatment. Unless otherwise indicated, the term “palliative care” is synonymous with the
225 terms “comfort care,” “supportive care,” and similar designations.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 226 **2.33** “Personal care worker” means an individual who:
- 227 (A) Provides personal services for any resident; and
- 228 (B) Is not acting in his or her capacity as a health care professional under Articles ~~36, 38,~~
 229 ~~40.5 or 41~~ **240, 255, 270, or 285** of Title 12 of the Colorado Revised Statutes.
- 230 **2.34** “Personal services” means those services that an assisted living residence and its staff provide
 231 for each resident including, but not limited to:
- 232 (A) An environment that is sanitary and safe from physical harm,
- 233 (B) Individualized social supervision,
- 234 (C) Assistance with transportation, and
- 235 (D) Assistance with activities of daily living.
- 236 **2.35** “Plan of correction” means a written plan to be submitted by facilities **AN ASSISTED LIVING**
 237 **RESIDENCE** to the Department for approval, detailing the measures that shall be taken to correct all
 238 cited deficiencies.
- 239 **2.36** “Practitioner” means a physician, physician assistant or advance practice nurse (i.e., nurse
 240 practitioner or clinical nurse specialist) who has a current, unrestricted license to practice and is
 241 acting within the scope of such authority.
- 242 **2.37** “Pressure sore” (also called pressure ulcer, decubitus ulcer, bed-sore or skin breakdown) means
 243 an area of the skin or underlying tissue (muscle, bone) that is damaged due to loss of blood flow
 244 to the area. Symptoms and medical treatment of pressure sores are based upon the level of
 245 severity or “stage” of the pressure sore.
- 246 (A) Stage 1 affects only the upper layer of skin. Symptoms include pain, burning, or itching
 247 and the affected area may look or feel different from the surrounding skin.
- 248 (B) Stage 2 goes below the upper surface of the skin. Symptoms include pain, broken skin,
 249 or open wound that is swollen, warm, and/or red, and may be oozing fluid or pus.
- 250 (C) Stage 3 involves a sore that looks like a crater and may have a bad odor. It may show
 251 signs of infection such as red edges, pus, odor, heat, and/or drainage.
- 252 (D) Stage 4 is a deep, large sore. The skin may have turned black and show signs of
 253 infection such as red edges, pus, odor, heat and/or drainage. Tendons, muscles, and
 254 bone may be visible.
- 255 **2.38** “Protective oversight” means guidance of a resident as required by the needs of the resident or
 256 as reasonably requested by the resident, including the following:
- 257 (A) Being aware of a resident’s general whereabouts, although the resident may travel
 258 independently in the community; and
- 259 (B) Monitoring the activities of the resident while on the premises to ensure the resident’s
 260 health, safety and well-being, including monitoring the resident’s needs and ensuring that
 261 the resident receives the services and care necessary to protect the resident’s health,
 262 safety, and well-being.

Commented [A5]: Title 12 was reorganized/renumbered during the 2019 legislative session.
 Old Article 36 = New Article 240, Colorado Medical Practice Act
 Old Article 38 = New Article 255, Nurse Practice Act
 Old Article 40.5 = New Article 270, Occupational Therapy Practice Act
 Old Article 41 = New Article 285, Physical Therapy Practice Act

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 263 2.39 "Qualified medication administration person" or "QMAP" means an individual who passed a
 264 competency evaluation administered by the Department before July 1, 2017, or passed a
 265 competency evaluation administered by an approved training entity on or after July 1, 2017, and
 266 whose name appears on the Department's list of persons who have passed the requisite
 267 competency evaluation.
- 268 2.40 ~~"Renovation" means any change, addition or modification to the existing physical plant which~~
 269 ~~requires an increase in capacity to structural, mechanical, or electrical systems; that adds square~~
 270 ~~footage; or that adds, removes or relocates walls, windows or doors. MEANS THE MOVING OF WALLS~~
 271 ~~AND RECONFIGURING OF EXISTING FLOOR PLANS. IT INCLUDES THE REBUILDING OR UPGRADING OF MAJOR~~
 272 ~~SYSTEMS, INCLUDING BUT NOT LIMITED TO: HEATING, VENTILATION, AND ELECTRICAL SYSTEMS. IT ALSO~~
 273 ~~MEANS THE CHANGING OF THE FUNCTIONAL OPERATION OF THE SPACE.~~
- 274 (A) RENOVATIONS DO NOT INCLUDE "MINOR ALTERATIONS," WHICH ARE BUILDING CONSTRUCTION
 275 PROJECTS WHICH ARE NOT ADDITIONS, WHICH DO NOT AFFECT THE STRUCTURAL INTEGRITY OF
 276 THE BUILDING, WHICH DO NOT CHANGE FUNCTIONAL OPERATION, AND/OR WHICH DO NOT ADD
 277 BEDS OR CAPACITY ABOVE WHAT THE FACILITY IS LIMITED TO UNDER THE EXISTING LICENSE.
- 278 2.41 "Resident's legal representative" means one of the following:
- 279 (A) The legal guardian of the resident, where proof is offered that such guardian has been
 280 duly appointed by a court of law, acting within the scope of such guardianship;
- 281 (B) An individual named as the agent in a power of attorney (POA) that authorizes the
 282 individual to act on the resident's behalf, as enumerated in the POA;
- 283 (C) An individual selected as a proxy decision-maker pursuant to §SECTION 15-18.5-101,
 284 C.R.S., et seq., to make medical treatment decisions. For the purposes of this regulation,
 285 the proxy decision-maker serves as the resident's legal representative for the purposes of
 286 medical treatment decisions only; or
- 287 (D) A conservator, where proof is offered that such conservator has been duly appointed by a
 288 court of law, acting within the scope of such conservatorship.
- 289 2.42 "Restraint" means any method or device used to involuntarily limit freedom of movement
 290 including, but not limited to, bodily physical force, mechanical devices, chemicals, or confinement.
- 291 2.43 "Secure environment" means any grounds, building or part thereof, method, or device that
 292 prohibits free egress of residents. An environment is secure when the right of any resident thereof
 293 to move outside the environment during any hours is limited.
- 294 2.44 "Self-administration" means the ability of a resident to take medication independently without any
 295 assistance from another person.
- 296 2.45 "Staff" means employees and contracted individuals intended to substitute for or supplement
 297 employees who provide resident care PERSONAL services. "Staff" does not include individuals
 298 providing external services, as defined herein.
- 299 2.46 "Therapeutic diet" means a diet ordered by a practitioner OR REGISTERED DIETICIAN as part of a
 300 treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients
 301 in the diet. Examples include, but are not limited to, a calorie counted diet; a specific sodium gram
 302 diet; and a cardiac diet.
- 303 2.47 "Transfer" means being able to move from one body position to another. This includes, but is not
 304 limited to, moving from a bed to a chair or standing up from a chair to grasp an auxiliary aid.

Commented [A6]: Modified for consistency with Chapter 2.
 Included here instead of just referring to Ch. 2 for clarity and ease of
 use.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

305 2.48 ~~“VOLUNTEER” MEANS AN UNPAID INDIVIDUAL PROVIDING PERSONAL SERVICES ON BEHALF OF AND/OR~~
306 ~~UNDER THE CONTROL OF THE ASSISTED LIVING RESIDENCE. “VOLUNTEER” DOES NOT INCLUDE~~
307 ~~INDIVIDUALS VISITING THE ASSISTED LIVING RESIDENCE FOR THE PURPOSES OF RESIDENT ENGAGEMENT.~~

Commented [A7]: Added to clarify the meaning of volunteer throughout the rules (background checks, training, personnel files, etc.). The term “personal services” is from the definition of “staff”, above.

308 **SECTION PART 3 – DEPARTMENT OVERSIGHT**

309 Licensure

310 3.1 Applicants for an initial or renewal license shall follow the licensure procedures outlined in 6 CCR
311 1011-1, Chapter 2, Parts ~~2.3 through 2.40.~~

312 (A) In addition, each license renewal applicant shall annually submit, in the form and manner
313 prescribed by the Department, information about the facility’s operations, resident care,
314 and services.

315 3.2 The Department may issue a provisional license to an applicant for the purpose of operating an
316 assisted living residence for one period of 90 days if the applicant is temporarily unable to
317 conform to all the minimum standards required under these regulations, except no license shall
318 be issued to an applicant if the operation of the applicant’s facility will adversely affect the health,
319 safety, and welfare of the residents of such facility.

320 (A) As a condition of obtaining a provisional license, the applicant shall provide the
321 Department with proof that it is attempting to conform and comply with applicable
322 standards. No provisional license shall be granted prior to the submission of a criminal
323 background check in accordance with ~~§~~SECTION 25-27-105 (2.5), C.R.S.

324 3.3 Each owner or applicant shall request a ~~background~~ **CRIMINAL HISTORY RECORD** check.

Commented [A8]: Modified to be consistent with statute.

325 (A) If an owner or applicant for an initial assisted living residence license has lived in
326 Colorado for more than three (3) years at the time of the initial application, said individual
327 shall request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based
328 criminal history record check with notification of future arrests.

329 (B) If an owner or applicant for an initial assisted living residence license has lived in
330 Colorado for three (3) years or less at the time of the initial application, said individual
331 shall ~~request a fingerprint-based criminal history record check generated by the Federal~~
332 ~~Bureau of Investigation through the CBI.~~

333 (1) **REQUEST FROM THE COLORADO BUREAU OF INVESTIGATION (CBI) A STATE**
334 **FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK WITH NOTIFICATION OF FUTURE**
335 **ARRESTS; AND**

336 (2) **OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH ADDITIONAL STATE IN**
337 **WHICH THE APPLICANT HAS LIVED FOR THE PAST THREE YEARS, CONDUCTED BY THE**
338 **RESPECTIVE STATES’ BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW**
339 **ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT AS DETERMINED BY THE**
340 **DEPARTMENT.**

341 (C) The cost of obtaining such information shall be borne by the individual or individuals who
342 are the subject of such check. ~~The information shall be forwarded by the CBI directly to~~
343 ~~the Department.~~

344 (D) **THE RESULTS OF THE CHECK SHALL BE FORWARDED TO THE DEPARTMENT AS FOLLOWS:**

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

345 (1) FOR RESULTS FROM CBI, THE INFORMATION SHALL BE FORWARDED BY CBI TO THE
346 DEPARTMENT.

347 (2) FOR EQUIVALENT AGENCIES IN OTHER STATES, THE INFORMATION SHALL BE
348 FORWARDED BY THE AGENCY TO THE DEPARTMENT IF AUTHORIZED BY SUCH STATE. IF
349 SUCH AUTHORIZATION DOES NOT EXIST, THE RESULTS SHALL BE FORWARDED TO THE
350 DEPARTMENT BY THE INDIVIDUAL.

351 (E) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF AN
352 APPLICANT REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE APPLICANT SHALL
353 SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD CHECK.

Commented [A9]: Added for consistency with Section 25-27-105(2.5)(a.7), C.R.S.

354 3.4 No license shall be issued or renewed by the Department if an owner, applicant, and/ or licensee
355 of the assisted living residence has been convicted of a felony or of a misdemeanor, which felony
356 or misdemeanor involves moral turpitude or involves conduct that the Department determines
357 could pose a risk to the health, safety, or welfare of residents of the assisted living residence.

358 3.5 An assisted living residence shall not care for more residents than the number of beds for which it
359 is currently licensed.

360 License Fees

361 Unless otherwise specified, all license fees paid to the Department shall be non-refundable.

362 3.6 Initial Licenses

363 For initial license applications submitted on or after July 1, 2018, the THE applicable fee, as set
364 forth below, shall accompany the license application.

365	3 to 8 licensed beds:	\$6,300
366	9 to 19 licensed beds:	\$7,300
367	20 to 49 licensed beds:	\$8,750
368	50 to 99 licensed beds:	\$11,550
369	100 or more licensed beds:	\$14,750
370	Qualifying disproportionate share facility:	\$3,000

371 3.7 Renewal Fees

372 (A) For licenses that expire before July 1, 2018, the applicable fee as set forth below, shall
373 accompany the renewal application:

- 374 \$180 per facility plus \$47 per bed.
- 375 \$180 per facility plus \$19 per bed for a high Medicaid utilization facility.

376 (B) For licenses that expire on or after July 1, 2018, the applicable fee(s), as set forth below,
377 shall accompany the renewal application:

- 378 \$360 per facility plus \$67 per bed.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 379 ~~\$360 per facility plus \$23 per bed for a high Medicaid utilization facility.~~
- 380 ~~\$350 per secure environment that is separate and distinct from a non-secure~~
381 ~~environment.~~
- 382 (C) ~~For licenses that expire on or after July 1, 2019, t~~ The applicable fee(s), as set forth
383 below, shall accompany the renewal application:
- 384 \$360 per facility plus \$103 per bed.
- 385 \$360 per facility plus \$38 per bed for a high Medicaid utilization facility.
- 386 \$350 per secure environment that is separate and distinct from a non-secure
387 environment.
- 388 3.8 Provisional Licensure. Any facility approved by the Department for a provisional license, shall
389 submit a fee of \$1,000 for the provisional licensure period.
- 390 3.9 Change of Ownership
- 391 (A) The applicable fee, as set forth below, shall accompany a facility's application for change
392 of ownership.
- 393 Three to 19 licensed beds: \$6,250.
- 394 20 to 49 licensed beds: \$7,800.
- 395 50 to 99 licensed beds: \$10,600
- 396 100 licensed beds and more: \$13,700
- 397 (B) If the same purchaser buys more than one facility from the same seller in a single
398 business transaction, the change of ownership fee shall be the fee noted above for the
399 largest facility and \$4,500 for each additional facility included in the transaction. The
400 appropriate fee total shall be submitted with the application.
- 401 3.10 Other License Fees
- 402 (A) A facility applying for a change of mailing address, shall submit a fee of \$75 with the
403 application. For purposes of this ~~subsection~~ **SUBPART**, a corporate change of address for
404 multiple facilities shall be considered one change of address.
- 405 (B) A facility applying for a change of name shall submit a fee of \$75 with the application.
- 406 (C) A facility applying for an increased number of licensed beds shall submit a fee of \$500
407 with the application.
- 408 (D) A facility applying for a change of administrator shall submit a fee of \$500 with the
409 application.
- 410 (E) A facility seeking to open a new secure environment shall submit a fee of \$1,600 with the
411 first submission of the applicable building plans.
- 412 Citing Deficiencies

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

413 3.11 The level of the deficiency shall be based upon the number of sample residents affected and the
 414 level of harm, as follows:

415 Level A – isolated potential for harm for one or more residents.

416 Level B – a pattern of potential for harm for one or more residents.

417 Level C – isolated actual harm affecting one or more residents.

418 Level D – a pattern of actual harm affecting one or more residents.

419 Level E (Immediate Jeopardy) – actual or potential for serious injury or harm for one or more
 420 residents.

421 3.12 When a Level E deficiency is cited, the assisted living residence shall immediately remove the
 422 cause of the immediate jeopardy risk and provide the Department with written evidence that the
 423 risk has been removed.

424 Plans of Correction

425 3.13 Pursuant to ~~§SECTION~~ 25-27-105 (2), C.R.S., an assisted living residence shall submit a written
 426 plan detailing the measures that will be taken to correct any deficiencies.

427 (A) Plans of correction shall be in the format prescribed by the Department and conform to
 428 the requirements set forth in 6 CCR 1011-1, Chapter 2, Part 2-11-4~~2.10(B)~~;

429 (B) The Department has the discretion to approve, impose, modify, or reject a plan of
 430 correction as set forth in 6 CCR 1011-1, Chapter 2, Part 2-11-4~~2.10(B)~~;

Commented [A10]: Updated for 2019 revisions to Ch. 2

Commented [A11]: Updated for 2019 revisions to Ch. 2

431 Intermediate Restrictions or Conditions

432 3.14 Section 25-27-106, C.R.S., allows the Department to impose intermediate restrictions or
 433 conditions on a licensee that may include at least one of the following:

434 (A) Retaining a consultant to address corrective measures including deficient practice
 435 resulting from systemic failure;

436 (B) Monitoring by the Department for a specific period;

437 (C) Providing additional training to employees, owners, or operators of the residence;

438 (D) Complying with a directed written plan, to correct the violation; or

439 (E) Paying a civil fine not to exceed two thousand dollars (\$2,000) in a calendar year.

440 3.15 Intermediate restrictions or conditions may be imposed for Level A, B and C deficiencies when
 441 the Department finds the assisted living residence has violated statutory or regulatory
 442 requirements. The factors that may be considered include, but are not limited to, the following:

443 (A) The level of actual or potential harm to a resident(s);

444 (B) The number of residents affected;

445 (C) Whether the conduct leading to the imposition of the restriction are isolated or a pattern;
 446 and

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 447 (D) The licensee's prior history of noncompliance in general, and specifically with reference
 448 to the cited deficiencies.
- 449 3.16 For all cases where the deficiency list includes Levels D or E deficiencies, the assisted living
 450 residence shall comply with at least one intermediate restriction or condition. In addition, for all
 451 level E deficiencies, the assisted living residence shall:
- 452 (A) Pay a civil fine of \$500, not to exceed \$2,000 in a calendar year; ;
- 453 (B) Immediately correct the circumstances that gave rise to the immediate jeopardy
 454 situation; ; and
- 455 (C) Comply with any other restrictions or conditions required by the Department.
- 456 Appealing the Imposition of Intermediate Restrictions/Conditions
- 457 3.17 A licensee may appeal the imposition of an intermediate restriction or condition pursuant to
 458 procedures established by the Department and as provided by §SECTION 25-27-106, C.R.S.
- 459 (A) Informal Review
- 460 Informal review is an administrative review process conducted by the Department that
 461 does not include an evidentiary hearing.
- 462 (1) A licensee may submit a written request for informal review of the imposition of
 463 an intermediate restriction no later than ten (10) business days after the date
 464 notice is received from the Department of the restriction or condition. If an
 465 extension of time is needed, the assisted living residence shall request an
 466 extension in writing from the Department prior to the submittal due date. An
 467 extension of time may be granted by the Department not to exceed seven (7)
 468 calendar days. Informal review may be conducted after the plan of correction has
 469 been approved.
- 470 (2) For civil fines, the licensee may request, in writing that, the informal review be
 471 conducted in person, which would allow the licensee to orally address the
 472 informal reviewer(s).
- 473 (B) Formal Review
- 474 A licensee may appeal the imposition of an intermediate restriction or condition in
 475 accordance with the Administrative Procedure Act (APA) at §SECTION 24-4-105, C.R.S. A
 476 licensee is not required to submit to the Department's informal review before pursuing
 477 formal review under the APA.
- 478 (1) For life-threatening situations, the licensee shall implement the restriction or
 479 condition immediately upon receiving notice of the restriction or condition.
- 480 (2) For situations that are not life-threatening, the restriction or condition shall be
 481 implemented in accordance with the type of condition as set forth below:
- 482 (a) For restriction/conditions other than fines, immediately upon the
 483 expiration of the opportunity for appeal or from the date that the
 484 Department's decision is upheld after all administrative appeals have
 485 been exhausted.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 486 (b) For fines, within 30 calendar days from the date the Department's
 487 decision is upheld after all administrative appeals have been exhausted.
- 488 Supported Living Program Oversight
- 489 3.18 An assisted living residence that is certified to participate in the Supported Living Program
 490 administered by the Department of Healthcare Policy and Financing (HCPF) shall comply with
 491 both HCPF's regulations concerning that program and the applicable portions of this chapter. The
 492 Department shall coordinate with HCPF in regulatory interpretation of both license and
 493 certification requirements to ensure that the intent of similar regulations is congruently met.
- 494 **SECTION PART 4 – LICENSEE RESPONSIBILITIES**
- 495 4.1 The licensee shall assume responsibility for all services provided by the assisted living residence,
 496 ~~INCLUDING THOSE PROVIDED BY CONTRACT.~~
- 497 4.2 The licensee shall ensure the provision of facilities, personnel, and services necessary for the
 498 welfare and safety of residents.
- 499 4.3 The licensee shall ensure that all marketing, advertising, and promotional information published
 500 or otherwise distributed by the assisted living residence accurately represents the ALR and the
 501 care, treatment, and services that it provides.
- 502 4.4 The licensee shall establish, and ensure the maintenance of, a system of financial management
 503 and accountability for the assisted living residence.
- 504 4.5 The licensee shall appoint an administrator who meets the minimum qualifications set forth in
 505 ~~this~~ ~~THESE~~ regulations and delegate to that individual the executive authority and responsibility for
 506 the administration of the assisted living residence.
- 507 **SECTION PART 5 – REPORTING REQUIREMENTS**
- 508 At-Risk Persons Mandatory Reporting
- 509 5.1 Assisted living residence personnel engaged in the admission, care or treatment of at-risk
 510 persons shall report suspected physical or sexual abuse, exploitation and/or caretaker neglect to
 511 law enforcement within 24 hours of observation or discovery pursuant to ~~§SECTION~~ 18-6.5-108,
 512 C.R.S.
- 513 Resident Relocation Reporting
- 514 5.2 The assisted living residence shall notify the Department within 48 hours if the relocation of one
 515 or more residents occurs due to any portion of the assisted living residence becoming
 516 uninhabitable. ~~because of fire or other disaster.~~
- 517 Occurrence Reporting
- 518 5.3 An assisted living residence shall comply with all occurrence reporting required by state law and
 519 shall follow the reporting procedures set forth ~~below~~ ~~IN 6 CCR 1011-1, CHAPTER 2, PART 4.2.~~
- 520 (A) ~~Notify the Department of the following items no later than the next business day after~~
 521 ~~discovery by the ALR:~~
- 522 (1) ~~Any occurrence involving neglect of a resident by failure to provide goods and~~
 523 ~~services necessary to avoid the resident's physical harm or mental anguish;~~

Commented [A12]: Referring to Ch. 2 in order to properly reflect statute.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 524 (2) Any occurrence involving abuse of a resident by the willful infliction of injury,
 525 unreasonable confinement, intimidation or punishment with resulting physical
 526 harm, pain or mental anguish;
- 527 (3) Any occurrence involving an injury of unknown source where the source of the
 528 injury cannot be explained, and the injury is suspicious because of the extent or
 529 location of the injury; or
- 530 (4) Any occurrence involving misappropriation of a resident's property including the
 531 deliberate misplacement, exploitation or wrongful use of a resident's belongings
 532 or money without the resident's consent.
- 533 (BA) AN ASSISTED LIVING RESIDENCE SHALL investigate an occurrence to determine the
 534 circumstances of the event and institute appropriate measures to prevent similar future
 535 situations.
- 536 (16) Documentation regarding THE investigation, including the appropriate measures
 537 to be instituted, shall be made available to the Department, upon request.
- 538 (GB) AN ASSISTED LIVING RESIDENCE SHALL submit the assisted living residence's final
 539 investigation report to the Department within five business days after the initial report of
 540 the occurrence.
- 541 (DC) Nothing in this section PART 5.3 shall be construed to limit or modify any statutory or
 542 common law right, privilege, confidentiality, or immunity.
- 543 **SECTION PART 6 – ADMINISTRATOR**
- 544 ~~Background~~ **CRIMINAL HISTORY RECORD checks**
- 545 6.1 In order to ensure that the administrator is of good, moral, and responsible character, the assisted
 546 living residence shall request a fingerprint-based criminal history record check with notification of
 547 future arrests for each prospective administrator prior to hire.
- 548 (A) If an administrator applicant has lived in Colorado for more than three (3) years at the
 549 time of application, the assisted living residence shall request FROM THE COLORADO
 550 BUREAU OF INVESTIGATION (CBI) A STATE FINGERPRINT-BASED the criminal history record
 551 check WITH NOTIFICATION OF FUTURE ARRESTS. from the Colorado Bureau of Investigation
 552 (CBI).
- 553 (B) If an administrator applicant has lived in Colorado for less than three (3) years at the time
 554 of application, the assisted living residence shall: request the criminal history record
 555 check from the Federal Bureau of Investigation through the CBI,
- 556 (1) REQUEST FROM THE CBI A STATE FINGERPRINT-BASED CRIMINAL HISTORY RECORD
 557 CHECK WITH NOTIFICATION OF FUTURE ARRESTS; AND
- 558 (2) OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH ADDITIONAL STATE IN
 559 WHICH THE APPLICANT HAS LIVED FOR THE PAST THREE (3) YEARS, CONDUCTED BY THE
 560 RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW
 561 ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT AS DETERMINED BY THE
 562 DEPARTMENT.

