

1 AN ACT relating to long-term care facilities.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 194A.700 is amended to read as follows:

4 As used in KRS 194A.700 to 194A.729:

- 5 (1) "Activities of daily living" means normal daily activities, including but not limited
6 to bathing, dressing, grooming, transferring, toileting, and eating;
- 7 (2) "Ambulatory" means able to walk, transfer, or move from place to place with or
8 without hands-on assistance of another person, and with or without an assistive
9 device, including but not limited to a walker or a wheelchair;
- 10 (3) "Assistance with activities of daily living and instrumental activities of daily living"
11 means any assistance provided by the assisted living community staff with the
12 resident having at least minimal ability to verbally direct or physically participate in
13 the activity with which assistance is being provided;
- 14 (4) "Assistance with self-administration of medication," unless subject to more
15 restrictive provisions in an assisted living community's policies that are
16 communicated in writing to residents and prospective residents, means:
- 17 (a) Assistance with medication that is prepared or directed by the resident, the
18 resident's designated representative, or a licensed health care professional who
19 is not the owner, manager, or employee of the assisted living community. The
20 medication shall:
- 21 1. Except for ointments, be preset in a medication organizer or be in a
22 single dose unit;
- 23 2. Include the resident's name on the medication organizer or container in
24 which the single dose unit is stored; and
- 25 3. Be stored in a manner requested in writing by the resident or the
26 resident's designated representative and permitted by the assisted living
27 community's policies;

- 1 (b) Assistance by an assisted living community staff person, which includes:
- 2 1. Reminding a resident when to take medications and observing to ensure
- 3 that the resident takes the medication as directed;
- 4 2. Handing the resident's medication to the resident, or if it is difficult for
- 5 the resident or the resident requests assistance, opening the unit dose or
- 6 medication organizer, removing the medication from a medication
- 7 organizer or unit dose container, closing the medication organizer for
- 8 the resident, placing the dose in a container, and placing the medication
- 9 or the container in the resident's hand;
- 10 3. Steadying or guiding a resident's hand while the resident is self-
- 11 administering medications; or
- 12 4. Applying over-the-counter topical ointments and lotions;
- 13 (c) Making available the means of communication by telephone, facsimile,
- 14 computer, or other electronic device with a licensed health care professional
- 15 and pharmacy regarding a prescription for medication;
- 16 (d) At the request of the resident or the resident's designated representative,
- 17 facilitating the filling of a preset medication container by a designated
- 18 representative or licensed health care professional who is not the owner,
- 19 manager, or employee of the assisted living community; and
- 20 (e) None of the following:
- 21 1. Instilling eye, ear, or nasal drops;
- 22 2. Mixing compounding, converting, or calculating medication doses;
- 23 3. Preparing syringes for injection or administering medications by any
- 24 injection method;
- 25 4. Administrating medications through intermittent positive pressure
- 26 breathing machines or a nebulizer;
- 27 5. Administrating medications by way of a tube inserted in a cavity of the

- 1 body;
- 2 6. Administrating parenteral preparations;
- 3 7. Administrating irrigations or debriding agents used in the treatment of a
- 4 skin condition; or
- 5 8. Administrating rectal, urethral, or vaginal preparations;
- 6 (5) "Assisted living community" means a licensed facility that provides sleeping
- 7 accommodations and assisted living services set forth in the assisted living
- 8 community's lease and policies for five (5) or more adult persons not related within
- 9 the third degree of consanguinity to the owner or manager;
- 10 (6) "Assisted living community with dementia care" means an assisted living
- 11 community that is advertised, marketed, or otherwise promoted as providing
- 12 specialized care for individuals with Alzheimer's disease or other dementia illnesses
- 13 and disorders **and has a secured dementia care unit**. An assisted living community
- 14 with a secured dementia care unit shall be licensed as an assisted living community
- 15 with dementia care;
- 16 (7) "Assisted living services" means one (1) or more of the following services:
- 17 (a) Assisting with activities of daily living, including but not limited to bathing,
- 18 dressing, grooming, transferring, toileting, and eating;
- 19 (b) Assisting with instrumental activities of daily living that support independent
- 20 living, including but not limited to housekeeping, shopping, laundry, chores,
- 21 transportation, and clerical assistance;
- 22 (c) Providing standby assistance;
- 23 (d) Providing verbal or visual reminders to the resident to take regularly
- 24 scheduled medication, including bringing the resident previously set up
- 25 medication, medication in original containers, or liquid or food to accompany
- 26 the medication;
- 27 (e) Providing verbal or visual reminders to the resident to perform regularly

