

# Ohio

---

<b>Agency</b>	Department of Health, Bureau of Regulatory Operations, Health Care Facilities Licensure and Certification Section
<b>Contact</b>	Jayson Rogers
<b>E-mail</b>	<a href="mailto:jayson.rogers@odh.ohio.gov">jayson.rogers@odh.ohio.gov</a>
<b>Phone</b>	(614) 752-9524 or (614) 752-9156
<b>Website</b>	<a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/residential-care-facilities-assisted-living/residentialcarefacilitiesassistedliving">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/residential-care-facilities-assisted-living/residentialcarefacilitiesassistedliving</a>

---

**Licensure Term** Residential Care Facilities

**Definition** Residential care facilities means a home that provides either of the following: (1) accommodations for 17 or more unrelated individuals, with supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment; or (2) accommodations for three or more unrelated individuals, with supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and for at least one of those individuals any of the skilled nursing care authorized by section 3721.011 of the Revised Code.

**Regulatory and Legislative Update** The Ohio Department of Health, Office of Health Assurance and Licensing, licenses residential care facilities. The term assisted living is used interchangeably with residential care.

The Department has specific requirements for special care units dedicated to providing care to residents with diagnoses including, but not limited to, late-stage cognitive impairments with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or serious mental illness. When applying for a residential care license, applicants must indicate whether specialized care or services will be provided, including care for people with Alzheimer's or other cognitive impairments.

There are no recent legislative or regulatory updates affecting residential care facilities in Ohio. Ohio is currently in a rule review period.

**Facility Scope of Care** Facilities may provide supervision and personal care services, administer, or assist with self-administration of medication, supervise special diets, perform dressing changes, and accept individuals requiring part-time intermittent enteral feedings. Facilities may also provide up to 120 days of skilled nursing

services on a part-time, intermittent basis. Ohio law exempts both hospice residents who also need skilled nursing care and residents whose skilled nursing care is determined to be routine by a physician from the 120-day limitation.

### **Limitations of Services**

Facilities may admit or retain individuals who require: skilled nursing care beyond the supervision of special diets; application of dressings; or administration of medication only if the care is on a part-time/intermittent basis for not more than a total of 120 days in any 12-month period, except for hospice residents and those whose skilled nursing care is determined to be routine by a physician. A residential care facility may admit or retain an individual requiring medication if:

- (1) the individual's personal physician has determined that the individual is capable of self-administration; or
- (2) the facility provides for the medication to be administered by a certified home health agency, a licensed hospice care program, or a qualified member of the staff.

A residential care facility shall not admit an individual who requires services or accommodations beyond that which a residential care facility is authorized to provide or beyond that which the specific facility provides. A residential care facility shall not admit a resident prior to searching for the individual on the Ohio sex offender registry. Except for residents receiving hospice care, no residential care facility shall admit or retain an individual who: (1) requires skilled nursing care that is not authorized by the Ohio Revised Code or is beyond that which the specific facility can provide; (2) requires medical or skilled nursing care at least eight hours per day or forty hours per week; (3) requires chemical or physical restraints; (4) is bedridden with limited potential for improvement; (5) has stage III or IV pressure ulcers; or (6) has a medical condition that is so medically complex or changes so rapidly that it requires constant monitoring and adjustment of treatment regimen on an ongoing basis.

### **Move-in Requirements Including Required Disclosures/Notifications**

A residential care facility must provide prospective residents or their representatives a copy of the written residential agreement, which includes specified information, such as: an explanation and statement of all charges, fines or penalties; an explanation of services are provided; a statement that the facility must discharge or transfer a resident when the resident needs skilled nursing care beyond what the facility can provide; and the residents' rights policy and procedures. In addition to the information in the resident agreement, prior to admission or upon the request of a prospective resident or prospective resident's sponsor, the residential care facility shall provide the resident or

resident's sponsor with a copy and explanation of policies, including, but not limited to: smoking policy; advance directives; definition of skilled nursing care; special care unit policies and procedures; policy surrounding disabled and potentially disabled residents; and, any other policy the resident must follow.

**Resident Assessment Requirements and Frequency**

A resident assessment must be completed within 48 hours of admission or before admission, annually, and upon significant change. There are specific components required in the assessment, but not a mandated form. Residents with medical, psychological, or developmental or intellectual impairment require additional assessment.

**Medication Management**

Residents must either be capable of self-administering medications, or the facility must provide for medication administration by a home health agency, hospice, or qualified staff person (e.g., a registered nurse (RN), licensed practical nurse, or physician). Trained, unlicensed staff may assist with self-administration only if the resident is mentally alert, able to participate in the medication process, and requests such assistance. Assistance includes reminders, observing, handing medications to the resident, and verifying the resident's name on the label, etc.

**Staffing Requirements**

A special care unit is a facility or part of a facility dedicated to providing care residents with diagnoses including, but not limited to late-stage cognitive impairments with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or serious mental illness.