Commented [A13]: Requirement to report injuries of unknown origin was removed from occurrence reporting at 5.3(A)(3) because it isn't a statutory occurrence. Now require ALRs to have a policy to investigate injuries of unknown origin at 9.1(E). The requirement to investigate injuries of unknown origin is added as a new section at 13.12

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

563 (C) The cost of obtaining such information shall be borne by the individual who is the subject
 564 of such check. The information shall be forwarded TO THE DEPARTMENT IN ACCORDANCE
 565 WITH PART 3.3(D) OF THESE RULES. By the CBI directly to the Department.

566 (D) WHEN THE RESULTS OF A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK OF AN
 567 ADMINISTRATOR APPLICANT REVEAL A RECORD OF ARREST WITHOUT A DISPOSITION, THE
 568 ADMINISTRATOR APPLICANT SHALL SUBMIT TO A NAME-BASED CRIMINAL HISTORY RECORD
 569 CHECK.

Commented [A14]: Added for consistency with Section 25-27-105(2.5)(a.7), C.R.S.

570 Qualifications

571 6.2 An administrator who is recognized by the Department as having been an assisted living
 572 residence administrator of record prior to July 1, 2019, shall not be required to meet the criteria in
 573 section PART 6.3.

574 6.3 Effective July 1, 2019, e Each newly hired administrator who does not qualify under section PART
 575 6.2, shall be at least 21 years of age, possess a high school diploma or equivalent, and at least
 576 one year of experience supervising the delivery of personal care services that include activities of
 577 daily living. IF THE ADMINISTRATOR DOES NOT HAVE THE REQUIRED ONE YEAR OF EXPERIENCE
 578 SUPERVISING THE DELIVERY OF PERSONAL CARE SERVICES INCLUDING ACTIVITIES OF DAILY LIVING, THEY
 579 SHALL DEMONSTRATE THEY HAVE ONE OR MORE OF THE FOLLOWING:

Commented [A15]: Added language mirrors the ALR Administrator Waiver Notice

580 (A) AN ACTIVE, UNRESTRICTED COLORADO NURSING HOME ADMINISTRATOR LICENSE;

581 (B) AN ACTIVE, UNRESTRICTED COLORADO REGISTERED NURSE LICENSE PLUS AT LEAST SIX (6)
 582 MONTHS OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR PERIOD;

583 (C) AN ACTIVE, UNRESTRICTED COLORADO LICENSED PRACTICAL NURSE LICENSE PLUS AT LEAST
 584 ONE YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
 585 PERIOD;

586 (D) A BACHELOR'S DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST
 587 ONE YEAR OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
 588 PERIOD;

589 (E) AN ASSOCIATE'S DEGREE WITH EMPHASIS IN HEALTH CARE OR HUMAN SERVICES PLUS AT LEAST
 590 TWO (2) YEARS OF WORK EXPERIENCE IN HEALTH CARE DURING THE PREVIOUS TEN (10)-YEAR
 591 PERIOD;

592 (F) THIRTY (30) CREDIT HOURS FROM AN ACCREDITED COLLEGE OR UNIVERSITY WITH AN EMPHASIS
 593 IN HEALTH CARE OR HUMAN SERVICES PLUS THREE (3) YEARS OF WORK EXPERIENCE IN HEALTH
 594 CARE DURING THE PREVIOUS TEN (10)-YEAR PERIOD;

595 (G) FIVE (5) OR MORE YEARS OF MANAGEMENT OR SUPERVISORY WORK IN THE FIELD OF
 596 GERIATRICS, HUMAN SERVICES, OR PROVIDING CARE FOR THE PHYSICALLY AND/OR COGNITIVELY
 597 DISABLED DURING THE PREVIOUS TEN (10)-YEAR PERIOD; OR

598 (H) A COLLEGE DEGREE IN ANY FIELD PLUS TWO (2) YEARS OF HEALTH CARE EXPERIENCE.

599 6.4 EACH ADMINISTRATOR OF AN ASSISTED LIVING RESIDENCE SHALL ENSURE THAT QUALIFIED MEDICATION
 600 ADMINISTRATION PERSONS (QMAPs) COMPLY WITH THE MEDICATION ADMINISTRATION REQUIREMENTS
 601 AND LIMITATIONS IN 6 CCR 1011-1, CHAPTER 24, AND SECTIONS 25-1.5-301 THROUGH 25-1.5-303,
 602 C.R.S.

603 Training

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 604 6.4 Each administrator shall have completed an administrator training program before assuming an
605 administrator position. Written proof regarding the successful completion of such training program
606 shall be maintained in the administrator's personnel file.
- 607 6.5 ~~Effective January 1, 2019, an AN~~ administrator training program shall meet all of the following
608 requirements:
- 609 (A) The program or program components are conducted by an accredited college, university,
610 or vocational school; or an organization, association, corporation, group, or agency with
611 specific expertise in the provision of residential care and services; and
- 612 (B) The curriculum includes at least 40 actual hours, 20 of which shall focus on applicable
613 state regulations. The remaining 20 hours shall provide an overview of the following
614 topics:
- 615 (1) Business operations including, but not limited to,
- 616 (a) Budgeting,
- 617 (b) Business plan/service model,
- 618 (c) Insurance,
- 619 (d) Labor laws,
- 620 (e) Marketing, messaging and liability consequences, and
- 621 (f) Resident agreement.
- 622 (2) Daily business management including, but not limited to,
- 623 (a) Coordination with external service providers (i.e., community and support
624 services including case management, referral agencies, mental health
625 resources, ombudsmen, adult protective services, hospice, and home
626 care),
- 627 (b) Ethics, and
- 628 (c) Grievance and complaint process.
- 629 (3) Physical plant
- 630 (4) Resident care including, but not limited to,
- 631 (a) Admission and discharge criteria,
- 632 (b) Behavior expression management,
- 633 (c) Care needs assessment,
- 634 (d) Fall management,
- 635 (e) Nutrition,
- 636 (f) Person-centered care,

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 637 (g) Personal versus skilled care,
- 638 (h) Quality management education,
- 639 (i) Resident rights,
- 640 (j) Sexuality and aging,
- 641 (k) Secure environment, and
- 642 (l) Medication Management.
- 643 (5) Resident psychosocial needs including, but not limited to,
- 644 (a) Cultural competency (ethnicity, race, sexual orientation),
- 645 (b) Family involvement and dynamics,
- 646 (c) Mental health care (maintaining good mental health and recognizing
- 647 symptoms of poor mental health),
- 648 (d) Palliative care standards, and
- 649 (e) Resident engagement.
- 650 6.6 Competency testing shall be performed to demonstrate that the individuals trained have a
- 651 comprehensive, evidence-based understanding of the regulations and topics.
- 652 Duties
- 653 6.7 The administrator shall be responsible for the overall DAY-TO-DAY operation of the assisted living
- 654 residence, including, but not limited to:
- 655 (A) Managing the day-to-day delivery of services to ensure residents receive the care that is
- 656 described in the resident agreement, the comprehensive resident assessment, and the
- 657 resident care plan;
- 658 (B) Organizing and directing the assisted living residence's ongoing functions including
- 659 physical maintenance;
- 660 (C) Ensuring that resident care services conform to the requirements set forth in ~~section~~PART
- 661 12 of this chapter;
- 662 (D) Employing, training, and supervising qualified personnel;
- 663 (E) Providing continuing education for all personnel;
- 664 (F) Establishing and maintaining a written organizational chart to ensure there are well-
- 665 defined lines of responsibility and adequate supervision of all personnel;
- 666 (G) Reviewing the marketing materials and information published by an assisted living
- 667 residence to ensure consistency with the services actually provided by the ALR;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 668 (H) Managing the business and financial aspects of the assisted living residence which
 669 includes working with the licensee to ensure there is an adequate budget to provide
 670 necessary resident services;;
- 671 (I) Completing, maintaining, and submitting all reports and records required by the
 672 Department;;
- 673 (J) Complying with all applicable federal, state, and local laws concerning licensure and
 674 certification; and
- 675 (K) Appointing and supervising a qualified designee who is capable of satisfactorily fulfilling
 676 the administrator's duties when the administrator is unavailable.
- 677 (1) The name and contact information for the administrator or qualified designee on
 678 duty shall always be readily available to the residents and public.
- 679 (2) The administrator or qualified designee shall always, whether on or off site, be
 680 readily accessible to staff.
- 681 (3) When a qualified designee is acting as administrator in an assisted living
 682 residence that is licensed for more than 12 beds, there shall be at least one other
 683 staff member on duty whose primary responsibility is the daily care of residents.

684 **SECTION PART 7 – PERSONNEL**

685 Background **CRIMINAL HISTORY RECORD Checks**

- 686 7.1 In order to ensure that staff members and volunteers are of good, moral, and responsible
 687 character, the assisted living residence shall request, prior to **STAFF hire OR VOLUNTEER ON-**
 688 **BOARDING**, a name-based criminal history record check for each prospective staff member and
 689 volunteer ~~providing ALR services~~.
- 690 (A) If the applicant has lived in Colorado for more than three (3) years at the time of
 691 application, the assisted living residence shall obtain a name-based criminal history
 692 report conducted by the Colorado Bureau of Investigation (CBI).
- 693 (B) If the applicant has lived in Colorado for three years or less at the time of application, the
 694 assisted living residence shall obtain a name-based criminal history report for each state
 695 in which the applicant has lived for the past three years, conducted by the respective
 696 states' bureaus of investigation or equivalent state-level law enforcement agency or other
 697 name-based report as determined by the Department.
- 698 (C) The cost of obtaining such information shall be borne by the assisted living residence, the
 699 contract staffing agency or the individual who is the subject of such check, as
 700 appropriate.

701 Background Check Policies and Procedures

- 702 7.2 If the assisted living residence becomes aware of information that **INDICATES** a current
 703 administrator, staff member, or volunteer ~~providing ALR services~~ could pose a risk to the health,
 704 safety, and welfare of the residents and/or that such individual is not of good, moral, and
 705 responsible character, the assisted living residence shall request an updated criminal history
 706 record check for such individual from the CBI and/or other relevant law enforcement agency.

Commented [A16]: Definitions of staff and volunteer use the term "personal services" instead of ALR services. Striking here, as redundant to the definition.

Commented [A17]: Definitions of staff and volunteer use the term "personal services" instead of ALR services. Striking here, as redundant to the definition.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

707 7.3 The assisted living residence shall develop and implement policies and procedures regarding the
 708 hiring or continued service of any administrator, staff member, or volunteer providing ALR
 709 services whose criminal history records do not reveal good, moral, and responsible character or
 710 demonstrate other conduct that could pose a risk to the health, safety, or welfare of the residents.

Commented [A18]: Definitions of staff and volunteer use the term "personal services" instead of assisted living services. Striking here, as redundant to the definition.

711 (A) At a minimum, the assisted living residence shall consider and address the following
 712 items:

- 713 (1) The history of convictions, pleas of guilty or no contest;
- 714 (2) The nature and seriousness of the crime(s);
- 715 (3) The time that has elapsed since the convictions;
- 716 (4) Whether there are any mitigating circumstances; and
- 717 (5) The nature of the position to which the individual will be assigned.

718 Ability to Perform Job Functions

719 ~~7.4~~ Each staff member and volunteer ~~providing assisted living services~~ shall be physically and
 720 mentally able to adequately and safely perform all functions essential to resident care.

Commented [A19]: "volunteer" is now defined in Part 2.

Commented [A20]: Definitions of staff and volunteer use the term "personal services" instead of assisted living services. Striking here, as redundant to the definition.

721 7.5 The assisted living residence shall select direct care staff based on such factors as the ability to
 722 read, write, carry out directions, communicate and demonstrate competency to safely and
 723 effectively provide care and services.

724 7.6 The assisted living residence shall establish written policies concerning pre-employment physical
 725 evaluations and employee health. Those policies shall include, at a minimum:

- 726 (A) Tuberculin skin testing of each staff member and volunteer ~~who provides ALR services~~
 727 prior to direct contact with residents; and
- 728 (B) The imposition of work restrictions on direct care staff who are known to be affected with
 729 any illness in a communicable stage. At a minimum, such staff shall be barred from direct
 730 contact with residents or resident food.

Commented [A21]: Definitions of staff and volunteer use the term "personal services" instead of ALR services. Striking here, as redundant to the definition.

731 7.7 The assisted living residence shall have policies and procedures restricting on-site access by
 732 staff or volunteers with drug or alcohol use that would adversely impact their ability to provide
 733 resident care and services.

734 Orientation

Commented [A22]: No topics were removed, only moved to, and reordered in, a combined orientation/training section, below.

735 ~~7.8~~ The assisted living residence shall ensure that each staff member and volunteer who provides
 736 ALR services complete an initial orientation before providing care and services to a resident.
 737 Such orientation shall include, at a minimum, all of the following topics:

- 738 (A) ~~The care and services provided by the assisted living residence including palliative and/or~~
 739 ~~end of life care, if applicable,~~
- 740 (B) ~~Resident rights,~~
- 741 (C) ~~Overview of state regulatory oversight applicable to the assisted living residence,~~
- 742 (D) ~~Hand Hygiene and infection control,~~

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 743 (E) — Recognizing emergencies, emergency response policies and procedures, and relevant
 744 emergency contact numbers;
- 745 (F) — House rules;
- 746 (G) — Person-centered care, and
- 747 (H) — Reporting requirements.
- 748 Staff Training
- 749 7.9 — Within 30 days of hire, the assisted living residence shall provide each staff member with training
 750 relevant to that staff member's duties and responsibilities. This training may include self-study
 751 courses. If the assisted living residence uses a volunteer to perform any staff functions, that
 752 volunteer shall receive the same training as staff. The staff training shall include, but is not limited
 753 to, the following topics:
- 754 (A) — Assignment of duties and responsibilities;
- 755 (B) — Assisted living residence policies and procedures;
- 756 (C) — Occurrence reporting;
- 757 (D) — Recognizing behavioral expression and management techniques;
- 758 (E) — How to effectively communicate with residents that have hearing loss, limited English
 759 proficiency, dementia, or other conditions that impair communication;
- 760 (F) — Emergency procedures including fire response, basic first aid, automated external
 761 defibrillator (AED) use, if applicable, practitioner assessment, and serious illness, injury
 762 and/or death of a resident;
- 763 (G) — The role of and communication with external service providers;
- 764 (H) — Training related to fall prevention and ways to monitor residents for signs of heightened
 765 fall potential such as deteriorating eyesight, unsteady gait, and increasing limitations that
 766 restrict mobility;
- 767 (I) — Where to immediately locate a resident's advance directive;
- 768 (J) — Maintenance of a clean, safe and healthy environment including appropriate cleaning
 769 techniques;
- 770 (K) — Understanding end of life care including hospice and palliative care;
- 771 (L) — How to safely provide lift assistance, accompaniment, and transport of residents; and
- 772 (M) — Food safety.
- 773
- 774 STAFF AND VOLUNTEER ORIENTATION AND TRAINING
- 775 7.8 THE ASSISTED LIVING RESIDENCE SHALL ENSURE THAT EACH STAFF MEMBER AND VOLUNTEER RECEIVES
 776 ORIENTATION AND TRAINING, AS FOLLOWS:

Commented [A23]: No topics were removed, only moved to, and reordered in, a combined orientation/training section, below.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

777 (A) THE ASSISTED LIVING RESIDENCE SHALL ENSURE EACH STAFF MEMBER OR VOLUNTEER
 778 COMPLETES AN INITIAL ORIENTATION PRIOR TO PROVIDING ANY CARE OR SERVICES TO A
 779 RESIDENT. SUCH ORIENTATION SHALL INCLUDE, AT A MINIMUM, ALL OF THE FOLLOWING TOPICS:

780 (1) THE CARE AND SERVICES PROVIDED BY THE ASSISTED LIVING RESIDENCE;

Commented [A24]: Formerly 7.8 (A)

781 (2) ASSIGNMENT OF DUTIES AND RESPONSIBILITIES, SPECIFIC TO THE STAFF MEMBER OR
 782 VOLUNTEER;

Commented [A25]: Formerly 7.9 (A)

783 (3) HAND HYGIENE AND INFECTION CONTROL;

Commented [A26]: Formerly 7.8 (D)

784 (4) EMERGENCY RESPONSE POLICIES AND PROCEDURES, INCLUDING:

Commented [A27]: Combined from what was formerly 7.8 (E) and 7.9 (F):
 7.8 (E) Recognizing emergencies, emergency response policies and procedures, and relevant emergency contact numbers
 7.9 (F) Emergency procedures including fire response, basic first aid, automated external defibrillator (AED) use, if applicable, practitioner assessment, and serious illness, injury and/or death of a resident.
 (4) header language, (a), and (b), from 7.8 (E).
 (c)-(g) from 7.9 (F)

785 (A) RECOGNIZING EMERGENCIES,

786 (B) RELEVANT EMERGENCY CONTACT NUMBERS,

787 (C) FIRE RESPONSE, INCLUDING FACILITY EVACUATION PROCEDURES

788 (D) BASIC FIRST AID,

789 (E) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE, IF APPLICABLE,

790 (F) PRACTITIONER ASSESSMENT, AND

791 (G) SERIOUS ILLNESS INJURY, AND/OR DEATH OF A RESIDENT.

792 (5) REPORTING REQUIREMENTS, INCLUDING OCCURRENCE REPORTING PROCEDURES
 793 WITHIN THE FACILITY;

Commented [A28]: Formerly 7.8 (H) "reporting requirements" and 7.9(C) "Occurrence reporting" as modified by ALAC recommendation

794 (6) RESIDENT RIGHTS;

Commented [A29]: Formerly 7.8 (B)

795 (7) HOUSE RULES;

Commented [A30]: Formerly 7.8 (F)

796 (8) WHERE TO IMMEDIATELY LOCATE A RESIDENT'S ADVANCE DIRECTIVE; AND

Commented [A31]: Formerly 7.9 (I)

797 (9) AN OVERVIEW OF THE ASSISTED LIVING RESIDENCE'S POLICIES AND PROCEDURES AND
 798 HOW TO ACCESS THEM FOR REFERENCE.
 799

Commented [A32]: Formerly 7.9 (B), as modified based on ALAC recommendation

800 (B) THE ASSISTED LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER OR VOLUNTEER WITH
 801 TRAINING RELEVANT TO THEIR SPECIFIC DUTIES AND RESPONSIBILITIES PRIOR TO THAT STAFF
 802 MEMBER OR VOLUNTEER WORKING INDEPENDENTLY. THIS TRAINING MAY BE PROVIDED THROUGH
 803 FORMAL INSTRUCTION, SELF-STUDY COURSES, OR ON-THE-JOB TRAINING, AND SHALL INCLUDE,
 804 BUT IS NOT LIMITED TO, THE FOLLOWING TOPICS:

Commented [A33]: Formerly 7.9 language as modified based on ALAC recommendation

805 (1) OVERVIEW OF STATE REGULATORY OVERSIGHT APPLICABLE TO THE ASSISTED LIVING
 806 RESIDENCE;

Commented [A34]: Formerly 7.8 (C)

807 (2) PERSON-CENTERED CARE;

Commented [A35]: Formerly 7.8 (G)

808 (3) THE ROLE OF AND COMMUNICATION WITH EXTERNAL SERVICE PROVIDERS;

Commented [A36]: Formerly 7.9 (G)

809 (4) RECOGNIZING BEHAVIORAL EXPRESSION AND MANAGEMENT TECHNIQUES, AS
 810 APPROPRIATE FOR THE POPULATION BEING SERVED;

Commented [A37]: Formerly 7.9 (D), as modified based on ALAC recommendation

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 811 (5) HOW TO EFFECTIVELY COMMUNICATE WITH RESIDENTS THAT HAVE HEARING LOSS,
- 812 LIMITED ENGLISH PROFICIENCY, DEMENTIA, OR OTHER CONDITIONS THAT IMPAIR
- 813 COMMUNICATION, AS APPROPRIATE FOR THE POPULATION BEING SERVED;

- 814 (6) TRAINING RELATED TO FALL PREVENTION AND WAYS TO MONITOR RESIDENTS FOR SIGNS
- 815 OF HEIGHTENED FALL POTENTIAL SUCH AS DETERIORATING EYESIGHT, UNSTEADY GAIT,
- 816 AND INCREASING LIMITATIONS THAT RESTRICT MOBILITY;

- 817 (7) HOW TO SAFELY PROVIDE LIFT ASSISTANCE, ACCOMPANIMENT, AND TRANSPORT OF
- 818 RESIDENTS;

- 819 (8) MAINTENANCE OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT INCLUDING
- 820 APPROPRIATE CLEANING TECHNIQUES;

- 821 (9) FOOD SAFETY; AND
- 822
- 823 (10) UNDERSTANDING THE STAFF OR VOLUNTEER'S ROLE IN END OF LIFE CARE INCLUDING
- 824 HOSPICE AND PALLIATIVE CARE.