- 1 scheduled treatments and exercises;
- 2 (f) Preparing and serving three (3) meals per day consisting of regular or
3 modified diets ordered by a licensed health professional;
- 4 (g) Providing the services of an advanced practice registered nurse, registered
5 nurse, licensed practical nurse, physical therapist, respiratory therapist,
6 occupational therapist, speech pathologist, dietitian or nutritionist, or social
7 worker;
- 8 (h) Tasks delegated to unlicensed personnel by a ~~registered~~ nurse or assigned by
9 a licensed health professional within the person's scope of practice ***pursuant***
10 ***to KRS Chapter 314 and 201 KAR Chapter 20;***
- 11 (i) Assistance with self-administration of medication;
- 12 (j) Medication management;
- 13 (k) Hands-on assistance with transfers and mobility, including use of gait belts;
- 14 (l) Treatments and therapies;
- 15 (m) Assisting residents with eating when the residents have complicated eating
16 problems such as difficulty swallowing or recurrent lung aspirations as
17 identified in the resident record or through an assessment;
- 18 (n) Scheduled daily social activities that address the general preferences of
19 residents ***and make reasonable accommodations for specific requests;*** and
- 20 (o) Other basic health and health-related services;
- 21 (8) "Basic health and health-related services" means:
- 22 (a) Monitoring and providing for the resident's health care needs;
- 23 (b) Storage and control of medications, other than as requested by a resident or a
24 resident's designated representative;
- 25 (c) Administration of medications; and
- 26 (d) Arranging for therapeutic services ordered by the resident's health care
27 practitioner, if the services are not available in the assisted living community;

- 1 (9) "Cabinet" means the Cabinet for Health and Family Services;
- 2 (10) "Dementia" means the loss of cognitive function, including the ability to think,
3 remember, problem solve, or reason, of sufficient severity to interfere with an
4 individual's daily functioning;
- 5 (11) "Dementia care services" means ongoing care for behavioral and psychological
6 symptoms of dementia, including but not limited to planned group and individual
7 programming and person-centered care practices to support daily living activities
8 for people living with dementia;
- 9 (12) "Dementia-trained staff" means any employee who has completed the minimum
10 training required by KRS 194A.7205 and has demonstrated knowledge and the
11 ability to support individuals with dementia;
- 12 (13) "Hands-on assistance" means physical help by another person without which the
13 resident is not able to perform the activity;
- 14 (14) "Health services" has the same meaning as in KRS 216B.015;
- 15 (15) "Instrumental activities of daily living" means activities to support independent
16 living including but not limited to housekeeping, shopping, laundry, chores,
17 transportation, and clerical assistance;
- 18 (16) "Living unit" means a portion of an assisted living community occupied as the
19 living quarters of a resident under a lease agreement;
- 20 (17) "Medication administration" means:
- 21 (a) Checking the resident's medication record;
- 22 (b) Preparing the medication as necessary;
- 23 (c) Administering the medication to the resident;
- 24 (d) Documenting the administration or reason for not administering the
25 medication; and
- 26 (e) Reporting to a nurse or appropriate licensed health professional any concerns
27 about the medication, the resident, or the resident's refusal to take the

- 1 medication;
- 2 (18) "Medication management" means the provision of any of the following medication-
- 3 related services to a resident:
- 4 (a) Performing medication setup;
- 5 (b) Administering medications;
- 6 (c) Storing and securing medications;
- 7 (d) Documenting medication activities;
- 8 (e) Verifying and monitoring the effectiveness of systems to ensure safe handling
- 9 and administration;
- 10 (f) Coordinating refills;
- 11 (g) Handling and implementing changes to prescriptions;
- 12 (h) Communicating with the pharmacy about the resident's medications; and
- 13 (i) Coordinating and communicating with the prescriber;
- 14 (19) "Medication setup" means arranging medications by a nurse, pharmacy, or
- 15 authorized prescriber for later administration by the resident or by facility staff;
- 16 (20) "Nonambulatory" means unable to walk, transfer, or move from place to place with
- 17 or without hands-on assistance of another person, and with or without an assistive
- 18 device, including but not limited to a walker or a wheelchair;
- 19 (21) "Person-centered care" means respecting and valuing the individual, providing
- 20 individualized care that reflects the individual's changing needs, understanding the
- 21 perspective of the person, and providing supportive opportunities for social
- 22 engagement;
- 23 (22) "Resident" means an adult person who has entered into a lease agreement with an
- 24 assisted living community;
- 25 (23) "Secured dementia care unit" means a designated area or setting designed for
- 26 individuals with dementia that is secured in compliance with the applicable life
- 27 safety code to prevent or to limit a resident's ability to exit the secured area or

1 setting. A secured dementia care unit is not solely an individual resident's living
2 area;

3 (24) "Service plan" means the written plan agreement between the resident and the
4 licensee with the content, form, style, and format solely determined by the
5 licensee, about services that will be provided to the resident;

6 (25) "Standby assistance" means minimizing the risk of injury to a resident who is
7 performing daily activities by a person who is within arm's reach providing physical
8 intervention, cueing, or oversight;

9 (26) "Temporary condition" means a condition that affects a resident as follows:

10 (a) The resident is not ambulatory before or after entering a lease agreement with
11 the assisted living community but is expected to regain ambulatory ability
12 within six (6) months of loss of ambulation, as documented by a licensed
13 health care professional, and the assisted living community has a written plan
14 in place to mitigate risk; or

15 (b) The resident is not ambulatory after entering a lease agreement with the
16 assisted living community but is not expected to regain ambulatory ability,
17 hospice services are provided by a hospice program licensed under KRS
18 Chapter 216B or other end-of-life services are provided by a licensed health
19 care provider in accordance with KRS 194A.705, as documented by a
20 licensed hospice program or other licensed health care professional, and the
21 assisted living community has a written plan in place to mitigate risk; and

22 (27) "Unlicensed personnel" means individuals not otherwise licensed or certified by a
23 governmental health board or agency who provide services to a resident.

