

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
CHAPTER 7 - ASSISTED LIVING RESIDENCES

6 CCR 1011-1 Chapter 7

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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TABLE OF CONTENTS

- Part 1 – Statutory Authority and Applicability**
- Part 2 – Definitions**
- Part 3 – Department Oversight**
- Part 4 – Licensee Responsibilities**
- Part 5 – Reporting Requirements**
- Part 6 – Administrator**
- Part 7 – Personnel**
- Part 8 – Staffing Requirements**
- Part 9 – Policies and Procedures**
- Part 10 – Emergency Preparedness**
- Part 11 – Resident Admission and Discharge**
- Part 12 – Resident Care Services**
- Part 13 – Resident Rights**
- Part 14 – Medication and Medication Administration**
- Part 15 – Laundry Services**
- Part 16 – Food Safety**
- Part 17 – Food and Dining Services**
- Part 18 – Resident Health Information Records**
- Part 19 – Infection Control**
- Part 20 – Physical Plant Standards**
- Part 21 – Exterior Environment**
- Part 22 – Interior Environment**
- Part 23 – Environmental Pest Control**
- Part 24 – Waste Disposal**
- Part 25 – Secure Environment**

PART 1 – STATUTORY AUTHORITY AND APPLICABILITY

- 1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103, 25-1.5-118, 25-3-125, 25-27-101, and 25-27-104, C.R.S.
- 1.2 Assisted living residences, as defined herein, shall comply with all applicable federal and state statutes and regulations including, but not limited to, the following:
- (A) This Chapter 7;
 - (B) 6 CCR 1011-1, Chapter 2, General Licensure Standards;
 - (C) 6 CCR 1011-1, Chapter 24, Medication Administration Regulations, and Sections 25-1.5-301 through 25-1.5-303 C.R.S., pertaining to medication administration;
 - (D) 6 CCR 1010-2, Colorado Retail Food Establishment Regulations, pertaining to food safety, for residences licensed for 20 or more beds;
 - (E) 6 CCR 1009-1, Epidemic and Communicable Disease Control;
 - (F) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste; and
 - (G) 6 CCR 1007-3, Part 262, Standards Applicable to Generators of Hazardous Waste.

PART 2 – DEFINITIONS

For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

- 2.1 “Abuse” means any of the following acts or omissions:
- (A) The non-accidental infliction of bodily injury, serious bodily injury or death,
 - (B) Confinement or restraint that is unreasonable under generally accepted caretaking standards, or
 - (C) Subjection to sexual conduct or contact that is classified as a crime.
- 2.2 “Administrator” means a person who is responsible for the overall operation, daily administration, management and maintenance of the assisted living residence. The term “administrator” is synonymous with “operator” as that term is used in Title 25, Article 27, Part 1. The term “administrator” includes individuals appointed as an interim administrator in accordance with Part 4.5(A) unless otherwise indicated.
- 2.3 “Activities of daily living (ADLs)” means those personal functional activities required by an individual for continued well-being, health and safety. As used in this Chapter 7, activities of daily living include, but are not limited to, accompaniment, eating, dressing, grooming, bathing, personal hygiene (hair care, nail care, mouth care, positioning, shaving, skin care), mobility (ambulation, positioning, transfer), elimination (using the toilet) and respiratory care.
- 2.4 “Advance medical directive” means a written instruction, as defined in Section 15-18.7-102(2), C.R.S., concerning medical treatment decisions to be made on behalf of the resident who provided the instruction in the event that the individual becomes incapacitated.

