

## Title 15 - Mississippi Department of Health

### Part III – Office of Health Protection

#### Subpart 01 – Health Facilities Licensure and Certification

#### CHAPTER 50        MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

##### PART I GENERAL ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

##### 100    DEFINITIONS

- 100.01    **Alzheimer's Disease.** The term "Alzheimer's Disease" means a chronic progressive disease of unknown cause that attacks brain cells or tissues.
- 100.02    **Alzheimer's Disease/Dementia Care Unit (A/D Unit).** A licensed nursing home or licensed personal care home (hereinafter referred to as “licensed facility” unless specified otherwise) may establish a separate A/D Unit for residents suffering from a form of dementia or Alzheimer's Disease. The rules and regulations as set forth in these regulations are in addition to the licensure requirements for the licensed facility, and do not exempt a licensed facility from compliance therewith.
- 100.03    **Alzheimer's Disease/Dementia Care Unit Designation.** Any licensed facility that establishes an A/D Unit, and meets the requirements as set forth in this chapter, shall have said designation printed upon the certificate of licensure issued to said facility by the licensing agency. In order for an A/D Unit to receive designation, the facility must have also received licensure from the licensing agency as a nursing home or as a personal care home.
- 100.04    **Ambulation.** The terms “ambulation” or “ambulatory” shall mean the resident’s ability to bear weight, pivot, and safely walk independently or with the use of a cane, walker, or other mechanical supportive device (i.e., including, but not limited to, a wheelchair). A resident who requires a wheelchair must be capable of transferring to and propelling the wheelchair independently or with prompting. No more than ten percent (10%) of the resident census of the A/D Unit shall require assistance during any staffing shift as described and required herein.
- 100.05    **Dementia.** The term "dementia" means a clinical syndrome characterized by a decline of long duration in mental function in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgment, comprehension, attention, and orientation to time and place and to oneself. Dementia can be caused by such

diseases as: Alzheimer's Disease, Pick's Disease, Parkinson's and Huntington's Disease, Creutzfeldt-Jakob Disease, multi-infarct dementia, etc.

- 100.06 **Licensed Facility**. The term “licensed facility” shall mean any nursing home or personal care home licensed by the Mississippi Department of Health. For additional licensure information, refer to “Regulations Governing Licensure of Nursing Home Facilities” and “Regulations Governing Licensure of Personal Care Home Facilities”.

## 101 STAFFING

- 101.01 **Staffing**. In addition to the staffing requirements as set forth for licensed facilities, the following staffing requirements shall apply to A/D Units:
1. Minimum requirements for nursing staff shall be based on the ratio of three (3.0) hours of nursing care per resident per twenty-four (24) hours. Licensed nursing staff and nursing aides can be included in the ratio. Staffing requirements are based upon resident census.
  2. A Registered Nurse or Licensed Practical Nurse shall be present on all shifts.
  3. If the designated A/D Unit is not freestanding, licensed nursing staff may be shared with the rest of the facility for the purpose of meeting the minimum staffing requirements.
  4. Only staff trained as specified in 102.2 and 102.3 below shall be assigned to the A/D Unit.
  5. A minimum of two (2) staff members shall be on the A/D Unit at all times.
- 101.02 **Staff Orientation**. The goals of training and education for A/D Units are to enhance staff understanding and sensitivity toward the A/D Unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities, and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer's Disease and other forms of dementia. The licensed facility shall provide an orientation program to all new employees assigned to the A/D Unit. The orientation program shall be outlined in an orientation manual and shall include, but not be limited to:
1. The licensed facility's philosophy related to the care of residents with Alzheimer's Disease and other forms of dementia in the A/D Unit;
  2. A description of Alzheimer's Disease and other forms of dementia;

3. The licensed facility's policies and procedures regarding the general approach to care provided in the A/D Unit, including therapies provided; treatment modalities; admission, discharge, and transfer criteria; basic services provided within the A/D Unit; policies regarding restraints, wandering and egress control, and medication management; nutrition management techniques; staff training; and family activities; and
4. Common behavior problems and recommended behavior management.

