



Factsheet

Proposed Assisted Living Regulations

Below are the main concerns expressed by stakeholders as well as the Department responses. Potential modifications to the draft rules are denoted by the “▲” symbol.

1. Administrator qualifications

▲ Proposed regulation: Section 6.3 increases administrator qualifications. Concern: This change unduly limits who can be an administrator. Response: Existing administrators are grandfathered. Proposed modification - Effective July 1, 2019, the minimum qualifications for administrators will be: 21 years of age, have a high school diploma or equivalent, one year of personal care services supervisory experience, and completion of the administrator course.

2. Physical plant - Facilities Guidelines Institute (FGI)

▲ Proposed regulation: Sections 20.3 and 20.4 require compliance with FGI design standards effective 06/01/19 for new licensees and 12/01/19 for renovations by existing licensees. Concern: Various sections of the FGI are unduly burdensome. Response: Proposed modification - ALRs with 10 beds or less do not have to meet the FGI requirements regarding parking, elevators and bathroom access requirements. Note that existing facilities that do not renovate are grandfathered.

3. Fees

▲ Proposed regulation: Sections 3.6 and 3.7 increase fees. Concern: The fee increases are too high. Response: Proposed modification - reduction of the initial licensure fee for 3-8 bed ALRs from \$7,300 to \$6,300. Additional reductions would prevent the department from meeting its statutory obligations to protect the health and safety of consumers. The per bed, per day increase for renewal licensure is:

	HMU	Non-HMU
8 Beds	11 cents	22 cents
20 beds	8 cents	18 cents
50 beds	6 cents	16 cents

4. Night checks in non-dementia care units

▲ Proposed regulation: Section 8.2 requires staff to check on residents (who consent to checks) at least every 4 hours between 10 pm and 6 am. Concern: Requiring staff to wake up at night is unduly burdensome. Response: Proposed modification - Between 10 pm and 6 am, staff shall conduct at least one status check of consenting residents.

5. Food safety

▲ Commercial kitchens

Proposed regulation: Section 16 requires certain kitchen equipment. Concern: Facilities with less than 20 beds must have commercial kitchens. Response: Proposed modification - Clarification that a commercial kitchen is not required for facilities with less than 20 beds.

Monitoring food serving temperatures

Proposed regulation: Sections 16.24-16.26 establish cooking and holding temperatures for potentially hazardous foods (e.g., meat and fish) to control the growth of bacteria that lead to foodborne illness. Concern: Facilities must log food serving temperatures. Response: A food temperature log is not required. Compliance will be verified by policy review and observation of facility practices.

6. Oversight of hospice services

- ▲ Proposed regulation: Section 8.13 requires facilities with residents on hospice to have a written agreement with hospice providers addressing service coordination. Concern: Facilities must oversee hospice care. Response: This provision is mirrored in current hospice regulations. Proposed modification - Clarification that coordination, rather than oversight, is required to ensure that resident needs are met.

7. Staff training

Training on Facility Services

Proposed regulation: Sections 7.8 and 7.9 require orientation and training for personal care workers (PCWs) on various topics relevant to their duties. Concern: Training is costly. Response: PCWs are caregivers that assist residents with activities of daily living such as eating and ambulation. They are typically laypersons who are not a licensed or registered health care professionals. The training, which concerns assignments and duties, is needed to ensure staff know how to deliver appropriate care and protect patient safety.

Training on Specialized Techniques

Proposed regulation. Section 7.22 establishes who can train personal care workers on specialized techniques, such as catheter care and the application of splints. Concern: All personal care workers (PCWs) must receive training on specialized techniques. Response: Training on a specialized technique is only required for PCWs who are going to use that technique.

Training on CPR/Choking/First Aid

Proposed regulation: Sections 8.6 and 8.7 require a staff member onsite who is certified in cardiopulmonary resuscitation (CPR) and obstructed airway (choking) techniques, as well a staff member certified in first aid. Concern: Training is costly. Response: These basic life saving techniques are responsive to the following issues raised by the emergency responder community: 1) CPR and assistance with choking should not be delayed until 911 arrives and 2) staff knowledge and application of first aid prevents unnecessary 911 calls.

Training on Fall Prevention

Proposed regulation: Section 7.9 (H) requires training on fall prevention. Concern: Training is costly. Response: This requirement is responsive to the concern expressed by the emergency responder community regarding the large numbers of 911 calls from ALRs seeking resident lift assistance - a burden that draws resources away from other emergency calls. Falls are among the leading causes of injury, hospitalization and death among the elderly.

Training on Care for Residents with Dementia

Proposed regulation: Section 25.14 requires secure environment staff to have 8 hours of dementia care training. Concern: Training is costly. Response: Secure units care for residents in danger of harming themselves and others. Since staff are typically laypeople who are not licensed or registered health care professionals, training prevents abuse and neglect.

8. Awake staff in dementia care units

Proposed regulation: Section 25.17 requires awake staff on duty at all times in secure units. Concern: Requirement is burdensome. Response: The requirement aligns with the ALR statutory definition which provides that assisted living residents shall be provided with "at least the following services: ...regular supervision that shall be available on a twenty-four hour basis..." (See Section 25-27-102 (1.3), C.R.S.)

9. Waste management

Proposed regulation: Section 24.2 requires the disposal of medical waste in accordance with specified regulations. Concern: Requirement is burdensome. Response: This simply references an existing environmental regulation which ALRs have been required to comply with for quite some time.