- 2.5 “Alternative care facility” means an assisted living residence certified by the Colorado Department of Health Care Policy and Financing to receive Medicaid reimbursement for the services provided pursuant to 10 CCR 2505-10, Section 8.495.
- 2.6 “Appropriately skilled professional” means an individual that has the necessary qualifications and/or training to perform the medical procedures prescribed by a practitioner. This includes, but is not limited to, registered nurse, licensed practical nurse, physical therapist, occupational therapist, respiratory therapist, and dietitian.
- 2.7 “Assisted living residence” or “ALR” means:
- (A) A residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required, or
 - (B) A Supportive Living Program residence that, in addition to the criteria specified in the above paragraph, is certified by the Colorado Department of Health Care Policy and Financing to also provide health maintenance activities, behavioral management and education, independent living skills training and other related services as set forth in the supportive living program regulations at 10 CCR 2505-10, Section 8.515.
 - (C) Unless otherwise indicated, the term “assisted living residence” is synonymous with the terms “health care entity,” “health facility,” or “facility” as used elsewhere in 6 CCR 1011-1, Standards for Hospitals and Health Facilities.
- 2.8 “At-risk person” means any person who is 70 years of age or older, or any person who is 18 years of age or older and meets one or more of the following criteria:
- (A) Is impaired by the loss (or permanent loss of use) of a hand or foot, blindness or permanent impairment of vision sufficient to constitute virtual blindness;
 - (B) Is unable to walk, see, hear or speak;
 - (C) Is unable to breathe without mechanical assistance;
 - (D) Is a person with an intellectual and developmental disability as defined in Section 25.5-10-202, C.R.S.;
 - (E) Is a person with a mental health disorder as defined in Section 27-65-102(11.5), C.R.S.;
 - (F) Is mentally impaired as defined in Section 24-34-501(1.3)(b)(II), C.R.S.;
 - (G) Is blind as defined in Section 26-2-103(3), C.R.S.; or
 - (H) Is receiving care and treatment for a developmental disability under Article 10.5 of Title 27, C.R.S.
- 2.9 “Auxiliary aid” means any device used by persons to overcome a physical disability and includes but is not limited to a wheelchair, walker or orthopedic appliance.

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- 2.10 “Care plan” means a written description, in lay terminology, of the functional capabilities of an individual, the individual’s need for personal assistance, service received from external providers, and the services to be provided by the facility in order to meet the individual’s needs. In order to deliver person-centered care, the care plan shall take into account the resident’s preferences and desired outcomes. “Care plan” may also mean a service plan for those facilities which are licensed to provide services specifically for the mentally ill.
- 2.11 “Caregiver” means a parent, spouse, or other family member or friend of a resident who provides care to the resident.
- 2.12 “Caretaker neglect” means neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision or any other service necessary for the health or safety of an at-risk person is not secured for that person or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence or intimidation to create a hostile or fearful environment for an at-risk person.
- 2.13 “Certified nurse medication aide (CNA-Med)” means a certified nurse aide who meets the qualifications specified in 3 CCR 716-1, Rule 1.19, and who is currently certified as a nurse aide with medication aide authority by the State Board of Nursing.
- 2.14 “Communicable disease” means the same as the definition set forth in Section 25-1.5-102(l)(a)(IV), C.R.S.
- 2.15 “Compassionate care visit” means a visit with a friend or family member that is necessary to meet the physical or mental needs of a resident when the resident is exhibiting signs of physical or mental distress, including:
- (A) End-of-life situations;
 - (B) Adjustment support after moving to a new facility or environment;
 - (C) Emotional support after the loss of a friend or family member;
 - (D) Physical support after eating or drinking issues, including weight loss or dehydration; or
 - (E) Social support after frequent crying, distress, or depression.
- A compassionate care visit includes a visit from a clergy member or layperson offering religious or spiritual support or other persons requested by the resident for the purpose of a compassionate care visit.
- 2.16 “Controlled substance” means any medication that is regulated and classified by the Controlled Substances Act at 21 U.S.C., §812 as being schedule II through V.
- 2.17 “Deficiency” means a failure to fully comply with any statutory and/or regulatory requirements applicable to a licensed assisted living residence.
- 2.18 “Deficiency list” means a listing of deficiency citations which contains a statement of the statute or regulation violated, and a statement of the findings, with evidence to support the deficiency.
- 2.19 “Dementia diseases and related disabilities” means a condition where mental ability declines and is severe enough to interfere with an individual’s ability to perform everyday tasks. Dementia diseases and related disabilities includes Alzheimer’s disease, mixed dementia, Lewy body dementia, vascular dementia, frontotemporal dementia, and other types of dementia.

