

ASSISTED
LIVING
PROVIDER
RESOURCE

GUIDING PRINCIPLES

ASSISTED LIVING



NCAL
NATIONAL CENTER FOR ASSISTED LIVING



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INTRODUCTION

According to the National Center for Health Statistics' [2020 National Survey of Residential Care Facilities](#), over 800,000 people live in assisted living communities (ALCs)¹ across the nation. Assisted living embraces a philosophy of person-centered care while supporting physical activities and health-related needs. ALCs strive to meet the social, emotional, cultural, intellectual, nutritional, and spiritual needs of its residents.

The National Center for Assisted Living (NCAL) developed these Guiding Principles as an informational resource to generally describe what assisted living is and highlight how the profession is striving to continually develop and improve services. The contents of Guiding Principles for Assisted Living may represent some preferred practices, but do not represent minimum standards, "standards of care," or profession-wide norms for ALCs.

GUIDING PRINCIPLE #1: Defining Assisted Living

Assisted living has evolved into a variety of models based on consumer preferences and regional differences. As a result, states take a variety of approaches in overseeing the profession and establishing standards.

While assisted living is the most common term used in the nation both by the profession and state regulatory agencies, assisted living settings may be known by different names, including, but not limited to, residential care, personal care, and adult shared housing. Regardless of what they are called, ALCs typically:

- Are residential settings that provide or coordinate personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities and health-related services, and that include access to staff 24 hours daily;
- Promote aging in place;
- Provide person-centered care to accommodate residents' evolving health care needs, and preferences;
- Maximize and foster residents' quality of life, dignity, autonomy, privacy, socialization, independence, choice, and safety based on their preferences;
- Encourage community involvement and interaction; and
- Provide coordination of care with other providers.

¹ Assisted Living Community (ALC) is used in this document as a way to encompass the various terms identifying assisted living. The assisted living model is built on the concept of delivering person-centered services (e.g., personal care) and supports (e.g., housing) that meet each resident's specific needs and preferences. In addition to supporting residents in completing activities of daily living (e.g., bathing, dressing, managing medications), assisted living provides a variety of specialized services, including social work, mental health or counseling, or therapies.

GUIDING PRINCIPLE #2: Licensure and Certification

NCAL believes that ALCs should be licensed or certified, as applicable, under state law. The health, safety, and well-being of residents should be the primary consideration when states develop regulations for the licensure and operation of ALCs. In most states, ALCs are licensed or certified by a state department or agency that oversees a process for issuance of initial licenses and for renewing existing licenses. However, under reasonable circumstances, states should provide the opportunity for a variance or waiver to allow an individual community to seek an exception to a requirement of the applicable licensure or certification rules.

The state should maintain a way to identify communities that fail to comply with applicable state standards, regulations, and laws. The health, safety, and well-being of the residents should be the primary consideration when a state determines if closure is necessary. Communities that refuse to correct repeated acts of abuse and neglect should not be allowed to continue to operate.

GUIDING PRINCIPLE #3: Building/Physical Plant

An ALC should be designed, operated, and maintained in a manner that meets the needs of the population served. The community should be located, constructed, and equipped in compliance with applicable laws, codes, and regulations.

An ALC should be designed in a way that maximizes the quality of life, independence, autonomy, safety, dignity, socialization, choice, and privacy of residents. Settings should be designed to provide environmental supports to promote autonomy, ease of access and independence of residents, such as non-slip flooring, adequate lighting, grab bars/rails, etc.

ALCs should have effective emergency safety systems in place through the implementation of life safety codes and emergency preparedness plans. Smoke detectors should be installed in all rooms and common areas that are not fully sprinkled. NCAL encourages new communities to be fully sprinkled. Owners of existing communities without sprinklers should consider retrofitting the residences for sprinkling where economically and physically feasible. Carbon monoxide detectors should be installed in accordance with applicable codes and regulations.