Commented [A38]: Formerly 7.9 (E), as modified based on ALAC recommendation

Commented [A39]: Formerly 7.9 (H)

Commented [A40]: Formerly 7.9 (L)

Commented [A41]: Formerly 7.9 (J)

Commented [A42]: Formerly 7.9 (M), as modified by ALAC recommendation

Commented [A43]: Formerly 7.9 (K), as modified by ALAC recommendation

825 Personnel Policies

826 7.409 The assisted living residence shall develop and maintain written personnel policies, job
827 descriptions and other requirements regarding the conditions of employment, management of
828 staff and resident care to be provided, including, but not limited to, the following:

- 829 (A) The assisted living residence shall provide a job-specific orientation for each new staff
830 member and volunteer before they independently provide resident services;
- 831 (B) All staff members and volunteers who provide assisted living services shall be informed
832 of the purpose and objectives of the assisted living residence;
- 833 (C) All staff members and volunteers who provide assisted living services shall be given
834 access to the ALR's personnel policies and the ALR shall provide evidence that each
835 staff member and volunteer has reviewed them; and
- 836 (D) All staff members shall wear name tags or other identification that is visible to residents
837 and visitors.
 - 838 (1) The requirement for name tags may be waived if a majority of attendees at a
839 regularly scheduled assisted living resident meeting agree to do so.
 - 840 (a) The assisted living residence shall maintain documentation showing that
841 all residents and family members were provided advance notice
842 regarding the topic and meeting details.
 - 843 (b) The decision to waive the name tag requirement shall be raised and
844 reviewed at the assisted living resident meeting at least annually.

Commented [A44]: Definitions of staff and volunteer use the term "personal services" instead of assisted living services. Striking here, as redundant to the definition.

845 Personnel Files

846 7.140 The assisted living residence shall maintain a personnel file for each of its employees and
847 volunteers. ~~who provides ALR services.~~

848 7.121 Personnel files for current employees and volunteers shall be readily available onsite for
849 Department review.

Commented [A45]: Definitions of staff and volunteer use the term "personal services" instead of ALR services. Striking here, as redundant to the definition.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 850 7.132 Each personnel file shall include, but not be limited to, written documentation regarding the
 851 following items:
- 852 (A) A description of the employee or volunteer duties;
- 853 (B) Date of hire or acceptance of volunteer service and date duties commenced;
- 854 (C) Orientation and training, including first aid and CPR certification, if applicable;
- 855 (D) Verification from the Department of Regulatory Agencies, **OR OTHER STATE AGENCY**, of an
 856 active license or certification, if applicable;
- 857 (E) Results of background checks and follow up, as applicable; and
- 858 (F) Tuberculin test results, if applicable.
- 859 7.143 If the employee or volunteer is a qualified medication administration person, the following shall
 860 also be retained in the **EMPLOYEE'S OR VOLUNTEER'S** personnel file:
- 861 (A) Documentation that the individual's name appears on the Department's list of individuals
 862 who have successfully completed the medication administration competency evaluation;
 863 and
- 864 (B) A signed disclosure that the individual has not had a professional medical, nursing, or
 865 pharmacy license revoked in this or any other state for reasons directly related to the
 866 administration of medications.
- 867 7.154 Personnel files shall be retained for three years following an employee's separation from
 868 employment or a volunteer's separation from service and include the reason(s) for the separation.
- 869 Personal Care Worker
- 870 7.165 The assisted living residence shall ensure that each personal care worker attends the initial
 871 orientation required in ~~section~~ **PART 7.8(A)**. The assisted living residence shall also require that
 872 each personal care worker receives additional orientation on the following topics before providing
 873 care and services to a resident:
- 874 (A) Personal care worker duties and responsibilities;
- 875 (B) The differences between personal services and skilled care; and
- 876 (C) Observation, reporting and documentation regarding a resident's change in functional
 877 status along with the assisted living residence's response requirements.
- 878 7.176 Orientation and training is not required for a personal care worker who is returning to an assisted
 879 living residence after a break in service of three years or less if that individual meets all of the
 880 following conditions:
- 881 (A) The personal care worker completed the assisted living residence's required orientation,
 882 training, and competency assessment at the time of initial employment;
- 883 (B) The personal care worker successfully completed the assisted living residence's required
 884 competency assessment at the time of rehire or reactivation;

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 885 (C) The personal care worker did not have performance issues directly related to resident
886 care and services in the prior active period of employment; and
- 887 (D) All orientation, training, and personnel action documentation is retained in the personal
888 care worker's personnel file.
- 889 7.187 The assisted living residence shall designate an administrator, nurse or other capable individual
890 to be responsible for the oversight and supervision of each personal care worker. Such
891 supervision shall include, but not be limited to:
- 892 (A) Being accessible to respond to personal care worker questions; and
- 893 (B) Evaluating each personal care worker at least annually.
- 894 (1) Each evaluation shall include observation of the personal care worker's
895 ~~PERFORMANCE OF performing his or her assigned tasks and documentation that~~
896 ~~the worker is competent in the performance of these tasks.~~
- 897 7.198 The assisted living residence shall only allow a personal care worker to perform tasks that have a
898 chronic, stable, predictable outcome and do not require routine nurse assessment.
- 899 7.2019 The potential duties of a personal care worker range from observation and monitoring of residents
900 to ensure their health, safety, and welfare, to companionship and personal services.
- 901 7.240 Before a personal care worker independently performs personal services for a resident, the
902 supervisor designated by the assisted living residence shall observe and document that the
903 worker has demonstrated his or her ability to competently perform every personal task assigned.
904 This competency check shall be repeated each time a worker is assigned a new or additional
905 personal care task that he or she has not previously performed.
- 906 7.221 Only appropriately skilled professionals may train personal care workers and their supervisors on
907 specialized techniques beyond general personal care and assistance with activities of daily living
908 as defined in these rules. (Examples include, but are not limited to, transfers requiring specialized
909 equipment and assistance with therapeutic diets). Personal care workers and their supervisors
910 shall be evaluated for competency before the delivery of each personal service requiring a
911 specialized technique.
- 912 (A) Documentation regarding competency in specialized techniques shall be included in the
913 personnel files of both personal care workers and supervisors.
- 914 (B) A registered nurse who is employed or contracted by the assisted living residence may
915 delegate to a personal care worker in accordance with the Nursing Practice Act if the
916 registered nurse is the supervising nurse for the personal care worker.
- 917 7.232 The assisted living residence shall ensure that each personal care worker complies with all
918 assisted living residence policies and procedures and not allow a personal care worker to perform
919 any functions which are outside of his or her job description, written agreements, or a resident's
920 care plan.

921 **SECTION PART 8 – STAFFING REQUIREMENTS**

922 Minimum Staffing

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 923 8.1 Whenever one or more residents are present in the assisted living residence, there shall be at
 924 least one staff member present who meets the criteria in ~~section~~**PART** 8.7 and is capable of
 925 responding to an emergency.
- 926 (A) Residents shall not be transferred off site solely for the convenience of the assisted living
 927 residence or its staff.
- 928 8.2 Between 10 PM and 6 AM, staff shall conduct at least one safety check of all consenting
 929 residents.
- 930 Staffing Levels
- 931 8.3 To determine appropriate routine staffing levels, the assisted living residence shall consider, at a
 932 minimum, the following items:
- 933 (A) The acuity and needs of the residents;
- 934 (B) The services outlined in the care plan; and
- 935 (C) The services set forth in the resident agreement.
- 936 8.4 Staff shall be sufficient in number to help residents needing or potentially needing assistance,
 937 considering individual needs such as the risk of accident, hazards, or other challenging events.
- 938 First Aid, Obstructed Airway Technique and Cardiopulmonary Resuscitation Trained Staff
- 939 8.5 The assisted living residence shall ensure that it has sufficient staff members who are currently
 940 certified in first aid and cardiopulmonary resuscitation to meet the requirements of this
 941 ~~section~~**PART**.
- 942 8.6 Each assisted living residence shall have at least one staff member onsite at all times who has
 943 current certification in first aid from a nationally recognized organization such as the American
 944 Red Cross, the American Heart Association, National Safety Council, or American Safety and
 945 Health Institute. The certification shall either be in Adult First Aid or include Adult First Aid.
- 946 8.7 Each assisted living residence shall have at least one staff member onsite at all times who has
 947 current certification in cardiopulmonary resuscitation (CPR) and obstructed airway techniques
 948 from a nationally recognized organization such as the American Red Cross, the American Heart
 949 Association, the National Safety Council or the American Safety and Health Institute. The
 950 certification shall either be in Adult CPR or include Adult CPR.
- 951 8.8 Each assisted living residence shall place in a visible location a list of all staff who have current
 952 certification in first aid or CPR so that the information is readily available to staff at all times. The
 953 list shall be kept up to date and indicate by staff person whether the certification is in first aid or
 954 CPR or both.
- 955 8.9 Each assisted living residence shall require that all staff who are certified in first aid and/or
 956 obstructed airway techniques promptly provide those services in accordance with their training.
- 957 8.10 Each assisted living residence shall require that all staff who are certified in CPR promptly
 958 provide those services in accordance with their training, unless the affected resident has a do not
 959 resuscitate order.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

960 8.11 Each assisted living residence shall require that staff, even if not certified in first aid or CPR,
961 promptly respond to an emergency and follow the instructions of a 911 emergency call operator
962 until a medically trained provider can assume care.

963 Use of Volunteers and Residents

964 8.12 Volunteers and residents may assist with the provision of resident care and services, but the
965 assisted living residence shall not consider the use of either volunteers or resident helpers in
966 determining the appropriate staffing level.

967 Use of Hospice Providers

968 8.13 When licensed hospice care is provided in an assisted living residence, there shall be a written
969 agreement regarding the provision of that care by a hospice provider. The written agreement shall
970 be signed by authorized representatives of the hospice and assisted living residence prior to the
971 provision of hospice care. The written agreement shall include, at a minimum, the following:

972 (A) How the assisted living residence and hospice will coordinate and communicate with
973 each other to ensure that the needs of the resident are being fully met;

974 (B) A provision that the assisted living residence shall immediately notify the hospice if:

975 (1) There is a significant change in the resident's physical, mental, social or
976 emotional status that may necessitate a change to the resident's care plan;

977 (2) There is a need to transfer the resident from the assisted living residence, in
978 which case the hospice shall coordinate any necessary care related to the
979 terminal illness and related conditions; or

980 (3) The resident dies.

981 (C) A provision stating that the hospice assumes responsibility for determining the
982 appropriate course of hospice care, including the determination to change the level of
983 services provided; and

984 (D) A provision stating that it is the responsibility of the assisted living residence to provide
985 24-hour room and board and the other services required by this Chapter 7.

986 8.14 If a hospice provider fails to provide services when they are necessary, the assisted living
987 residence shall follow the requirements of ~~section~~**PART** 12.5 regarding a resident's significant
988 change in baseline status and request a practitioner assessment.

989 Contracted Personnel and Services

990 8.15 An assisted living residence that uses a separate agency, organization, or individual to provide
991 services for the ALR or residents shall have a written agreement that sets forth the terms of the
992 arrangement. The agreement shall specify, at a minimum, the following items:

993 (A) The specific services to be provided;

994 (B) The time frame for the provision of such services;

995 (C) The contractor's obligation to comply with all applicable assisted living residence policies
996 and procedures, including personnel qualifications;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 997 (D) How such services will be coordinated and overseen by the assisted living residence; and
- 998 (E) The procedure for payment of services provided under the contract.
- 999 8.16 If contract personnel and/or services are used, the contractor shall meet all applicable
 1000 requirements of these regulations.
- 1001 8.17 Notwithstanding the above criteria, the assisted living residence shall retain responsibility for
 1002 oversight of all contracted personnel and services to ensure the health, safety and welfare of the
 1003 residents.
- 1004 **SECTION PART 9 – POLICIES AND PROCEDURES**
- 1005 9.1 The assisted living residence shall develop and at least annually review, all policies and
 1006 procedures. At a minimum, the assisted living residence shall have policies and procedures that
 1007 address the following items:
- 1008 (A) Admission and discharge criteria in accordance with sections PARTS 11 and 25, if
 1009 applicable;
- 1010 (B) Resident rights;
- 1011 (C) Grievance procedure and complaint resolution;
- 1012 (D) Investigation of abuse, neglect, and exploitation allegations;
- 1013 ~~(E)~~ **INVESTIGATION OF INJURIES OF KNOWN OR UNKNOWN SOURCE/ORIGIN;**
- 1014 ~~(F)~~ House rules;
- 1015 ~~(G)~~ Emergency preparedness;
- 1016 ~~(H)~~ Fall management;
- 1017 ~~(I)~~ Provision of lift assistance, first aid, obstructed airway technique, and cardiopulmonary
 1018 resuscitation;
- 1019 ~~(J)~~ Unanticipated illness, injury, significant change of status from baseline, or death of
 1020 resident;
- 1021 ~~(K)~~ Infection control;
- 1022 ~~(L)~~ Practitioner assessment;
- 1023 ~~(M)~~ Health information management;
- 1024 ~~(N)~~ Personnel;
- 1025 ~~(O)~~ Staff Training;
- 1026 ~~(P)~~ Environmental pest control;
- 1027 ~~(Q)~~ Medication errors and medication destruction and disposal;
- 1028 ~~(R)~~ Management of resident funds, if applicable;

Commented [A46]: Requirement to report injuries of unknown origin was removed from occurrence reporting at 5.3(A)(3) because it isn't a statutory occurrence. Now require ALRs to have a policy to investigate injuries of unknown origin. At 9.1(E). The requirement to investigate injuries of unknown origin is added as a new section at 13.12

Inclusion of injuries of known origin was made in response to ALAC request.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1029 (RS) Policies and procedures related to secure environment, if applicable; and
- 1030 (ST) Provision of palliative care in accordance with 6 CCR 1011-1, Chapter 2, Part ~~3-3-4.3~~, if
 1031 applicable.
- 1032 **SECTION PART 10 – EMERGENCY PREPAREDNESS**
- 1033 Emergency Policies and Procedures
- 1034 10.1 The assisted living residence shall have readily available a roster of current residents, their room
 1035 assignments and emergency contact information, along with a facility diagram showing room
 1036 locations.
- 1037 10.2 The assisted living residence shall complete a risk assessment of all hazards and preparedness
 1038 measures to address natural and human-caused crises including, but not limited to, fire(s), gas
 1039 explosion, power outages, tornado, flooding and threatened or actual acts of violence.
- 1040 10.3 The assisted living residence shall develop and follow written policies and procedures to ensure
 1041 the continuation of necessary care to all residents for at least 72 hours immediately following any
 1042 emergency including, but not limited to, a long-term power failure.
- 1043 10.4 Emergency policies and procedures shall be tailored to the geographic location of the assisted
 1044 living residence; types of residents served; and unique risks and circumstances identified by the
 1045 assisted living residence.
- 1046 10.5 Each assisted living residence shall identify its highest potential risk and hold routine drills to
 1047 facilitate staff and resident response to that risk. There shall be written documentation of such
 1048 drills.
- 1049 10.6 Each assisted living residence's emergency policies shall address, at a minimum, all of the
 1050 following items:
- 1051 (A) Written instructions for each identified risk that includes persons to be notified and steps
 1052 to be taken. The instructions shall be readily available 24 hours a day in more than one
 1053 location with all staff aware of the locations-;
- 1054 (B) A schematic plan of the building or portions thereof placed visibly in a central location and
 1055 throughout the building, as needed, showing evacuation routes, smoke stop and fire
 1056 doors, exit doors, and the location of fire extinguishers and fire alarm boxes-;
- 1057 (C) When to evacuate the premises and the procedure for doing so-;
- 1058 (D) A pre-determined means of communicating with residents, families, staff and other
 1059 providers-;
- 1060 (E) A plan that ensures the availability of, or access to, emergency power for essential
 1061 functions and all resident-required medical devices or auxiliary aids-;
- 1062 (F) Storage and preservation of medications-;
- 1063 (G) Assignment of specific tasks and responsibilities to the staff members on each shift
 1064 including use of a triage system to assess the needs of the most vulnerable residents
 1065 first-;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1066 (H) Protection and transfer of health information as needed to meet the care needs of
 1067 residents; **AND**
- 1068 (I) In the event relocation of residents becomes necessary, written agreements with other
 1069 health facilities and/or community agencies.
- 1070 Emergency Equipment
- 1071 10.7 First aid equipment shall be maintained on the premises in a readily available location and staff
 1072 shall be instructed in its use and location.
- 1073 10.8 The assisted living residence shall have enough first aid kits to enable staff to immediately
 1074 respond to emergencies. Each first aid kit shall be checked regularly to ensure that it is fully
 1075 stocked and that any expiration date is not exceeded.
- 1076 10.9 Each kit shall include, at a minimum, the following items:
- 1077 (A) Latex free disposable gloves,
- 1078 (B) Scissors,
- 1079 (C) Adhesive bandages,
- 1080 (D) Bandage tape,
- 1081 (E) Sterile gauze pads,
- 1082 (F) Flexible roller gauze,
- 1083 (G) Triangular bandages with safety pins,
- 1084 (H) A note pad with a pen or pencil,
- 1085 (I) A CPR barrier device or mask, and
- 1086 (J) Soap or waterless hand sanitizer.
- 1087 10.10 If the assisted living residence has an automated external defibrillator (AED), staff shall be trained
 1088 in its use and it shall be maintained in accordance with the manufacturer's specifications.
- 1089 10.11 There shall be at least one telephone, not powered by household electrical current, in the
 1090 assisted living residence available for immediate emergency use by staff, residents, and visitors.
 1091 Contact information for police, fire, ambulance [~~9-1-1~~**911**, if applicable] and poison control center
 1092 shall be readily accessible to staff.
- 1093 10.12 Assisted living residences shall have a battery or generator-powered alternative lighting system
 1094 available in the event of a power failure.
- 1095 **SECTION PART 11 – RESIDENT ADMISSION AND DISCHARGE**
- 1096 Move-In Criteria
- 1097 11.1 The assisted living residence shall accept only those persons whose needs can be fully met by
 1098 the existing staff, physical environment, and services already being provided. The assisted living
 1099 residence's ability to meet resident needs shall be based upon a comprehensive pre-admission

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1100 assessment of a resident's physical, mental, and social needs; cultural, religious and activity
 1101 needs; preferences; and capacity for self-care.
- 1102 Move-In Restrictions
- 1103 11.2 An assisted living residence shall not allow to move in any person who:
- 1104 (A) Needs regular 24-hour medical or nursing care;
- 1105 (B) Is incapable of self-administration of medication and the assisted living residence does
 1106 not have staff who are either licensed or qualified under 6 CCR 1011-1, Chapter 24 to
 1107 administer medications;
- 1108 (C) Has an acute physical illness which cannot be managed through medication or
 1109 prescribed therapy;
- 1110 (D) Has physical limitations that restrict mobility unless compensated for by available
 1111 auxiliary aids or intermittent staff assistance;
- 1112 (E) Has incontinence issues that cannot be managed by the resident or staff;
- 1113 (F) Is profoundly disoriented to time, person, and place with safety concerns that require a
 1114 secure environment and the assisted living residence does not provide a secure
 1115 environment;
- 1116 (G) Has a stage 3 or 4 pressure sore and does not meet the criteria in section PART 12.4;
- 1117 (H) Has a history of conduct that has been disclosed to the assisted living residence that
 1118 would pose a danger to the resident or others, unless the ALR reasonably believes that
 1119 the conduct can be managed through therapeutic approaches; or
- 1120 (I) Needs restraints, as defined herein, of any kind except as statutorily allowed for assisted
 1121 living residences which are certified to provide services specifically for the mentally ill.
- 1122 (1) Assisted living residences certified to provide services for the mentally ill shall
 1123 have policies, procedures, and appropriate staff training regarding the use of
 1124 restraint and maintain current documentation to show that less restrictive
 1125 measures were, and continue to be, unsuccessful.
- 1126 Resident Agreement
- 1127 11.3 At the time the resident moves in, the assisted living residence shall ensure that the resident
 1128 and/or the resident's legal representative has received a copy of the written resident agreement
 1129 and agreed to the terms set forth therein. The assisted living residence shall ensure that the
 1130 agreement is signed and dated by both parties.
- 1131 11.4 The terms of a resident agreement shall not alter, or be construed to relieve the assisted living
 1132 residence of compliance with, any requirement or obligation under relevant federal, state, or local
 1133 law and regulation.
- 1134 11.5 The assisted living residence shall review its resident agreements annually and update or amend
 1135 them as necessary. Amendments to the resident agreement shall also be signed and dated by
 1136 both parties.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 1137 (A) When a change of ownership occurs, the new owner shall either acknowledge and agree
1138 to the terms of each existing resident agreement or establish a new agreement with each
1139 resident.
- 1140 11.6 The written resident agreement shall specify the understanding between the parties concerning,
1141 at a minimum, the following items:
- 1142 (A) Assisted living residence charges, refunds, and deposit policies;
- 1143 (B) The general type of services and activities provided and not provided by the assisted
1144 living residence and those which the assisted living residence will assist the resident in
1145 obtaining;
- 1146 (C) A list of specific assisted living residence services included for the agreed upon rates and
1147 charges, along with a list of all available optional services and the specified charge for
1148 each;
- 1149 (D) The amount of any fee to hold a place for the resident in the assisted living residence
1150 while the resident is absent from the assisted living residence and the circumstances
1151 under which it will be charged;
- 1152 (E) Responsibility for providing and maintaining bed linens, bath and hygiene supplies, room
1153 furnishings, communication devices, and auxiliary aids; and
- 1154 (F) A guarantee that any security deposit will be fully reimbursed if the assisted living
1155 residence closes without giving resident(s) written notice at least **THIRTY (30)** calendar
1156 days before such closure.
- 1157 Written Disclosure of Information
- 1158 11.7 The assisted living residence shall ensure that when a new resident moves in, he or she is
1159 provided with, and acknowledges receipt of, the following information:
- 1160 (A) How to obtain access to the assisted living residence policies and procedures listed
1161 under ~~section~~**PART 9.1;**
- 1162 (B) The resident's right to receive cardiopulmonary resuscitation (CPR) or have a written
1163 advance directive refusing CPR;
- 1164 (C) Minimum staffing levels, whether the assisted living residence has awake staff 24 hours a
1165 day and the extent to which certified or licensed health care professionals are available
1166 on-site;
- 1167 (D) Whether the assisted living residence has an automatic fire sprinkler system;
- 1168 (E) Whether the assisted living residence uses egress alert devices, including details about
1169 when and where they are used;
- 1170 (F) Whether the assisted living residence has resident location monitoring devices (such as
1171 video surveillance), when and where they are used, and how the assisted living
1172 residence determines that a resident requires monitoring;
- 1173 (G) Whether the assisted living residence operates a secure environment and what that
1174 means;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1175 (H) The resident's individualized care plan that addresses his or her functional capability and
 1176 needs;
- 1177 (I) Smoking prohibitions and/or designated areas for smoking;
- 1178 (J) The readily available on-site location of the assisted living residence's most recent
 1179 inspection report; and
- 1180 (K) Upon request, a copy of the most recent version of these Chapter 7 rules.

