Section 101 · Assisted living is a type of CRF
Section 102(B)(2) · Assisted living - significant # of residents have cognitive impairment

ENROLLED ORIGINAL

Rec'd 8.3.01

AN ACT

D.C. ACT 13-297

Codification District of Columbia Code 2001 Supp.

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

MARCH 22, 2000

To establish regulations for Assisted Living Residences in the District of Columbia.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that this act may be cited as the "Assisted Living Residence Regulatory Act of 2000".

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BZA
Case No. 16716
Exhibit No. 44

Board of Zoning Adjustment
District of Columbia
CASE NO.16716
EXHIBIT NO.44

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Title I. Purpose and Philosophy of Care.

Sec. 101. Purpose.

The purpose of this act is to set uniform, minimum standards of licensure for community residence facilities currently regulated under Chapter 34 of Title 22 of the District of Columbia Municipal Regulations and other facilities when they provide services that assist residents with the activities of daily living. This act creates a new category of licensure called "assisted living residence".

Sec. 102. Philosophy of care.

(a) The philosophy of assisted living emphasizes personal dignity, autonomy, independence, privacy, and freedom of choice. Further, the services and physical environment of an assisted living residence should enhance a person's ability to age in place in a homelike setting by increasing or decreasing the amount of assistance in accordance with the individual's changing needs.

(b) This act shall be interpreted in accordance with the following philosophy of care:

(1) An assisted living residence is a program which combines housing, health, and supportive services for the support of residents aging in place. The function of an assisted living residence is to provide or coordinate personalized assistance through activities of daily living, recreational activities, 24-hour supervision, and provision or coordination of health services and

instrumental activities of daily living as needed.

(2) The design of services and environment should acknowledge that a significant number of residents may have some form of cognitive impairment. Services and environment should offer a balance between choice and safety in the least restrictive setting.

(3) Both the program and environment should support resident dignity, privacy, independence, individuality, freedom of choice, decision making, spirituality, and involvement of family and friends.

(4) Residents should be supported to age in place by minimizing the need to move through reasonable accommodation and, when necessary, through coordination and use of home health agencies, hospice, rehabilitation agencies, and other licensed healthcare providers.

(5) Quality, affordable assisted living residence care should be accessible to all individuals residing in the District regardless of income.

Title II. Definitions.

Sec. 201. Definitions.

For purposes of this act, the term:

(1) "Activities of Daily Living" or "ADLs" means activities including eating, bathing, toileting, grooming, dressing, undressing, mobility, and in place transfers.

(2) "Aging in place" means minimizing the circumstances which require a person to move to a different setting when his or her condition changes.

(3) "Assistant Living Administrator" or "ALA" means the licensee, or a person designated by the licensee, who oversees the day-to-day operation of the facility, including compliance with all regulations for licensed assisted living residences.

(4) "Assisted Living Residence" or "ALR" means an entity, whether public or private, for profit or not for profit, that combines housing, health, and personalized assistance, in accordance to individually developed service plans, for the support of individuals who are unrelated to the owner or operator of the entity. "Assisted Living Residence" or "ALR" does not include a group home for mentally retarded persons as defined in section 2(5) of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 or a mental health community residence facility as that term is used in Chapter 38 of Title 22 of the District of Columbia Municipal Regulations.

(5) "Change of ownership" means the transfer of ownership by an individual, partnership, or association to another and includes transfers of the legal or beneficial ownership of 10% or more of the stock of a corporation that owns or operates an ALR.

(6) "Chemical restraint" means the use of a psychopharmacologic drug for a purpose other than to treat a standard psychiatric diagnosis whose criteria are set forth by the American Psychiatric Association.

(7) "Cognitive impairment" means the loss of those mental processes that

orchestrate relatively simple ideas, movements, or actions into goal directed behavior including a lack of judgement, planning, organization, self-control, and the persistence needed to manage normal demands of the individual's environment. "Cognitive impairment" refers to a condition that interferes with decision-making skills or effective communication including Alzheimer's disease, multi-infarct dementia, stroke, Parkinson's disease, and other neurological conditions.

(8) "Functional assessment" means an assessment of a resident's ability to perform activities of daily living, instrumental activities of daily living, and the degree of assistance required, if any.

(9) "Health-Care Licensure Act" means the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983.

(10) "Health-Care Protection Act" means the Nursing Home and Community Residence Facility Residents' Protection Act of 1985.

(11) "Healthcare practitioner" means a person licensed as a physician or nurse practitioner.

(12) "Healthcare provider" means a healthcare practitioner, home health agency, hospice, rehabilitation agency, or health management organization.

(13) "In place transfer" means movements that involve changes in position in place. "In place transfer" includes an activity such as moving from a bed to a wheelchair or regular chair, moving from a wheelchair to a toilet, bathtub, shower, or car, and moving from a wheelchair, regular chair, or toilet seat to a standing position.

(14) "Individualized Service Plan" or "ISP" means a written plan developed by the provider, in conjunction with the resident and his or her surrogate, if appropriate, which identifies, among other things, services that the licensee will provide or arrange for the resident.

(15) "Instrumental Activities of Daily Living" or "IADL" means daily activities such as housekeeping, meal preparation, shopping, money management, and travel outside the ALR.

(16) "Licensee" means any person, association, partnership, or corporation to which a license is issued pursuant to this act.

(17) "Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident's body, such as mitts or vests, that the individual cannot remove easily and which restricts freedom of movement or normal access to one's own body.

(18) "Physician's statement" means the form approved by the Mayor pursuant to section 802(b).

(19) "Resident" means an individual admitted to an ALR pursuant to title VI.

(20) "Resident agreement" means the admission agreement between the resident, the resident's surrogate, when appropriate, and the assisted living residence.

(21) "Shared responsibility" means a process by which the resident, or the

resident's surrogate, and the ALR arrive at an acceptable balance between the resident's desire for independence and the facility's legitimate concerns for safety, where there is a disagreement. The purpose of "shared responsibility" is to provide complete information to the resident and the surrogate so that the parties can arrive at an informed agreement of which services are to be provided and in what manner.

(22) "Shared responsibility agreement" means a formal written agreement that outlines the responsibilities and actions of all parties. The agreement is a process for resolving discrepancies between the individual resident's right to independence and the provider's concerns for the safety and well being of the individual and others.

(23) "Surrogate" means a person designated by a resident to act on the resident's behalf pursuant to law.

(24) "Trained Medication Employee" or "TME" means an individual employed to work in an ALR who has successfully completed the training program developed by the Mayor pursuant to section 906 and who is certified to administer medication to residents.

Title III. Licensure and Inspection.

Sec. 301. Authority to operate an assisted living residence in the District of Columbia.

It shall be unlawful to operate an assisted living residence in the District of Columbia without being licensed and in compliance with the provisions of this act.

Sec. 302. Initial ALR licensure.

(a) Applications for licensure shall be made in writing on a form or forms prescribed by the Mayor at least 60 days prior to the date needed.

(b) An applicant for ALR licensure shall pay a licensure fee as determined by the Mayor.

(c) An ALR license issued by the Mayor shall state the effective date and expiration date of the license and maximum number of residents allowed to reside in the ALR.