- 2.20 “Department” means the Colorado Department of Public Health and Environment or its designee.
- 2.21 “Disproportionate share facilities” means facilities that serve a disproportionate share of low income residents as evidenced by having qualified for federal or state low income housing assistance; planning to serve low income residents with incomes at or below 80 percent of the area median income; and submitting evidence of such qualification, as required by the Department.
- 2.22 “Discharge” means termination of the resident agreement and the resident’s permanent departure from the facility.
- 2.23 “Egress alert device” means a device that is affixed to a structure or worn by a resident that triggers a visual or auditory alarm when a resident leaves the building or grounds. Such devices shall only be used to assist staff in redirecting residents back into the facility when staff are alerted to a resident’s departure from the facility as opposed to restricting the free movement of residents.
- 2.24 “Emergency contact” means one of the individuals identified on the face sheet of the resident record to be contacted in the case of an emergency.
- 2.25 “Essential caregiver” means a designated individual that meets an essential need for the resident by assisting with activities of daily living or positively influencing the behavior of the resident. The goal of such a designation is to help ensure residents continue to receive individualized, person-centered care when limitations on general visitors are in place. Each resident’s care plan should include services provided by the essential caregiver.
- 2.26 “Exploitation” means an act or omission committed by a person who:
- (A) Uses deception, harassment, intimidation or undue influence to permanently or temporarily deprive an at-risk person of the use, benefit or possession of anything of value;
 - (B) Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk person;
 - (C) Forces, compels, coerces or entices an at-risk person to perform services for the profit or advantage of the person or another person against the will of the at-risk person; or
 - (D) Misuses the property of an at-risk person in a manner that adversely affects the at-risk person’s ability to receive health care, health care benefits, or to pay bills for basic needs or obligations.
- 2.27 “External services” means personal services and protective oversight services provided to a resident by family members or healthcare professionals who are not employees, contractors, or volunteers of the facility. External service providers include, but are not limited to, home health, hospice, private pay care providers, caregivers as defined in Part 2.11, and essential caregivers as defined in Part 2.25.
- 2.28 “High Medicaid utilization facility” means a facility that has no less than 35 percent of its licensed beds occupied by Medicaid enrollees as indicated by complete and accurate fiscal year claims data; and served Medicaid clients and submitted claims data for a minimum of nine (9) months of the relevant fiscal year.

- 2.29 "Hospice care" means a comprehensive set of services identified and coordinated by an external service provider in collaboration with the resident, family and assisted living residence to provide for the physical, psychosocial, spiritual and emotional needs of a terminally ill resident as delineated in a care plan. Hospice care services shall be available 24 hours a day, seven days a week pursuant to the requirements for hospice providers set forth in 6 CCR 1011-1, Chapter 21, Hospices.
- 2.30 "Interim administrator" means an individual meeting the requirements at Parts 6.3 and 6.5(A), who is appointed in accordance with Part 4.5(A) to fulfill the responsibilities of the administrator position while the assisted living residence does not have an individual in the administrator position.
- 2.31 "Involuntary discharge" means any discharge initiated by the assisted living residence.
- 2.32 "Licensee" means the person or entity to whom a license is issued by the Department pursuant to Section 25-1.5-103 (1) (a), C.R.S., to operate an assisted living residence within the definition herein provided. For the purposes of this Chapter 7, the term "licensee" is synonymous with the term "owner."
- 2.33 "Local ombudsman" means the same as the definition set forth in Section 25-27-102(6.5), C.R.S.
- 2.34 "Medical waste" means waste that may contain disease causing organisms or chemicals that present potential health hazards such as discarded surgical gloves, sharps, blood, human tissue, prescription or over-the-counter pharmaceutical waste, and laboratory waste.
- 2.35 "Medication administration" means assisting a person in the ingestion, application, inhalation, or, using universal precautions, rectal or vaginal insertion of medication, including prescription drugs, according to the legibly written or printed directions of the attending physician or other authorized practitioner, or as written on the prescription label, and making a written record thereof with regard to each medication administered, including the time and the amount taken.
- (A) Medication administration does not include:
- (1) Medication monitoring; or
 - (2) Self-administration of prescription drugs or the self-injection of medication by a resident.
- (B) Medication administration by a qualified medication administration person (QMAP) does not include judgement, evaluation, assessments, or injecting medication (unless otherwise authorized by law in response to an emergent situation.)
- 2.36 "Medication monitoring" means:
- (A) Reminding the resident to take medication(s) at the time ordered by the authorized practitioner;
 - (B) Handing to a resident a container or package of medication that was lawfully labeled previously by an authorized practitioner for the individual resident;
 - (C) Visual observation of the resident to ensure compliance;
 - (D) Making a written record of the resident's compliance with regard to each medication, including the time taken; and

