

# KENTUCKY

**Category** Assisted living community certification 910 KAR 1:240; relates to KRS 194A.700-729; 42 USC 3029  
 Statutory authority: KRS 194A.050(1), 194A.707(1)  
 Personal care homes 902 KAR 20:036

## *General Approach and Recent Developments*

An assisted living community must be certified by the State in order to operate and market itself as an assisted living community. Assisted living communities are considered private business entities. There is no public funding. A bill (HB 174) was passed in 2001 that requires coverage of services in assisted living facilities by long-term care insurance policies. Regulations were promulgated in 2001.

Category	Supply					
	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Personal care homes	204	7,389	204	7,792	201	NR
Assisted living communities	83	NA	73	NA	6	NA

## *Definition*

*Assisted living community* (ALC) means a series of living units on the same site, operated as one business entity, and certified under KRS 194A.707 to provide services for five or more adult persons not related within the third degree of consanguinity to the owner or manager.

*Personal care homes* (PCHs) are establishments with permanent facilities including resident beds. Services provided include continuous supervision, basic health and health-related services, personal care services, residential care services, and social and recreational activities.

## *Unit Requirements*

*ALC.* Each living unit in an assisted living community shall have at least 200 square feet for single occupancy, or for double occupancy if the room is shared with a spouse or another individual by mutual agreement; include at least one unfurnished room with a lockable door, private bathroom with a tub or shower, provisions for emergency response, window to the outdoors, and a telephone jack; and have an individual

thermostat control if the assisted living community has more than 20 units. Units may be shared only by choice. Any assisted living community that was open or under construction on or before July 14, 2000, is exempt from the requirement for each living unit to have a bathtub or shower, or for each living unit having 200 square feet for single occupancy, or for double occupancy if the room is shared with a spouse or another individual by mutual agreement. Such communities must have a minimum of one bathtub or shower for every five residents.

*PCH.* No requirements are specified for room size. The maximum number of beds per room is four. At least 66 percent of the beds in the facility must be located in rooms designed for one or two beds. Facilities using central bathing areas must have bathrooms and showers/baths for each sex on each floor. One toilet is required for every eight residents, a lavatory for every 16 residents, and a shower/bath tub for every 12 residents.

### ***Admission/Retention Policy***

*ALC.* A client shall be ambulatory or mobile non-ambulatory, unless due to a temporary health condition for which health services are being provided in accordance with KRS 194A.705(2) and (3) not be a danger to self or others.

*PCH.* Personal care homes may admit persons who are 16 years or older and who are ambulatory or mobile nonambulatory and whose care needs do not exceed the capability of the home. Persons who are nonambulatory or nonmobile may not be admitted to a personal care home. Residents must be able to manage most of the activities of daily living. Residents must have a complete medical evaluation upon admission or within 14 days prior to admission. Residents whose care is not within the scope of services of a personal care home must be transferred to an appropriate facility.

### ***Services***

*ALC.* The assisted-living community shall provide each client with the following services according to the lease agreement: assistance with activities of daily living and instrumental activities of daily living; three meals and snacks made available each day; scheduled daily social activities that address the general preferences of clients; and assistance with self-administration of medication. Clients of an assisted-living community may arrange for additional services under direct contract or arrangement with an outside agent, professional, provider, or other individual designated by the client if permitted by the policies of the assisted-living community. Upon entering into a lease agreement, an assisted living community must inform the client in writing about policies relating to the contracting or arranging for additional services. Assisted living communities may not provide health care services.

*PCH.* All homes must provide basic health and health-related services including: continuous supervision and monitoring; supervision of self-administration of medications, storage, and control when necessary; and arrangements for obtaining therapeutic services ordered by the resident's physician which are not available in the facility; activities; housekeeping and maintenance services; laundry; three meals a day; and personal care.

## ***Dietary***

*ALC.* No provisions specified.

*PCH.* Three meals and snacks are required. Therapeutic diets may be provided. If provided, consultation with a qualified dietician or nutritionist is required unless the person responsible for food service has those qualifications. Menus must meet the nutrition needs of residents as contained in the current recommended dietary allowances of the Food and Nutrition Board. All staff must be trained in accordance with their duties. Training for food staff must cover therapeutic diets.