(d) An application for an ALR license shall include the following information:

(1) Identification of the owner and documentation supporting the fact that the ALR is owned or otherwise under the control of the applicant;

(2) Identification of the ALA and information concerning the ALA's qualifications;

(3) Criminal background check information pursuant to the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998;

(4) Documentation and explanation of any prior denial, suspension, or revocation of license to provide care to third parties;

(5) Location of the ALR;

(6) Statement of program;

(7) Proof of solvency;

(8) Proof of insurance coverage;

(9) Statement of services to be offered;

(10) Maximum number of residents planned;

(11) Verification that the real property where the ALR is located is owned, leased, or otherwise under the control of the applicant; and

(12) Structure of applicant's organization and names of board members and officers.

(e)(1) The Mayor shall conduct an initial pre-licensure inspection of the premises of the ALR and of its records.

(2) An applicant for licensure shall provide the following information at the time of the pre-licensure inspection:

(A) Certificate of occupancy;

(B) Disaster plan;

(C) Staffing plan;

(D) Resident funds management system;

(E) Medication management system;

(F) Individual Service Plan policy and procedures;

(G) Admission, transfer, and discharge policies;

(H) Resident agreements, both financial and nonfinancial;

(I) Location of the ALR;

(J) Maximum number of residents to be served;

(K) Program statement;

(L) Proof of solvency; and

(M) Other reasonably relevant information required by the Mayor.

(f) Based on information obtained during the pre-licensure inspection required by subsection (e) of this section, the Mayor shall either approve the application unconditionally for 12 months or deny the application.

(g) The Mayor shall re-inspect an ALR within 6 months of the effective date of the initial licensure.

Sec. 303. Special ALR licensure for community residence facilities.

(a) The Mayor may approve the application of a community residence facility licensed pursuant to Chapter 34 of Title 22 of the District of Columbia Municipal Regulations on the effective date of this act, notwithstanding the requirements of section 302(e) through (g), for a period of 12 months, if the applicant presents the following:

(1) A detailed plan to come into compliance with this act;

(2) Proof of steps taken to implement the plan; and

(3) Proof of compliance with the terms of Chapter 34 of Title 22 of the District of Columbia Municipal Regulations.

(b) The Mayor may renew a license issued pursuant to subsection (a) of this section for 2 additional consecutive 12-month periods.

(c) This section shall expire 3 years after the effective date of this act.

Sec. 304. Renewal of ALR license.

(a) An ALR license shall be renewed every 12 months.

(b) Applications for renewal of a license shall be made in writing on a form or forms prescribed by the Mayor at least 60 days prior to the expiration of the license. The Mayor shall renew a license after receiving an application containing the information required by section 302(d) and completion of an inspection of the premises, if the Mayor finds that the application meets the requirements of this act.

(c) The Mayor shall issue the renewal license prior to the expiration date of the existing license if the applicant submits an application for renewal within 90 to 60 days prior to the expiration of the license and the Mayor finds that the application meets the requirements of this act.

(d) An applicant for renewal shall pay a renewal fee as determined by the Mayor. The fee shall cover the costs involved in processing the renewal applications and conducting inspections of the premises.

(e) Based on information provided to the Mayor and by the on-site inspection, the Mayor shall:

(1) Renew the license for 12 months;

(2) Issue a provisional license for up to 12 months if the ALR is not in full compliance with the regulations but, in the opinion of the Mayor, the noncompliance does not constitute an immediate safety or health hazard and the licensee has submitted to the Mayor an acceptable plan of correction with specific time frames; or

(3) Suspend or revoke the license as specified in section 401.

Sec. 305. Changes in licensee.

(a) The following changes occurring within an ALR shall require revision of the license:

(1) Change in the maximum number of residents for which the facility is licensed;

(2) Name change of the ALR;

(3) Change in ownership of the ALR;

(4) Change in location of the ALR; or

(5) Voluntary closure of the ALR.

(b) A request for changes which requires the reissuance of a license shall be made in writing to the Mayor at least 60 days in advance of the effectiveness of the changes. An application fee, as established by the Mayor, shall accompany a request for changes.

(c)(1) The licensee shall notify residents and their surrogates of any proposed changes set forth in its request for changes, in writing, 60 days before the effective date of the proposed

changes.

(2) A licensee shall include the following information in its request for changes:

(A) The method for informing residents and their surrogates of its intent to make the requested changes; and

(B) The actions the licensee shall take to assist residents in securing comparable housing, if necessary.

(d)(1) Whenever there is a change of ownership, sale, assignment, or other transfer of an ALR from the person or organization named on the license to another person or organization, the transferee shall apply for a new license.

(2) A transferee shall apply for a new license at least 60 days before the final transfer.

(3) The licensee named under the current license shall remain responsible for the operation of the ALR until a new license is issued to the transferee.

(4) The Mayor shall issue a new license to the transferee if the transferee meets the requirements for licensure under this act. Upon issuance of the new license to the transferee, the transferor shall return its license to the Mayor by certified mail.

Sec. 306. Inspections.

(a) In addition to the inspections required by section 302(e), the Mayor may inspect an ALR at the Mayor's discretion to ensure compliance with this act.

(b) The Mayor shall at all times ensure that any ALR licensed pursuant to this act is able to continually provide appropriate care to its residents. The Mayor shall notify an ALR if, at any time, the Mayor determines that the ALR is unable to provide appropriate care to any of its residents.

(c) Inspection of an ALR, or prospective ALR, for purposes of initial licensure or compliance after license renewal shall be conducted by the Mayor following the procedures set forth in section 6 of the Health-Care Licensure Act and the requirements of this act.

(d) If, upon inspection, the Mayor determines that an ALR, or prospective ALR, is in violation of one or more of the requirements of this act, the Mayor shall give written notice of such violation to the ALR, or prospective ALR, within 15 working days of the inspection and may suggest a remedy for each violation.

(e) The violating ALR, or prospective ALR, shall submit a written response to the Mayor within 15 working days of receipt of the Mayor's notice. The violating ALR, or prospective ALR, may deny the alleged violation, accept the Mayor's suggested remedy, or propose its own remedy.

(f) If the Mayor accepts the ALR's, or prospective ALR's, written response, the Mayor may either issue a license to the ALR, or prospective ALR, if appropriate, or conduct a follow-up inspection to confirm compliance.

(g) If the Mayor and the ALR, or prospective ALR, cannot agree on an acceptable

corrective action, or if the ALR, or prospective ALR, fails to respond in writing within 15 working days of receipt of the Mayor's notice, the Mayor shall determine what action to take, including a penalty in accordance with this act and give the ALR, or prospective ALR, notice of his or her determination.

(h) The Mayor may inspect an ALR for the purpose of investigating a complaint.

Sec. 307. Restrictions.

(a) An ALR licensed pursuant to this act shall not use in its title the words "hospital," "sanitorium," "nursing," "convalescent," "rehabilitive," "subacute," or "hospice."

(b) Only a licensed ALR may describe, market, and offer itself as such. No other entity, whether licensed or not by the District government, shall describe, market, or offer itself as an Assisted Living Residence without first obtaining an ALR license. Violation of this requirement shall constitute operation of an ALR without a license and shall be subject to penalties in accordance with this act.

Sec. 308. Appeals.

Appeals under this title may be taken pursuant to title XII.

Title IV. Sanctions and Penalties.

Sec. 401. Sanctions.

(a) The sanctions set forth in section 10 of the Health-Care Licensure Act shall apply to an ALR.