Facilities that have special units must disclose information about unit placement, transfer and discharge policies, special assessments, unit services and resident activities, unit staffing and staff qualifications, special physical design features, family involvement, and costs for services on the unit. The attending physician must also document the need for such placement, and placement cannot be based solely on the resident's diagnosis.

Licensure rules outline specific training upon hire and annually related to specialized populations. For example, staff employed by a facility that admits or retains residents with late-stage cognitive impairments with significant ongoing daily living assistance needs, or cognitive impairments with increased emotional needs or presenting problematic behaviors must have two hours of training on care for such residents within 14 days of the first day of work and four hours of continuing education. Activity staff must also receive specialized training related to

those with cognitive impairments, behaviors, and/or seriously mentally ill individuals as appropriate.

A facility must have an administrator who is responsible for its daily operation and provides at least 20 hours of service in the facility during each calendar week between 8:00 a.m., and 6:00 p.m. While there are not staffing ratios, at least one staff member must be on duty at all times and sufficient additional staff members must be present to meet the residents' total care needs. For facilities that provide personal care services, at least one staff member trained and capable of providing such services, including having successfully completed first aid training, must be on duty at all times. For homes that provide skilled nursing care, the rules require enough onsite RN time to manage the provision of skilled nursing care if that care is provided by the facility, excluding medication administration, supervision of special diets, or application of dressings, and sufficient nursing staff to provide needed skilled nursing care. At night, a staff member may be on call if the facility meets certain call signal requirements, but another person must also be on call in such cases. A dietitian working as consultant or employee is necessary for facilities that provide and supervise complex therapeutic diets.

**Administrator/Director  
Education and Training  
Requirements**

Administrators must be 21 years of age and meet one of the following criteria: (1) be licensed as a nursing home administrator; (2) have 3,000 hours of direct operational responsibility for a senior housing facility; (3) complete 100 credit hours of post-high school education in the field of gerontology or health care; (4) be a licensed health care professional; or (5) hold a baccalaureate degree.

Administrators must complete nine hours of continuing education in gerontology, health care, business administration, or residential care facility administration per year.

**Direct Care Staff Education  
and Training Requirements**

Staff members providing personal care services must be at least 16 years of age, have first aid training, and complete a specified training program. Staff members providing personal care services who are under the age of 18 shall have on-site supervision by a staff member over the age of 18. All staff must be able to understand and communicate job-related information in English and be appropriately trained to implement residents' rights. Staff members who plan activities for residents with late-stage cognitive impairment with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both; or serious mental illness

shall have training in appropriate activities for such residents.

Staff that provide personal care services, except licensed health professionals whose scope of practice include the provision of personal care services, must meet specified requirements prior to providing such services without supervision. Staff that provide personal care services must have eight hours of continuing education annually which may include the specialized training for those caring for specialized populations. Staff caring for specialized populations must complete four hours of continuing education in the care of such residents annually, and these four hours may count toward the eight hours of general continuing education annually required.

### **Quality Requirements**

There are no specific quality requirements detailed.

### **Infection Control Requirements**

Each residential care facility shall establish and implement appropriate written policies and procedures to control the development and transmission of infections and diseases which, at minimum, shall provide for the following:

(1) Individuals working in the facility shall wash their hands vigorously for ten to fifteen seconds before beginning work and upon completing work, before and after eating, after using the bathroom, after covering their mouth when sneezing and coughing, before and after providing personal care services or skilled nursing care, when there has been contact with body substances, after contact with contaminated materials, before handling food, and at other appropriate times;

(2) If the residential care facility provides any laundering services, the facility shall keep clean and soiled linen separate. Soiled laundry shall be handled as little as possible. Laundry that is wet or soiled with body substances shall be placed in moisture-resistant bags which are secured or tied to prevent spillage. Laundry staff shall wear moisture-resistant gloves, suitable for sorting and handling soiled laundry, and a moisture-resistant gown or sleeved plastic apron if soiling of staff members' clothing is likely. The facility shall use laundry cycles according to the washer and detergent manufacturers' recommendations. Protective clothing shall be removed before handling clean laundry;

(3) Individuals providing personal care services or skilled nursing care that may result in exposure to body substances, shall wear disposable vinyl or latex gloves as a protective barrier and shall remove and dispose of the used gloves and wash hands before contact with another resident. If exposed to body substances, the individual who has been exposed shall wash his or her hands and other exposed skin surfaces immediately and thoroughly with soap and water. The facility shall provide follow-

up consistent with the guidelines issued by the United States centers for disease control and prevention for the prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers in effect at the time. Individuals providing personal care services or skilled nursing care shall wash their hands before and after providing the services or care even if they used gloves;

(4) Place disposable articles, other than sharp items, contaminated with body substances in a container impervious to moisture and manage them in a fashion consistent with Chapter 3734. of the Revised Code. Reusable items contaminated with body substances shall be bagged, then sent for decontamination;

(5) Wear a moisture-resistant gown or other appropriate protective clothing if soiling of clothing with body substances is likely;

(6) Wear a mask and protective eye wear if splashing of body substances is likely or if a procedure that may create an aerosol is being performed; and

(7) Ensure that all hypodermic needles, syringes, lancets, razor blades and similar sharp wastes are disposed of by placing them in rigid, tightly closed puncture-resistant containers before they are transported off the premises of the facility, in a manner consistent with Chapter 3734. of the Revised Code. The residential care facility shall provide instructions to residents who use sharps on the proper techniques for disposing of them.