## ***Agreements***

*ALC.* A lease agreement is required that includes: client data for the purposes of providing services which includes a functional needs assessment pertaining to a client's ability to perform activities of daily living and instrumental activities of daily living; emergency contact name; name of responsible party or legal guardian; attending physician's name; information regarding personal preferences and social factors; advance directives; optional information helpful to identify services that meet the client's needs; general services and fee structure; information regarding specific services provided, unit, and associated fees; a minimum 30-day notice for a change in fee structure; a minimum 30-day notice for move-out notices for nonpayment; refund and cancellation policies; payment responsibilities and arrangements; the owner's covenant to comply with appropriate laws and regulations; conditions for termination; terms of occupancy; reasonable rules of conduct for staff, management, and tenant; grievance policies; and a copy of the tenant's rights. It may also include additional services that will be provided or arranged. Agreements must provide for single occupancy apartment unless shared by mutual agreement. An assisted-living community must assist a client in making alternative living arrangements in the event of a move-out notice.

*PCH.* Upon admission the resident and a responsible family member must be informed in writing of the home's policies, fees, reimbursement, visitation rights during serious illness, visiting hours, types of diets offered, and services rendered.

## ***Provisions for Serving People with Dementia***

*ALC.* Resident lease agreements contain a description of special programming, staffing, or training for serving clients with special needs. Facilities serving people with special needs are required to provide consumers with information about the special programming, staffing, or training that is offered.

*PCH.* Not specified.

## ***Medication Administration***

*ALC.* Not specified.

*PCH.* Medications shall not be administered or provided to any resident except on the order of a licensed physician or other ordering personnel acting within the limits of their statutory scope of practice. Administration of all medications must be kept in the resident's record. All medications must be kept in a locked place.

## ***Public Financing***

No Medicaid funds are available for either category.

## ***Staffing***

*ALC.* Staffing in assisted-living communities shall be sufficient in number and qualification to meet the 24-hour scheduled and unscheduled needs of its clients and services provided. One awake staff member must be on site at all times. A designated manager who is at least 21 years of age with a high school or GED diploma must be employed.

*PCH.* Based on the needs of residents. One attendant must be awake and on duty on each floor in the facility at all times. The home must identify a staff person responsible for the activities program.

## ***Training***

*ALC.* Assisted-living community staff and management shall receive orientation and in-service education on the following topics as applicable to the employee's assigned duties: client rights; community policies; adult first aid; cardiopulmonary resuscitation; adult abuse and neglect; Alzheimer's disease and other types of dementia; emergency

procedures; aging process; assistance with ADLs and IADLs; particular needs or conditions if the assisted-living community markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions; and assistance with self-administration of medication.

*PCH.* All personal care home employees shall receive in-service training to correspond with the duties of their respective jobs. Documentation of in-service training shall be maintained in the employee's record and shall include: who gave the training, date and period of time training was given, and a summary of what the training consisted of. In-service training shall include but not be limited to the following:

- Policies of the facility in regard to the performance of their duties;
- Services provided by the facility;
- Record-keeping procedures;
- Procedures for reporting adult and child abuse, neglect, or exploitation;
- Patient rights;
- Methods of assisting patients to achieve maximum abilities in activities of daily living;
- Procedures for the proper application of physical restraints;
- Procedures for maintaining a clean, healthful, and pleasant environment;
- The aging process;
- The emotional problems of illness;
- Use of medication; and
- Therapeutic diets.

## ***Background Check***

ALC applicants must assure that no officer, director, trustee, limited partner, or shareholder has ever been convicted of a felony, Class A misdemeanor or abuse of a person.

## ***Monitoring***

*ALC.* Unless there is a formal complaint lodged against a facility, the State does not conduct oversight and monitoring of the quality of care in assisted living communities. The State conducts a certification review upon application, and an annual recertification review. These reviews ensure compliance with the certification requirements. Any assisted-living community that provides services or markets itself as assisted living without filing a current application or receiving certification may be fined up to \$500 per day.

## ***Fees***

*ALC.* \$20 per unit, \$300 minimum, and \$1,600 maximum. A fee of \$250 is charged for architectural review, lease agreement, and notification of conditional compliance to a lender.

# STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

## PDF Files Available for This Report

Cover, Table of Contents, and Acknowledgments

<http://aspe.hhs.gov/daltcp/reports/04alcom.pdf>

SECTION 1: Overview of Residential Care and Assisted Living Policy

<http://aspe.hhs.gov/daltcp/reports/04alcom1.pdf>

SECTION 2: Comparison of State Policies <http://aspe.hhs.gov/daltcp/reports/04alcom2.pdf>

SECTION 3: State Summaries <http://aspe.hhs.gov/daltcp/reports/04alcom3.pdf>

**Also available:** A complete list of sections and tables, with HTML and PDF links to each, is available at <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>. This table of contents also includes links to Section 3 summaries, broken down by state.