(b) On determining that a licensee has violated this act, the Mayor, in addition to the sanctions required by subsection (a) of this section, may:

(1) Restrict the number of residents the licensee may admit;

(2) Require the licensee to reduce the number of residents in its care;

(3) Require the licensee and any of its staff to receive remedial instruction or training in a specific area;

(4) Require the licensee to use the services of a management firm approved by the Mayor;

(5) Notify or require the licensee to notify a resident who is affected by the violation and his or her surrogate;

(6) Increase the frequency of monitoring visits during a specified period of time;

(7) Enter into an agreement with the licensee establishing certain conditions for continued operation, including time limits for compliance; and

(8) Petition a court of competent jurisdiction to appoint a receiver as provided in title 2 of the Health-Care Protection Act.

(c) If the Mayor determines that the licensee has violated a condition or requirement of

an imposed sanction, the Mayor may suspend or revoke the license.

(d) Appeals under this section may be taken pursuant to title XII.

Sec. 402. Civil Penalties.

(a) The Mayor may impose one or more of the civil penalties authorized under section 10 of the Health-Care Licensure Act against persons who:

(1) Maintain or operate an unlicensed ALR; or

(2) Otherwise violate provisions of this act.

(b) Notwithstanding any other provision of law, penalties authorized under section 10 of the Health-Care Licensure Act shall not be imposed by the Mayor unless a violation, cited during an inspection:

(1) Is within the control of the ALR; and

(2) Poses an immediate or serious and continuing danger to the health, safety, welfare, or rights of residents.

(c) If during a follow-up inspection the Mayor determines that violations within the control of the facility which were cited in an immediately prior inspection have not been corrected or have recurred, the Mayor may impose penalties authorized under section 10 of the Health-Care Licensure Act.

(d) Appeals under this section may be taken pursuant to title XII.

Sec. 403. Criminal penalties.

The criminal penalties set forth in section 10 of the Health-Care Licensure Act shall apply to an ALR.

Sec. 404. Emergency suspension of license.

(a) The Mayor may immediately suspend, as an emergency action, a license on finding that the licensee's premises are unsafe for human habitation or pose an immediate threat to the health and safety of its residents.

(b) The Mayor shall deliver a written notice to the licensee informing it of the emergency suspension, giving the reasons for the suspension, providing the provisions of law with which the licensee has failed to comply that form the basis for the emergency suspension, and notifying the ALR of its right to request a hearing and to be represented by counsel.

(c) The filing of a hearing request shall not stay the emergency suspension. If the licensee is dissatisfied with the emergency suspension, it may appeal the suspension as provided in section 6 of the Health-Care Licensure Act.

(d) When a license is suspended pursuant to this section, the licensee shall immediately return the license to the Mayor, notify the residents and surrogates of the suspension, and make every effort to assist them in making other assisted living arrangements.

Title V. Residents' Rights and Quality of Life.

Sec. 501. Standard of care.

(a) An ALR must care for its residents in a manner and in an environment that promotes maintenance and enhancement of the residents' quality of life and independence.

(b) In order to promote resident independence and aging in place in a residential setting, at a minimum, an ALR shall offer or coordinate for payment 24 hour supervision, assistance with scheduled and unscheduled activities of daily living, and instrumental activities of daily living as needed, as well as provision or coordination of recreational and social activities and health services in a way that promotes optimum dignity and independence for the residents.

Sec. 502. Self-determination, choice, independence, participation, and privacy.

(a) A resident shall have the right to be treated at all times as follows:

(1) Courteously;

(2) Respectfully;

(3) With full recognition of personal dignity and individuality; and

(4) With assurance of privacy and the opportunity to act autonomously and share in the responsibility for decisions.

(b) A resident of an ALR shall have the right to live in an environment that:

(1) Maintains and enhances the resident's dignity, independence, and respect in full recognition of his or her individuality and physical and mental capabilities;

(2) Is creatively designed to counter loneliness, depression, dependence, boredom, and designed to manage difficult behavior;

(3) Provides opportunities for socialization, social interaction, leisure activities, and spiritual and religious activities consistent with the preferences and background of the resident; and

(4) Facilitates participation by arranging for transportation and assisting with communication and social skills and other services.

Sec. 503. Dignity.

A resident shall have the right to the following:

(1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible;

(2) Control time, space, and lifestyle;

(3) Free access to visitors of his or her choice;

(4) To receive and send correspondence without any restrictions;

(5) To maintain personal possessions to the extent the health, safety, and well being of others is not disturbed;

(6) To remain in his or her living unit unless a change corresponds to the

uncoerced preference of the resident or conforms to the obligations set forth in the resident's contract respecting discharge and is related to the resident's preference or to transfer conditions stipulated in his or her contract with the ALR;

(7) To approve his or her roommate whenever possible, if the resident is living in a semi-private unit;

(8) To attend or not attend religious services of his or her choice;

(9) To choose activities and schedules consistent with his or her interests, and physical, mental, and psychosocial well-being;

(10) To interact with members of the community inside and outside the facility and make choices about aspects of his or her life in the facility that are significant to the resident;

(11) To be free from mental, verbal, emotional, sexual and physical abuse, neglect, involuntary seclusion, and exploitation; and

(12) To participate in the development, implementation, and review of plans designed to provide services to residents, including the Individualized Service Plan.

Sec. 504. Accommodation of needs.

A resident shall have the right to the following:

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents;

(2) To have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest practicable physical, mental and psychosocial well-being;

(3) To remain in the current setting, forgoing a recommended transfer to obtain additional services as contracted for by the resident or secure additional services in a manner acceptable to the ALR;

(4) To engage in a shared responsibility agreement with the ALR which is acceptable to the resident and the ALR and does not violate any applicable law;

(5) To refuse to participate in any service once the potential consequences of such participation have been explained and a shared responsibility agreement has been reached, if necessary, between the resident, the surrogate, and the ALR;

(6) To be free of physical restraints at all times; and

(7) To be free of chemical restraints.

Sec. 505. Representation and resolution of grievances and complaints.

(a) A resident shall have the right to the following:

(1) To designate a person as his or her surrogate or to have their guardian, or

advance directives or surrogate health decision maker, act for them if for any reason the resident cannot act for him or herself;

(2) To uncoerced consent;

(3) To present grievances and complaints without fear of threat of retaliation and have them acknowledged and acted upon promptly with due respect to the provisions of this act;

(4) To have access to an internal grievance and complaint procedure for any denial of services or rights provided for under this act and to an external review process by an independent person or entity;

(5) To address grievances and complaints to representatives of the Office of the Long-Term Care Ombudsman of the District of Columbia pursuant to the District of Columbia Long-Term Care Ombudsman Program Act of 1988 or other representative;

(6) To appoint a specially designated person or attorney to represent the resident in any grievance or complaint, procedure, or appeal process who shall have access to all necessary and relevant books and records of the ALR; and

(7) To organize and participate in and hold meetings of resident groups in the ALR and invite staff or visitors to the meetings and have a designated staff person to assist and respond to written requests resulting from the meetings.

(b) The ALR shall maintain complete written records of the filing and disposition of all grievances, complaints, and appeals.

(c) Appeals under this section may be taken pursuant to title XII.

Sec. 506. Privacy and confidentiality.

(a) A resident shall have the right to the following:

(1) To access their ALA and healthcare records on demand;

(2) To have their records kept confidential and released only in accordance with their informed uncoerced consent in accordance with District and federal law;

(3) To have their records maintained during their residency;

(4) To have their records maintained for up to 3 years after discharge or death; and

(5) To have any case discussion, consultation, examination, or treatment of the resident be kept confidential.

(b) If, for any reason, a resident cannot act for him or herself, their consent shall be given on their behalf by their designated surrogate which consent shall also be uncoerced and informed.

Sec. 507. Full disclosure.

A resident shall have the right to full disclosure of contract terms and billing practices that are fair and reasonable.