24 ➔Section 2. KRS 194A.703 is amended to read as follows:

25 (1) Each living unit in an assisted living community shall:

26 (a) Be at least two hundred (200) square feet for single occupancy, or for double
27 occupancy if the room is shared with a spouse or another individual by mutual

- 1 agreement;
- 2 (b) Include at least one (1) unfurnished room, a lockable entry door unless in a
3 secured dementia care unit, a private bathroom with a tub or shower,
4 provisions for emergency response, a window to the outdoors, and a telephone
5 jack;
- 6 (c) Unless living units are in a secured dementia care unit, have an individual
7 thermostat control if the assisted living community has more than twenty (20)
8 units; and
- 9 (d) Have temperatures that are not under a resident's direct control at a minimum
10 of seventy-one (71) degrees Fahrenheit in winter conditions and a maximum
11 of eighty-one (81) degrees Fahrenheit in summer conditions if the assisted
12 living community has twenty (20) or fewer units, or the living units are in a
13 secured dementia care unit.
- 14 (2) Each resident shall be provided access to central dining, a laundry facility, and a
15 central living room.
- 16 (3) Each assisted living community shall comply with applicable building and life
17 safety codes as determined by the building code or life safety code enforcement
18 authority with jurisdiction.
- 19 **(4) Assisted living communities and assisted living communities with dementia care**
20 **shall be classified and treated as residential buildings and not institutional**
21 **buildings by the Kentucky Building Code and all other applicable construction,**
22 **occupancy, and life safety codes.**
- 23 ➔Section 3. KRS 194A.705 is amended to read as follows:
- 24 (1) The assisted living community shall provide each resident with access to the
25 following services according to the lease agreement:
- 26 (a) Assistance with activities of daily living and instrumental activities of daily
27 living;

- 1 (b) Three (3) meals and a snack^[snacks] made available each day, with food
2 prepared and served in compliance with the Kentucky food code as found in
3 902 KAR 45:005, and not to exceed the applicable requirements set forth in
4 902 KAR 20:036, with flexibility in a secured dementia care unit to meet the
5 needs of residents with cognitive impairments who may eat outside of
6 scheduled dining hours;
- 7 (c) Scheduled daily social activities that address the general preferences of
8 residents and make reasonable accommodations for specific requests;
- 9 (d) Assistance with self-administration of medication; and
- 10 (e) Housing.
- 11 (2) (a) The assisted living community may provide residents with access to basic
12 health and health-related services.
- 13 (b) If an assisted living community chooses to provide basic health and health-
14 related services, the assisted living community shall supervise the residents to
15 whom basic health and health-related services are provided and the assisted
16 living community shall staff in compliance with KRS Chapter 314 and 201
17 KAR Chapter 20, as applicable, and in accordance with applicable
18 standards established within the exclusive jurisdiction of the Kentucky
19 Board of Nursing.
- 20 (3) (a) Residents of an assisted living community may arrange for additional services
21 under direct contract or arrangement with an outside agent, professional,
22 provider, or other individual designated by the resident if permitted by the
23 policies of the assisted living community.
- 24 (b) Permitted services for which a resident may arrange or contract include but
25 are not limited to health services, hospice services provided by a hospice
26 program licensed under KRS Chapter 216B, and other end-of-life services.
- 27 (4) Upon entering into a lease agreement, an assisted living community shall inform the

1 resident in writing about policies relating to the provision of services by the assisted
2 living community and the contracting or arranging for additional services.

3 (5) A resident issued a move-out notice shall receive the notice in writing and the
4 assisted living community shall assist each resident upon a move-out notice to find
5 appropriate living arrangements. Each assisted living community shall share
6 information provided from the cabinet regarding options for alternative living
7 arrangements at the time a move-out notice is given to the resident.

8 (6) An assisted living community shall complete and provide to the resident:

9 (a) Upon move-in, a copy of a functional needs assessment **in a form, style, and**
10 **format to be solely determined by the licensee, with content determined**
11 **solely by the licensee so long as it pertains**~~[pertaining]~~ to the resident's ability
12 to perform activities of daily living and instrumental activities of daily living
13 and any other topics the assisted living community determines to be **helpful**
14 **or** necessary; and

15 (b) After move-in, a copy of an updated functional needs assessment **in a form,**
16 **style, and format to be solely determined by the licensee, with content**
17 **determined solely by the licensee so long as it pertains**~~[pertaining]~~ to the
18 resident's ability to perform activities of daily living and instrumental
19 activities of daily living, the service plan designed to meet identified needs,
20 and any other topics the assisted living community determines to be **helpful**
21 **or** necessary.