### **Emergency Preparedness Requirements**

Each residential care facility shall develop and maintain a written disaster preparedness plan to be followed in case of emergency or disaster. A copy of the plan shall be readily available at all times within the residential care facility. Such plan shall include the following:

(1) Procedures for evacuating all individuals in the residential care facility, which shall include the following:

(a) Provisions for evacuating residents with impaired mobility; and

(b) Provisions for transporting all of the residents of the residential care facility to a predetermined appropriate facility or facilities that will accommodate all the residents of the residential care facility in case of a disaster requiring evacuation of the residential care facility.

(2) A plan for protection of all persons in the event of fire and procedures for fire control and evacuation, including a fire watch and the prompt notification of the local fire authority and state fire marshal's office when a fire detection, fire alarm, or sprinkler system is impaired or inoperable. For purposes of this rule, "fire

watch" means the process required in the Ohio fire code for detecting and immediately alerting residents, staff, and the responding fire department of a fire or other emergency while the building's fire alarm or sprinkler system is impaired, inoperable or undergoing testing;

(3) Procedures for locating missing residents, including notification of local law enforcement;

(4) Procedures for ensuring the health and safety of residents during severe weather situations, such as tornadoes and floods, and designation of tornado shelter areas in the facility; and

(5) Procedures, as appropriate, for ensuring the health and safety of residents in residential care facilities located in close proximity to areas known to have specific disaster potential, such as airports, chemical processing plants, and railroad tracks.

## **Life Safety Requirements**

Sprinklers and smoke detectors have been required since 1974. The current Life Safety Code does not apply to residential care facilities but they must comply with the Ohio Fire Code and Ohio Building Code, which have been brought up to National Fire Protection Association and International Fire Code standards. Each residential care facility must develop and maintain a written disaster preparedness plan to be followed in case of emergency or disaster and conduct at least two disaster preparedness drills per year, one of which shall be a tornado drill which shall occur during the months of March through July. Twelve fire drills are required annually, to be done for each shift and at least every three months. Buildings must be equipped with both an automatic fire extinguishing system and fire alarm system. Each residential care facility must conduct fire safety inspections at least monthly.

Each residential care facility that is licensed after March 1, 2018, and that has a permanently installed fuel-burning appliance(s) must install and maintain carbon monoxide detectors in: each room containing a permanently installed fuel-burning appliance; and a central location on every habitable level and in every heating/ventilation/air conditioning zone of the building. For those facilities that were licensed prior to March 1, 2018, that have a permanently installed fuel-burning appliance(s), they must also install and maintain carbon monoxide alarms or carbon monoxide detectors in those same locations by March 1, 2019. The rule defines a carbon monoxide alarm, detector, detection system, and fuel-burning appliance.

## **Medicaid Policy and Reimbursement**

Two Medicaid waivers cover services in licensed residential care facilities, including a Section 1915(c) Assisted Living Waiver and a Section 1915(b) waiver for managed care.

In addition, Ohio's Residential State Supplement (RSS) program is a state-funded cash assistance program for certain Medicaid-eligible aged, blind, or disabled adults who have been determined to be at risk of needing institutional care. A monthly supplement, in combination with the recipient's regular monthly income, is used to pay for accommodations, supervision, and personal care services in approved community-based living arrangements, including adult foster homes and RCFs. Effective January 1, 2016, the maximum monthly fee an RCF was allowed to charge a recipient was \$1,100. Residents may contract and pay for additional services. Effective July 1, 2017, residential care facilities licensed by the Department for 17 beds or more are no longer eligible living arrangements for RSS unless approved by Ohio Mental Health and Addiction Services on an individual basis.

## Citations

Ohio Revised Code. (n.d.) Chapter 3721: Nursing Homes; Residential Care Facilities. <http://codes.ohio.gov/orc/3721>

Ohio Administrative Code.(n.d.) Chapter 3701-16: Residential Care Facility. <http://codes.ohio.gov/oac/3701-16>

Ohio Department of Medicaid. (n.d.) HCBS Waiver. <https://medicaid.ohio.gov/wps/portal/gov/medicaid/families-and-individuals/citizen-programs-and-initiatives/hcbs/waivers/hcbs-waivers>

Department of Aging. (2022) Assisted Living Waiver Program. <https://ohio.gov/wps/portal/gov/site/residents/resources/assisted-living-waiver-program>

Ohio Department of Mental Health and Addiction Services. (n.d.) Residential State Supplement Program. <https://mha.ohio.gov/wps/portal/gov/mha/get-help/recovery-supports/residential-state-supplement>