Sec. 508 Notice of resident's rights.

An ALR shall place a copy of a document delineating the resident's rights, as set forth in this act, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any change to the resident's status, level of care, or services available to the resident.

Sec. 509. Abuse, neglect, and exploitation.

(a) An ALR shall develop and implement policies and procedures prohibiting abuse, neglect, and exploitation of residents.

(b)(1) An ALR, employee of an ALR, or other person who believes that a resident has been subjected to abuse, neglect, or exploitation shall report the alleged abuse, neglect, or exploitation immediately to the assisted living administrator who shall take appropriate action to protect the resident. The ALR shall report any allegation of abuse, neglect, or exploitation brought to its attention to the Mayor and the Adult Protective Services Program, administered by the Family Services Administration of the Department of Human Development.

(2) An ALR or employee of an ALR may be subject to a penalty imposed by the Mayor for failure to report an alleged incident of abuse, neglect, or exploitation pursuant to the Adult Protective Service Act of 1984.

(3) An ALR shall thoroughly investigate any allegation of abuse, neglect, or exploitation and shall take appropriate action to prevent further incidents. The ALR shall report the results of its investigation and actions taken, if any, to the Mayor.

(c) An ALR shall post signs that set forth the reporting requirement of this section conspicuously in the employee and public areas of the ALR.

Title VI. Admissions; Residential Agreements; Quality of Care; Discharge; Transfer.

Sec. 601. Admissions.

(a) An ALR shall accept as residents only individuals for whom the ALR can provide appropriate services unless the ALR arranges for third party services or the resident does so with the agreement of the ALR.

(b) Prior to admission of a resident, the ALA or designee shall determine that the resident is appropriate for admission to the ALR and that the resident's needs can be met in addition to the needs of the other residents.

(c) An ALR may only admit individuals who are at least 18 years of age.

(d) No individual may be admitted who at the time of initial admission, and as established by the initial assessment:

(1) Is dangerous to him or herself or others or exhibits behavior that significantly and negatively impacts the lives of others, where the ALR would be unable to eliminate such danger or behavior through the use of appropriate treatment modalities; or

(2) Is at high risk for health or safety complications which cannot be adequately managed by the ALR and requires more than 35 hours per week of skilled nursing and home health aide services combined, provided on less than a daily basis, according to section 2113.1 of HCFA Pub. 75 and 42 CFR, sections 409.32, 409.33, and 409.44.

(e) An ALR shall not admit individuals who require the following:

(1) More than intermittent skilled nursing care;

(2) Treatment of stage 3 or 4 skin ulcers;

(3) Ventilator services; or

(4) Treatment for an active, infectious, and reportable disease or a disease or condition that requires more than contact isolation.

(f) The ALR shall maintain records of all denials of admission.

(g) Nothing in this section shall automatically exclude persons with primary or secondary mental health issues from admission.

Sec. 602. Resident agreements.

(a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The nonfinancial portions of the contract shall include the following:

(1) The ALR's organizational affiliations (including parent or subsidiary organizations, religious or charitable affiliation, and management company);

(2) The specific nature of any special care that it holds itself out to provide, such as specialty in Alzheimer's disease or Parkinson's disease;

(3) An identification of services to be included and excluded, part of which is the ISP;

(4) A list of resident rights including grievance procedures;

(5) Unit assignment and procedures if changes occur;

(6) Admission and discharge policies which include clear and specific criteria for admission, transfer, and discharge;

(7) A description of responsibility for provision or coordination of healthcare, if any;

(8) An arrangement for notification in case of the resident's death; and

(9) A disposition of the resident's property upon discharge, transfer, or death of the resident.

Sec. 603. Financial agreements.

(a) The written resident agreement required by section 602 shall include financial provisions which indicate the following:

(1) The obligations of the ALR, the resident, or the resident's surrogate as to performance of the following:

(A) The handling of the finances of the resident;

(B) The purchasing or renting of essential or desired equipment and supplies;

(C) The coordinating and contracting for services not covered by the resident agreement; and

(D) The purchasing of medications and durable medical equipment;

(2) Separate and accurate records of all funds and personal property deposited with or managed by the ALR for the benefit of a resident which include a receipt stating the date, amount, and purpose of any transaction and the current balance;

(3) Rate structure and payment provisions covering all rates to be charged to the resident, including the following:

(A) Service packages;

(B) Fee for service rates; and

(C) Any other nonservice related charges;

(4) Payment arrangements and fees, if known, for third-party services not covered by the resident agreement, but arranged for by either the resident, the resident's surrogate, or the ALR;

(5) Identification of the persons responsible for payment of all fees and charges and a clear indication of whether the person's responsibility is or is not limited to the extent of the resident's funds;

(6) A provision which provides at least 45 days notice of any rate increase except if necessitated by a change in the resident's medical condition;

(7) The procedures the ALR will follow in the event the resident or surrogate can no longer pay for services provided for in the resident agreement or for additional services or care needed by the resident; and

(8) The terms governing the refund of any pre-paid fees or charges in the event of a resident's discharge from the ALR or termination of the resident agreement.

(b) The ALR shall establish billing, payment, and credit practices that are fair and reasonable.

Sec. 604. Individualized Service Plans.

(a)(1) An ISP shall be developed for each resident prior to admission.

(2) An ISP shall be developed following the completion of the "post move-in" assessment.

(3) The ISP shall be written by a healthcare practitioner using information from the assessment.

(4) The ISP shall be developed with the resident, or surrogate, as a full partner.

(5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR.

(6) The ISP shall include a shared responsibility agreement when necessary.

(7) The ISP shall be based on such factors as:

(A) The medical, rehabilitation, and psychosocial assessment of the resident;

(B) The functional assessment of the resident; and

(C) The reasonable accommodation of resident and, if necessary, surrogate preferences.

(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed.

(c) During the ISP development process, the ALR shall confer with the prospective resident and, if necessary, the surrogate to arrive at a mutual agreement as to the responsibilities of each party in accessing care and achieving related outcomes.

(d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.

(e) An ALR shall facilitate aging in place to the best of its ability with the understanding that there may be a point reached where adequate and appropriate services can not be marshalled to support the resident safely, making transfer to another setting necessary.

Sec. 605. Shared responsibility agreements.

(a) Whenever disagreements arise as to lifestyle, personal behavior, safety, and service plans the ALR staff, resident or surrogate, and other relevant service providers shall attempt to develop a shared responsibility agreement.

(b) A shared responsibility agreements represents a tool for ALRs to recognize an individual resident's right to autonomy by respecting his or her right to make individual decisions regarding lifestyle, personal behavior, and ISPs. In some cases, a resident's decision may involve increased risk of personal harm and therefore potentially increase the risk of liability by the ALR absent an agreement between the resident and ALR concerning such decisions or actions. In such instances the ALR shall:

(1) Explain to the resident, or surrogate, why the decision or action may pose risks and suggest alternatives to the resident; and

(2) Discuss with the resident, or surrogate, how the ALR might mitigate potential risks.

(c) If, after consultation with the ALR as required by subsection (b) of this section, a resident decides to pursue a course of action, such as refusal of services, that may involve increased risk of personal harm and conflict with the ALR's usual responsibilities, the ALR shall:

(1) Describe to the resident the action or range of actions subject to negotiation; and

(2) Negotiate a shared responsibility agreement, with the resident as a full partner, acceptable to the resident and the ALR that meets all reasonable requirements implicated. The shared responsibility agreement shall be signed by the resident or surrogate and the ALR.