GUIDING PRINCIPLE #4: Advertising, Sales, and Marketing

NCAL is committed to professional and ethical conduct in all advertising, sales, and marketing activities. Assisted living is a multi-faceted profession that has developed into a unique and diverse component of the long term care continuum. Because of this diversity, it is important for providers, to the best of their ability, present their customers with complete, concise, accurate and candid information about their community's offerings. Those responsible for the advertising, sales, and marketing of assisted living services should clearly describe services and amenities offered and fees charged by the community. Providers should strive to ensure that all communications are consistent, accurate, and in accordance with applicable laws and regulations. In addition, providers should not

engage in any false or misleading advertising and sales practices or practices that are intentionally designed to deceive consumers.

GUIDING PRINCIPLE #5: Move-in and Occupancy

New residents and/or their family members should receive written information and an orientation about the services the ALC offers prior to the resident moving in. Occupancy agreements should clearly specify what services can and will be provided, the charges and process for fee increases for all services, the payment structure, and the occupancy and move out/relocation criteria and processes. This information should be reviewed periodically to ensure residents have current and accurate information if there have been changes. Copies of signed agreements, including any amendments, should be provided to the resident and/or their designated representative.

GUIDING PRINCIPLE #6: Health Needs

ALCs typically provide daily supervision or assistance with activities of daily living (eating, bathing, dressing, toileting, ambulating, and transferring) and instrumental activities of daily living (such as meal preparation, communicating, medication assistance, etc.), as needed by each individual. Care is most effective when the assisted living staff coordinate the services they provide with the care provided by outside agencies. Daily assistance with activities may include the administration, supervision and/or assistance with self-administration of medication by a qualified staff person, and other health care services as permitted by state laws and regulations.

Staff should work to ensure that residents receive prompt and appropriate medical services and other health-related services when needed. Providers should inform consumers about the policies and procedures followed in emergency medical situations.

The health care of each resident should be under the supervision of a health care practitioner of the resident's choice. NCAL believes that an ALC should have a nurse available either on-site or on an on-call basis 24 hours a day, which may include access by phone or telehealth.

When possible, if a resident is out of the community for a short term period due to major illness, injury, or recuperation from surgery, they should be able to remain in the community or be allowed to come back from a hospital or transitional care facility if appropriate services can be provided. Additionally, if a resident has a need for hospice and/or palliative services, communities should allow the resident to remain in the community, if care needs can be met at the community.

GUIDING PRINCIPLE #7: Services

Services should be delivered in an appropriate and safe setting in compliance with applicable rules and regulations. When moving into an ALC, each resident should be evaluated or assessed to determine services to be provided. ALCs should clearly identify and communicate the services they cannot provide and process for when residents require services that cannot be met.

After an evaluation or assessment, a service plan should be developed indicating services that will be delivered to meet the needs of the individual based on physical, psychosocial, and cognitive capabilities. The individual, family, or a designated representative should be encouraged to participate in the development of the service plan. NCAL recommends a review and update of the service plan at least annually and upon a significant change of condition, assisted living providers should continually monitor a resident for other types of changes to a resident's health and abilities and take the appropriate action or intervention needed to address those changes. The ALC should designate who is responsible for developing, implementing, and evaluating the progress of the service plan. A copy of the service plan should be given to the resident and/or their designated representative.

GUIDING PRINCIPLE #8: Staffing

ALCs should offer 24-hour supervision of residents. NCAL believes that at least one staff member should be available at all times. Communities should embrace a philosophy that allows individuals to remain in the community if staff can properly provide for residents' health, safety, and well-being within the scope of the service program.

The number and type of staff employed by an ALC should depend on several factors, including state regulations, the number of people living in the community, each resident's individual care needs, and the range of services offered.

GUIDING PRINCIPLE #9: Staff Qualifications and Training

The person in charge of the ALC (i.e., executive director, director, administrator) typically is responsible for the overall operation of the community. The person in charge should have:

- An adequate education, demonstrated experience, and ongoing training to meet the health and psychosocial needs of residents; and
- Demonstrated management or administrative ability to maintain the overall operations of the setting.