101.03 **In-Service Training**. Ongoing in-service training shall be provided to all staff who may be in direct contact with residents of the A/D Unit. Staff training shall be provided at least quarterly. The licensed facility will keep records of all staff training provided and the qualifications of the trainer(s). The licensed facility shall provide hands on training on at least three (3) of the following topics each quarter:

1. The nature of Alzheimer's Disease, including the definition, the need for careful diagnosis, and knowledge of the stages of Alzheimer's Disease;
2. Common behavioral problems and recommended behavior management techniques;
3. Communication skills that facilitate better resident-staff relations;
4. Positive therapeutic interventions and activities, such- as exercise, sensory stimulation, activities of daily living skills, etc.;
5. The role of the family in caring for residents with Alzheimer's Disease, as well as the support needed by the family of these residents;
6. Environmental modifications to avoid problems and create a therapeutic environment;
7. Development of comprehensive and individual care plans and how to update and implement them consistently across shifts, establishing a baseline and concrete treatment goals and outcomes; and
8. New developments in diagnosis and therapy.

## 102 ASSESSMENT AND INDIVIDUAL CARE PLANS

102.01 **Assessments**. Prior to admission to the A/D Unit, each individual shall receive a medical examination and assessment from a licensed physician or nurse practitioner. In addition, prior to admission, each individual shall be assessed by a licensed practitioner whose scope of practice includes assessment of cognitive, functional, and social abilities, and nutritional needs. These assessments shall include the individual's family supports, level of activities of daily living

functioning and level of behavioral impairment. The functional assessment shall demonstrate that the individual is appropriate for placement.

- 102.02 **Care Plans.** Individual care plans shall be developed by the staff for each resident.
- 102.03 **Family Involvement.** Whenever possible and appropriate, the family shall be involved in the development of a resident's care plan. The family shall be provided with information regarding social services, such as support groups for families and friends. A designated family member shall be notified in a timely manner of care plan sessions. Documentation of such notification shall be kept by the licensed facility.
- 102.04 **Review of Care Plans.** Each care plan and functional assessment, developed upon admission to determine the resident's appropriateness for placement, shall be reviewed, evaluated for its effectiveness, and updated at least quarterly or more frequently if indicated by changing needs of the resident.
- 102.05 **Admission and Discharge Criteria.** The following criteria must be applied and maintained for resident placement in an A/D Unit:
1. Only residents with a primary diagnosis of Alzheimer's Disease or dementia, whose needs can be met by the licensed facility, shall be admitted.
  2. For licensed facilities which are personal care homes, a person shall not be admitted or continue to reside in an A/D Unit if the person does not meet the admission criteria for the licensed facility unless otherwise exempted by such applicable laws and regulations.
  3. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.

### **103 THERAPEUTIC ACTIVITIES**

- 103.01 **Therapeutic Activities.** Therapeutic activities shall be provided to the residents of the A/D Unit seven (7) days per week. The therapeutic activities shall be scheduled by a Certified Therapeutic Recreation Specialist, a Qualified Therapeutic Recreation Specialist, or an Activity Consultant Certified, which must provide a minimum of eight (8) hours monthly in-house consultation to an activities designee.
1. Activities shall be delivered at various hours.
  2. Opportunities shall be provided for daily involvement with nature, and sunshine (i.e., as in outdoor activities) as weather permits.

3. Residents will not be observed with negative outcome for long periods without meaningful activities.
4. Activities will:
  - a. tap into better long-term memory than short;
  - b. provide multiple short activities to work within short attention spans;
  - c. provide experience with animals, nature, and children; and
  - d. provide opportunities for physical, social, and emotional outlets.
5. Productive activities that create a feeling of usefulness shall be provided.
6. Leisure activities shall be provided.
7. Self-care activities shall be provided.
8. Planned and spontaneous activities shall be provided in the following areas:
  - a. structured large and small groups;
  - b. spontaneous intervention;
  - c. domestic tasks/chores;
  - d. life skills;
  - e. work;
  - f. relationships/social;
  - g. leisure;
  - h. seasonal;
  - i. holidays,
  - j. personal care;
  - k. meal time; and
  - l. intellectual, spiritual, creative, and physically active pursuits.
9. Activities will be based on cultural and lifestyle differences.