Sec. 606. Resident records.

A record shall be maintained for every resident and include the following:

(1) The resident agreement required by this title, including the "Resident's Rights" statement and any additional agreements;

(2) The functional assessment of ADLs;

(3) A physician's statement, including medical orders and rehabilitation plans;

(4) The ISP and any revisions thereto;

(5) All shared responsibility agreements; and

(6) Any note and comments added to the record by the ALR.

Sec. 607. Services to be provided.

(a) An ALR shall provide or ensure the provision of the following:

(1) Twenty-four hour supervision and oversight to ensure the well-being and safety of its residents;

(2) Three nutritious and attractive meals and additional snacks, modified to individual dietary needs as necessary, on a daily basis;

(3) A variety of fresh and seasonal foods, adapted to the food habits, preferences, and physical abilities of the residents;

(4) At minimum, some assistance with ADLs and IADLs to meet the scheduled and unscheduled service needs of the residents; and

(5) Laundry and housekeeping service not provided by the resident or surrogate.

(b) An ALR shall facilitate access for a resident to appropriate health and social services, including social work, home health agencies, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services.

(c) An ALR shall provide or coordinate scheduled transportation to community-based services.

Sec. 608. Discharge and transfer.

(a) When a resident wishes to be discharged from an ALR, the resident or surrogate shall give 30 days written notice to the ALR.

(b) When a sudden, unexpected, and life-threatening medical emergency arises necessitating the immediate transfer of the resident to an acute care facility, the ALR shall

immediately notify the surrogate and the resident's healthcare provider of the transfer. The ALR shall provide the surrogate and healthcare provider with information concerning cause of the transfer and the name and location of the acute care facility.

(c) After a resident is transferred pursuant to subsection (b) of this section, his or her return to the ALR shall be determined by the renegotiation of the ISP with the resident or surrogate, the resident's healthcare provider, and the ALR. If, in renegotiating the ISP, the interested parties determine that the resident can no longer safely reside at the ALR, discharge planning shall take place in consultation with the resident or surrogate, the resident's healthcare provider, and the ALR. Under these circumstances the ALR shall waive the 30 day notice requirement.

(d) Before a resident may be discharged on an involuntary basis, the ALR shall provide 30 days written notice to the resident and surrogate of the planned discharge, and make arrangements for the discharge in consultation with the resident, the surrogate, and the healthcare provider. Any involuntary discharge shall conform to the notice and process established in title III of the Health-Care Protection Act.

(e) Although an ALR shall make every effort to avoid discharge, grounds for involuntary discharge may include the following:

(1) Failure to pay all fees and costs as specified in the contract; and

(2) Inability of the ALR to meet the care needs of the resident as provided in the ISP.

(f) An involuntary discharge shall be canceled upon the occurrence of one the following:

(1) The payment of all monies owed at any time prior to discharge; or

(2) The negotiation of a new ISP.

Title VII. Staffing and Training.

Sec. 701. Staffing standards.

(a) An ALR shall be supervised by an ALA who shall be responsible for all personnel and services within the ALR.

(b) The ALA shall ensure that each resident has access to appropriate medical, rehabilitation, and psychosocial services as established in the ISP and that there is appropriate oversight, monitoring, and coordination of all components of the ISP, including necessary transportation and the delivery of needed supplies.

(c)(1) An ALA shall be at least 21 years of age.

(2) An ALA shall possess at least a high school diploma or general equivalency diploma ("G.E.D.") or have served as an operator or administrator of a licensed community residence facility ("CRF") in the District of Columbia for at least one of the past 3 years in which the CRF has met minimum legal standards. An ALA employed on or after the effective date of this act shall have at least a high school diploma or G.E.D. and have served as a direct care

provider or administrator for at least one of the past three years.

(3) An ALA shall possess satisfactory knowledge of the following:

(A) The philosophy of assisted living;

(B) The health and psychosocial needs of residents;

(C) The resident assessment process;

(D) The development and use of ISPs;

(E) Medication administration, including cuing, coaching, and monitoring residents who self-administer medications, with or without assistance;

(F) The provision of assistance with activities of daily living and personal hygiene;

(G) Residents' rights;

(H) Fire and life safety codes;

(I) Infection control, including standard precautions to prevent infection;

(J) Food safety and sanitation;

(K) First aid and cardiopulmonary resuscitation (CPR);

(L) Emergency disaster plans;

(M) Human resource management, including staff employment, orientation and training, employee rights and protection against discrimination, harassment, and wrongful discharge; and

(N) Financial management.

(d) An ALA shall:

(1) Employ staff and develop a staffing plan in accordance with this act and based upon the following criteria to assure the safety and proper care of residents in the ALR:

(A) The health, mental condition, and psychosocial needs of the residents;

(B) The fulfillment of the 24-hours-a-day scheduled and unscheduled needs of the residents;

(C) The size and layout of the ALR;

(D) The capabilities and training of the employees; and

(E) Compliance with all of the minimum standards in this act;

(2) Assure that sufficient staff who know how to implement the ALR's evacuation plan and emergency management plan are on the premises at all times to implement emergency procedures;

(3) Assure that each person employed by the ALR maintains personal cleanliness and hygiene;

(4) Develop written job descriptions for staff who are responsible for providing personal services to residents and provide a copy of the job description to the employee;

(5) Assign duties to each staff member consistent with his or her level of education, preparation, and experience;

(6) Assure that there is at least one staff member within the ALR at all times who

is certified in first-aid and CPR;

(7) Assure that all members of the staff are mentally and physically capable of performing their assigned duties;

(8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment;

(9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner;

(10) Remove from duty any staff member who is found to have, or is suspected of having, a communicable disease or is mentally or physically incapable of performing her or his duties until the ALA determines that such impairment no longer exists;

(11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status;

(12) Assure that, during periods of temporary absence of the ALA when residents are on the premises, a staff member who is at least 18 years of age and meets the staffing standards of the ALA required by this section shall assume responsibilities of the ALA; and

(13) Complete the training required by section 702 and 12 additional hours of training, annually, conducted by a nationally recognized organization that possesses experience in training staff in dementia care, such as the Alzheimer's Disease and Related Disorders Association, on managing residents who are living with cognitive impairments.

(e) Newly hired staff shall have 30 days to document their communicable disease status. For the purposes of this subsection, "newly hired staff" means any individual who is hired by an ALR regardless of the individual's previous work experience. An employee who is transferring from one ALR to another ALR that is under the same management or ownership, without break in service, shall not be considered newly hired staff.

(f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form.

(g) The staff shall:

(1) Be at least 21 years of age;

(2) Possess current and appropriate licensure and certifications as required by law;

(3) Possess sufficient skills, education, training, and experience to meet the needs of the residents;

(4) Subject to their assigned duties and responsibilities, possess a satisfactory knowledge of the resident assessment process, use of ISPs, resident health and psychosocial needs, and resident rights;

(5) Complete initial and ongoing training pertaining to the philosophy of care in

ALRs and meeting the personal care needs of residents; and

(6) Not work unsupervised without satisfactory completion of the training required by section 702.

(h) Staff who have not completed the training required by section 702 must work at all times under the supervision of a staff member who has satisfactorily completed this training.

(i) For the purposes of subsection (g)(5) of this section "ongoing training" means a regularly scheduled program of staff training designed by the ALR to assure that all staff who have direct resident contact possess the skills necessary to provide high quality services in a manner appropriate to the philosophy of assisted living and includes staff training in how to monitor changes in a resident's condition, including physical and cognitive assessments.