1181 Management of Resident Funds/Property

- 1182 11.8 An assisted living residence shall not assume power of attorney or guardianship over a resident
 1183 unless by court order, nor shall an assisted living residence require a resident to execute or
 1184 assign a loan, advance, financial interest, mortgage, or other property in exchange for future
 1185 services.
- 1186 11.9 An assisted living residence shall not be required to handle resident funds or property.
- 1187 11.10 An assisted living residence that chooses to handle resident funds or property, shall have a policy
 1188 regarding the management of such funds and shall comply with the following criteria:
- 1189 (A) There shall be a written authorization that specifies the terms and duration of the financial
 1190 management services to be performed by the assisted living residence. Such
 1191 authorization shall be signed by the resident or resident's legal representative and
 1192 notarized;
- 1193 (B) Upon entering into an agreement with a resident for financial management services, the
 1194 assisted living residence shall exercise fiduciary responsibility for these funds and
 1195 property, including, but not limited to, maintaining any funds over the amount of five
 1196 hundred dollars (\$500) in an interest-bearing account, separate from the general
 1197 operating fund of the ALR, which interest shall accrue to the resident;
- 1198 (C) The assisted living residence shall post a surety bond in an amount sufficient to protect
 1199 the residents' personal funds;
- 1200 (D) The assisted living residence shall maintain a continuous, dated record of all financial
 1201 transactions. The record shall begin with the date of the first handling of the personal
 1202 funds of the resident and shall be kept on file for at least three years following termination
 1203 of the resident's stay in the assisted living residence. Such record shall be available for
 1204 inspection by the Department; AND
- 1205 (E) The assisted living residence shall provide the resident or legal representative a receipt
 1206 each time funds are disbursed along with a quarterly report identifying the beginning and
 1207 ending account balance along with a description of each and every transaction since the
 1208 last report.

1209 Discharge

- 1210 11.11 The assisted living residence shall arrange to discharge any resident who:
- 1211 (A) Has an acute physical illness which cannot be managed through medication or
 1212 prescribed therapy;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1213 (B) Has physical limitations that restrict mobility, and which cannot be compensated for by
 1214 available auxiliary aids or intermittent staff assistance;
- 1215 (C) Has incontinence issues that cannot be managed by the resident or staff;
- 1216 (D) Has a stage 3 or stage 4 pressure sore and does not meet the criteria in section **PART**
 1217 12.4;
- 1218 (E) Is profoundly disoriented to time, person, and place with safety concerns that require a
 1219 secure environment, and the assisted living residence does not provide a secure
 1220 environment;
- 1221 (F) Exhibits conduct that poses a danger to self or others and the assisted living residence is
 1222 unable to sufficiently address those issues through therapeutic approach; and/or
- 1223 (G) Needs more services than can be routinely provided by the assisted living residence or
 1224 an external service provider.
- 1225 11.12 The assisted living residence may also discharge a resident for:
- 1226 (A) Nonpayment of basic services in accordance with the resident agreement; or
- 1227 (B) The resident's failure to comply with a valid, signed resident agreement.
- 1228 11.13 Where a resident has demonstrated that he or she has become a danger to self or others, the
 1229 assisted living residence shall promptly implement the following process pending discharge:
- 1230 (A) Take all appropriate measures necessary to protect other residents;
- 1231 (B) Reassess the resident to be discharged and revise his or her care plan to identify the
 1232 resident's current needs and what services the assisted living residence will provide to
 1233 meet those needs; and
- 1234 (C) Ensure all staff are aware of any new directives placed in the care plan and are properly
 1235 trained to provide supervision and actions consistent with the care plan.
- 1236 11.14 The assisted living residence shall coordinate a voluntary or involuntary discharge with the
 1237 resident, the resident's legal representative and/or the appropriate agency. Prior to discharging a
 1238 resident because of increased care needs, the assisted living residence shall make documented
 1239 efforts to meet those needs through other means.
- 1240 11.15 In the event a resident is transferred to another health care entity for additional care, the assisted
 1241 living residence shall arrange to evaluate the resident prior to re-admission or discharge the
 1242 resident in accordance with the discharge procedures specified below.
- 1243 11.16 The assisted living residence shall provide written notice of any discharge to the resident or legal
 1244 representative 30 calendar days in advance of discharge except in cases of imminent physical
 1245 harm to or by the resident or medical emergency, whereupon the assisted living residence shall
 1246 notify the legal representative as soon as possible.
- 1247 **11.17** A copy of any involuntary discharge notice shall be sent to the state **OMBUDSMAN** and/or **THE**
 1248 **DESIGNATED** local long-term care ombudsman, within five (5) calendar days of the date that it is
 1249 provided to the resident or the resident's legal representative.

1250 **SECTION PART 12 – RESIDENT CARE SERVICES**

Commented [A47]: Ombudsmen have reported issues with the "and/or" causing a delay of reports getting to the local ombudsman.

The "designated" language mirrors what is included at 13.2, and striking the "or" should ensure both receive reports.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1251 Minimum Services

- 1252 12.1 The assisted living residence shall make available, either directly or indirectly through a resident
 1253 agreement, the following services, sufficient to meet the needs of the residents:
- 1254 (A) A physically safe and sanitary environment including, but not limited to, measures to
 1255 reduce the risk of potential hazards in the physical environment related to the unique
 1256 characteristics of the population;
- 1257 (B) Room and board;
- 1258 (C) Personal services including, but not limited to, a system for identifying and reporting
 1259 resident concerns that require either an immediate individualized approach or on-going
 1260 monitoring and possible re-assessment;
- 1261 (D) Protective oversight including, but not limited to, taking appropriate measures when
 1262 confronted with an unanticipated situation or event involving one or more residents and
 1263 the identification of urgent issues or concerns that require an immediate individualized
 1264 approach; and
- 1265 (E) Social care and resident engagement.

1266 Nursing Services

- 1267 12.2 Nurses may provide nursing services to support the personal services provided to residents of the
 1268 assisted living residence, except that such services shall not rise to the level that requires
 1269 resident discharge as described in section **PART** 11.11 or becomes regular 24-hour medical or
 1270 nursing care.
- 1271 (A) Other staff may assist with nursing services if they are trained and evaluated for
 1272 competency prior to assignment.
- 1273 (B) Staff assisting with nursing services shall be supervised by a nurse.
- 1274 (C) Only staff employed or contracted by the assisted living residence shall provide or assist
 1275 with nursing services on behalf of the assisted living residence.
- 1276 12.3 The following occasionally required services may only be provided by an external service provider
 1277 or the nurse of the assisted living residence:
- 1278 (A) Syringe or tube feeding,
- 1279 (B) Intravenous medication,
- 1280 (C) Catheter care that involves changing the catheter, irrigation of the catheter and/or total
 1281 assistance with catheter,
- 1282 (D) Ostomy care where the ostomy site is new or unstable, and
- 1283 (E) Care for a stage 1 or stage 2 pressure sore if the condition is stable and resolving.
- 1284 12.4 An assisted living residence shall not admit or keep a resident with a stage 3 or stage 4 pressure
 1285 sore unless the resident has a terminal condition and is receiving continuing care from an
 1286 external service provider.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1287 Practitioner Assessment

1288 12.5 The assisted living residence shall have a policy and procedure regarding when a practitioner's
 1289 assessment of a resident is appropriate. At a minimum, the assisted living residence shall contact
 1290 the resident's primary practitioner when any of the following circumstances occur and follow the
 1291 practitioner's recommendation regarding further action.

1292 (A) The resident experiences a significant change in their baseline status,

1293 (B) The resident has physical signs of possible infection (open sores, etc.),

1294 (C) The resident sustains an injury or accident,

1295 (D) The resident has known exposure to a communicable disease, and/or

1296 (E) The resident develops any condition which would have initially precluded admission to
 1297 the assisted living residence.

1298 Comprehensive Resident Assessment

1299 12.6 At the time a new resident moves in, the assisted living residence shall complete a
 1300 comprehensive assessment that reflects information requested and received from the resident,
 1301 the resident's representative if requested by the resident, and a practitioner. Information from the
 1302 comprehensive assessment shall be used to establish an individualized care plan.

1303 12.7 The comprehensive assessment shall include all the following items:

1304 (A) Information from the comprehensive pre-admission assessment described in ~~section~~PART
 1305 11.1;

1306 (B) Information regarding the resident's overall health and physical functioning ability;

1307 (C) Information regarding the resident's advance directives;

1308 (D) Communication ability and any specific needs to facilitate effective communication;

1309 (E) Current diagnoses and any known or anticipated need or impact related to the
 1310 diagnoses;

1311 (F) Food and dining preferences, unique needs, and restrictions;

1312 (G) Individual bathroom routines, sleep and awake patterns;

1313 (H) Reactions to the environment and others, including changes that may occur at certain
 1314 times or in certain circumstances;

1315 (I) Routines and interests;

1316 (J) History and circumstances of recent falls and any known approaches to prevent future
 1317 falls;

1318 (K) Safety awareness;

1319 (L) Types of physical, mental, and social support required; and

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1320 (M) Personal background, including information regarding any other individuals who are
 1321 supportive of the resident, cultural preferences, and spiritual needs.
- 1322 12.8 The comprehensive assessment shall be documented in writing and kept in the resident's health
 1323 information record.
- 1324 12.9 The comprehensive assessment shall be updated for each resident at least annually and
 1325 whenever the resident's condition changes from baseline status.
- 1326 Resident Care Plan
- 1327 12.10 Each resident care plan shall:
- 1328 (A) Be developed with input from the resident and the resident's representative;
- 1329 (B) Reflect the most current assessment information;
- 1330 (C) Promote resident choice, mobility, independence and safety;
- 1331 (D) Detail specific personal service needs and preferences along with the staff tasks
 1332 necessary to meet those needs;
- 1333 (E) Identify all external service providers along with care coordination arrangements; and
- 1334 (F) Identify formal, planned, and informal spontaneous engagement opportunities that match
 1335 the resident's personal choices and needs.
- 1336 Care Coordination
- 1337 12.11 The assisted living residence shall be responsible for the coordination of resident care services
 1338 with known external service providers.
- 1339 12.12 The assisted living residence shall notify the resident's representative whenever the resident
 1340 experiences a significant change from baseline status.
- 1341 Restraint
- 1342 12.13 An assisted living residence shall not use restraints of any kind or deprive a resident of his or her
 1343 liberty for purposes of care or safety except as allowed by ~~section~~PART 11.2(l), ~~section~~PART 25,
 1344 or as set forth below.
- 1345 12.14 A device that facilitates a resident's well-being and/or independence may be used only if all of the
 1346 following criteria are met:
- 1347 (A) The resident has the functional ability to alter his or her position;
- 1348 (B) The resident is able to remove the device to allow for normal movement;
- 1349 (C) The device improves the resident's physical or emotional state and allows the resident to
 1350 participate in activities that would otherwise be difficult or impossible; and
- 1351 (D) There is an order from a practitioner for its use.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1352 (1) There shall also be interdisciplinary documentation from both the practitioner and
 1353 a therapist describing the benefits and hazards associated with the device and
 1354 information on its appropriate use.
- 1355 (2) A resident's continued use of such device shall be re-evaluated by both therapist
 1356 and practitioner at least annually or whenever the resident experiences a
 1357 significant change in status.
- 1358 (3) Documentation of compliance with this ~~subsection~~ **SUBPART** (D) shall be retained
 1359 in the resident's care plan.
- 1360 Fall Management Program
- 1361 12.15 The assisted living residence shall develop policies and procedures to establish a fall
 1362 management program. The program shall include the following:
- 1363 (A) Providing fall management education and materials to residents and family members;
- 1364 (B) Detailing in each resident's care plan the individualized approach necessary to address
 1365 fall risk related to deficits in strength, balance, and eyesight, or effects of medication as
 1366 identified during the comprehensive resident assessment;
- 1367 (C) Providing resident engagement activities to improve strength and balance as specified in
 1368 ~~section~~ **PART** 12.22(C);
- 1369 (D) Routinely inspecting and maintaining a safe exterior and interior environment as specified
 1370 in ~~sections~~ **PARTS** 21 and 22; and
- 1371 (E) Providing staff training related to fall prevention as specified in ~~section~~ **PART** 7.9(H).
- 1372 Lift Assistance
- 1373 12.16 Each assisted living residence shall direct staff to assist residents who have fallen or are
 1374 otherwise unable to independently get up off the floor. The assisted living residence's policy on
 1375 staff providing lift assistance shall be made available to its local emergency medical responder**s**.
- 1376 12.17 The assisted living residence shall ensure that it has trained staff available to evaluate residents
 1377 who have fallen or are otherwise unable to independently get up off the floor and provide lift
 1378 assistance when determined appropriate instead of relying on emergency medical responders.
- 1379 (A) Each situation shall be evaluated to determine if the resident can be assisted in a safe
 1380 manner such as when the resident has no pain and/or there is no change from baseline,
 1381 the resident's mental status is unchanged from baseline, and there is no, or minor,
 1382 bleeding.
- 1383 (B) Once the situation has been evaluated, assisted living residence policy shall require staff
 1384 to take the following actions:
- 1385 (1) Physically perform the lift assistance using techniques provided in staff training
 1386 and monitor the resident; or
- 1387 (2) Not lift and call 9-1-1 when the resident is unconscious, the resident's physical or
 1388 mental status has declined from baseline, the resident experiences an increase
 1389 in pain when lifting is attempted, the resident wants 9-1-1 called, and/or the

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1390 resident either can't assist in any way or refuses to assist because of pain, injury,
 1391 or other physical complications.
- 1392 (C) The assisted living residence shall promptly notify the resident's practitioner, family
 1393 and/or legal representative of the occurrence of either circumstance identified in
 1394 section PART 12.17(B)(1) or (2), along with information regarding the ALR's response.
- 1395 12.18 The assisted living residence's policy shall also require documentation of the action taken by staff
 1396 and ongoing efforts to prevent a reoccurrence of the situation in the future.
- 1397 Resident Engagement
- 1398 12.19 The assisted living residence shall encourage residents to maintain and develop their fullest
 1399 potential for independent living through individual and group engagement opportunities.
- 1400 12.20 The assisted living residence shall provide all residents with regular opportunities to participate in
 1401 structured engagement and shall support the pursuit of each resident's interests.
- 1402 12.21 If requested, the assisted living residence shall assist a resident with identifying and accessing
 1403 outside services and community events.
- 1404 12.22 Examples of resident engagement include, but are not limited to, the following:
- 1405 (A) Individual or group conversation, recreation, art, crafts, music, and pet care;
- 1406 (B) Use of daily living skills that foster and maintain a sense of purpose and significance;
- 1407 (C) Physical pursuits such as games, sports, and exercise that develop and maintain
 1408 strength, coordination, and range of motion;
- 1409 (D) Educational opportunities such as special classes or community events;
- 1410 (E) Cultivation of personal interests and pursuits; and
- 1411 (F) Encouraging engagement with others.
- 1412 12.23 The assisted living residence shall encourage residents to contribute to the planning, preparation,
 1413 conduct, clean-up, and critique of any structured engagement offering.
- 1414 12.24 The assisted living residence shall evaluate its resident engagement program at least every three
 1415 months to ascertain whether the opportunities offered to residents are relevant and well-received
 1416 and/or if changes are appropriate in response to resident feed-back.
- 1417 12.25 The assisted living residence shall, whenever feasible, coordinate with local agencies and
 1418 volunteer organizations to promote resident participation in community centered activities
 1419 including, but not limited to:
- 1420 (A) Public service endeavors;
- 1421 (B) Community events such as concerts, exhibits, and plays;
- 1422 (C) Community organized group engagement such as senior citizen groups, sports leagues,
 1423 and service clubs; and
- 1424 (D) Attendance at the place of worship of the resident's choice.

Commented [A48]: "volunteer" struck to ensure clarity now that volunteer has a specific meaning, which doesn't apply here.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1425 12.26 Each assisted living residence shall place notices of planned resident engagement offerings in a
 1426 central location readily accessible to residents, relatives, and the public. Copies shall be retained
 1427 for at least six months.

1428 Resident Engagement Management

1429 **19 or fewer residents**

1430 12.27 In assisted living residences that are licensed for 19 or fewer residents, the administrator shall be
 1431 primarily responsible for organizing, conducting, and evaluating resident engagement. If an
 1432 assisted living residence can demonstrate that its residents are self-directed to the extent that
 1433 they are able to plan, organize, and conduct the ALR's resident engagement activities
 1434 themselves, the ALR may request a waiver of this requirement.

1435 **20 to 49 residents**

1436 12.28 In assisted living residences that are licensed for 20 to 49 residents, the administrator shall
 1437 designate one staff member to be responsible for organizing, conducting, and evaluating resident
 1438 engagement. The designated staff member shall have had at least six months experience in
 1439 providing structured resident engagement offerings or have completed or be enrolled in an
 1440 equivalent education and/or training program.

1441 **50 or more residents**

1442 12.29 In assisted living residences that are licensed for 50 or more residents, there shall be at least one
 1443 staff member whose sole responsibility is to organize, conduct, and evaluate resident
 1444 engagement. The ALR shall provide such staff member with as much accommodation and staff
 1445 support as necessary to ensure that all residents have on-going opportunities to participate in
 1446 **RESIDENT ENGAGEMENT ACTIVITIES THAT ARE** planned in advance, documented in writing, kept up to
 1447 date, and made available to all residents. The responsible staff member shall have had at least
 1448 one year of experience or equivalent education and/or training in providing structured resident
 1449 engagement offerings and be knowledgeable in evaluating resident needs, supervising other staff
 1450 and in training volunteers.

Commented [A49]: Rules were missing some words—sentence didn't make sense. AG requested correction

1451 Use of Volunteers

1452 12.30 Each assisted living residence shall encourage participation of volunteers in resident engagement
 1453 opportunities. All such volunteers shall be supervised and directed by the administrator or staff
 1454 member primarily responsible for resident engagement.

1455 Physical Space and Equipment:

1456 12.31 Each assisted living residence shall have sufficient physical space to accommodate both indoor
 1457 and outdoor resident engagement. Such accommodations shall include, at a minimum:

1458 (A) A comfortable, appropriately furnished area such as a living room, family room, or great
 1459 room available to all residents for their relaxation and for socializing with friends and
 1460 relatives; and

1461 (B) An outdoor activity area which is easily accessible to residents and protected from traffic.
 1462 Outdoor spaces shall be sufficient in size to comfortably accommodate all residents
 1463 participating in an activity.

1464 12.32 Each assisted living residence shall provide sufficient recreational equipment and supplies to
 1465 meet the needs of the resident engagement program. Special equipment and supplies necessary

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1466 to accommodate persons with special needs shall be made available as appropriate. When not in
 1467 use, recreational equipment and supplies shall be stored in such a way that they do not create a
 1468 safety hazard.

1469 12.33 Each assisted living residence shall ensure that staff who accompany residents away from the
 1470 assisted living residence have ready access to the pertinent personal information of those
 1471 residents in the event of an emergency.

1472 **SECTION PART 13 – RESIDENT RIGHTS**

1473 13.1 The assisted living residence shall adopt, and place in a publically visible location, a statement
 1474 regarding the rights and responsibilities of its residents. The assisted living residence and staff
 1475 shall observe these rights in the care, treatment, and oversight of the residents. The statement of
 1476 rights shall include, at a minimum, the following items:

1477 (A) The right to privacy and confidentiality, including:

1478 (1) The right to have private and unrestricted communications with any person of
 1479 choice;

1480 (2) The right to private telephone calls or use of electronic communication;

1481 (3) The right to receive mail unopened;

1482 (4) The right to have visitors at any time; and

1483 (5) The right to private, consensual sexual activity.