22 ➔Section 4. KRS 194A.707 is amended to read as follows:

23 (1) The Cabinet for Health and Family Services shall establish by the promulgation of
24 administrative regulation under KRS Chapter 13A, an initial and relicensure review
25 process for assisted living communities. This administrative regulation shall
26 establish procedures related to applying for, reviewing, and approving, denying, or
27 revoking licensure, as well as the conduct of hearings upon appeals as governed by

1 KRS Chapter 216B. *Enforcement of KRS 194A.700 to 194A.729, 216.510 to*
2 *216.597, 216.765, 216A.030, 216B.015, 216B.160, and 218A.180 and*
3 *administrative regulations promulgated thereunder shall commence one hundred*
4 *eighty (180) days following the date when the regulation is approved and final.*

5 (2) Notwithstanding the timeframe in KRS 216.530, an on-site visit of an assisted
6 living community shall be conducted by the cabinet:

7 (a) As part of the initial licensure review process;

8 (b) Twenty-four (24) months following the date of the previous licensure review,
9 if during the previous licensure review an assisted living community was not
10 found to have violated an administrative regulation set forth by the cabinet
11 that presented imminent danger to a resident that created substantial risk of
12 death or serious mental or physical harm; and

13 (c) Twelve (12) months following the date of the previous licensure review, if
14 during the previous licensure review an assisted living community was found
15 to have violated an administrative regulation set forth by the cabinet that
16 presented imminent danger to a resident that created substantial risk of death
17 or serious mental or physical harm.

18 (3) No business shall market its service as an assisted living community unless it has:

19 (a) Filed a current application for the business to be licensed by the cabinet as an
20 assisted living community; or

21 (b) Received licensure by the cabinet as an assisted living community.

22 (4) No business that has been denied or had its license revoked shall operate or market
23 its service as an assisted living community unless it has:

24 (a) Filed a current application for the business to be licensed by the cabinet as an
25 assisted living community; and

26 (b) Received licensure as an assisted living community from the cabinet.

27 Revocation of licensure may be grounds for the cabinet to not reissue a

1 license for that property for seven (7) years if ownership remains substantially
2 the same.

3 (5) No business shall operate as an assisted living community unless its owner or
4 manager has:

5 (a) Filed a current application for the business to be licensed as an assisted living
6 community by the cabinet; and

7 (b) Received licensure as an assisted living community from the cabinet.

8 (6) ~~By September 1 of each year,~~ Each assisted living community licensed pursuant
9 to this chapter may provide residents with educational information or education
10 opportunities on influenza disease **and other diseases or health issues solely**
11 **determined by the licensee.**

12 (7) The cabinet shall determine the feasibility of recognizing accreditation by other
13 organizations in lieu of licensure review by the cabinet.

14 (8) Individuals designated by the cabinet to conduct licensure reviews shall have the
15 skills, training, experience, and ongoing education, including understanding that
16 assisted living is not subject to the rules and regulations of the Centers for Medicare
17 and Medicaid Services, to perform assisted living community and assisted living
18 community with dementia care licensure reviews.

19 (9) The cabinet may promulgate administrative regulations to establish an assisted
20 living community and assisted living community with dementia care licensure fee
21 that shall not exceed costs of the program to the cabinet, to be assessed upon receipt
22 of an application for licensure. The cabinet shall provide a breakdown of fees
23 assessed and costs incurred for conducting licensure reviews upon request of any
24 interested person.

25 (10) The cabinet shall make findings from the most recent licensure review available to
26 the public.

27 (11) Notwithstanding any provision of law to the contrary, the cabinet may request

1 additional relevant information from an assisted living community or conduct
2 additional on-site visits to ensure compliance with the provisions of KRS 194A.700
3 to 194A.729 if the cabinet has reasonable cause to believe that the assisted living
4 community is not in compliance.

5 (12) Failure to follow an assisted living community's policies, practices, and procedures
6 shall not result in a finding of noncompliance unless the assisted living community
7 is out of compliance with a related requirement under KRS 194A.700 to 194A.729.

8 **(13) Denial or revocation of a license shall be in accordance with and limited to the**
9 **provisions of 902 KAR 20:008.**

10 ➔Section 5. KRS 194A.713 is amended to read as follows:

11 A lease agreement, in no smaller type than twelve (12) point font, shall be executed by
12 the resident and the assisted living community, **All documents and information**
13 **otherwise provided in writing to a resident that are incorporated by reference into a**
14 **lease signed by the resident or their legal representative shall constitute and satisfy all**
15 **requirements for proof of disclosure to and review of the information or documents by**
16 **the resident. A lease agreement** ~~and~~ shall include but not be limited to:

17 (1) Resident data, for the purpose of providing service, to include:

18 (a) Emergency contact person's name;

19 (b) Name of responsible party or legal guardian, if applicable;

20 (c) Attending physician's name;

21 (d) Information regarding personal preferences and social factors; and

22 (e) Advance directive under KRS 311.621 to 311.643, if desired by the resident;