Sec. 702. Staff training.

(a) All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of this act. Prior to the date of hire, an employee must meet or possess one of the following criteria:

(1) Be certified as a nurse's aide;

(2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987;

(3) Be properly trained by virtue of holding current licenses in a healthcare related field;

(4) Be properly trained under a plan approved by the Mayor which covers the following topics, for a minimum of 40 hours:

(A) Delivering care for the bed-bound resident, including bathing, feeding, shampooing, dressing, positioning, and toileting;

(B) Use of the first aid kit and knowledge of its location;

(C) Confidential treatment of personal information;

(D) Procedures for detecting and reporting suspected abuse, neglect, or exploitation of residents;

(E) Managing difficult aggressive behavior;

(F) Advanced body mechanics;

(G) Communicating with adults, including those with communication deficits such as aphasia, hearing loss, loss of eyesight, and cognitive impairments;

(H) Recognizing the signs and symptoms of dementia;

(I) Caring for the cognitively impaired with such behaviors as wandering, repetitive questions, and confusion;

(J) Techniques for assisting residents in overcoming transfer trauma;

(K) Awareness of resident's "change in condition", including depression and ability to report changes to the appropriate staff according to the protocol of the ALR;

(L) Basic competence in housekeeping, laundry, food handling, and meal

preparation; and

(M) Any specialized training for special needs not covered through the basic training.

(b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following:

(1) Their specific duties and assignments;

(2) The purpose and philosophy of the ALR;

(3) The services provided;

(4) The daily routines;

(5) The rights of residents;

(6) The emergency procedures and disaster drills and techniques of complying, including evacuating residents when applicable;

(7) Elementary body mechanics, including proper lifting and in place transfer;

(8) Choking precautions and airway obstruction, including the Heimlich Maneuver; and

(9) Infection control.

(c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following:

(1) Emergency procedures and disaster drills;

(2) Rights of residents;

(3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and

(d) On an annual basis, the ALA shall complete 12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association.

Title VIII. Resident Assessment.

Sec. 801. General.

A resident assessment required by this title shall form the basis for the development of the resident's service plan, and shall be completed for all routine admissions to the ALR.

Sec. 802. Medical, rehabilitation, and psychosocial assessment.

(a) A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission.

(b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the Mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs,

and the applicant's psychological and cognitive status, if so indicated during the medical assessment.

(c) The assessment shall be based on an examination by the prospective resident's primary, licensed healthcare practitioner within 30 days prior to admission. The information obtained from the examination shall include at least the following:

(1) The individual's medical history with a recent evaluation;

(2) Any significant medical conditions affecting function, including the individual's ability for self-care, cognition, behavior, and psychosocial activities;

(3) Presence of allergies;

(4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases;

(5) Current medication profile and projected and other needed medications, treatments and service; review of nonprescription drugs and review of possible adverse interactions;

(6) Current dietary needs and restrictions;

(7) Medically necessary limitations or precautions; and

(8) Monitoring or tests that may need to be performed or followed up after admission.

Sec. 803. Functional assessment.

Within 30 days prior to admission, the facility shall collect, on a standardized form approved by the Mayor, the following information regarding each applicant:

(1) Level of functioning in activities of daily living including bathing, dressing, grooming, eating, toileting, and mobility;

(2) Level of support and intervention, including any special equipment and supplies, required to compensate for the individual's deficits in activities of daily living;

(3) Current physical or psychological symptoms of the individual requiring monitoring, support, or other intervention by the ALR;

(4) Capacity of the individual for making personal and healthcare related decisions;

(5) Presence of disruptive behavior or behavior which presents a risk to the physical or emotional health and safety of self or others;

(6) Social factors, including:

(A) Significant problems with family circumstances and personal relationships;

(B) Spiritual status and needs; and

(C) Ability to participate in structured and group activities and the resident's current involvement in such activities.

Sec. 804. Short-term residential care.

For individuals who will stay in the ALR no longer than 30 days, only the following information is required for admission to the ALR:

(1) An analysis of the individual's current physical condition, medical status, and functional assessment as set out in this title; and

(2) A resident agreement in accordance with this act.

Sec. 805. Emergency placement.

A resident admitted as an emergency placement, not to exceed 14 days, must comply with admission, physical examination, and assessment requirements of this act.

Title IX. Medication Management.

Sec. 901. Responsibilities of the ALR personnel in medication management.

An ALA shall ensure that an initial assessment identifies whether a resident:

(1) Is capable of self-administering his or her own medications;

(2) Is capable of self-administering his or her own medication, but requires a reminder to take medications or requires physical assistance with opening and removing medications from the container, or both; or

(3) Requires that medications be administered by a TME or a licensed nurse.

Sec. 902. Pre-admission medication management assessment.

Within 30 days prior to admission, the ALR shall consult with the prospective resident's healthcare practitioner regarding:

(1) The prospective resident's current medication profile, including a review of nonprescription drugs;

(2) Possible adverse interactions;

(3) Common expected or unexpected side effects; and

(4) The potential that such medications have to act as chemical restraints.

Sec. 903. On-site review.

The ALR shall arrange for an on-site review by a registered nurse every 45 days to:

(1) Supervise the administration of medications by Trained Medication Employees;

(2) Assess the resident's response to medication; and

(3) Assess the resident's ability to continue to self-administer his or her medications.

Sec. 904. Medication storage.

(a) The ALA shall provide a secured space for medication storage with access to a sink and cold storage in the same area. Space for necessary medical supplies and equipment shall be provided.

(b) The storage area shall be kept locked when not in use.

(c) The storage area shall be used only for storage of medications and medical supplies.

(d) The key to the storage area shall be kept on the person of the employee on duty who is responsible for administering the medications.

(e)(1) All medications shall be kept in their original packaging and shall be properly labeled and identified.

(2) The label of each resident's prescription medication container shall be permanently affixed and contain the resident's full name, healthcare practitioner's name, prescription number, name and strength of drug, lot number, quantity, date of issue, expiration date, manufacturer's name, if generic, directions for use, and cautionary or accessory information. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label.

(3) All over-the-counter (OTC) medications repackaged by the pharmacy shall be labeled with an expiration date, name and strength of the drug, lot number, date of issue, manufacturer's name if generic, and cautionary or accessory labels, in accordance with U.S.P. regulations. Original manufacturer's containers shall be labeled with at least the resident's name. The name label shall not obstruct any of the aforementioned information.

(4) In the "unit of use" distribution system, each dose of medication shall be individually packaged in a hermetically sealed, tamper-proof container, and shall carry full manufacturer's disclosure information on each discrete dose. Disclosure information shall include product name, strength, lot number, expiration date, and the manufacturer's distributor's name.

(5) Single use and disposable items shall not be reused.

(6) No stock supply of prescription medications shall be maintained, unless prior approval is obtained from the Mayor.

(7) Discontinued or expired medications shall be destroyed within 30 days in the ALR, or, if unopened and properly labeled, returned to the pharmacy. All medication destroyed in the ALR shall be witnessed and documented by two persons, one of whom shall be the ALA or the ALA designee.

(8) Residents who self-administer may keep and use prescription and nonprescription medications in their units as long as they keep them secured from other residents.

Sec. 905. Medication administration.

(a) Licensed nurses, physicians, physician assistants, and TMEs may administer medications to residents or assist residents with taking their medications.

(b)(1) Each resident shall be identified prior to drug administration.

(2) Drugs prescribed for one resident shall not be administered to another resident.