1484 (B) The right to civil and religious liberties, including:

1485 (1) The right to be treated with dignity and respect;

1486 (2) The right to be free from sexual, verbal, physical or emotional abuse, humiliation,
 1487 intimidation, or punishment;

1488 (3) The right to be free from neglect;

1489 (4) The right to live free from financial exploitation, restraint as defined in this
 1490 chapter, and involuntary confinement except as allowed by the secure
 1491 environment requirements of this chapter;

1492 (5) The right to vote;

1493 (6) The right to exercise choice in attending and participating in religious activities;

1494 (7) The right to wear clothing of choice unless otherwise indicated in the care plan;
 1495 and

1496 (8) The right to care and services that are not conditioned or limited because of a
 1497 resident's disability, sexual orientation, ethnicity, and/or personal preferences.

1498 (C) The right to personal and community engagement, including:

1499 (1) The right to socialize with other residents and participate in assisted living
 1500 residence activities, in accordance with the applicable care plan;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1501 (2) The right to full use of the assisted living residence common areas in compliance
 1502 with written house rules;
- 1503 (3) The right to participate in resident meetings, voice grievances, and recommend
 1504 changes in policies and services without fear of reprisal;
- 1505 (4) The right to participate in activities outside the assisted living residence and
 1506 request assistance with transportation; and
- 1507 (5) The right to use of the telephone including access to operator assistance for
 1508 placing collect telephone calls.
- 1509 (a) At least one telephone accessible to residents utilizing an auxiliary aid
 1510 shall be available if the assisted living residence is occupied by one or
 1511 more residents utilizing such an aid.
- 1512 (D) The right to choice and personal involvement regarding care and services, including:
- 1513 (1) The right to be informed and participate in decision making regarding care and
 1514 services, in coordination with family members who may have different opinions;
- 1515 (2) The right to be informed about and formulate advance directives;
- 1516 (3) The right to freedom of choice in selecting a health care service or provider;
- 1517 (4) The right to expect the cooperation of the assisted living residence in achieving
 1518 the maximum degree of benefit from those services which are made available by
 1519 the assisted living residence;
- 1520 (a) For residents with limited English proficiency or impairments that inhibit
 1521 communication, the assisted living residence shall find a way to facilitate
 1522 communication of care needs.
- 1523 (5) The right to make decisions and choices in the management of personal affairs,
 1524 funds, and property in accordance with resident ability;
- 1525 (6) The right to refuse to perform tasks requested by the assisted living residence or
 1526 staff in exchange for room, board, other goods or services;
- 1527 (7) The right to have advocates, including members of community organizations
 1528 whose purposes include rendering assistance to the residents;
- 1529 (8) The right to receive services in accordance with the resident agreement and the
 1530 care plan; and
- 1531 (9) The right to **THIRTY (30)** calendar days written notice of changes in services
 1532 provided by the assisted living residence including, but not limited to, involuntarily
 1533 change of room or changes in charges for a service. Exceptions to this notice
 1534 are:
- 1535 (a) Changes in the resident's medical acuity that result in a documented
 1536 decline in condition and that constitute an increase in care necessary to
 1537 protect the health and safety of the resident; and

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1538 (b) Requests by the resident or the family for additional services to be added
 1539 to the care plan.

1540 Ombudsman Access

1541 13.2 In accordance with the ~~Older Americans Act Reauthorization Act of 2016 (P.L. 114-144),~~
 1542 **SUPPORTING OLDER AMERICANS ACT OF 2020 (P.L. 116-131),** and **§ SECTIONS 26-11.5-108 and 25-**
 1543 **27-104(2)(ed),** C.R.S., an assisted living residence shall permit access to the premises and
 1544 residents by the state ombudsman and the designated local long-term care ombudsman at any
 1545 time during an ALR's regular business hours or regular visiting hours, and at any other time when
 1546 access may be required by the circumstances to be investigated.

Commented [A50]: Update to Supporting Older Americans Act of 2020 (P.L. 116-131). Passed March 25, 2020

Commented [A51]: Statutory reference correction requested by the AG's office.

1547 (A) **FOR THE PURPOSES OF COMPLYING WITH THIS PART 13.2, ACCESS TO RESIDENTS SHALL**
 1548 **INCLUDE ACCESS TO THE ASSISTED LIVING RESIDENCE'S CONTACT INFORMATION FOR THE**
 1549 **RESIDENT AND THE RESIDENT'S REPRESENTATIVE.**

1550 House Rules

1551 13.3 The assisted living residence shall establish written house rules and place them in a publicly
 1552 visible location so that they are always available to residents and visitors.

1553 13.4 The house rules shall list all possible actions which may be taken by the assisted living residence
 1554 if any rule is knowingly violated by a resident. House rules shall not supersede or contradict any
 1555 regulation herein, or in any way discourage or hinder a resident's exercise of his or her rights.
 1556 House rules shall address, at a minimum, the following items:

1557 (A) Smoking, including the use of electronic cigarettes and vaporizers,;

1558 (B) Cooking,;

1559 (C) Protection of valuables on premises,;

1560 (D) Visitors,;

1561 (E) Telephone usage, including frequency and duration of calls,;

1562 (F) Use of common areas and devices, such as television, radio, and computer,;

1563 (G) Consumption of alcohol and marijuana,; and

1564 (H) Pets.

1565 Resident Meetings

1566 13.5 Each assisted living residence shall hold regular meetings with residents, staff, family, and friends
 1567 of residents so that all have the opportunity to voice concerns and make recommendations
 1568 concerning assisted living residence care, services, activities, policies, and procedures.

1569 13.6 Meetings shall be held at least quarterly with an opportunity for more frequent meetings if
 1570 requested.

1571 13.7 Written minutes of such meetings shall be maintained and made readily available for review by
 1572 residents or family members.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 1573 13.8 Before the next regularly scheduled meeting, assisted living residence staff shall respond in
1574 writing to any suggestions or issues raised at the prior meeting.
- 1575 13.9 Residents and family members shall also have the opportunity to meet without the presence of
1576 assisted living residence staff.
- 1577 Internal Grievance and Complaint Resolution Process
- 1578 13.10 Each assisted living residence shall develop and implement an internal process to ensure the
1579 routine and prompt handling of grievances or complaints brought by residents, family members,
1580 or advocates. The process for raising and addressing grievances and complaints shall be placed
1581 in a visible on-site location along with full contact information for the following agencies:-:
- 1582 (A) The state and local long-term care ombudsman-;
- 1583 (B) The Adult Protection Services of the appropriate county Department of Social Services-;
- 1584 (C) The advocacy services of the area's agency on aging-;
- 1585 (D) The Colorado Department of Public Health and Environment-; and
- 1586 (E) The Colorado Department of Health Care Policy and Financing, in those cases where the
1587 assisted living residence is licensed to provide services specifically for persons with
1588 intellectual and developmental disabilities.
- 1589 Investigation of Abuse and Neglect Allegations OR INJURIES OF UNKNOWN ORIGIN
- 1590 13.11 The assisted living residence shall investigate all allegations of abuse, neglect, or exploitation of
1591 residents in accordance with ~~section~~ PART 5.3 and its written policy which shall include, but not be
1592 limited to, the following:
- 1593 (A) Reporting requirements to the appropriate agencies such as the adult protection services
1594 of the appropriate county Department of Social Services, and to the assisted living
1595 residence administrator-;
- 1596 (B) A requirement that the assisted living residence notify the legal representative about the
1597 allegation within 24 hours of the assisted living residence becoming aware of the
1598 allegation-;
- 1599 (C) The process for investigating such allegations-;
- 1600 (D) How the assisted living residence will document the investigation process to evidence the
1601 required reporting and that a thorough investigation was conducted-;
- 1602 (E) A requirement that the resident shall be protected from potential future abuse and
1603 neglect, AND/OR EXPLOITATION while the investigation is being conducted-;
- 1604 (F) A requirement that if the alleged neglect or abuse is verified, the assisted living residence
1605 shall take appropriate corrective action-; and
- 1606 (G) A requirement that a copy of the report with the investigation findings shall be retained by
1607 the facility and available for Department review.
- 1608

Commented [A52]: 13.12 added to address injuries of unknown origin. Injuries of unknown origin was taken out of occurrence reporting (as it is not a statutory occurrence)

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1609 13.12 THE ASSISTED LIVING RESIDENCE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES FOR THE
 1610 IDENTIFICATION, REPORTING, AND INVESTIGATION OF INJURIES OF UNKNOWN ORIGIN. SUCH POLICIES AND
 1611 PROCEDURES SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING REQUIREMENTS:

- 1612 (A) THE ASSISTED LIVING RESIDENCE SHALL IDENTIFY AND DOCUMENT RESIDENT INJURIES FOR
 1613 WHICH THE ORIGIN OF THE INJURY WAS NOT OBSERVED BY OR OTHERWISE KNOWN BY STAFF,
 1614 AND EITHER:
- 1615 (1) THE RESIDENT CANNOT EXPLAIN HOW THE INJURY OCCURRED; OR
- 1616 (2) THE RESIDENT CAN EXPLAIN THE SOURCE OF THE INJURY, BUT THE SOURCE COULD BE
 1617 ADDRESSED TO PREVENT FUTURE INJURIES.
- 1618 (B) THE ASSISTED LIVING RESIDENCE SHALL DOCUMENT THE FOLLOWING:
- 1619 (1) THE INVESTIGATION AND IDENTIFICATION OF ANY INJURY IDENTIFIED IN (A), ABOVE.
- 1620 (2) THE IMPLEMENTATION AND OUTCOME OF THE FOLLOWING FOR INJURIES FOR WHICH THE
 1621 INVESTIGATION DETERMINES THE SOURCE/ORIGIN:
- 1622 (A) COMPLIANCE WITH PART 13.11, WHEN THE SOURCE/ORIGIN OF THE INJURY IS
 1623 SUSPECTED TO BE ABUSE, NEGLIGENCE, OR EXPLOITATION; OR
- 1624 (B) THE STEPS TAKEN TO PREVENT OR MITIGATE FUTURE INJURIES OF LIKE NATURE
 1625 FOR BOTH THE INJURED RESIDENT AND OTHER RESIDENTS WHEN THE
 1626 SOURCE/ORIGIN OF THE INJURY IS NOT SUSPECTED ABUSE, NEGLIGENCE, OR
 1627 EXPLOITATION. SUCH STEPS MAY INCLUDE, BUT NOT BE LIMITED TO:
- 1628 (i) STAFF OR VOLUNTEER CORRECTIVE ACTION AND/OR ADDITIONAL
 1629 TRAINING; OR
- 1630 (ii) MODIFICATION OF THE ASSISTED LIVING RESIDENCE'S POLICIES,
 1631 PROCEDURES OR PHYSICAL ENVIRONMENT
- 1632 (3) WHEN THE SOURCE OF THE INJURY REMAINS UNDETERMINED, THE STEPS TAKEN TO
 1633 MONITOR THE RESIDENT IN AN EFFORT IDENTIFY AND PREVENT SIMILAR INJURIES.
- 1634 (C) ALL DOCUMENTATION OF THE INVESTIGATION, OUTCOMES, AND STEPS TAKEN SHALL BE
 1635 RETAINED BY THE ASSISTED LIVING RESIDENCE, INCLUDING, BUT NOT LIMITED TO, DETAILS OF
 1636 ANY INTERVIEWS AND/OR RECORDS USED IN THE INVESTIGATION. SUCH DOCUMENTATION SHALL
 1637 BE MADE AVAILABLE FOR REVIEW AT THE DEPARTMENT'S REQUEST.
- 1638 (1) DOCUMENTATION ON THE INVESTIGATION, OUTCOMES, AND STEPS TAKEN MAY BE
 1639 MAINTAINED SEPARATELY FROM THE RESIDENT RECORD, IN WHICH CASE A SUMMARY OF
 1640 THE INVESTIGATION AND STEPS TAKEN SHALL BE INCLUDED IN THE RESIDENT'S CARE
 1641 PLAN AND PROGRESS NOTES.
- 1642 (D) THE ASSISTED LIVING RESIDENCE SHALL NOTIFY THE RESIDENT'S REPRESENTATIVE OF THE
 1643 OUTCOME OF THE INVESTIGATION AND STEPS TAKEN.

1644 **SECTION PART 14 – MEDICATION AND MEDICATION ADMINISTRATION**

1645 General Requirements:

- 1646 14.1 An assisted living residence shall not allow an employee or volunteer to administer or assist with
 1647 administering medication to a resident unless such individual is a practitioner, a nurse, a qualified

Commented [A53]: These requirements replace the requirement for investigating injuries of unknown origin under the occurrence investigation process, as injuries of unknown origin is not a statutory occurrence.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 1648 medication administration person (QMAP), or a certified nurse medication aide (CNA – Med)
1649 acting within his or her scope of practice.
- 1650 14.2 For purposes of this ~~section~~PART 14, a practitioner is “authorized” if state law allows the
1651 practitioner to prescribe treatment, medication, or medical devices.
- 1652 14.3 An assisted living residence shall not allow a QMAP or a CNA-Med to assist a resident with
1653 medication administration unless the resident is able to consent and participate in the
1654 consumption of the medication.
- 1655 14.4 If a CNA-Med is used to administer or assist with administering medication to a resident, the
1656 assisted living residence shall ensure that the CNA-Med complies with the medication
1657 administration procedures listed in this ~~section~~PART 14, except that a CNA-Med may perform
1658 additional tasks associated with medication administration as authorized by his or her
1659 certification.
- 1660 14.5 An assisted living residence that utilizes qualified medication administration persons shall comply
1661 with the requirements of 6 CCR 1011-1, Chapter 24, Medication Administration Regulations, in
1662 addition to the requirements set forth in this ~~section~~PART 14.
- 1663 14.6 The assisted living residence shall comply with all federal and state laws and regulations relating
1664 to procurement, storage, administration, and disposal of controlled substances.
- 1665 14.7 The assisted living residence shall ensure that each resident receives proper administration
1666 and/or monitoring of medications.
- 1667 14.8 The assisted living residence shall be responsible for ensuring compliance with all safety
1668 requirements regarding oxygen use, handling, and storage as set forth in ~~sections~~PARTS 22.29
1669 through 22.34 of this chapter.
- 1670 14.9 No medication shall be administered by a qualified medication administration person on a pro re
1671 nata (PRN) or “as needed” basis except:
- 1672 (A) In a residential treatment facility that is licensed to provide services for the mentally ill;
- 1673 (B) Where the resident understands the purpose of the medication, is capable of voluntarily
1674 requesting the medication, and the assisted living residence has documentation from an
1675 authorized practitioner that the use of such medication in this manner is appropriate; or
- 1676 (C) Where specifically allowed by statute.
- 1677 14.10 Unless otherwise allowed by statute, the assisted living residence shall not permit a qualified
1678 medication administration person to perform any of the following tasks:
- 1679 (A) Intravenous, intramuscular, or subcutaneous injections;
- 1680 (B) Gastrostomy or jejunostomy tube feeding;
- 1681 (C) Chemical debridement;
- 1682 (D) Administration of medication for purposes of restraint;
- 1683 (E) Titration of oxygen;
- 1684 (F) Decision making regarding PRN or “as needed” medication administration;

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 1685 (G) Assessment of residents or use of judgment including, but not limited to, medication
1686 effect;
- 1687 (H) Pre-pouring of medication; or
- 1688 (I) Masking or deceiving administration of medication including, but not limited to, concealing
1689 in food or liquid.
- 1690 14.11 Only medication that has been ordered by an authorized practitioner shall be prepared for or
1691 administered to residents.
- 1692 Training, Competency and Supervision
- 1693 14.12 The assisted living residence shall ensure that all qualified medication administration persons are
1694 trained in and adhere to the following medication administration procedures:
- 1695 (A) Identification of the right resident for each medication administration or monitoring by
1696 asking for the resident's name or comparing the resident to a photograph maintained
1697 specifically for medication administration identification;
- 1698 (B) Providing the correct medication by the correct route at the correct time and in the correct
1699 dose as ordered by the authorized practitioner; and
- 1700 (C) Implementing any changes in medication orders upon receipt.
- 1701 14.13 The assisted living residence shall designate a QMAP supervisor who is a nurse, practitioner, or
1702 meets the requirements of a qualified medication administration person.
- 1703 (A) The QMAP supervisor shall, before initial assignment of each qualified medication
1704 administration person, conduct a competency assessment with direct observation of all
1705 medication administration tasks that the QMAP will be assigned to perform.
- 1706 (1) Whenever a QMAP is assigned additional medication administration tasks, the
1707 QMAP supervisor shall conduct a competency assessment with direct
1708 observation of each new task that the QMAP will be assigned.
- 1709 Resident Rights
- 1710 14.14 All personal medication is the property of the resident and no resident shall be required to
1711 surrender the right to possess or self-administer any personal medication, unless an authorized
1712 practitioner has determined that the resident lacks the decisional capacity to possess or self-
1713 administer such medication safely.
- 1714 14.15 The assisted living residence shall ensure each resident's right to privacy and dignity with respect
1715 to medication monitoring and administration.
- 1716 14.16 Each resident shall have the right to refuse medications.
- 1717 Orders
- 1718 14.17 The assisted living residence shall ensure that each authorized practitioner's order for medication
1719 includes the correct name of the resident, date of the order, medication name, strength of
1720 medication, dosage to administer, route of administration along with timing and/or frequency of
1721 administration, any specific considerations, if substitutions are allowed or restricted, and the
1722 signature of the practitioner.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1723 14.18 All medication orders shall be documented in writing by the authorized prescribing practitioner.
 1724 Verbal orders for medication shall not be valid unless received by a licensed staff member who is
 1725 authorized to receive and transcribe such orders.
- 1726 14.19 Any orders received from medical staff on behalf of an authorized practitioner must be
 1727 countersigned by said practitioner as soon as possible.
- 1728 14.20 The assisted living residence shall contact the authorized practitioner for clarification of any
 1729 orders which are incomplete or unclear and obtain new orders in writing.
- 1730 14.21 The assisted living residence shall be responsible for complying with authorized practitioner
 1731 orders associated with medication administration except for those medications which a resident
 1732 self-administers.
- 1733 14.22 The assisted living residence shall coordinate care and medication administration with external
 1734 providers.
- 1735 Medication Reminder Boxes
- 1736 14.23 For medication reminder boxes that the assisted living residence is responsible for, the assisted
 1737 living residence shall ensure that the box contains:
- 1738 (A) No more than a 14 calendar day supply of medications at a time; ;
- 1739 (B) No PRN medications, including PRN controlled substances; ;
- 1740 (C) Only medication intended for oral ingestion; ; and
- 1741 (D) No medications that require administration within specific timeframes unless the
 1742 medication reminder box is specifically designed and labeled with specific instructions to
 1743 address this situation.
- 1744 14.24 Medication reminder boxes shall be stored in a manner that ensures access for the designated
 1745 resident and prevents access from unauthorized persons.
- 1746 Medication Preparation and Handling
- 1747 14.25 The assisted living residence shall maintain medication storage and preparation areas which are
 1748 clean and free of clutter.
- 1749 14.26 All reusable medical devices shall be cleaned according to the manufacturer instructions and
 1750 appropriately stored.
- 1751 14.27 No stock medications shall be stored or administered by qualified medication administration
 1752 persons.
- 1753 A) All over-the-counter medication prescribed for administration shall be labeled or marked
 1754 with the individual resident's full name.
- 1755 14.28 The assisted living residence shall ensure that qualified medication administration persons are
 1756 trained in and apply nationally recognized protocols for basic infection control and prevention
 1757 when preparing and administering medications.
- 1758 Record Keeping

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 1759 14.29 All prescribed and PRN medications shall be listed and recorded on a medication administration
1760 record (MAR) which contains the name and date of birth of the resident, the resident's room
1761 location, any known allergies, and the name and telephone number of the resident's authorized
1762 practitioner.
- 1763 (A) The medication administration record shall reflect the name, strength, dosage, and mode
1764 of administration of each medication, the date the order was received, the date and time
1765 of administration, any special considerations related to administration, and the signature
1766 or initial of the person administering the medication.
- 1767 (B) As part of the medication administration record, the assisted living residence shall
1768 maintain a legible list of the names of the persons utilizing the record for medication
1769 administration, along with each of their signatures and, if used, their initials.
- 1770 (C) Each qualified medication administration person, nurse, or practitioner shall accurately
1771 document each medication administration or monitoring event at the time the event is
1772 completed for each resident.
- 1773 (D) Each qualified medication administration person, nurse, or authorized practitioner shall
1774 document accurate information in the medication administration record including any
1775 medication omissions, refusals, and resident reported responses to medications.
- 1776 14.30 The assisted living residence shall maintain a record on a separate sheet for each resident
1777 receiving a controlled substance which contains the name of the controlled substance, strength
1778 and dosage, date and time administered, resident name, name of authorized practitioner, and the
1779 quantity of the controlled substance remaining.
- 1780 14.31 The administrator and the QMAP supervisor shall, on a quarterly basis, audit the accuracy and
1781 completeness of the medication administration records, controlled substance list, medication error
1782 reports, and medication disposal records. Any irregularities shall be investigated and resolved.
1783 The results of the audits shall be documented and routinely included as part of the assisted living
1784 residence's Quality Management Program assessment and review.
- 1785 Reporting
- 1786 14.32 The assisted living residence shall have policies and procedures for documenting, investigating,
1787 reporting, and responding to any errors related to accurate accounting of controlled substances
1788 and/or medication administration.
- 1789 14.33 The assisted living residence shall ensure that the resident's authorized practitioner and
1790 resident's legal representative ~~is~~^{ARE} promptly notified of:
- 1791 (A) A decline from a resident's baseline status;
- 1792 (B) A resident's pattern of refusal;
- 1793 (C) A resident's repetitive request for and use of PRN medication;
- 1794 (D) Any observed or reported unfavorable reactions to medications;
- 1795 (E) The administration of medications used to emergently treat angina; and
- 1796 (F) Medication errors that affect the resident.

