

# Rhode Island

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**Licensure Term** Assisted Living Residences, Alzheimer Dementia Special Care Unit/Program, Limited Health Services

**Definition** Assisted living residence means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements, personal assistance and may include the delivery of limited health services to meet the resident's changing needs and preferences, lodging, and meals to six or more adults who are unrelated to the licensee or administrator. However, this excludes any privately operated establishment or facility licensed and those facilities licensed by or under the jurisdiction of any state agency. Assisted living residences include sheltered care homes, board and care residences, or any other entity by any other name providing the above services that meet the definition of assisted living residences.

Residences are licensed based on levels according to fire code and medication classifications, as well as for dementia care and Limited Health Services. Fire code Level 1 licensure is for residents who are not capable of self-preservation and Level 2 is for residents who are capable of self-preservation in an emergency.

Medication Level 1 licensure is used when one or more residents require central storage and/or medication administration, and Level 2 is used when residents require only assistance with self-administration of medications.

Alzheimer Dementia Special Care Unit Program licensure is required when: one or more resident's dementia symptoms affects their ability to function based on several specified criteria; a residence advertises or represents special dementia services; or if the residence segregates residents with dementia. Dementia care licensure must be at Level 1 for both fire and medication-related requirements. Additional requirements include a nurse on site at least 35 hours per week and staff training specific to Alzheimer's dementia.

Limited health services licensure is required for residences that provide limited health services which are services provided by a qualified licensed assisted living staff member, as ordered by the resident's physician. These services can include stage I and stage II pressure ulcer treatment and prevention, simple wound

care, ostomy care, and urinary catheter care. Those that provide limited health services must also meet all of the other Assisted Living requirements, including those for Alzheimer Dementia Special Care Unit/Program Licensure.

**Regulatory and Legislative Update**

The Department of Health, Center for Health Facilities Regulation, licenses assisted living residences for individuals who do not require the level of medical or nursing care provided in a health care facility, but who require room and board and personal assistance and may require medication administration.

There are no recent regulatory or legislative updates affecting assisted living in Rhode Island.

**Facility Scope of Care**

Residences may provide assistance with activities of daily living; assist the resident with self-administration of medication or administration of medication by appropriately licensed staff, depending on the licensure; arrange for support services; and monitor residents' recreational, social, and personal activities. Residences may also be licensed to provide limited health services, which include stage I and stage II pressure ulcer treatment and prevention, simple wound care, ostomy care, and urinary catheter care.

**Limitations of Services**

Admission and residency are limited to persons not requiring medical or nursing care as provided in a health care facility, but who require personal assistance, lodging and meals and may require the administration of medication and/or limited health services. A resident must be capable of self-preservation in emergency situations, except in limited circumstances. Persons needing medical or skilled nursing care and/or persons who are bedbound or in need of the assistance of more than one person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to 45 days subject to an extension of additional days as approved by the state or in specified circumstances. Residents who are bed bound or in need of assistance of more than one staff person for ambulation may reside in a residence if they are receiving hospice care.

The residence can require that a resident move out only for certain reasons and with 30 days advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the state ombudsperson's office. In cases of a life-threatening emergency or non-payment of fees and costs, the 30-day notice is not required. If termination due to non-payment of fees and costs is anticipated, the residence must make a good faith effort to

counsel the resident of this expectation. Residences may discharge a resident in the following circumstances:

- (1) If a resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;
- (2) If a resident is a danger to self or the welfare of others, and the residence has made reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; and
- (3) Failure to pay all fees and costs, resulting in bills more than 30 days outstanding.

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

Assisted living residences must disclose, in a print format, at least the following information to each potential resident, the resident's interested family, and the resident's agent early in the decision-making process and at least prior to the admission decision being made:

- (1) Identification of the residence and its owner and operator;
- (2) Level of license and an explanation of each level of licensure;
- (3) Admission and discharge criteria;
- (4) Services available;
- (5) Financial terms to include all fees and deposits, including any first month rental arrangements, and the residence's policy regarding notification to tenants of increases in fees, rates, services, and deposits;
- (6) Terms of the residency agreement, including the process used in the event that a resident can no longer afford the cost of care being provided; and
- (7) The names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General, the State Ombudsperson, and local police office.

The residency agreement or contract must also include specified information, such as resident's rights and admission and discharge criteria.

Any assisted living residence that refers clients to any health care facility or a certified adult day care in Rhode Island and has a financial interest in that entity must disclose the following information to the individual:

- (1) That the referring entity has a financial interest in the residence or provider to which the referral is being made; and
- (2) That the client has the option of seeking care from a different residence or provider that is also licensed and/or certified by the state to provide similar services to the client.

Facilities with Alzheimer Dementia Special Care

Unit's/Program's or a Limited Health Services license must also disclose information specific to the following areas: philosophy; pre-occupancy, occupancy, and termination of residence; assessment, service planning & implementation; family role in providing support and services; and program costs.

Alzheimer Dementia Special Care Units must also disclose staffing patterns, training ratio, physical environment, and resident activities.

**Resident Assessment Requirements and Frequency**

Prior to a resident moving into a residence, the administrator must have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse (RN). The assessment must be on a form designed or approved by the Department of Health.

The approved Department form is available at <https://health.ri.gov/forms/assessment/AssistedLivingResident.pdf>.

**Medication Management**

Facilities are further classified by the degree to which they manage medications. Nurse review is necessary under all levels of medication licensure. Level M1 is for a residence that has one or more residents who require central storage and/or administration of medications. In Level M1 facilities, licensed employees—registered medication aides, RNs, licensed practical nurses—may administer oral or topical drugs and monitor health indicators; however, schedule II medications may only be administered by licensed personnel (e.g., RN or licensed practical nurse). Level M2 is for residences that have residents who require assistance with self-administration of medications, as defined in the regulations.