23 (2) Assisted living community's policy regarding termination of the lease agreement;

24 (3) Terms of occupancy;

25 (4) General services and fee structure;

26 (5) Information regarding specific services provided, description of the living unit, and
27 associated fees;

- 1 (6) Provisions for modifying resident services and fees;
- 2 (7) Minimum thirty (30) day notice provision for a change in the community's fee
3 structure;
- 4 (8) Minimum thirty (30) day move-out notice provision for resident nonpayment,
5 subject to applicable landlord or tenant laws;
- 6 (9) Provisions for assisting any resident that has received a move-out notice to find
7 appropriate living arrangements prior to the actual move-out date;
- 8 (10) Refund and cancellation policies;
- 9 (11) Description of any special programming, staffing, or training if an assisted living
10 community is marketed as providing special programming, staffing, or training on
11 behalf of residents with particular needs or conditions;
- 12 (12) Other community rights, policies, practices, and procedures;
- 13 (13) Other resident rights and responsibilities, including compliance with KRS
14 194A.705(3) and (4); and
- 15 (14) Grievance policies that minimally address issues related to confidentiality of
16 complaints and the process for resolving grievances between the resident and the
17 assisted living community.

18 ➔Section 6. KRS 194A.717 is amended to read as follows:

- 19 (1) Staffing in an assisted living community shall be sufficient in number and
20 qualification to meet the twenty-four (24) hour **specifically known and** scheduled
21 needs of each resident pursuant to the lease agreement, functional needs
22 assessment, and service plan.
- 23 (2) One (1) awake staff member shall be on site at each licensed entity at all times,
24 **without regard to other factors so long as staffing is sufficient to comply with**
25 **subsections (1) and (5) of this section as expressly worded.**
- 26 (3) An assisted living community shall have a designated manager who is at least
27 twenty-one (21) years of age, has at least a high school diploma or a High School

1 Equivalency Diploma, and has demonstrated management or administrative ability
2 to maintain the daily operations.

3 (4) No employee who has an active communicable disease reportable to the
4 Department for Public Health shall be permitted to work in an assisted living
5 community if the employee is a danger to the residents or other employees.

6 (5) When a resident requires hands-on assistance of another person to walk, transfer, or
7 move from place to place with or without an assistive device, the assisted living
8 community shall have a policy that describes how priority will be given by staff
9 sufficient to assist that resident during times of emergency when evacuation may be
10 necessary.

11 ➔Section 7. KRS 194A.719 is amended to read as follows:

12 (1) Prior to independently working with residents, assisted living community staff and
13 management shall receive orientation education addressing the following topics,
14 with emphasis on those most applicable to the employee's assigned duties:

15 (a) Resident rights;

16 (b) Community policies;

17 (c) Adult first aid;

18 (d) Cardiopulmonary resuscitation unless the policies of the assisted living
19 community state that this procedure is not initiated by its staff, and that
20 residents and prospective residents are informed of the policies;

21 (e) Adult abuse and neglect;

22 (f) Alzheimer's disease and other types of dementia;

23 (g) Emergency procedures;

24 (h) Aging process;

25 (i) Assistance with activities of daily living and instrumental activities of daily
26 living;

27 (j) Particular needs or conditions if the assisted living community markets itself

1 as providing special programming, staffing, or training on behalf of residents
2 with particular needs or conditions; and

3 (k) Assistance with self-administration of medication.

4 (2) Assisted living community staff and management shall receive annual in-service
5 education applicable to their assigned duties that addresses no fewer than four (4) of
6 the topics listed in subsection (1) of this section, one (1) of which shall be
7 Alzheimer's disease and other types of dementia.

8 **(3) Compliance with this section shall satisfy the requirements of KRS 216.713 and**
9 **910 KAR 4:010 as they may pertain to residents of an assisted living community**
10 **or an assisted living community with dementia care who do not reside in a**
11 **secured dementia care unit and who exhibit symptoms of Alzheimer's disease or**
12 **other dementia.**

13 ➔Section 8. KRS 194A.7061 is amended to read as follows:

14 (1) An applicant for licensure as an assisted living community with dementia care shall
15 have the ability to provide services in a manner that is consistent with the
16 requirements in this section. The cabinet shall consider the following criteria for
17 licensure, including but not limited to:

18 (a) The education and experience of the applicant or its principals in managing
19 residents with dementia or other dementia illnesses and disorders; and

20 (b) The compliance history of the applicant in the operation of any care facility
21 licensed, certified, or registered under federal or state law.

22 (2) If the applicant or its principals do not have experience in managing residents with
23 dementia, the applicant shall employ or contract with a consultant pursuant to terms
24 determined by the applicant and consultant for at least the first six (6) months of
25 operation. The consultant shall make recommendations on providing dementia care
26 services consistent with the requirements of this chapter. The consultant shall:

27 (a) Possess two (2) years of work experience related to dementia, health care,

1 gerontology, or an associated field; and

2 (b) Have completed at least the core training required by KRS 194A.7205.