1797 Self-Administration

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

1798 14.34 The assisted living residence shall compile a list of all resident medications, along with any known
1799 allergies, and verify the accuracy and completeness of the list with the resident and authorized
1800 practitioner at the time of admission.

1801 14.35 The assisted living residence shall review this list with the resident and authorized practitioner at
1802 least once a year and maintain documentation of such review.

1803 14.36 The assisted living residence shall report non-compliance, misuse, or inappropriate use of known
1804 medications by a resident who is self-administering to that resident's authorized practitioner.

1805 Medication Storage

1806 14.37 All medications shall be stored in the original prescribed/manufacture containers with the
1807 exception of medications placed in medication reminder boxes pursuant to section PART 14.23.

1808 14.38 All medications shall be stored in a locked cabinet, cart, or storage area when unattended by
1809 qualified medication administration persons or other licensed staff.

1810 14.39 Controlled substances shall be kept in double lock storage.

1811 (A) Two individuals who are either qualified medication administration persons, nurses, or
1812 practitioners shall jointly count all controlled substances at the end of each shift and sign
1813 documentation regarding the results of the count at the time it occurs. Any discrepancy in
1814 the controlled substance count shall be immediately reported to the administrator.

1815 14.40 All refrigerated medications shall be stored in a refrigerator that does not contain food and that is
1816 not accessible to residents.

1817 (A) All medication stored in a refrigerator shall be clearly labeled with the resident's name
1818 and prescribing information.

1819 ~~14.41 The assisted living residence shall not store or retain for more than 30 calendar days any~~
1820 ~~outdated, discontinued and/or expired medications.~~

Commented [A54]: 30-day requirement moved to Medication Destruction and Disposal, Section 14.44

1821 14.42~~1~~ Outdated, discontinued, and/or expired medications that are not returned to the resident or legal
1822 representative shall be stored in a locked storage area until properly disposed of.

1823 (A) Any controlled substance medications which are designated for destruction shall be kept
1824 in a separate locked container within the locked storage area until they are destroyed.

1825 14.43~~2~~ The assisted living residence shall conduct, on a monthly basis, a joint two person audit of
1826 medications designated for disposal.

1827 (A) At least one of the persons conducting the audit shall be a qualified medication
1828 administration person.

1829 (B) The results of the audit shall be documented and signed by both staff members
1830 conducting the audit.

1831 (C) Audit records shall be maintained for a minimum of three years. Any discrepancy in the
1832 list and count of medications designated for disposal shall be immediately reported to the
1833 administrator.

1834 Medication Destruction and Disposal

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1835 14.443 Medication shall be returned to the resident or resident's legal representative, upon discharge or
 1836 death, except that return of medication to the resident may be withheld if specified in the care
 1837 plan of a resident of a facility which is licensed to provide services specifically for the mentally ill,
 1838 or if a practitioner has determined that the resident lacks the decisional capacity to possess or
 1839 administer such medication safely.

1840 (A) ~~A resident or resident's legal representative may authorize the assisted living residence~~
 1841 ~~to return unused medications or medical supplies and used or unused medical devices to~~
 1842 ~~a prescription drug outlet or donate to a nonprofit entity in accordance with § 12-42.5-~~
 1843 ~~133, C.R.S., and 6 CCR 1011-1, Chapter 2, Part 7.202.~~

Commented [A55]: The return of unused medication is addressed in Ch. 2, so no longer needed here. Removed to reduce confusion related to requirements.

1844 (BA) The assisted living residence shall request and maintain signed documentation from the
 1845 resident or resident's legal representative regarding the ~~return or donation~~ **DISPOSITION** of
 1846 all medications, medical supplies, or devices.

Commented [A56]: Modified to reduce misunderstanding of what is meant by donations.

1847 14.454 The assisted living residence shall have policies and procedures regarding the destruction and
 1848 disposal of outdated, unused, discontinued, and/or expired medications which are not returned to
 1849 the resident or legal representative. At a minimum, the policies and procedures shall include the
 1850 following requirements:

1851 (A) ~~OUTDATED, DISCONTINUED, AND/OR EXPIRED MEDICATIONS SHALL BE DESTROYED IN~~
 1852 ~~ACCORDANCE WITH FEDERAL, STATE, AND LOCAL REGULATIONS WITHIN THIRTY (30) DAYS.~~

Commented [A57]: Idea moved from 14.41, modified for clarity

1853 (1) Medication shall be destroyed in the presence of two individuals, each of whom
 1854 are either a qualified medication administration person, nurse, or practitioner;

1855 (B2) All medications shall be destroyed in a manner that renders the substances
 1856 totally ~~irretrievable~~ **NON-RETRIEVABLE TO PREVENT DIVERSION OF THE MEDICATION;**
 1857 **AND**

Commented [A58]: DEA language is now "non-retrievable" rather than irretrievable.

1858 (G3) There shall be documentation which identifies the medications, the date, **AND THE**
 1859 **METHOD** of destruction, and the signatures of the witnesses performing the
 1860 medication destruction. ~~and~~

1861 (DB) All destroyed medications shall be disposed of in compliance with ~~sections~~ **PARTS** 24.2
 1862 and 24.3 regarding medical waste disposal.

1863 **SECTION PART 15 – LAUNDRY SERVICES**

1864 General Requirements:

1865 15.1 The assisted living residence shall make laundry services available in one or more of the
 1866 following ways:

1867 (A) Providing laundry service for the residents,

1868 (B) Providing access to laundry equipment so that the residents may do their own laundry,

1869 (C) Making arrangements with a commercial laundry, or

1870 (D) Coordinating with friends or family members who choose to provide laundry services for a
 1871 resident.

1872 15.2 There shall be separate storage areas for soiled linen and clothing.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1873 15.3 The assisted living residence shall address resident sensitivities or allergies with regard to
 1874 laundry detergents or methods.

1875 Assisted Living Residence Laundry Service

1876 15.4 If providing laundry service for residents, the assisted living residence shall ensure the following:

1877 (A) Washing machines and dryers are properly maintained according to the manufacturer's
 1878 instructions;

1879 (B) Bed and bath linens are cleaned at least weekly or more frequently to meet individual
 1880 resident needs while blankets are cleaned as necessary;

1881 (D) Laundry personnel or designated staff handle, store, process, transport, and return
 1882 laundry in a way that prevents the spread of infection or cross contamination;

1883 (E) Personal clothing is returned to the appropriate resident in a presentable, ready-to-wear
 1884 manner in order to promote resident respect and dignity; and

1885 (E) The appropriate resident representative is notified if a resident needs additional clothing
 1886 or linens.

1887 Resident Access

1888 15.5 If a resident independently uses the assisted living residence laundry area, the assisted living
 1889 residence shall ensure that:

1890 (A) The resident is instructed in the proper use of the equipment,

1891 (B) There is a readily available schedule showing when resident use is permitted, and

1892 (C) The resident has the means to independently access the area during the permitted times.

1893 **SECTION PART 16 – FOOD SAFETY**

1894 **All Assisted Living Residences**

1895 16.1 Residents handling or preparing food for other residents shall have access to a hand-sink, soap,
 1896 and disposable paper towels. The assisted living residence shall ensure that such residents
 1897 understand when to wash hands and the proper procedure for doing so. Supplies for cleaning
 1898 and a pre-made solution for sanitizing food contact surfaces shall be readily available. The
 1899 ingredients used shall be allowable foods from approved sources and within the "use-by" date.

1900 16.2 The food safety requirements specified in this chapter do not preclude residents from consuming
 1901 foods not procured by the assisted living residence.

1902 **20 or More Beds**

1903 16.3 An assisted living residence that is licensed for 20 beds or more shall comply with the
 1904 Department's regulations concerning Colorado Retail Food Establishments at 6 CCR 1010-2.

1905 ~~Fewer Than 20 Beds~~ **19 OR FEWER BEDS**

Commented [A59]: Changed so wording is consistent with resident engagement section, in which we say "19 or fewer residents"

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

1906 16.4 An assisted living residence that is licensed for fewer than 20 beds 19 beds or fewer shall comply
1907 with all of the requirements in sections PARTS 16.5 through 16.37. A commercial kitchen is not a
1908 requirement for an assisted living residence with fewer than 20 beds.

1909 Employee Training

1910 16.5 Anyone STAFF preparing or serving food shall complete recognized food safety training and
1911 maintain evidence of completion on site. Food safety training shall be provided by recognized
1912 food safety experts or agencies, such as the DEPARTMENT'S Division of Environmental Health and
1913 Sustainability, local public health agencies, or Colorado State University Extension Services. At a
1914 minimum, a certificate of completion of the available online modules is sufficient to comply with
1915 this section PART. The successful completion of other accredited food safety courses is also
1916 acceptable.

Commented [A60]: ALAC recommendation based on Small ALR Workgroup request

1917 Personal Health

1918 16.6 Staff shall be in good health and free of communicable disease while handling, preparing or
1919 serving food, or handling utensils.

1920 16.7 Staff are prohibited from handling, preparing or serving food, or handling utensils for residents or
1921 other staff while experiencing any of the following symptoms: Vomiting, diarrhea, sore throat with
1922 fever, jaundice, or A lesion containing pus on the hands or wrists.

1923 (aA) Staff members experiencing these symptoms are permitted to return to handling food and
1924 utensils only when they have been symptom-free for at least 24 hours and/or the lesions
1925 on their hands are bandaged and completely covered with an impervious glove or finger
1926 cot.

1927 Handwashing

1928 16.8 The assisted living residence shall ensure that food handlers, cooks, and servers properly wash
1929 their hands using the following procedure:

1930 (A) Wash hands in warm (100°F to 120°F) soapy water by vigorously scrubbing all surfaces
1931 of the hands and wrists for at least 20 seconds. Rinse hands clean. Thoroughly dry
1932 hands with a disposable paper towel. Use the paper towel to turn off sink faucets before
1933 disposing.

Commented [A61]: ALAC recommendation based on Small ALR Workgroup request

1934 16.9 The assisted living residence shall ensure that food handlers, cooks, and servers always wash
1935 their hands at the following times:

1936 (A) Before leaving the restroom, and again before returning to food or beverage preparation,
1937 food and food equipment storage areas, or dishwashing;

1938 (B) After coughing, sneezing, using a handkerchief or tissue, using tobacco products, or
1939 eating;

1940 (C) When switching between working with raw animal derived foods and ready-to-eat foods;

1941 (D) After touching the hair, face, or body;

1942 (E) During food preparation, as often as necessary to remove soil and contamination, and to
1943 prevent cross contamination when changing tasks;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 1944 (F) Before handling or putting on single use gloves for food handling, and between removing
 1945 soiled gloves and putting on new, clean gloves;
- 1946 (G) After handling soiled dishes or utensils, such as ~~using~~ CLEARING tables or loading a
 1947 dishwashing machine;
- 1948 (H) After feeding or caring for a resident;
- 1949 (I) After caring for pets or other animals; and
- 1950 (J) After engaging in any activity that contaminates the hands such as handling garbage,
 1951 mopping, working with chemicals, and/OR other cleaning activities.

1952 Employee Hygiene

- 1953 16.10 The assisted living residence shall ensure that all staff members have good hygienic practices
 1954 and wear clean clothing or protective coverings while handling food or utensils.
- 1955 16.11 The assisted living residence shall prohibit staff members from using common towels and other
 1956 multiple use linens or clothing to wipe or dry their hands. When hands become soiled, the ALR
 1957 shall ensure that staff wash their hands in accordance with section PART 16.8(A).
- 1958 16.12 The assisted living residence shall ensure that staff members refrain from eating or smoking in
 1959 the area used for food preparation or storage WHILE FOOD IS BEING PREPARED. Drinking in these
 1960 areas is allowed with enclosed containers that do not require manual manipulation of the drinking
 1961 surface.
- 1962 ~~16.13 The assisted living residence shall ensure that staff members do not touch their faces, hair or~~
 1963 ~~other body surfaces while handling food.~~
- 1964 16.143 Tasting food during preparation shall be done with a utensil that is clean and sanitized. The same
 1965 utensil must be washed, rinsed, and sanitized before it is reused.
- 1966 16.154 Utensils used to dispense food shall have handles. Utensil handles shall be kept out of food and
 1967 ice. For example, scooping ice with a glass is prohibited.

1968 Bare Hand Contact

- 1969 16.165 Ready-to-eat foods shall not be handled with bare hands. Instead gloves or utensils must be used
 1970 to handle, prepare, and serve these foods.

1971 Proper Glove Use

- 1972 16.176 WHEN USED, Disposable food service gloves shall be used in a manner that prevents
 1973 contamination of food and food contact surfaces. Gloves shall be changed whenever switching
 1974 from handling raw animal products to ready-to-eat foods and WHEN CHANGING TASKS OR TOUCHING
 1975 SOILED SURFACES whenever else gloved hands become contaminated. When gloves are changed,
 1976 hands shall be washed in accordance with section PART 16.8(A).

1977 Approved Source

- 1978 16.187 All foods, including raw ingredients and prepared foods, shall be obtained from approved,
 1979 licensed, or registered sources or food manufacturers. Raw uncut produce can be obtained from
 1980 other sources, including grown onsite, as long as good agricultural practices defined by the
 1981 United States Department of Agriculture are used. Further guidance for produce grown by A

Commented [A62]: ALAC recommendation based on Small ALR Workgroup request

Commented [A63]: ALAC recommendation based on Small ALR Workgroup

Commented [A64]: ALAC recommendation based on Small ALR Workgroup request

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

1982 **SUPPLIER OR AT** an assisted living residence **MAY BE OBTAINED FROM THE DEPARTMENT OF PUBLIC**
 1983 **HEALTH AND ENVIRONMENT,** is detailed in a Department brochure entitled "Food Safety for
 1984 Vegetable Gardens, tips for Schools, Child Care and Long Term Care Facilities." The brochure is
 1985 available online at Colorado Food Safety Tips or by contacting the Division of Environmental
 1986 Health and Sustainability at 303-692-3645.

1987 Prohibited Foods

1988 16.198 Prohibited foods shall not be served by the assisted living residence. Prohibited foods include raw
 1989 or undercooked meat, poultry, fish, and molluscan shellfish; raw unpasteurized eggs; raw milk
 1990 and raw seed sprouts. Unpasteurized juice is also prohibited unless it is freshly squeezed and
 1991 made to order.

1992 16.2019 Foods that pose a greater risk for the long-term care population include deli meats, hot dogs, and
 1993 soft cheeses. These foods are allowed, but it is strongly recommended that they be heated before
 1994 service to control Listeria monocytogenes, a particularly dangerous bacteria for older adults and
 1995 immune compromised populations.

1996 16.240 An assisted living residence shall not distribute or dispense raw milk products of any kind.

1997 Date Marking

1998 16.221 Refrigerated foods opened or prepared and not used within **TWENTY-FOUR (24)** hours must be
 1999 marked with a "use by" or "discard by" date. The "use by" or "discard by" date is seven **(7)**
 2000 calendar days following opening or preparation. The seven **(7)** days cannot surpass the
 2001 manufacturer's expiration date for the product or its ingredients or seven **(7)** days since the date
 2002 any of the ingredients in the food were opened or prepared. This requirement does not apply to
 2003 commercially prepared condiments and dressings.

2004 Required Cooking Temperatures

2005 16.232 Animal derived foods; meat, poultry, fish, and unpasteurized eggs must be cooked to the
 2006 minimum internal temperatures in the following table before being served or held hot.

2007

Poultry (ground or intact), stuffed meats	165°F
Eggs, pork, lamb, fish	145°F
Ground beef, fish, pork, lamb, veal	155°F
Whole muscle beef steaks	145°F
Whole roasts (beef, lamb, pork)	135°F

2008 Required Holding Temperatures

2009 16.243 Potentially hazardous foods shall be maintained at the proper temperatures at all times.
 2010 Potentially hazardous foods that are stored cold shall be held at or below 41°F. **ASSISTED LIVING**
 2011 **RESIDENCES CAN ACHIEVE THIS BY KEEPING POTENTIALLY HAZARDOUS FOODS IN REFRIGERATORS**
 2012 **MAINTAINED AND RUNNING AT 41°F OR BELOW.**

2013 16.254 Potentially hazardous foods that are stored hot shall be held at or above 135°F. **ASSISTED LIVING**
 2014 **RESIDENCES CAN ACHIEVE THIS BY KEEPING SOUPS, SAUCE, AND OTHER HOT FOODS WARM ON A STOVE**

Commented [A65]: Language additions suggested by Division of Environmental Health and Sustainability staff to clarify how these requirements can be achieved. Requested by small ALR workgroup.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2015 BURNER, IN THE OVEN, OR ON A WARMING PLATE AT A TEMPERATURE ABOVE 135°F UNTIL THEY ARE
2016 SERVED, STORED, OR DISCARDED.
- 2017 16.265 When POTENTIALLY HAZARDOUS foods are being prepared, cooled, or reheated, they shall not be
2018 held below 135°F or above 41°F for extended time to control the growth of harmful bacteria.
2019 ASSISTED LIVING RESIDENCES CAN ACHIEVE THIS BY NOT LEAVING THESE TYPES OF FOOD OUT FOR LONG
2020 PERIODS OF TIME ONCE THEY ARE PURCHASED, WHILE THEY ARE BEING PREPARED, OR WAITING TO BE
2021 SERVED.
- 2022 Rapid Reheating
- 2023 16.276 Potentially hazardous foods that are being reheated from room temperature, such as opening a
2024 can, or from cold storage before hot holding shall be rapidly heated within two (2) hours to 165°F.
2025 Rapid heating can be accomplished on a stove top, in an oven, microwave, or another approved
2026 reheating device.
- 2027 Rapid Cooling
- 2028 16.287 Potentially hazardous foods that are being cooled from room temperature, such as after opening
2029 a can or preparing food from room temperature ingredients, shall be cooled to 41°F within four (4)
2030 hours.
- 2031 16. 28 Following cooking or removal from hot storage, foods must be cooled within six (6) hours to 41°F.
2032 Begin active cooling foods when foods are 135°F. Cool to 70°F within two (2) hours or less. Then
2033 cool from 70°F to 41°F within four (4) hours or less. Active cooling means using uncovered
2034 shallow pans, ice as an ingredient, ice wands, breaking foods down into small portions and fully
2035 submerging containers in ice baths or a combination of these methods.
- 2036 Food Preparation
- 2037 16.29 When foods are being assembled or prepared outside of temperature control, the process should
2038 be completed as quickly as possible and no more than two (2) hours.
- 2039 Thawing
- 2040 16.30 Frozen foods shall be thawed under refrigeration, under cool, running water between 60-70°F, in
2041 a microwave oven, or as part of the cooking process.
- 2042 16.31 Leaving food out to thaw without temperature control is prohibited.
- 2043 Equipment
- 2044 16.32 Equipment shall be maintained in working order and cleanable. Refrigeration equipment shall
2045 maintain foods below 41°F. Hot holding equipment must hold food at or above 135°F.
- 2046 Cleaning and Sanitizing
- 2047 16.33 Food contact surfaces of equipment shall be washed, rinsed, and sanitized before use or at least
2048 every four (4) hours of continual use. Dish detergent shall be labeled for the intended purpose.
2049 Sanitizer shall be approved for use as a no-rinse food contact sanitizer. Sanitizers shall be
2050 registered with EPA and used in accordance with labeled instructions.
- 2051 Plumbing

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

2052 16.34 A handwashing sink supplied with soap and disposable paper towels shall be available in all food
 2053 handling areas.

2054 16.35 Sinks shall be washed, rinsed, and sanitized when switching between food preparation or
 2055 produce washing and thawing animal derived foods.

2056 Dish Washing

2057 16.36 Dishes, utensils, and cookware shall be washed using one of the following methods:

2058 (A) In a single or multiple compartment sink using a dish detergent that is labeled for that
 2059 intended purpose. Once washed, dishes and utensils shall be rinsed clean, and then
 2060 submerged in an approved no-rinse food contact sanitizer and allowed to air dry.
 2061 Sanitizer shall be registered with EPA and used in accordance with labeled instructions;
 2062 or

2063 (B) A domestic or commercial dishwashing machine with a wash water temperature that
 2064 reaches a minimum of 155°F or is equipped with a chemical sanitizing cycle ~~THE~~
 2065 ~~OPERATING TEMPERATURE PRESCRIBED BY THE MANUFACTURER.~~

2066 Mop Water

2067 16.37 Mop water shall only be filled in a dedicated utility sink, a bath tub, or using a quick release hose
 2068 attachment on another sink that is immediately removed and stored away from the sink after
 2069 filling. Mop water shall be disposed in the sanitary sewer (e.g., toilet, bathtub, or utility sink). Mop
 2070 water shall not be discarded on the ground outside or in a storm drain.

2071 **SECTION PART 17 – FOOD AND DINING SERVICES**

2072 Meals, Drinks and Snacks

2073 17.1 The assisted living residence shall provide at least three meals daily, at regular times comparable
 2074 to normal mealtimes in the community, or in accordance with resident needs, preferences, and
 2075 plans of care.

2076 (A) Nourishing meal substitutes and between-meal snacks shall be provided, in accordance
 2077 with plans of care, to residents who want to eat at non-traditional times or outside of
 2078 scheduled meal service times.

2079 17.2 Meals shall include a variety of foods, be nutritionally balanced, and sufficient in amount to satisfy
 2080 resident appetites.

2081 (A) Appealing substitutes of similar nutritive value shall be available for residents who choose
 2082 not to eat food that is initially served or who request an alternative meal.

2083 17.3 The assisted living residence shall offer drinks, including water and other liquids, to residents with
 2084 every meal and between meals throughout the day. The assisted living residence shall also
 2085 ensure that residents have independent access to drinks at all times.

