

Mississippi

Agency Department of Health, Division of Health Facilities Licensure and Certification
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Licensure Term Personal Care Homes - Residential Living and Personal Care Homes - Assisted Living

Definition Personal care homes are licensed facilities that provide assistance to residents in performing one or more of the activities of daily living (ADLs), including, but not limited to, bathing, walking, excretory functions, feeding, personal grooming, and dressing.

Personal Care Homes - Residential Living: Any place or facility operating 24 hours a day, seven days a week, accepting individuals who require personal care services or individuals, who, due to functional impairments, may require mental health services.

Personal Care Homes - Assisted Living: Any place or facility operating 24 hours a day, seven days a week, accepting individuals who require assisted living services. Facilities must provide personal care and the addition of supplemental services to include the provision of medical services (i.e., medication procedures and medication administration), and emergency response services.

Regulatory and Legislative Update The Mississippi Department of Health, Division of Health Facilities Licensure and Certification, licenses two types of personal care homes: assisted living and residential living. The primary difference between these two settings is that residential living communities may not admit or retain individuals who cannot ambulate independently. Requirements described below apply to both types of homes unless otherwise noted.

A licensed personal care home may establish a separate Alzheimer's disease-dementia care unit. The rules and regulations for such units are in addition to the licensure requirements for the facility. Any licensed facility that establishes an Alzheimer's disease-dementia care unit and meets the additional requirements will have the designation printed upon the certificate of licensure issued by the licensing agency.

	There are no recent regulatory updates that affect personal care homes in Mississippi.
Facility Scope of Care	Facilities may provide assistance with ADLs that may extend beyond providing shelter, food, and laundry. Assistance may include, but is not limited to, bathing, walking, toileting, feeding, personal grooming, dressing, and financial management.
Limitations of Services	<p>A person shall not be admitted or continue to reside in an licensed facility if the person:</p> <ol style="list-style-type: none"> a. Requires physical restraints; b. Poses a serious threat to himself or herself or others; c. Requires nasopharyngeal and/or tracheotomy suctioning; d. Requires gastric feedings; e. Requires intravenous fluids, medications, or feedings; f. Requires a indwelling urinary catheter; g. Requires sterile wound care; or h. Requires treatment of decubitus ulcer or exfoliative dermatitis.
Move-in Requirements Including Required Disclosures/Notifications	There is no required form but admission agreements must be given to the resident or his/her responsible party, and must contain specific information. For example, the agreement must include at a minimum, among other items: basic charges agreed upon; period to be covered in the charges; services for which special charges are to be made; agreement regarding refunds for payments made in advance; and a statement that the operator will notify the resident's responsible party in a timely manner of any changes in the resident's status.
Resident Assessment Requirements and Frequency	A medical evaluation is required annually for each resident but there is no required form. Each person applying for admission must be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within 30 days prior to admission. The examination shall indicate the appropriateness of admission.
Medication Management	Facilities may monitor the self-administration of medication. Only licensed personnel are allowed to administer medication.
Staffing Requirements	<p>Regulations for Alzheimer's disease-dementia care units were adopted in 2001 and apply to licensed nursing homes or licensed personal care homes and are in addition to other rules and regulations applicable to these licensed facilities.</p> <p>There are specific physical design standards for Alzheimer's dementia units including security controls on all entrances and exits, and a secure, exterior exercise pathway.</p> <p>A registered nurse or licensed practical nurse must be present on all shifts and a minimum of two staff members must be on the</p>

unit at all times. Minimum requirements for nursing staff are based on the ratio of three hours of nursing care per resident per 24 hours. Licensed nursing staff and nurse aides can be included in the ratio. If the Alzheimer's-dementia care unit is not freestanding, licensed nursing staff may be shared with the rest of the facility. Facilities are only permitted to house persons with up to stage II Alzheimer's disease. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist must provide social services to residents and support to family members. The social service consultation must be on site and be a minimum of eight hours per month.