3 (3) The applicant shall document an acceptable plan to address the consultant's
4 identified concerns and shall either implement the recommendations or document in
5 the plan any consultant recommendations that the applicant chooses not to
6 implement. The cabinet shall review the applicant's plan upon request.

7 (4) Subsections (1), (2), and (3) of this section apply only to the initial licensure of
8 assisted living communities with dementia care and do not apply to existing
9 dementia units in operation as of July 14, 2022.

10 (5) The cabinet shall conduct an on-site inspection prior to the issuance of an assisted
11 living community with dementia care license. An on-site inspection of an existing
12 secured dementia care unit licensed as part of a certified assisted living community
13 or a licensed personal care home that is conducted prior to the initial issuance of an
14 assisted living community with dementia care license shall be for the sole purpose
15 of ensuring compliance with the physical environment requirements.

16 (6) The license shall be inscribed as an "Assisted Living Community with Dementia
17 Care."

18 ➔Section 9. KRS 194A.7203 is amended to read as follows:

19 (1) An assisted living community with dementia care shall assign dementia-trained
20 staff who have been instructed in the person-centered care approach for all residents
21 residing on its secured dementia care unit. All direct care staff assigned to care for
22 residents with dementia residing on its secured dementia care unit shall be trained
23 to work with residents with Alzheimer's disease and other related dementia illnesses
24 and disorders.

25 (2) Only staff trained as required by KRS 194A.7205 shall be assigned to care for
26 dementia residents residing on its secured dementia care unit.

27 (3) Staffing levels shall be sufficient to meet the specifically known and scheduled

1 needs of residents. During nighttime hours, staffing levels shall be based on the
2 sleep patterns and **specifically known and scheduled** needs of residents.

3 (4) In an emergency and when trained staff are not available, the assisted living
4 community may assign staff who have not completed the required training. The
5 emergency situation shall be documented and shall address:

- 6 (a) The nature of the emergency;
- 7 (b) The duration of the emergency; and
- 8 (c) The names and positions of staff who provided coverage and assistance.

9 (5) The licensee shall ensure that staff who provide support for residents with dementia
10 **residing on its secured dementia care unit** demonstrate a basic understanding and
11 ability to apply dementia training to the residents' emotional and unique health care
12 needs using person-centered planning delivery.

13 (6) Persons in charge of staff training shall have the following experience and
14 credentials:

- 15 (a) Two (2) years of combined education and work experience related to
16 Alzheimer's disease or other dementia illnesses and disorders, or in health
17 care, gerontology, or another related field;
- 18 (b) Completion of training equivalent to the requirements in KRS 194A.7205;
19 and
- 20 (c) A passing score on a skills competency or knowledge test the licensee
21 selected or developed.

22 (7) Orientation and in-service training may include various methods of instruction,
23 including but not limited to classroom style, Web-based training, video, or one-to-
24 one training. The licensee shall use a method for determining and documenting
25 each staff person's knowledge and understanding of the training provided. All
26 training shall be documented.

27 ➔Section 10. KRS 194A.7052 is amended to read as follows:

- 1 (1) In addition to the minimum services required in KRS 194A.705, an assisted living
2 community with dementia care shall also provide to residents of its secured
3 dementia care unit:
- 4 (a) Assistance with activities of daily living that address the needs of each
5 resident with dementia;
- 6 (b) Nonpharmacological practices that are person-centered and evidence-
7 informed;
- 8 (c) Informational services educating persons living with dementia and their legal
9 and designated representatives about transitions in care and expectations of
10 residents while in care;
- 11 (d) Social activities offered on or off the premises of the licensed assisted living
12 community with dementia care that provide residents with opportunities to
13 engage with other residents and the broader community; and
- 14 (e) Basic health and health-related services.
- 15 (2) Each resident of a secured dementia care unit shall be evaluated for engagement in
16 activities. The evaluation shall address:
- 17 (a) Past and current interests;
- 18 (b) Current abilities and skills;
- 19 (c) Emotional and social needs and patterns;
- 20 (d) Physical abilities and limitations;
- 21 (e) Adaptations necessary for residents to participate; and
- 22 (f) Identification of activities for behavioral interventions.
- 23 (3) An individualized activity plan shall be developed for each resident of a secured
24 dementia care unit based on his or her activity evaluation. The plan shall reflect the
25 resident's activity preferences and needs.
- 26 (4) A selection of daily structured and non-structured activities shall be provided to
27 residents of a secured dementia care unit and included on the resident's activity

1 service or care plan as appropriate. Daily activity options based on the resident
2 evaluation may include but are not limited to:

- 3 (a) Occupation or chore related tasks;
- 4 (b) Scheduled and planned events;
- 5 (c) Spontaneous activities for enjoyment or to help defuse a behavior;
- 6 (d) One-to-one activities that promote personal interactions between residents and
7 staff;
- 8 (e) Spiritual, creative, and intellectual activities;
- 9 (f) Sensory stimulation activities;
- 10 (g) Physical activities; and
- 11 (h) Outdoor activities.