2086 17.4 Assisted living residence staff shall observe resident food consumption on a regular basis in order
 2087 to detect unplanned changes such as weight gain, weight loss, or dehydration. Changes in
 2088 consumption that may indicate the need for assistance with eating shall be reported to the
 2089 resident's practitioner and case manager, if applicable.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2090 17.5 If a resident repeatedly chooses not to follow the dietary recommendations of his or her
2091 practitioner, the assisted living residence shall document such in the record or care plan and
2092 notify the resident's practitioner and case manager, if applicable.
- 2093 Menus
- 2094 17.6 Menus shall vary daily and incorporate seasonal and/or holiday foods.
- 2095 17.7 Weekly menus shall be readily available for residents and public viewing no less than 24 hours
2096 prior to serving.
- 2097 17.8 Residents shall be encouraged to participate in planning menus and the assisted living residence
2098 shall make reasonable efforts to accommodate resident suggestions.
- 2099 Food Supply
- 2100 17.9 Each assisted living residence shall have sufficient food on hand to prepare three nutritionally
2101 balanced meals per day for three (3) calendar days.
- 2102 Therapeutic Diets
- 2103 17.10 An assisted living residence may provide therapeutic diets when the following conditions are met:
- 2104 (A) The diet is prescribed by the resident's practitioner, and
- 2105 (B) The assisted living residence has trained staff to prepare the food in accordance with the
2106 diet and ensure it is being served to the appropriate resident.
- 2107 Assistance with Dining and Feeding
- 2108 17.11 If a resident demonstrates difficulty opening, reaching, or accessing food and beverage items at
2109 meal time, staff shall promptly assist that resident in doing so regardless of the resident's dining
2110 location.
- 2111 17.12 Staff may assist residents by cueing and prompting them to eat and drink so long as that
2112 assistance is not undertaken for the convenience of staff.
- 2113 17.13 Staff may assist feeding a resident only if the resident is able to maintain an upright position and
2114 chew and swallow without difficulty.
- 2115 17.14 Staff who assist feeding a resident shall be trained in the proper techniques for supporting
2116 nutrition and hydration by a licensed or registered professional qualified by education and training
2117 to assess choking risks, such as a registered nurse, speech language pathologist, or registered
2118 dietitian.
- 2119 (A) The assisted living residence shall not allow staff to assist feeding a resident if the
2120 resident has difficulty chewing and swallowing, or has a history of chronic choking or
2121 coughing while eating or drinking.
- 2122 (B) If a resident who is receiving feeding assistance experiences a change in eating and
2123 swallowing that is a decline from baseline as identified in the individualized resident care
2124 plan, staff shall stop providing assistance, document the issue in the resident's record
2125 and ensure that the resident's practitioner is notified.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

2126 (1) Unless temporary measures are ordered by the practitioner, feeding assistance
 2127 shall not be resumed until a medical evaluation has been performed and the
 2128 assisted living residence has documentation from the practitioner that it is safe to
 2129 resume.

2130 Dining Area and Equipment

2131 17.15 Each assisted living residence shall have a designated dining area with tables and chairs that all
 2132 residents are able to access and that is sufficient in size to comfortably accommodate all
 2133 residents. Residents shall be given the opportunity to choose where and with whom to sit.

2134 17.16 No resident or group of residents shall be excluded from the designated dining area during meal
 2135 time unless otherwise indicated in the resident's individualized care plan.

2136 17.17 Meals shall not be routinely served in resident rooms unless otherwise indicated in the resident's
 2137 individualized care plan. The assisted living residence shall, however, make reasonable efforts to
 2138 accommodate residents that choose to dine somewhere other than the dining room.

2139 17.18 The location of resident dining shall not be chosen solely for staff convenience.

2140 17.19 Paper or disposable plastic ware shall not be used for regular meals with the exception of
 2141 emergencies and outdoor dining.

2142 **SECTION PART 18 – RESIDENT HEALTH INFORMATION RECORDS**

2143 General

2144 18.1 Each assisted living residence shall have a confidential health information record for each
 2145 resident and maintain it in a manner that ensures accuracy of information.

2146 18.2 Health information records for current residents shall be kept on site at all times.

2147 18.3 Each assisted living residence shall implement a policy and procedure for an effective information
 2148 management system that is either paper-based or electronic. If the ALR maintains both paper-
 2149 based and electronic records, there shall be a method for integration of those records that allows
 2150 effective continuity of care. Processes shall include effective management for capturing reporting,
 2151 processing, storing and retrieving care/service data and information.

2152 18.4 At the time of admission, the resident record shall contain, at a minimum, the following items:

2153 (A) Face sheet,

2154 (B) Practitioner orders,

2155 (C) Individualized resident care plan,

2156 (D) Copies of any advance directives, and

2157 (E) A signed copy of the resident agreement.

2158 Confidentiality and Access

2159 18.5 The assisted living residence shall have a means of securing resident records that preserves their
 2160 confidentiality and provides protection from loss, damage, and unauthorized access.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2161 18.6 The confidentiality of the resident record including all medical, psychological, and sociological
2162 information shall be protected in accordance with all applicable federal and state laws and
2163 regulations.
- 2164 18.7 Each resident or legal representative of a resident shall be allowed to inspect that resident's own
2165 record in accordance with §SECTION 25-1-801, C.R.S. Upon request, resident records shall also
2166 be made available for inspection by the state and local long-term care ombudsman pursuant to
2167 §SECTION 26-11.5-108, C.R.S., Department representatives and other lawfully authorized
2168 individuals.
- 2169 Content
- 2170 18.8 Resident records shall contain, but not be limited to, the following items:
- 2171 (A) Face Sheet,;
- 2172 (B) Practitioner order,;
- 2173 (C) Individualized resident care plan,;
- 2174 (D) Progress notes which shall include information on resident status and wellbeing, as well
2175 as documentation regarding any out of the ordinary event or issue that affects a
2176 resident's physical, behavioral, cognitive and/or functional condition, along with the action
2177 taken by staff to address that resident's changing needs;
- 2178 (1) The assisted living residence shall require staff members to document, before
2179 the end of their shift, any out of the ordinary event or issue regarding a resident
2180 that they personally observed, or was reported to them.
- 2181 (E) Medication Administration Record,;
- 2182 (F) Documentation of on-going services provided by external service providers including, but
2183 not limited to, family members, aides, podiatrists, physical therapists, hospice and home
2184 care services, and other practitioners, assistants, and caregivers;
- 2185 (G) Advance directives, if applicable, with extra copies; and
- 2186 (H) Final disposition of resident including, if applicable, date, time, and circumstances of a
2187 resident's death, along with the name of the person to whom the body is released.
- 2188 18.9 The face sheet shall be updated at least annually and contain the following information:
- 2189 (A) Resident's full name, including maiden name, if applicable;
- 2190 (B) Resident's sex, date of birth, and marital status;
- 2191 (C) Resident's most recent former address;
- 2192 (D) Resident's medical insurance information and Medicaid number, if applicable;
- 2193 (E) Date of admission and readmission, if applicable;
- 2194 (F) Name, address and contact information for family members, legal representatives, and/or
2195 other persons to be notified in case of emergency;

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2196 (G) Name, address, and contact information for resident's practitioner and case manager, if
 2197 applicable;
- 2198 (H) Resident's primary spoken language and any issues with oral communication;
- 2199 (I) Indication of resident's religious preference, if any;
- 2200 (J) Resident's current diagnoses; and
- 2201 (K) Notation of resident's allergies, if any.
- 2202 Record Transfer and Retention
- 2203 18.10 If a resident's care is transferred to another health facility or agency, a copy of the face sheet,
 2204 individualized resident care plan, and medication administration record for the current month shall
 2205 be transferred with the resident.
- 2206 18.11 If an assisted living residence ceases operation, each resident's records must be transferred to
 2207 the licensed health facility or agency that assumes that resident's care.
- 2208 18.12 Records of former residents shall be complete and maintained for at least three (3) years
 2209 following the termination of the resident's stay in the assisted living residence.
- 2210 18.13 Such records shall be maintained and readily available at the assisted living residence location
 2211 for a minimum of six (6) months following termination of the resident's stay.
- 2212 **SECTION PART 19 – INFECTION CONTROL**
- 2213 Education
- 2214 19.1 The assisted living residence shall have an infection control program that provides initial and
 2215 annual staff training on infection prevention and control. Such training shall cover, at a minimum,
 2216 the following items:
- 2217 (A) Modes of infection transmission;
- 2218 (B) The importance of hand washing and proper techniques;
- 2219 (C) Use of personal protective equipment, including proper use of disposable gloves; and
- 2220 (D) Cleaning and disinfection techniques.
- 2221 Policies and Procedures
- 2222 19.2 The assisted living residence shall have and follow written policies and procedures that address
 2223 the transmission of communicable diseases with a significant risk of transmission to other
 2224 persons and for reporting diseases to the state and/or local health department, pursuant to 6
 2225 CCR 1009-1, Epidemic and Communicable Disease Control.
- 2226 (A) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY RECOGNIZED GUIDELINES,
 2227 SUCH AS THOSE PROMULGATED BY THE CENTERS FOR DISEASE CONTROL (CDC), WORLD
 2228 HEALTH ORGANIZATION (WHO), OR THE ASSOCIATION FOR PROFESSIONALS IN INFECTION
 2229 CONTROL AND EPIDEMIOLOGY (APIC), AND COMPLY WITH GUIDANCE FROM THE COLORADO
 2230 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AS APPLICABLE.

Commented [A66]: Added to address infection control shortcomings identified during COVID-19 response.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2231 (1) THE POLICIES SHALL IDENTIFY THE NATIONALLY RECOGNIZED GUIDELINES AND
 2232 DEPARTMENT GUIDANCE UPON WHICH THE POLICIES ARE BASED.
- 2233 19.3 The policies and procedures shall include at a minimum, all of the following criteria:
- 2234 (A) The method for monitoring and encouraging employee wellness,
- 2235 (B) The method for tracking infection patterns and trends and initiating a response,
- 2236 (C) The method for determining when to seek assistance from a medical professional and/or
 2237 the local health department,
- 2238 (D) Isolation techniques, and
- 2239 (E) Appropriate handling of linen and clothing of residents with communicable infections.
- 2240 Infectious Waste Management
- 2241 19.4 Any item containing blood, body fluid, or body waste from a resident with a contagious condition
 2242 shall be presumed to be infectious waste and shall be disposed of in the room where it is used
 2243 into a sturdy plastic bag, then re-bagged outside the room and disposed of consistent with the
 2244 medical waste disposal requirements at sections PARTS 24.2 AND 24.3.
- 2245 **SECTION PART 20– PHYSICAL PLANT STANDARDS**
- 2246 Compliance with State and Local Requirements
- 2247 20.1 ~~Each assisted living residence shall be in compliance with all applicable local zoning, housing, fire~~
 2248 ~~and sanitary codes and ordinances of the city, city and county, or county where the ALR is~~
 2249 ~~situated, to the extent that such codes and ordinances are consistent with the federal “Fair~~
 2250 ~~Housing Amendment Act of 1988” as amended, at 42 U.S.C. §3601, et seq. AN ASSISTED LIVING~~
 2251 ~~RESIDENCE SHALL CONFORM TO THE STANDARDS IN PART 3 OF 6 CCR 1011-1, CHAPTER 2, UNLESS~~
 2252 ~~OTHERWISE MODIFIED IN THIS CHAPTER 7.~~
- 2253 Compliance with Fire Safety, Construction and Design Standards
- 2254 20.2 ~~An assisted living residence shall be constructed in conformity with the standards adopted by the~~
 2255 ~~Director of the Division of Fire Prevention and Control (DFPC) at the Colorado Department of~~
 2256 ~~Public Safety. AN ASSISTED LIVING RESIDENCE SEEKING AN INITIAL LICENSE, OR A LICENSED ASSISTED~~
 2257 ~~LIVING RESIDENCE UNDERGOING AN ADDITION, RENOVATION, OR CONSTRUCTION THAT TRIGGERS A~~
 2258 ~~COMPLIANCE REVIEW IN ACCORDANCE WITH PART 3 OF 6 CCR 1011-1, CHAPTER 2, SHALL COMPLY WITH~~
 2259 ~~THE FGI REQUIREMENTS IN THAT PART 3, EXCEPT AS FOLLOWS:~~
- 2260 (A) ASSISTED LIVING RESIDENCES ARE SUBJECT ONLY TO PART 1, ANY CROSS-REFERENCED PART 2
 2261 SYSTEMS, AND PART 4.1 OF THE GUIDELINES FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL
 2262 HEALTH, CARE AND SUPPORT FACILITIES, FACILITY GUIDELINES INSTITUTE (FGI), AS ADOPTED
 2263 IN PART 3, CHAPTER 2.
- 2264 (B) THE NUMBER OF PARKING SPACES TO BE PROVIDED BY THE ASSISTED LIVING RESIDENCE SHALL
 2265 BE BASED SOLELY ON LOCAL REQUIREMENTS AND THE FUNCTIONAL NEED OF THE RESIDENT
 2266 POPULATION.
- 2267 (C) ASSISTED LIVING RESIDENCES THAT ARE LOCATED IN SINGLE-FAMILY RESIDENTIAL
 2268 NEIGHBORHOODS AND ARE OPERATING IN STRUCTURES DESIGNED TO BE SINGLE-FAMILY
 2269 HOMES Small model assisted living facilities applying for a license for 10 beds or less shall

Commented [A67]: This language exists in Ch. 2—better to reference that Chapter.

ALAC recommends no modification to FGI for small facilities beyond the exceptions for elevator, corridor, and parking spaces already adopted in 2018.

Commented [A68]: This language exists in Ch. 2—and is covered by the change at 20.1.

Commented [A69]: Combined and moved from 20.3 and 20.4. Parts 1.1-1.5 is all of Part 1, so simplified the language.

Commented [A70]: Reworded and moved from 21.6

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

2270 be exempt from compliance with FGI Guidelines that each resident have access to a
 2271 bathroom without entering a corridor and that the building have an elevator that is sized
 2272 to accommodate a gurney and/or medical carts.

2273 ~~20.3~~ An assisted living residence applying for an initial license on or after June 1, 2019, or a licensed
 2274 assisted living residence pursuing shall comply with Parts 1.1 through 1.5, any cross-referenced
 2275 Part 2 systems, and 4.1 of the Guidelines for Design and Construction of Residential Health, Care
 2276 and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), as incorporated herein,
 2277 unless otherwise indicated.

Commented [A71]: 20.3 moved to above. Implementation dates will have passed by the time the Board adopts these rules so they should be deleted.

2278 (A) Small model assisted living facilities applying for a license for 10 beds or less shall be
 2279 exempt from compliance with FGI Guidelines that each resident have access to a
 2280 bathroom without entering a corridor and that the building have an elevator that is sized
 2281 to accommodate a gurney and/or medical carts.

2282 ~~20.4~~ Renovation of an assisted living residence that is initiated on or after December 1, 2019, shall
 2283 comply with Parts 1.1 through 1.5, any cross-referenced Part 2 systems, and 4.1 of the
 2284 Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility
 2285 Guidelines Institute (FGI) (2018 Edition), as incorporated herein, unless modified elsewhere in
 2286 this chapter.

Commented [A72]: 20.4 moved to above

2287 (A) Small model assisted living facilities applying for a license for 10 beds or less shall be
 2288 exempt from compliance with FGI Guidelines that each resident have access to a
 2289 bathroom without entering a corridor and that the building have an elevator that is sized
 2290 to accommodate a gurney and/or medical carts.

2291 ~~20.5~~ The Guidelines for Design and Construction of Residential Health, Care and Support Facilities,
 2292 Facilities Guidelines Institute (2018 Edition), is hereby incorporated by reference consistent with
 2293 section 1.3 of this chapter and excludes any later amendments to or editions of the Guidelines.
 2294 FGI appendix material is advisory only and not incorporated unless explicitly stated otherwise in
 2295 this chapter. The 2018 FGI Guidelines are available at no cost in a limited read-only version at:
 2296 <http://fgiguideines.org>

Commented [A73]: Incorporation no longer necessary due to inclusion in Ch. 2

2297 **SECTION PART 21 – EXTERIOR ENVIRONMENT**

2298 21.1 The assisted living residence grounds shall be kept free of high weeds, garbage, and rubbish.

2299 21.2 The assisted living residence grounds shall be maintained to protect residents from slopes, holes
 2300 or other hazards, and shall be consistent with any landscape plan approved by the local
 2301 jurisdiction.

2302 21.3 Exterior stairs shall be lighted at night.

2303 21.4 Porches, stairs, handrails, and ramps shall be maintained in good repair.

2304 21.5 For new construction initiated on or after June 1, 2019, porches and exterior areas with more than
 2305 one step within a six foot linear run shall have a handrail in addition to the requirements of section
 2306 20.3. For renovation initiated on or after December 1, 2019, porches and exterior areas with more
 2307 than one step within a six foot linear run shall have a handrail in addition to the requirements of
 2308 section 20.4. **FOR NEW CONSTRUCTION OR RENOVATION, PORCHES AND EXTERIOR AREAS WITH MORE**
 2309 **THAN ONE STEP WITHIN A SIX-FOOT LINEAR RUN SHALL HAVE A HANDRAIL IN ADDITION TO THE**
 2310 **REQUIREMENTS OF PART 20.2.**

2311 ~~21.6~~ Notwithstanding section 20.3, for initial license applications and new construction initiated on or
 2312 after June 1, 2019, the total number of parking spaces shall be based solely on local

Commented [A74]: Moved to the exceptions at 20.2

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

2313 requirements and the functional need of the resident population. Notwithstanding section 20.4, for
 2314 renovation initiated on or after December 1, 2019, the total number of parking spaces to be
 2315 provided shall be based solely on local requirements and the functional need of the resident
 2316 population.

2317 ~~21.7~~ The assisted living residence shall submit building plans, in the form and manner specified, to the
 2318 Department for plan review and approval.

2319 (A) Applicants for an initial ALR license shall submit building plans for newly constructed or
 2320 existing buildings before the issuance of the initial license.

2321 (B) Existing licensees shall submit plans for renovations, additional square footage, and
 2322 replacement buildings before beginning construction.

2323 **SECTION PART 22 – INTERIOR ENVIRONMENT**

2324 General

2325 22.1 All interior areas including attics, basements, and garages shall be free from accumulations of
 2326 extraneous material such as refuse, unused or discarded furniture, and potential combustible
 2327 materials.

2328 22.2 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

2329 22.3 Cleaning compounds and other hazardous substances (including products labeled "Keep out of
 2330 reach of children" on their original containers) shall be clearly labeled to indicate contents and
 2331 (except when a staff member is present) shall be stored in a location sufficiently secure to deny
 2332 access to confused residents.

2333 (A) The ALR shall maintain a readily available list and the safety data sheet of potentially
 2334 hazardous substances used by housekeeping and other staff.

2335 (B) Utility rooms used for storing disinfectants and detergent concentrates, caustic bowl and
 2336 tile cleaners, and insecticides shall be locked.

2337 22.4 Designated areas where smoking is allowed shall be equipped with fire resistant wastebaskets.
 2338 Resident rooms occupied by smokers, even when house rules prohibit smoking in resident
 2339 rooms, shall have fire resistant wastebaskets.

2340 Heating, Lighting and Ventilation

2341 22.5 Each room shall have heat, lighting, and ventilation sufficient to meet the use of the room and the
 2342 needs of the residents.

2343 22.6 All interior stairs and corridors shall be adequately lighted.

2344 Water

2345 22.7 There shall be an adequate supply of safe, potable water available for domestic purposes.

2346 22.8 There shall be a sufficient supply of hot water during peak usage demand.

2347 22.9 Hot water shall not measure more than 120 degrees Fahrenheit at taps which are accessible by
 2348 residents.

Commented [A75]: The process for submitting plans for FGI is now in Ch. 2.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

2349 Common Areas

- 2350 22.10 Common areas shall be sufficient in size to reasonably accommodate all residents.
- 2351 22.11 All common and dining areas shall be accessible to a resident using an auxiliary aid without
2352 requiring transfer from a wheelchair to walker or from a wheelchair to a stationary chair for use in
2353 the dining area. All doors to those rooms requiring access shall be at least 32 inches wide.
- 2354 22.12 ~~Effective July 1, 2018, a~~An assisted living residence that has one or more residents using an
2355 auxiliary aid shall have a minimum of two means of access and egress from the building unless
2356 local code requires otherwise.

2357 Sleeping Room

- 2358 22.13 No resident shall be assigned to reside in any room other than one regularly designated for
2359 sleeping.
- 2360 22.14 No more than two residents shall occupy a sleeping room.
- 2361 (A) An assisted living residence initially licensed prior to July 1, 1986, is permitted to have up
2362 to four residents per room unless the ALR undertakes renovation or changes ownership,
2363 at which time the newer, more stringent requirement shall apply.
- 2364 22.15 Sleeping rooms, exclusive of bathroom areas and closets, shall have the following minimum
2365 square footage:
- 2366 (A) 100 square feet for single occupancy, and
- 2367 (B) 60 square feet per person for double occupancy.
- 2368 22.16 Each resident shall have storage space, such as a closet, for clothing and personal articles.
- 2369 22.17 Each sleeping room shall have at least one window of 8 square feet which shall have opening
2370 capability.
- 2371 (A) An assisted living residence initially licensed prior to January 1, 1992, is permitted to
2372 have a window of smaller dimensions unless the ALR undertakes renovation or changes
2373 ownership, at which time the newer, more stringent requirement shall apply.
- 2374 22.18 In assisted living residences that provide furnishings for residents pursuant to a resident
2375 agreement, each resident shall be provided, at a minimum, with the following items:
- 2376 (A) A standard-sized bed with a comfortable, clean mattress_; mattress protector, pad, and
2377 pillow (Rollaway type beds, cots, folding beds, futons, or bunk beds are prohibited)_; and
- 2378 (B) A standard-sized chair in good condition.