**Staffing Requirements**

At least one staff person who has completed employee training and at least one person who has successfully completed CPR training must be on the premises at all times. In addition, each residence must have responsible adults who are employees or who have a contractual relationship with the residence to provide the services required who is at least 18 years of age and:

- (1) Awake and on the premises at all times;
- (2) Designated in charge of the operation of the residence; and
- (3) Physically and mentally capable of communication with emergency personnel.

All staff having contact with residents must have a criminal records check.

A residence that offers or provides services to residents with Alzheimer's disease or other dementia, by means of an Alzheimer Dementia Special Care Unit/Program, must disclose the type of services provided in including the staffing patterns and staff training.

## **Administrator/Director Education and Training Requirements**

The Department of Health shall issue certification as an administrator for up to two years if the applicant is 18 years or older, of good moral character, and has initial training that includes one of the following:

- (1) Successful completion of a training program and assisted living administrator licensing examination, satisfactory completion of at least 80 hours of field experience in a training capacity in a state-licensed assisted living residence to include specified training within a 12-month period;
- (2) Successful completion of a degree in a health-centered field from an accredited college or university that includes coursework in gerontology, personnel management, and financial management, and satisfactory completion of at least 80 hours of field experience in a training capacity in a state-licensed assisted living residence to include specified training within a 12-month period; or
- (3) Possess a current Rhode Island nursing home administrator's license.

If an individual does not meet the above specified training requirements, a written examination as determined by the Department of Health to test the qualifications of the individual as an assisted living residence administrator must be successfully completed.

To be eligible for recertification, an administrator must complete 32 hours of Department of Health-approved continuing education within the previous two years. Sixteen of the required 32 hours of continuing education must be contact hours. The remaining 16 hours of continuing education may be non-contact hours.

## **Direct Care Staff Education and Training Requirements**

All new employees must receive at least two hours of orientation and training in the areas listed below within 10 days of hire and prior to beginning work alone, in addition to any training that may be required for a specific job classification at the residences.

Training areas include:

- (1) Fire prevention;
- (2) Recognition and reporting of abuse, neglect, and mistreatment;
- (3) Assisted living philosophy (goals/values: dignity, independence, autonomy, choice);
- (4) Resident's rights;
- (5) Confidentiality;
- (6) Emergency preparedness and procedures;
- (7) Medical emergency procedures;
- (8) Infection control policies and procedures; and
- (9) Resident elopement.

Employees must have on-going (at intervals not to exceed 12 months) in-service training as appropriate for their job classifications and that includes the topics identified above.

In addition to training required for staff in all assisted living residences, staff in a residence licensed for dementia care level must receive at least 12 hours of orientation and training on (1) understanding various dementias; (2) communicating effectively with dementia residents; and (3) managing behaviors, within 30 days of hire and prior to beginning work alone in the assisted living residence.

## **Quality Requirements**

Each assisted living residence shall develop, implement and maintain a documented, ongoing quality assurance program led by an established quality improvement committee. The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit. The quality improvement committee shall review and approve the quality improvement plan for the residence at intervals not to exceed twelve (12) months. Said plan shall be available to the public upon request.

Each assisted living residence shall establish a written quality improvement plan that includes:

- a. Program objectives;
- b. Oversight responsibility (e.g., reports to the governing body, QI records);
- c. Includes methods to identify, evaluate, and correct identified problems;
- d. Provides criteria to monitor personal assistance and resident services, including, but not limited to:
  - (1) Resident/family satisfaction;
  - (2) Medication administration/errors;
  - (3) Reportable incidents;
  - (4) Resident falls;
  - (5) Plans of correction developed in response to the Department's inspection reports.

All assisted living residences with a "dementia care" license and/or a "limited health services license" shall also address the following areas in their quality improvement plan:

1. Prevention and treatment of decubitus ulcers;
2. Dehydration, and nutritional status and weight loss or gain;
- and
3. Changes in mental or psychological status.
4. Quality improvement documentation shall be kept on file for a minimum of five (5) years.

## **Infection Control Requirements**

Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following:

- a. Establishing and maintaining a residence-specific infection prevention program;

- b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;
- c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence;
- d. Developing and implementing protocols for:
  - (1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and
  - (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile.

**Emergency Preparedness Requirements**

Each residence shall develop back-up or contingency plans to address possible internal systems and/or equipment failures.

**Life Safety Requirements**

Facilities must have sprinklers and smoke detectors. Residential board and care facilities must have carbon monoxide detectors, which must be either hardwired or wireless and be installed in accordance with National Fire Protection Association 720. Facilities must have an annual inspection conducted under the authority of the State Fire Marshal to assess compliance with the Fire Safety Code.

**Medicaid Policy and Reimbursement**

A Medicaid Section 1115 demonstration waiver program now called the Rhode Island Comprehensive Demonstration (formerly the "Global Consumer Choice Compact Waiver") covers assisted living services. The demonstration was extended in December 2018 and will expire in December 2023.

**Citations**

Title 23 Health and Safety (n.d.) Chapter 17 Licensing of Healthcare Facilities (R.I. Gen. Laws 23-17-12.11).  
<http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17/23-17-12.11.htm>

State of Rhode Island, Department of Health. (n.d.) Assisted Living. <https://health.ri.gov/licenses/detail.php?id=213>

Rhode Island Department of State (n.d.) Licensing Assisted Living Residences (216-RICR-40-10-2).  
<https://rules.sos.ri.gov/regulations/part/216-40-10-2>