12 (5) Behavioral symptoms that negatively impact the resident and others in the assisted
13 living community with dementia care shall be evaluated and included on the service
14 plan of residents of a secured dementia care unit. The staff shall initiate and
15 coordinate outside consultation or acute care when indicated.

16 (6) Support services shall be offered to family and others with significant relationships
17 with residents of a secured dementia care unit on a regularly scheduled basis but
18 not less than every six (6) months.

19 (7) Subject to appropriate weather, time of day, and other environmental or resident-
20 specific considerations as determined by staff, access to secured outdoor space and
21 walkways allowing residents of secured dementia care units to enter the secured
22 outdoor space and return to the building without staff assistance shall be provided.
23 This subsection shall only apply to secured dementia care units constructed after
24 July 14, 2022.

25 ➔Section 11. KRS 194A.7205 is amended to read as follows:

26 In addition to the training required for all assisted living communities, an assisted living
27 community with dementia care shall meet the following training requirements for staff

1 who work on its secured dementia care unit:

2 (1) All staff shall receive at least eight (8) hours of dementia-specific orientation within
3 the first thirty (30) days of working in the secured dementia care unit. Until this
4 initial training is complete, an employee shall not provide direct care unless there is
5 another employee on site who has completed the initial eight (8) hours of training
6 on topics related to dementia care and who can act as a resource and assist as
7 needed. The orientation shall include:

- 8 (a) Information about the nature, progression, and management of Alzheimer's
9 and other dementia illnesses and disorders;
- 10 (b) Methods for creating an environment that minimizes challenging behavior
11 from residents with Alzheimer's and other dementia illnesses and disorders;
- 12 (c) Methods for identifying and minimizing safety risks to residents with
13 Alzheimer's and other dementia illnesses and disorders; and
- 14 (d) Methods for communicating with individuals with Alzheimer's and other
15 dementia illnesses and disorders;

16 (2) All direct care staff members **who work on a secured dementia care unit** shall also
17 receive orientation training within the first thirty (30) days of caring for residents
18 **residing on a secured dementia care unit** that includes at a minimum:

- 19 (a) General training, including:
- 20 1. Development and implementation of comprehensive and individual
21 service plans;
- 22 2. Skills for recognizing physical and cognitive changes in residents;
- 23 3. General infection control principles; and
- 24 4. Emergency preparedness training; and
- 25 (b) Specialized training in dementia care, including:
- 26 1. The nature of Alzheimer's and other dementia illnesses and disorders;
- 27 2. The unit's philosophy related to the care of residents with Alzheimer's

- 1 and other dementia illnesses and disorders;
- 2 3. The unit's policies and procedures related to the care of residents with
- 3 Alzheimer's and other dementia illnesses and disorders;
- 4 4. Behavioral problems commonly found in residents with Alzheimer's and
- 5 other dementia illnesses and disorders;
- 6 5. Positive therapeutic interventions and activities;
- 7 6. Skills for maintaining the safety of the residents; and
- 8 7. The role of family in caring for residents with Alzheimer's and other
- 9 dementia illnesses and disorders;
- 10 (3) Direct care staff **who work on a secured dementia care unit** shall complete a
- 11 minimum of sixteen (16) hours of specialized training in dementia care within the
- 12 first thirty (30) days of working independently with residents with Alzheimer's or
- 13 other dementia illnesses and disorders, and a minimum of eight (8) hours of
- 14 specialized training in dementia care annually thereafter;
- 15 (4) The secured dementia care unit shall maintain documentation reflecting course
- 16 content, instructor qualifications, agenda, and attendance rosters for all training
- 17 sessions provided; and
- 18 (5) Completion of orientation and training required pursuant to this section and KRS
- 19 194A.719 shall be deemed to satisfy the requirements of KRS 216B.072 **and**
- 20 **216.713 and administrative regulations promulgated thereunder.**
- 21 ➔Section 12. KRS 194A.710 is amended to read as follows:
- 22 (1) An assisted living community shall not operate unless it is licensed under this
- 23 chapter. A licensee shall be legally responsible for the management, control, and
- 24 operations of the facility.
- 25 (2) **(a) Only** the following categories **as expressly described** are established **and**
- 26 **permitted** for assisted living community licensure:
- 27 **1.[(a)]** An assisted living community license for any assisted living

1 community without a secured dementia care unit; and

2 ~~2.(b)~~ An assisted living community with dementia care license for an
3 assisted living community that provides assisted living services and
4 dementia care services in a secured dementia care unit.

5 **(b) These shall be the only two (2) assisted living licensure categories that shall**
6 **be utilized by the cabinet that permit and promote resident aging in place,**
7 **with care provided in a resident living unit pursuant to the policies of the**
8 **licensee and as permitted by these license categories acting as a continuum**
9 **and being allowed to change as needed and appropriate to meet the varying**
10 **needs of each resident in his or her living unit over time.**

11 **(c) Notwithstanding paragraph (b) of this subsection, a licensee shall not be**
12 **required to provide basic health and health-related services to any resident**
13 **who does not reside in a secured dementia care unit. A licensee as disclosed**
14 **through its policies and resident lease may choose to provide or not provide**
15 **basic health or health-related services to residents of a licensed assisted**
16 **living community, and to residents of an assisted living community with**
17 **dementia care who do not reside in its secured dementia care unit.**

18 (3) On or after July 14, 2022, no assisted living community shall operate a secured
19 dementia care unit without first obtaining an assisted living community with
20 dementia care license from the cabinet. A license issued pursuant to this section
21 shall not be assignable or transferable.