An orientation program including specific topics must be provided to all new employees assigned to the Alzheimer's-dementia unit. Ongoing in-service training must be provided to all staff who are in direct contact with residents on a quarterly basis and must include training on at least three of eight specific topics.

A full-time operator must be designated to manage the facility. When on duty, staff must be awake and fully dressed to provide personal care to the residents. The following staffing ratio applies:

- (1) One direct care staff person per 15 or fewer residents between 7:00 a.m. and 7:00 p.m.; and
- (2) One direct care staff person per 25 or fewer residents between the hours of 7:00 p.m. and 7:00 a.m. Personal care homes-assisted living facilities must also post in writing on-call personnel in the event of an emergency during this shift.

Personal Care - Assisted Living: Must also have a licensed nurse on the premises for eight hours a day. The nurses may not be included in the direct care staffing ratio. If a resident is unable to self-administer prescription medication, a licensed nurse must be present to administer the medication.

**Administrator/Director
Education and Training
Requirements**

Administrators, known as "operators," must be a high school graduate or have passed the GED, and not be a resident of the licensed facility. The administrator must verify that he or she is not listed on the Mississippi Nurses Aide Abuse Registry. Administrators must spend two concurrent days with the licensing agency for training and mentoring. This training and monitoring provision is required only one time for each administrator and an administrator who was previously employed by the licensing agency in a surveyor capacity is exempt.

**Direct Care Staff Education
and Training Requirements**

Direct care staff must be at least 18 years of age and must verify that they are not listed on the Mississippi Nurse Aide Abuse

Registry. Personnel must receive training on a quarterly basis on topics and issues related to the population being served by the facility. All direct care staff must successfully complete a criminal history record check.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

For both Level I and II facilities, staff must be trained on infection control within 30 days of hire.

Facilities shall comply with recommendations from the Centers for Disease Control and/or the Mississippi State Department of Health regarding baseline employee TB testing and routine serial employee TB testing and education. Staff exposed to an active infectious case of tuberculosis shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner for treatment of latent tuberculin infection.

Emergency Preparedness Requirements

The Licensed Entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
2. Resources and Assets
3. Safety and Security
4. Staffing
5. Utilities
6. Clinical Activities

Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Emergency Preparedness and Response. Written evidence of current

approval or review of provider EOPs, by the Office of Emergency Preparedness and Response, shall accompany all applications for facility license renewals.

Life Safety Requirements

Automatic Fire Sprinklers: All new personal care homes must be protected with automatic fire sprinklers. If the facility has a capacity of 16 or fewer beds, a 13D-styled automatic sprinkler system compliant with the National Fire Protection Association (NFPA) Standard 13D, "Standard for the Protection of One- and Two-Family Dwellings and Manufactured Homes," is sufficient. For facilities with capacity greater than 16 beds, a sprinkler consistent with NFPA 13 is required.

Smoke Detectors: Smoke detectors must be installed in each hallway no more than 30 feet apart, in all bedrooms, and in all storage rooms. Smoke detectors must be electrically powered by the building's electrical system and have battery back-up.

Building Construction: Facilities licensed after Aug. 14, 2005, must be constructed to have a one-hour fire resistance rating as prescribed by the current edition of the NFPA Standard 220, "Types of Building Construction."

Medicaid Policy and Reimbursement

The Section 1915(c) Assisted Living Waiver provides services to beneficiaries who, but for the provision of such services, would require a nursing facility level of care. Qualified beneficiaries may reside in a licensed Personal Care Home - Assisted Living facility approved as a Medicaid provider for assisted living services. The Assisted Living Waiver has a limited number of slots, and facilities are reimbursed on a flat rate, per diem basis.

Citations

Mississippi State Department of Health. (2019) Title 15: Mississippi State Department of Health, Part 16: Health Facilities Subpart 1: Health Facilities Licensure and Certification: Minimum Standards for Personal Care Homes Assisted Living, Chapter 47 http://msdh.ms.gov/msdhsite/_static/resources/341.pdf

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Long Term Facilities
https://msdh.ms.gov/msdhsite/_static/resources/10151.pdf

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