(3) The TME shall report drug errors to the healthcare practitioner or licensed nurse and shall document the incident in the resident's record.

Sec. 906. Medication management training program.

(a) The Mayor shall develop medication management training courses which shall be approved by the Board of Nursing. The medication administration training program shall include instruction in the following areas:

(1) Cuing, coaching, and monitoring residents who self-administer medications with or without assistance;

(2) Pharmacology;

(3) Terminology related to medication;

(4) Procedures and precautions in administering medication;

(5) Types of medication;

(6) Actions, interactions, and effects of medication;

(7) Administration of medication in emergency or life-threatening circumstances;

(8) Recordkeeping, storage, handling, and disposal requirements for medications;

(9) Rights of residents;

(10) Monitoring of vital signs;

(11) Federal and District of Columbia laws governing medication; and

(12) Reference sources related to medication.

(b) The Mayor shall maintain a list of approved medication administration courses for the training of persons to be certified by the District of Columbia as TMEs.

(c) In order to maintain certification, every 2 years a TME shall successfully complete a clinical update or refresher course approved by the Mayor.

(d) The ALA shall document completion of the medication training course in TME's personnel file.

Sec. 907. Medication control.

(a) Each resident shall be identified prior to drug administration.

(b) Drugs prescribed for one resident shall not be administered to another resident.

(c) Staff shall report drug errors and adverse drug reactions immediately to the ALA or ALA designee who shall report, as appropriate, to the doctor, prescriber, pharmacist, resident, and resident's surrogate and shall document the incident in the resident's record.

(d) A unit drug compliance package (blister or bubble or unit dose package) shall be developed and implemented where feasible.

(e) Medications shall be refrigerated separately from lab specimens and food.

Title X. Facility Regulations.

Sec. 1001. General conditions.

(a) An ALR shall meet applicable zoning, building, housing, sewer, water, fire prevention codes, rules, and regulations of the District of Columbia.

(b) An ALR shall maintain all structures, installed equipment, grounds, and individual living units in good repair and operable.

(c) An ALR may be classified as a residential occupancy and may be located in a single or multi-family dwelling.

Sec. 1002. Fire safety.

An ALR shall comply with the Life Safety Code of the National Fire Protection Association, NFPA 101, 1997 edition as follows:

(1) An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and

(2) An existing community residence facility that is converting to an ALR shall be in compliance with Chapter 23, Existing Residential Board and Care Occupancies, of the Life Safety Code of the National Fire Protection Association.

Sec. 1003. General building exterior.

(a) An ALR shall ensure that the exterior of its facility, including walkways, yards, porches, chimney, gutters, downspouts, paintable surfaces, and accessory buildings are maintained structurally sound, sanitary, and in good repair.

(b) An ALR that provides services to wheelchair-bound residents, shall make reasonable accommodations to render the ALR accessible to residents who are wheel-chair bound through the installation of a chair lift, curbcuts, an exterior ramp, or like accommodations.

Sec. 1004. General building interior.

(a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.

(b) An ALR shall ensure that floors and stairways provide a clean, slip-resistant, and safe surface, free of tripping hazards.

(c) An ALR shall install and maintain assist handrails or grab bars, whenever practicable, on each side of interior stairways and on one side of corridors and in bathrooms.

(d) An ALR shall provide common areas for social and recreational use totaling at least 35 square feet per resident for living, dining, therapy, and recreational activities.

Sec. 1005. Accessibility.

An ALR that provides services for wheelchair-bound residents, shall insure that:

(1) Doorways and hallways provide a clear opening of at least 32 inches; and

(2) Thresholds exceeding 1/2 inch are modified to provide a 1:12 maximum slope.

Sec. 1006. Bathrooms.

(a) An ALR shall ensure that there is one full bathroom, for every 6 residents, including live-in family or staff. Additional full or half baths shall be available to non-live-in staff. No resident shall be required to traverse more than one flight of stairs to access a bathroom and appropriate accommodations shall be made for residents who are unable to climb stairs.

(b) When applicable, bathrooms shall contain adequate space and strategically located grab bars to allow wheelchair-bound residents to utilize toilets, tubs, showers, and wash basins without traversing a stair way.

(c) An ALR shall insure that the temperature of the hot water at all taps to which residents have access is controlled by the use of thermostatically controlled mixing valves or by other means, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit.

Sec. 1007. Health, light, and ventilation.

(a) An ALR shall ensure that each facility is lighted and ventilated in accordance with Title 12 of the District of Columbia Municipal Regulations (District of Columbia Construction Codes Supplement of 1992). Artificial night lights for corridors and exterior security lighting shall be installed.

(b) Each room shall have either a functioning ceiling light fixture or another source of artificial light.

(c) An ALR shall ensure that heating and air conditioning equipment is maintained to ensure that:

(1) During waking hours, an interior temperature throughout the facility of at least 72 degrees Fahrenheit when outside temperatures are 65 degrees Fahrenheit or below, is maintained throughout the facility;

(2) During sleeping hours, an interior temperature of at least 68 degrees Fahrenheit, when outside temperatures are 65 degrees Fahrenheit or below, is maintained throughout the facility;

(3) For individual units, heating and air conditioning shall be maintained at a temperature which is comfortable for the individual resident, whenever practicable; and

(4) When inside temperature exceeds 85 degrees Fahrenheit, mechanically cooled air shall be used in areas of the building used by residents with no inside area used by the residents allowed to exceed 90 degrees Fahrenheit.

Sec. 1008. Bedrooms.

(a) An ALR located in an existing building shall ensure that bedrooms provide at least 70 square feet of habitable space for single occupancy resident units and 100 square feet of habitable space in double occupancy resident units. Each bedroom shall have adequate dresser and closet or wardrobe space for residents' seasonal clothing and personal belongings. A secure storage space in a resident's unit shall be made available if requested by the resident.

(b) Any ALR located in a building newly constructed or renovated after the effective date of this act shall ensure that bedrooms provide at least 80 sq. ft. of habitable space for single occupancy and 120 sq. ft. of habitable space for double occupancy.

(c) An ALR shall ensure that each resident has an adult size bed with clean comfortable mattress and extra linens. Additional furnishings, such as night stand, desk, chair, mirror, waste basket, etc., shall be made available, subject to residents wishes and tastes. Beds in double occupancy bedrooms must be at least 3 feet apart. Residents may choose to provide their own furnishings after being made aware of the furnishings that the facility is required to provide. All furnishings must meet the Fire Safety Code and be maintained in good repair.

Sec. 1009. Kitchen.

An ALR shall provide a kitchen that has the following:

(1) Storage, refrigerator, or freezer space for perishable and nonperishable foods;

(2) Food preparation areas with cleanable surfaces;

(3) Equipment to prepare and serve food at safe and palatable temperatures; and

(4) Sufficient equipment and staffing to be in compliance with section 1116 of Title 14 of the District of Columbia Municipal Regulations, as those regulations are applicable to boarding houses.

Sec. 1010. Laundry.

An ALR shall provide an on-site laundry facility for use of staff for residents personal laundry. All laundry shall be processed and handled in a manner to prevent the spread of infection by:

(1) Separate processing and storage of incontinent items; and

(2) Sanitizing by hot water and appropriate chemical agents.

Sec. 1011. Special requirements for ALRs with 17 beds or more.

(a) An ALR that provides sleeping accommodations for more than 16 residents shall comply with sections 1001 through 1010 as well as this section.

(b) The ALR may be free-standing or a distinct part of an institutional occupancy.