10. Activities shall be appropriate and meaningful for each resident, and shall respect a person's age, beliefs, culture, values, and life experience.

#### 104 SOCIAL SERVICES

- 104.01 **Social Services**. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist shall provide social services to both the resident and support to family members, including but not limited to the following:
1. The socialization of a resident shall be incorporated in the resident's care plan.
  2. The provision of support to the resident's family, including formation of family support groups, shall be offered by the licensed facility.
  3. The social service consultation shall be onsite, and shall be a minimum of eight (8) hours per month.

#### 105 NUTRITIONAL SERVICES

- 105.01 **Nutritional Services**. A nutritional assessment shall be completed for each resident. If the nutritional assessment identifies therapeutic nutritional needs, or is ordered by the resident's physician, a registered dietician shall assess and plan a diet for the resident's nutritional needs.

#### 106 PHYSICAL LAYOUT

- 106.01 **Physical Design**. In addition to the physical plant standards required for the licensed facility, an A/D Unit shall include the following:
1. A separate multipurpose room for dining, group, and individual activities, and family visits which is a minimum of forty (40) square feet per resident, but in no case shall be smaller than three hundred-twenty (320) square feet;
  2. A secured area for medication, storage, and workspace;
  3. A secure, exterior exercise pathway that allows residents to walk on a level, non-slip path. The path shall have a minimum width of four (4) feet. Seating shall be next to the pathway, but outside the walking path. Lighting shall be indirect with a minimum brightness of fifty (50) foot candles;
  4. High visual contrast between floors and walls, and doorways and walls, in resident use areas. With the exception of fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;

5. Floors, walls and ceiling that are non-reflective to minimize glare;
6. Adequate and even lighting which minimizes glare and shadows and is designed to meet the specific needs of the residents;
7. Service sections that are removed from resident areas. Kitchen services and storage shall be separated from resident areas by a secure enclosure;
8. Security controls on all entrances and exits;
9. Exterior fencing that shall be placed at the pathway level, at a minimum height of six (6) feet. Fencing shall be solid so as to block the view if mounted at the pathway level. No entrance gates shall be visible from the exterior area. If the grading allows, the fence shall be placed at the bottom of the central grade. An open fence may be utilized if it is separated by a grade change; and
10. Physical Design Waiver for Existing Facilities. The licensing agency, within its discretion, may waive only the requirements in this section for the designation of an A/D Unit for any licensed facility which was established prior to October 13, 1999, as documented in the records of the licensing agency, a separate, secured unit for the care of residents diagnosed with Alzheimer's Disease or other forms of dementia. Waivers granted under this section may be granted, within the discretion of the licensing agency, with conditions.

106.02 **Physical Environment and Safety**. The A/D Unit shall:

1. Provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms;
2. Provide trays, plates, and eating utensils which provide visual contrast between them and the table and that maximize the independence of the individual residents;
3. Label or inventory all residents' possessions;
4. Provide comfortable chairs, including at least one in the common use area that allows for gentle rocking or gliding;
5. Encourage and assist residents to decorate and furnish their rooms with personal items and furnishings based on the resident's needs, preferences and appropriateness;
6. Individually identify residents' rooms to assist residents in recognizing their room;

7. Keep corridors and passageways through common use areas free of objects which may cause falls; and
8. Only use a public address system in an A/D Unit (if one exists) for emergencies.

106.03 **Egress Control**. The licensed facility shall develop policies and procedures to deal with residents who may attempt to wander outside of the A/D Unit. The procedures shall include actions to be taken in case a resident elopes.

**CERTIFICATION OF REGULATION**

This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the Mississippi State Board of Health on Put Date Here to become effective Put Date Here.

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Brian W. Amy, MD, MHA, MPH  
Secretary and Executive Officer