

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 135C.14 and 135C.2(3)“b,” the Department of Inspections and Appeals hereby amends Chapter 57, “Residential Care Facilities,” Iowa Administrative Code.

Iowa Code section 135C.2(3)“b” allows the Department to establish by administrative rule special classifications within the residential care facility category for facilities intended to serve individuals who have special health care problems or conditions in common. New rule 481—57.7(135C) establishes a special classification for memory care within a residential care facility and sets forth the requirements for the provision of memory care in residential care facilities.

The Department does not believe that the adopted amendment imposes any financial hardship on any regulated entity, body, or individual.

Notice of Intended Action was published in the Iowa Administrative Bulletin on April 2, 2014, as **ARC 1413C**. No comments were received on the proposed amendment. The adopted amendment is identical to the one published under Notice of Intended Action.

The State Board of Health initially reviewed the amendment at its March 12, 2014, meeting and subsequently approved this rule making at its May 14, 2014, meeting.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code sections 135C.14 and 135C.2(3)“b.”

This amendment shall become effective July 16, 2014.

The following amendment is adopted.

Adopt the following **new** rule 481—57.7(135C):

481—57.7(135C) Special classification—memory care.

57.7(1) Designation and application. A residential care facility may choose to care for residents who require memory care in a distinct part of the facility or designate the entire residential care facility as one that provides memory care. Residents in the memory care unit or facility shall meet the level of care requirements for a residential care facility. “Memory care” in a residential care facility means the care of persons with early Alzheimer’s-type dementia or other disorders causing dementia. (I, II, III)

a. Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

b. Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

c. If the unit or facility is to be a locked unit or facility, all locking devices shall meet the Life Safety Code and any requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required. (I, II, III)

57.7(2) Résumé of care. A résumé of the program of care shall be submitted to the department for approval at least 30 days before a separate memory care unit or facility is opened. For facilities with a memory care unit, this résumé of care is in addition to the résumé of care required by subrule 57.3(2). A new résumé of the program of care shall be submitted when services are substantially changed. The résumé of the program of care shall:

- a.* Describe the population to be served;
- b.* State the philosophy and objectives;
- c.* List criteria for transfer to and from the memory care unit or facility;
- d.* Include a copy of the floor plan;
- e.* List the titles of policies and procedures developed for the unit or facility;
- f.* Propose a staffing pattern;
- g.* Set out a plan for specialized staff training;
- h.* State visitor, volunteer, and safety policies;

- i. Describe programs for activities, social services and families; and
- j. Describe the interdisciplinary team and roles.

57.7(3) Policies and procedures. Separate written policies and procedures shall be implemented in the memory care unit or facility and shall address the following.

a. Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the attending physician approving the placement before a resident may be moved into a memory care unit or facility. (II, III)

b. Safety, including a description of the actions required of staff in the event of a fire, natural disaster, or emergency medical event or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility, when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility, and the manner in which the effectiveness of the security system will be monitored. (II, III)

c. Staffing requirements, including the minimum number, types and qualifications of staff in the unit or facility in accordance with resident needs. (II, III)

d. Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

e. Process and criteria which will be used to monitor and to respond to risks specific to the residents, including, but not limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

57.7(4) Plans. Plans for the unit or facility shall be submitted in accordance with 481—Chapter 60. (II, III)

57.7(5) Assessment prior to transfer or admission. Prior to transfer or admission to the memory care unit or facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)

57.7(6) Staff training. All staff working in a memory care unit or facility shall have training appropriate to the needs of the residents. (I, II, III)

a. Upon assignment to the unit or facility, all staff working in the unit or facility shall be oriented to the needs of residents requiring memory care. Staff shall have at least six hours of special training appropriate to their job descriptions within 30 days of assignment to the unit or facility. (I, II, III)

b. Training shall include the following topics: (II, III)

(1) An explanation of Alzheimer's disease and related disorders, including symptoms, behavior and disease progression;

(2) Skills for communicating with persons with dementia;

(3) Skills for communicating with family and friends of persons with dementia;

(4) An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics;

(5) The importance of planned and spontaneous activities;

(6) Skills in providing assistance with activities of daily living;

(7) Skills in working with challenging residents;

(8) Techniques for cueing, simplifying, and redirecting;

(9) Staff support and stress reduction;

(10) Medication management and nonpharmacological interventions.

c. Nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of memory care residents. The six-hour initial training required in paragraph 57.7(6) "a" shall count toward the required annual in-service training. (II, III)

57.7(7) Staffing. There shall be at least one staff person on a memory care unit at all times. (I, II, III)

57.7(8) Others living in the memory care unit. Residents not requiring memory care services may live in the memory care unit if a spouse requiring memory care services lives in the unit or if no other

beds are available in the facility and the resident or the resident's legal representative consents to the placement in writing. (II, III)

This rule is intended to implement Iowa Code sections 135C.14 and 135C.2(3) "b."

[Filed 5/14/14, effective 7/16/14]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/11/14.