The person in charge of the ALC should also ensure that background checks are completed, staff training programs are conducted adequately and thoroughly, and that staff members meet any training, licensing, or certification requirements in applicable state regulations. If a community provides specialty care to individuals with particular needs or diagnoses, including Alzheimer's or other dementia related disorders, staff should be specifically trained to meet the individual needs of those residents.

Certification, training and/or demonstrated competency testing should be used to qualify direct care staff or medication assistants whose responsibilities include administration, assistance with self-administration, or supervision of medications.

GUIDING PRINCIPLE #10: Resident Rights

The philosophy of assisted living emphasizes the right of the individual to choose the setting for care and services. Within the scope of licensure and services of the community, resident rights may include the following:

- The right to appropriate care and services.
- The right to refuse care or services.
- The right to participate in care and service planning.
- The right to courteous treatment.
- To be free from maltreatment including abuse, neglect and exploitation.
- To come and go freely.
- To control their own resources.
- Consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.
- Communication privacy including determining who, if anyone, has access to personal health care information.
- The opportunity to organizing and participating in resident councils and other resident activities.
- The right to be free from chemical and physical restraints.
- The right to complain or expressing a grievance without the fear of retaliation.
- The right to choose a roommate (if the community offers semi-private rooms).

Upon move-in, residents should be given a copy of their rights.

Providers should set and communicate expectations and responsibilities of residents. These responsibilities strike a necessary balance between an individual's ability to exercise his or her rights and the provider's responsibility to establish reasonable rules and guidelines that will ensure the dignity, privacy, comfort, and wellbeing of all those living in the community.

ALCs should:

- Ensure a formal and informal communications process is in place between the community, residents, and designated representatives.
- Communicate to prospective residents and current residents the community's policies and procedures on topics including the resolution process for complaints, disputes and grievances, shared rooms, alternative payor sources, pets and service animals, same gender living arrangements, automobile use, etc.
- Establish community rules that provide safety and security, including guidelines for visitors, smoking/vaping, alcohol, use of firearms, and the use of personal property, etc.
- Ensure each resident is free from discrimination and/or retaliation as required by local, state, and federal law.

GUIDING PRINCIPLE #11: Measuring and Improving Quality

NCAL is actively working to support efforts to improve the quality of care and the performance excellence of the assisted living profession. NCAL believes quality assurance systems for assisted living should focus on customer satisfaction and actual outcome measures should be utilized. Such systems provide meaningful data and better serve the interests of assisted living customers by providing them with meaningful input into the quality evaluation process and the delivery of services.

Customer satisfaction measurement is key to measuring quality in the assisted living setting. Beyond customer satisfaction, quality measurement systems also frequently include measurement of actual community performance, including key clinical indicators. Such performance measures can produce tangible data and feedback that can be used to continuously improve assisted living quality.

Survey processes used by state agencies should address areas where communities excel and achieve high levels of customer satisfaction and outcomes, not only minimum standards. States are encouraged to consider establishing programs to reward ALCs that provide the highest quality care to residents by ways of public recognition, modified survey processes, financial incentives, etc.

Note: The assisted living profession continues to grow and evolve, as does NCAL's perspectives on the changing profession. The concepts and terms used in this document may vary from state to state and time to time and are provided as a framework to help promote a general understanding of assisted living. The individual needs of assisted living residents vary greatly throughout a community and communities are built in all shapes and sizes. There is no "one-size-fits-all" approach to defining how assisted living care is delivered. The contents of this document may represent some preferred practices but do not represent minimum standards, "standards of care," or industry-wide norms for ALCs. As always, an ALC is responsible for making clinical decisions and providing care and services that are best for each individual person. In addition, the contents of this document are for general informational purposes only and may not be substituted for legal advice.