22 **(4) An assisted living community that has one (1) or more buildings on the same**
23 **campus operated by the same licensee shall be licensed as one (1) entity and shall**
24 **receive one (1) license. If any of the buildings within the assisted living**
25 **community have a secured dementia care unit, the single license shall be for an**
26 **assisted living community with dementia care. If no secured dementia care unit**
27 **exists within the assisted living community, the single license shall be for an**

1 *assisted living community.*

2 ➔Section 13. KRS 216.597 is amended to read as follows:

3 (1) As used in this section:

4 (a) "Cabinet" means the Cabinet for Health and Family Services;

5 (b) "Personal care home" or "PCH" means an establishment located in a
6 permanent building that does not comply with the physical plant requirements
7 of KRS 194A.703, has resident beds, and provides:

8 1. Supervision of residents;

9 2. Basic health and health-related services;

10 3. Personal care services;

11 4. Residential care services; and

12 5. Social and recreational activities; and

13 (c) "Specialized personal care home" or "SPCH" means a personal care home
14 that:

15 1. Participates in the mental illness or intellectual disability supplement
16 program pursuant to administrative regulations promulgated by the
17 cabinet; or

18 2. Serves residents with thirty-five percent (35%) or more having a serious
19 mental illness as defined by administrative regulations promulgated by
20 the cabinet.

21 (2) A resident in a PCH or SPCH shall:

22 (a) Be admitted in accordance with KRS 216.765;

23 (b) Be ambulatory as defined by KRS 194A.700;

24 (c) Be able to manage most of the activities of daily living; and

25 (d) Have care needs that do not exceed the capability of the PCH or SPCH.

26 (3) An individual who is nonambulatory as defined in KRS 194A.700 shall not be
27 eligible for residence in a PCH or SPCH.

- 1 (4) A PCH or SPCH may provide services to a resident who is deemed to have a
2 temporary condition as defined in KRS 194A.700.
- 3 (5) (a) Residents of a PCH or SPCH may arrange for additional services under direct
4 contract or arrangement with an outside agent, professional, provider, or other
5 individual designated by the resident if permitted by the policies of the PCH
6 or SPCH.
- 7 (b) Permitted services for which a resident may arrange or contract include but
8 are not limited to health services, hospice services provided by a hospice
9 program licensed under KRS Chapter 216B, and other end-of-life services.
- 10 (6) (a) Staffing in a PCH or SPCH shall be sufficient in number and qualification to
11 meet the twenty-four (24) hour specifically known and scheduled needs of
12 each resident.
- 13 (b) One (1) awake staff member shall be on site at each licensed entity at all
14 times, without regard to other factors so long as staffing is sufficient to
15 comply with paragraphs (a) and (c) of this subsection.
- 16 (c) When a resident requires hands-on assistance of another person to walk,
17 transfer, or move from place to place with or without an assistive device, the
18 PCH or SPCH shall have a policy that describes how priority will be given by
19 staff sufficient to assist that resident during times of emergency when
20 evacuation may be necessary.
- 21 (7) (a) The cabinet shall promulgate administrative regulations in accordance with
22 KRS Chapter 13A to establish an initial and relicensure review process for
23 personal care homes or specialized personal care homes. Administrative
24 regulations shall establish procedures related to applying for, reviewing, and
25 approving, denying, or revoking licensure, as well as the conduct of hearings
26 upon appeals as governed by KRS Chapter 216B.
- 27 (b) Notwithstanding any provision of law to the contrary, the cabinet may request

1 additional relevant information from a personal care home or specialized
2 personal care home or conduct additional on-site visits to ensure compliance
3 with the provisions of this chapter and other applicable statutes and
4 administrative regulations if the cabinet has reasonable cause to believe that
5 the personal care home or specialized personal care home is not in
6 compliance.

7 (c) Notwithstanding KRS 216.530, the cabinet shall conduct an on-site visit of a
8 personal care home or specialized personal care home:

- 9 1. As part of the initial licensure review process;
- 10 2. Twenty-four (24) months following the date of the previous licensure
11 review, if during the previous licensure review a personal care home or
12 specialized personal care home was not found to have violated an
13 administrative regulation set forth by the cabinet that presented
14 imminent danger to a resident that created substantial risk of death or
15 serious mental or physical harm; and
- 16 3. Twelve (12) months following the date of the previous licensure review,
17 if during the previous licensure review a personal care home or
18 specialized personal care home was found to have violated an
19 administrative regulation set forth by the cabinet that presented
20 imminent danger to a resident that created substantial risk of death or
21 serious mental or physical harm.