2379 Bathroom

- 2380 22.19 There shall be at least one full bathroom for every six residents.
- 2381 22.20 A full bathroom shall contain the following:
- 2382 (A) Toilet,

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2383 (B) Hand-washing station,
- 2384 (C) Mirror,
- 2385 (D) Private individual storage for resident personal effects; and
- 2386 (E) Shower.
- 2387 22.21 All bathtubs and shower floors shall have proper safety features to prevent slips and falls.
- 2388 22.22 Toilet seats shall be constructed of non-absorbent material and free of cracks.
- 2389 22.23 Each assisted living residence shall provide toilet paper in each resident bathroom, except where
 2390 a resident has a specific preference and agrees to supply it.
- 2391 22.24 Toilet paper in a dispenser, liquid soap, and paper towels or hand drying devices shall be
 2392 available at all times in each common bathroom.
- 2393 22.25 In an assisted living residence that has one or more residents using auxiliary aids, the assisted
 2394 living residence shall provide at least one full bathroom with fixtures positioned so that they are
 2395 fully accessible to any resident utilizing an auxiliary aid.
- 2396 22.26 Grab bars shall be properly installed at each tub and shower, and adjacent to at least one toilet in
 2397 every multi-stall toilet room in an assisted living residence if any resident uses an auxiliary aid or
 2398 as otherwise indicated by the needs of the resident population.
- 2399 (A) When residents can undertake independent transfers, alternative grab bar configurations
 2400 are permitted.
- 2401 Heating Devices
- 2402 22.27 The assisted living residence shall prohibit the use of portable heaters in resident rooms. The use
 2403 of fireplaces, space heaters, and like units that generate heat shall be prohibited in the common
 2404 areas of the assisted living residence unless the ALR is able to ensure that such devices have a
 2405 UL (Underwriters Laboratory) or similar certification label, do not present a resident burn risk, and
 2406 are used in accordance with manufacturer instructions.
- 2407 22.28 The assisted living residence shall prohibit the use of electric blankets and/or heating pads in
 2408 resident rooms unless there is staff supervision or written documentation that the administrator
 2409 has assessed the resident and determined he or she is capable of using such device in a safe
 2410 and appropriate manner.
- 2411 Oxygen Use, Handling and Storage
- 2412 22.29 The assisted living residence's handling and storage of oxygen shall comply with all applicable
 2413 local, state, and federal requirements.
- 2414 22.30 The assisted living residence shall prohibit smoking in areas where oxygen is stored and/or used
 2415 and shall post a conspicuous "No Smoking" sign in those areas.
- 2416 22.31 The assisted living residence shall ensure that oxygen tanks are not rolled on their side or
 2417 dragged.
- 2418 22.32 The assisted living residence shall ensure that oxygen tanks are secured upright at all times in a
 2419 manner that prevents tanks from falling over, being dropped, or striking each other.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2420 22.33 Oxygen tank valves shall be closed except when in use.
- 2421 22.34 The assisted living residence shall ensure that oxygen tanks are not placed against electrical
 2422 panels, live electrical cords, or near radiators or heat sources. If stored outdoors, tanks shall be
 2423 protected from weather extremes and damp ground to prevent corrosion.
- 2424 Smoking
- 2425 22.35 Assisted living residences shall comply with the Colorado Clean Indoor Air Act at §SECTIONS 25-
 2426 14-201 through 25-14-209, C.R.S.
- 2427 22.36 Designated outdoor smoking areas shall be monitored whenever residents are present.
- 2428 22.37 Designated outdoor smoking areas shall have fire resistant waste disposal containers.
- 2429 Cooking
- 2430 22.38 Cooking shall not be permitted in sleeping rooms.
- 2431 22.39 Residents shall have access to an alternative area where minimal food preparation is permitted.
- 2432 22.40 In assisted living residences where residents have dwelling units rather than simply sleeping
 2433 rooms, cooking may be allowed in accordance with house rules.
- 2434 (A) Only residents who are capable of cooking safely shall be allowed to do so and the
 2435 assisted living residence shall document such assessment.
- 2436 (B) If cooking equipment is present in dwelling units, the assisted living residence shall have
 2437 a definitive way of disabling such equipment if they become unsafe for residents to use.
- 2438 Electrical Equipment
- 2439 22.41 Electrical socket adaptors or connectors designed to multiply outlet capacity shall be prohibited.
- 2440 22.42 Extension cords are permitted for temporary use only.
- 2441 22.43 Power strip surge protectors are permitted throughout the assisted living residence with the
 2442 following limitations:
- 2443 (A) The power strip shall have overcurrent protection in the form of a circuit breaker or fuse,
- 2444 (B) The power strip shall have a UL (underwriters laboratories) or similar certification label,
 2445 and
- 2446 (C) Power strips shall not be linked together.
- 2447 Personal Electric Appliances
- 2448 22.44 Personal electric appliances are allowed in resident rooms only if the following criteria are met:
- 2449 (A) Such appliances do not require the use of an extension cord or multiple use electrical
 2450 sockets,
- 2451 (B) Such appliance is in good repair as evaluated by the administrator or designee, and

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2452 (C) There is written documentation that the resident has been assessed and determined to
2453 be capable of using such appliance in a safe and appropriate manner.

2454 **SECTION PART 23 – ENVIRONMENTAL PEST CONTROL**

- 2455 23.1 The assisted living residence shall have written policies and procedures that provide for effective
2456 control and eradication of insects, rodents, and other pests.
- 2457 23.2 The assisted living residence shall have a contract with a licensed pest control company or an
2458 effective means for pest control using the least toxic and least flammable effective pesticides. The
2459 pesticides shall not be stored in resident or food areas and shall be kept under lock and only
2460 properly trained responsible personnel shall be allowed to apply them.
- 2461 23.3 Screens or other pest control measures shall be provided on all exterior openings except where
2462 prohibited by fire regulations. Assisted living residence doors, door screens, and window screens
2463 shall fit with sufficient tightness at their perimeters to exclude pests.

2464 **SECTION PART 24 – WASTE DISPOSAL**

2465 Sewage and Sewer Systems

- 2466 24.1 All sewage shall be discharged into a public sewer system, or if such is not available, disposed of
2467 in a manner approved by the State and local health authorities and the Colorado Water Quality
2468 Control Commission.
- 2469 (A) When private sewage disposal systems are in use, records of maintenance and the
2470 system design plans shall be kept on the premises.
- 2471 (B) No unprotected exposed sewer line shall be located directly above working, storage, or
2472 eating surfaces in kitchens, dining rooms, pantries, food storage rooms, or where medical
2473 or nursing supplies are prepared, processed, or stored.

2474 Medical Waste

- 2475 24.2 Assisted living residents ~~RESIDENTS~~ **RESIDENCES** shall not transport, manage, or dispose of medical waste
2476 unless in accordance with the 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste
2477 Disposal Sites and Facilities, Section 13, Medical Waste.
- 2478 24.3 Assisted living residences that generate waste including medical waste shall make a hazardous
2479 waste determination in accordance with Part ~~264~~ **262** of the state hazardous waste regulations at
2480 6 CCR 1007-3. If the facility generates hazardous waste, it shall manage, transport and dispose
2481 of such waste in accordance with 6 CCR 1007-3.

2482 Refuse

- 2483 24.4 All garbage and rubbish that is not disposed of as sewage shall be collected in impervious
2484 containers in such manner as not to become a nuisance or a health hazard and shall be removed
2485 to an outside storage area at least once a day.
- 2486 (A) The refuse storage area shall be kept clean, and free from nuisance.
- 2487 (B) A sufficient number of impervious containers with tight fitting lids shall be provided, and
2488 kept clean and in good repair.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2489 (C) Carts used to transport refuse shall be constructed of impervious materials, enclosed,
 2490 used solely for refuse and maintained in a sanitary manner.

2491 **SECTION PART 25 – SECURE ENVIRONMENT**

- 2492 25.1 An assisted living residence may choose to provide a secure environment as that term is defined
 2493 in ~~section~~**PART 2**. A secure environment, which may be provided throughout an entire assisted
 2494 living residence, or in a distinct part of an assisted living residence, shall comply with
 2495 ~~sections~~**PARTS 1 through 24** of this chapter, in addition to the requirements in this ~~section~~**PART**
 2496 **25**.

- 2497 25.2 An assisted living residence that uses any methods or devices to limit, restrict, or prohibit free
 2498 egress of one or more residents to move unsupervised outside of the ALR or any separate and
 2499 distinct part of the ALR shall comply with this section regarding secure environment.

- 2500 25.3 An assisted living residence with a secure environment shall include all the services provided in
 2501 an unsecured environment plus any additional services specified in this ~~section~~**PART 25**.

2502 Written Disclosure

- 2503 25.4 In addition to the information listed in ~~section~~**PART 11.7(A)** through (K), an assisted living
 2504 residence shall also disclose the following information to each potential resident and his or her
 2505 legal representative before such individual moves into a secure environment:

- 2506 (A) The criteria for admission including the types of required assessments used to determine
 2507 unique resident needs,

- 2508 (B) The location of the secure environment and the methods of restrictions that are used,

- 2509 (C) How the safety of residents is monitored within the building and the outdoor area, and

- 2510 (D) Information on any specialty services such as memory care and/or special care services,
 2511 including, but not limited to, a description of daily engagement opportunities.

2512 Pre-Admission Assessment

- 2513 25.5 Before an individual moves in, the assisted living residence shall complete a pre-admission
 2514 assessment to determine the appropriateness and need for secure environment residency. The
 2515 pre-admission assessment shall include all the items required for the comprehensive assessment
 2516 in ~~section~~**PART 12.7(A)** through (M), plus the following:

- 2517 (A) A ~~face-to-face~~ evaluation by a licensed practitioner which has occurred within the
 2518 previous **NINETY (90)** calendar days and which describes the resident's medical condition
 2519 and any cognitive deficits that contribute to wandering, compromised safety awareness,
 2520 and other types of conduct; and

- 2521 (B) Detailed information from the resident's family and/or representative concerning the
 2522 resident's recent relevant history and patterns of reduced safety awareness and
 2523 wandering, along with any strategies used to prevent unsafe wandering or successful
 2524 exiting, and any other known types of conduct.

2525 Resident Admission

Commented [A76]: Deleted to allow for telehealth evaluations, based on COVID-19 experience and ALAC recommendation.

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2526 25.6 No individual shall be required to move in-to a secure environment against their will unless legal
2527 authority for the admission of the individual has been established by guardianship, court order,
2528 medical durable power of attorney, health care proxy, or other means allowed by Colorado law.
- 2529 25.7 An individual may voluntarily agree to reside in a secure environment even though his or her
2530 physical or psychosocial status does not require such placement. In such circumstances, the
2531 assisted living residence shall assure that the resident has freedom of movement inside and
2532 outside of the secure environment at all times and that there is a signed resident agreement to
2533 that effect.
- 2534 25.8 Once a resident moves into a secure environment, the assisted living residence shall comply with
2535 the following:
- 2536 (A) The assisted living residence shall evaluate a resident when the resident expresses the
2537 desire to move out of a secure environment, and contact the resident's legal
2538 representative, practitioner, and the state and/or local long-term care ombudsman, when
2539 appropriate;
- 2540 (B) The assisted living residence shall ensure that admission to and continuing residence in
2541 a secure environment is the least restrictive alternative available and is necessary for the
2542 physical and psychosocial well-being of the resident; and
- 2543 (C) If at any time a resident is determined to be a danger to self or others, the assisted living
2544 residence shall be responsible for developing and implementing a temporary plan to
2545 monitor the resident's safety along with the protection of others until the issue is
2546 appropriately resolved and/or the resident is discharged from the assisted living
2547 residence.
- 2548 Re-Assessment
- 2549 25.9 Each resident shall be re-assessed to determine his or her continued need for a secure
2550 environment every six (6) months and whenever the resident's condition changes from baseline
2551 status.
- 2552 (A) As part of the secure environment re-assessment, the assisted living residence shall
2553 consult with the resident's attending practitioner, family, and/or resident's representative
2554 and review service documentation dating back to the most recent comprehensive
2555 assessment.
- 2556 Enhanced Resident Care Plan
- 2557 25.10 In addition to the information required for a resident care plan at section PART 12.10, the care plan
2558 for each resident in a secure environment shall include the following:
- 2559 (A) A description of the resident's wandering patterns and known behavioral expressions,
2560 along with individualized approaches to be implemented by staff to protect the resident
2561 and other residents with whom they have contact;
- 2562 (B) A description of how the resident will have continuous independent access to his or her
2563 individual room, along with the ALR's plan to protect the resident from unwanted visitation
2564 by other residents;
- 2565 (C) Identification of the type and level of staff oversight, monitoring, and/or accompaniment
2566 that the ALR deems necessary to meet the needs of the resident within the secure
2567 environment and secure outdoor area; and

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2568 (D) Documentation describing the personal grooming and hygiene items that are determined
 2569 safe for the resident to have in their own possession for self-care, and how those items
 2570 are stored to prevent unauthorized access by other residents.
- 2571 25.11 The enhanced resident care plan shall be updated to reflect changes in the staff approach to
 2572 meeting resident needs and when any medical assessment, appraisal, or observations indicate
 2573 the resident's care needs have changed.
- 2574 **Staff Training**
- 2575 25.12 The assisted living residence shall have a policy and procedure regarding the training of staff who
 2576 provide services in a secure environment. The policy shall include, at a minimum, information on
 2577 the appropriate staff response when there is a missing resident or resident incident/altercation,
 2578 along with distribution of staff when responding to such an event to ensure that there is sufficient
 2579 staff presence for the continued supervision of other residents.
- 2580 25.13 In addition to the training requirements in section PART 7.9, staff assigned to a secure
 2581 environment shall receive training and education on assisted living residence policies and
 2582 procedures specific to the secure environment resident care, services, and protections. Such
 2583 training shall include, at a minimum, the following:
- 2584 (A) Information on the secure environment that identifies and describes the areas where
 2585 residents have free passage, where passage may be restricted, and where passage is
 2586 prohibited;
- 2587 (B) Information regarding the current mobility status of all residents so that staff are prepared
 2588 to successfully evacuate all residents in the event of an emergency;
- 2589 (C) Information on the location of the storage area which is not accessible to residents
 2590 including a description of what items or contents are required to be kept in the storage
 2591 area; and
- 2592 (D) Information on the equipment and devices used to secure the environment, including how
 2593 to override or disarm such devices, along with expectations for response if staff are
 2594 alerted to an alarm.
- 2595 25.14 Before a staff member is allowed to work independently in the secure environment, the assisted
 2596 living residence shall provide each staff member with a minimum of eight hours of training and
 2597 education on the provision of care and services for ~~THE SPECIFIC residents with dementia/cognitive~~
 2598 ~~impairment~~ **POPULATION IN THE ASSISTED LIVING RESIDENCE.**
- 2599 (A) **AT A MINIMUM, THE INDIVIDUAL SHALL BE TRAINED ON THE CARE PLAN FOR EACH RESIDENT TO**
 2600 **WHICH THE INDIVIDUAL COULD PROVIDE CARE GIVEN THE STAFF MEMBER'S ASSIGNED DUTIES**
 2601 **AND RESPONSIBILITIES. SUCH TRAINING SHALL BE DOCUMENTED.**
- 2602 25.15 **WITHIN SIXTY (60) DAYS, THE ASSISTED LIVING RESIDENCE SHALL PROVIDE EACH STAFF MEMBER A**
 2603 **MINIMUM OF SIX (6) HOURS OF GENERAL TRAINING AND EDUCATION ON PROVIDING CARE AND SERVICES**
 2604 **FOR RESIDENTS WITH DEMENTIA/COGNITIVE IMPAIRMENT.**
- 2605 (A) **THE TRAINING MAY BE PROVIDED OVER SEVERAL SESSIONS.**
- 2606 (AB) The training shall be provided through structured, formalized classes, correspondence
 2607 courses, competency-based computer courses, training videos, or distance learning
 2608 programs.

Commented [A77]: Reduced from 8 hours to offset the training on the individual care plans.

CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division

- 2609 (B)(C) The training content shall be provided or recognized by an academic institution, a
 2610 recognized state or national organization or association, or an independent contractor or
 2611 group that emphasizes dementia/cognitive impairment care.
- 2612 (C)(D) The training shall cover, at a minimum, the following topics:
- 2613 (1) Information on disease processes associated with dementia and cognitive
 2614 impairment, including progression of the diseases, types and stages of memory
 2615 loss, family dynamics, behavioral symptoms and limitations to normal activities of
 2616 daily living;
- 2617 (2) Information on non-pharmacological techniques and approaches used to guide
 2618 and support residents with dementia/cognitive impairment, wandering, and
 2619 socially challenging behavioral expressions of need or distress;
- 2620 (3) Information on communication techniques that facilitate supportive and
 2621 interactive staff-resident relations;
- 2622 (4) Positive therapeutic approaches and activities such as exercise, sensory
 2623 stimulation, activities of daily living and social, recreation, and rehabilitative
 2624 activities;
- 2625 (5) Information on recognizing physical symptoms that may cause a change in
 2626 dementia/cognitive impairment such as dehydration, infection, and swallowing
 2627 difficulty; along with individualized approaches to assist or address associated
 2628 symptoms such as pain, decreased appetite and fluid intake, and/or isolation;
 2629 and
- 2630 (6) Benefits and importance of person-centered care planning and collaborative
 2631 approaches to delivery of care.
- 2632 25.156 The assisted living residence shall ensure that each staff member assigned to the secure
 2633 environment completes eight clock hours of continuing education within each 12-month period
 2634 beginning with the date of initial assignment. The education shall include topics covered in the
 2635 initial training and may include other topics relevant to the population served at the assisted living
 2636 residence. ~~IS TRAINED ON THE CARE PLAN FOR EACH NEW RESIDENT THAT IS PART OF THE INDIVIDUAL'S~~
 2637 ~~ASSIGNED DUTIES AND RESPONSIBILITIES.~~
- 2638 Staffing
- 2639 25.167 The assisted living residence shall have a sufficient number of trained staff members on duty in
 2640 the secure environment to ensure each resident's physical, social, and emotional health care and
 2641 safety needs are met in accordance with their individualized care plan.
- 2642 25.178 The assisted living residence shall consider the day to day resident needs and activity, including
 2643 the intensity of staff assistance, on an individual resident basis to determine the appropriate level
 2644 of staffing. At a minimum, there shall be one trained, awake staff member on duty at all times.
- 2645 25.189 Staff members shall be familiar with each resident's specific care-planned needs and the unique
 2646 approaches for assisting with care and safety.
- 2647 Care and Services

Commented [A78]: ALAC recommends no change

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

2648 25.4920 In addition to the requirements for resident care services in section PART 12, each assisted living
2649 residence with a secure environment shall establish policies and procedures for the delivery of
2650 resident care and services that include, at a minimum, the following:

- 2651 (A) A system or method of accounting for the whereabouts of each resident;
- 2652 (B) The system or method staff members are to use for observation, identification,
2653 evaluation, individualized approach to and documentation of resident behavioral
2654 expression; and
- 2655 (C) Assistance with the transition of residents to and from the secure environment and when
2656 changing rooms within a secure environment.

2657 25.201 Residents who indicate a desire to go outside the secured area shall be permitted to do so with
2658 staff supervision except in those situations where it would be detrimental to the resident's health,
2659 safety or welfare.

- 2660 (A) If the assisted living residence is aware of an ongoing issue or pattern of behavioral
2661 expression that would be exacerbated by allowing a resident to go outside the secure
2662 area, it shall be documented in the resident's enhanced, individualized care plan.

2663 Family Council

2664 25.242 The assisted living residence shall meet the requirements of section PART 13.10 regarding the
2665 internal grievance and complaint resolution process. In addition, the assisted living residence
2666 shall hold regular meetings to allow residents, their family members, friends, and representatives
2667 to provide mutual support and share concerns and/or recommendations about the care and
2668 services within each separate secure environment.

- 2669 (A) Such meetings shall be held at least quarterly, at a place and time that reasonably
2670 accommodates participation; and

- 2671 (B) The assisted living residence shall provide adequate advance notice of the meeting and
2672 ensure that details regarding any meeting are readily available in a common area within
2673 the secure environment.

2674 Resident Rights

2675 25.223 The assisted living residence shall ensure that residents in a secure environment have all the
2676 same resident rights as set forth in section PART 13 of this chapter including, but not limited to, the
2677 right to privacy and confidentiality.

2678 Discharge

2679 25.234 The assisted living residence shall follow the requirements of sections PARTS 11.11 through 11.17
2680 regarding resident discharge when moving a resident out of a secure environment unless the
2681 move is voluntarily initiated by the resident's legal representative.

2682 Physical Design, Environment and Safety

2683 25.245 The assisted living residence shall ensure that residents have freedom of movement to common
2684 areas and resident personal spaces.

2685 25.256 A secure environment shall meet the following criteria:

*CODE OF COLORADO REGULATIONS 6 CCR 1011-1 Chapter 7
Health Facilities and Emergency Medical Services Division*

- 2686 (A) There shall be a multipurpose room for dining, group and individual activities, and family
2687 visits;
- 2688 (B) Resident access to appliances shall only be allowed with staff supervision;
- 2689 (C) There shall be a storage area which is inaccessible to residents for storage of items that
2690 could pose a risk or danger such as chemicals, toxic materials, and sharp objects;
- 2691 (D) The corridors and passageways shall be free of objects or obstacles that could pose a
2692 hazard;
- 2693 (E) There shall be documentation of routine monthly testing of all equipment and devices
2694 used to secure the environment; and
- 2695 (F) There shall be a secure outdoor area that is available for resident use year-round that:
- 2696 (1) Is directly supervised by staff,
- 2697 (2) Is independently accessible to residents without staff assistance for entrance or
2698 exit,
- 2699 (3) Has comfortable seating areas,
- 2700 (4) Has one or more areas that provide protection from weather elements, and
- 2701 (5) Has a fence or enclosure around the perimeter of the outdoor area that is no less
2702 than six (6) feet in height and constructed to reduce the risk of resident
2703 wandering or elopement from the area.
- 2704 (a) If the fence or enclosure has gated access which is locked, all staff
2705 assigned to the secure environment shall have a readily available means
2706 of unlocking the gate in case of emergency.
2707
2708