(c) The ALR shall be responsible for providing or coordinating personalized care to individuals who reside in their own living units (which may include dually occupied units) which may or may not include a kitchenette or living rooms and which contain bedrooms.

(d) Living units may or may not include bathrooms; except that, no more than

4 residents shall share a common bathroom. Shared bathrooms shall be in close proximity and on the same floor as living units or bedrooms.

(e) Living units or bedrooms may be locked at the discretion of the residents, except when the resident's assessment documents indicate otherwise.

(f) An ALR shall have a central dining room, living room or parlor, and common activity center (which may also serve as living rooms or dining rooms).

(g) An ALR providing 17 beds or more shall be in compliance with section 512 of Title 12 of the District of Columbia Municipal Regulations, making the facility accessible to physically handicapped and aged residents.

(h) An ALR shall ensure that all food is prepared and served in accordance with Chapters 20 through 24 of Title 23 of the District of Columbia Municipal Regulations and shall organize plumbing facilities to insure that food is processed and served so as to be safe for human consumption.

Sec. 1012. Certificate of Need.

A Certificate of Need shall not be required for Assisted Living Residences licensed under this act.

Title XI. Insurance.

Sec. 1101. Insurance for Assisted Living Residences.

(a) Each ALR shall carry insurance for at least the following:

(1) Hazards (fire and extended coverage) in the amount of $500.00 per resident to protect belongings with a minimum of $2,000 of coverage per facility;

(2) Premises, personal injury, and products liability at least in the following amounts:

(A) For one to 2 beds, $100,000 per occurrence;

(B) For 3 to 9 beds, $300,000 per occurrence; and

(C) For 10 or more beds, $500,000 per occurrence; and

(3) Incidental malpractice coverage specific to the duties required of an ALA manager or any staff member in the amount of at least $100,000.

(b) If an ALR is not owned by the operator or manager, the operator or manager shall obtain proof of the owner's premises liability coverage, such as a certificate of standard landlord coverage, or shall place the owner on the operator's or manager's policy as an additional named insured.

Title XII. Appeals.

Sec. 1201. Appeals from actions of the Mayor.

A person or licensee aggrieved by an action of the Mayor under this act may appeal the Mayor's action by filing a request for hearing as provided in section 6 of the Health-Care Licensure Act.

Title XIII. Rulemaking.

Sec. 1301. Rulemaking by the Mayor.

The Mayor shall promulgate proposed rules where necessary to supplement the provisions of this act. The proposed rules shall be submitted to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution within the 45-day review period, the proposed rules shall be deemed approved.

Title XIV. Conforming Amendments.

Sec. 1401. Section 549 of the District of Columbia Public Assistance Act of 1982 is amended as follows:

(a) Subsection (c) is amended by adding the phrase "or an Assisted Living Residence that has 16 or fewer residents" after the phrase "50 or fewer residents".

(b) Subsection (d) is amended by adding the phrase "or an Assisted Living Residence that has 17 or more residents" after the phrase "50 or fewer residents".

(c) Subsection (e-1)(1) and (2) is amended by adding the phrase "or an Assisted Living Residence" after the phrase "community residence facility" wherever it appears.

(d) Subsection (f) is amended by adding a new sentence at the end to read as follows: "For the purposes of this section the term "Assisted Living Residence" shall have the same meaning as given the term in section 201(4) of the Assisted Living Residence Act of 2000, Bill 13-107, passed by the Council on second reading February 1, 2000.".

(e) Subsection (g) is amended by adding the phrase "and Assisted Living Residences" after the phrase "community residence facilities".

Sec. 1402. Section 2(10) of the Health Services Planning Program Re-establishment Act of 1996, effective April 9, 1997, is amended by adding the phrase "or an Assisted Living Residence as defined by section 201(4) of the Assisted Living Residence Act of 2000, Bill 13-107, passed by the Council on second reading February 1, 2000" after the phrase "community residence facility".

Sec. 1403. Section 2(1) of the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998 is amended by adding the phrase "or the Assisted Living Residence Regulatory Act of 2000, passed by the Council on second reading February 1, 2000,"

before the phrase "and any entity".

Sec. 1404. The Nursing Home and Community Residence Facility Residents' Protection Act of 1985 is amended as follows:

(a) Section 101 is amended as follows:

(1) A new paragraph (2A) is added to read as follows:

"(2A) "Assisted Living Residence" shall have the same meaning as given the term in section 201(4) of the Assisted Living Residence Act of 2000, Bill 13-107, passed by the Council on second reading February 1, 2000.".

(2) Paragraph (6) is amended by adding the phrase ", Assisted Living Residence," after the phrase "nursing home".

(b) Section 205(b)(1) and (2) is amended by adding the phrase ", Assisted Living Residence," after the phrase "nursing home" wherever it appears and by adding the phrase "or personal care services," after the word "health-care" wherever it appears.

Title XV. Applicability.

Sec. 1501. Implementation of titles I through XIII shall be subject to the availability of appropriations.

Title XVI. Fiscal Impact.

Sec. 1601. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(3)).

Title XVII. Effective Date.

Sec. 1701. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), approval by the Financial Responsibility and Management Assistance Authority as provided in section 203(a) of the District of Columbia Financial Responsibility and Management Assistance Act of 1995, approved April 17, 1995 (109 Stat. 116; D.C. Code § 47-392.3(a)), a 30-day period of Congressional review as provided in

section 602(c)(I) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(1)), and publication in the District of Columbia Register.

Linda W. Cropp
Chairman
Council of the District of Columbia

Anthony A. Williams
Mayor
District of Columbia
APPROVED: March 22, 2000

COUNCIL OF THE DISTRICT OF COLUMBIA

COUNCIL PERIOD THIRTEEN

RECORD OF OFFICIAL COUNCIL VOTE

Docket No. B13-107

[ ] ITEM ON CONSENT CALENDAR

[X] ACTION & DATE ADOPTED FIRST READING, 01-04-00

[X] VOICE VOTE APPROVED
RECORDED VOTE ON REQUEST

ABSENT ALL PRESENT

[ ] ROLL CALL VOTE - Result (__ ____ __)

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Cropp					Chavous					Orange				
Allen					Evans					Patterson				
Ambrose					Graham					Schwartz				
Brazil					Jarvis									
Catania					Mendelson									

X - Indicates Vote AB - Absent NV - Present not Voting

CERTIFICATION RECORD

Secretary to the Council — March 9, 2000 Date

[ ] ITEM ON CONSENT CALENDAR

[X] ACTION & DATE ADOPTED FINAL READING, 03-07-00

[X] VOICE VOTE APPROVED
RECORDED VOTE ON REQUEST

ABSENT ALL PRESENT

[ ] ROLL CALL VOTE - Result (__ ____ __)

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Cropp					Chavous					Orange				
Allen					Evans					Patterson				
Ambrose					Graham					Schwartz				
Brazil					Jarvis									
Catania					Mendelson									

X-indicates no AB-Absent NV-Present not voting

CERTIFICATION RECORD

Secretary to the Council — March 9, 2000 Date

[ ] ITEM ON CONSENT CALENDAR

[ ] ACTION & DATE

[ ] VOICE VOTE
RECORDED VOTE ON REQUEST

ABSENT

[ ] ROLL CALL VOTE - Result (__ ____ __)

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Cropp					Chavous					Orange				
Allen					Evans					Patterson				
Ambrose					Graham					Schwartz				
Brazil					Jarvis									
Catania					Mendelson									

X - Indicates Vote AB - Absent NV - Present not Voting

CERTIFICATION RECORD