- (E) Notifying the authorized practitioner if the resident refuses or is unable to comply with the practitioner's instructions regarding the medication.
- 2.37 "Mistreatment" means abuse, caretaker neglect, or exploitation.
- 2.38 "Name-based judicial record check" means a background check performed using judicial department records that includes an individual's conviction and final disposition of case records.
- 2.39 "Nurse" means an individual who holds a current unrestricted license to practice pursuant to Article 255 of Title 12, C.R.S., and is acting within the scope of such authority.
- 2.40 "Nursing services" means support for activities of daily living, the administration of medications, and the provision of treatment by a nurse in accordance with orders from the resident's practitioner.
- 2.41 "Owner" means the person or business entity that applies for assisted living residence licensure and/or in whose name the license is issued.
- 2.42 "Palliative care" means specialized medical care for people with serious illnesses. This type of care is focused on providing residents with relief from the symptoms, pain and stress of serious illness, whatever the diagnosis. The goal is to improve quality of life for both the resident and the family. Palliative care is provided by a team of physicians, nurses and other specialists who work with a resident's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment. Unless otherwise indicated, the term "palliative care" is synonymous with the terms "comfort care," "supportive care," and similar designations.
- 2.43 "Patient or resident with a disability" means an individual who needs assistance to effectively communicate with assisted living residence staff, make health-care decisions, or engage in activities of daily living due to a disability such as:
- (A) A physical, intellectual, behavioral, or cognitive disability;
 - (B) Deafness, being hard of hearing, or other communication barriers;
 - (C) Blindness;
 - (D) Autism spectrum disorder; or
 - (E) Dementia.
- 2.44 "Personal care worker" means an individual who:
- (A) Provides personal services for any resident; and
 - (B) Is not acting in his or her capacity as a health care professional under Articles 240, 255, 270, or 285 of Title 12 of the Colorado Revised Statutes.
- 2.45 "Personal services" means those services that an assisted living residence and its staff provide for each resident including, but not limited to:
- (A) An environment that is sanitary and safe from physical harm,
 - (B) Individualized social supervision,

- (C) Assistance with transportation, and
 - (D) Assistance with activities of daily living.
- 2.46 “Plan of correction” means a written plan to be submitted by an assisted living residence to the Department for approval, detailing the measures that shall be taken to correct all cited deficiencies.
- 2.47 “Practitioner” means a physician, physician assistant or advance practice nurse (i.e., nurse practitioner or clinical nurse specialist) who has a current, unrestricted license to practice and is acting within the scope of such authority.
- 2.48 “Pressure sore” (also called pressure ulcer, decubitus ulcer, bed-sore or skin breakdown) means an area of the skin or underlying tissue (muscle, bone) that is damaged due to loss of blood flow to the area. Symptoms and medical treatment of pressure sores are based upon the level of severity or “stage” of the pressure sore.
- (A) Stage 1 affects only the upper layer of skin. Symptoms include pain, burning, or itching and the affected area may look or feel different from the surrounding skin.
 - (B) Stage 2 goes below the upper surface of the skin. Symptoms include pain, broken skin, or open wound that is swollen, warm, and/or red, and may be oozing fluid or pus.
 - (C) Stage 3 involves a sore that looks like a crater and may have a bad odor. It may show signs of infection such as red edges, pus, odor, heat, and/or drainage.
 - (D) Stage 4 is a deep, large sore. The skin may have turned black and show signs of infection such as red edges, pus, odor, heat and/or drainage. Tendons, muscles, and bone may be visible.
- 2.49 “Protective oversight” means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident, including the following:
- (A) Being aware of a resident’s general whereabouts, although the resident may travel independently in the community; and
 - (B) Monitoring the activities of the resident while on the premises to ensure the resident’s health, safety and well-being, including monitoring the resident’s needs and ensuring that the resident receives the services and care necessary to protect the resident’s health, safety, and well-being.
- 2.50 “Qualified medication administration person” or “QMAP” means an individual who passed a competency evaluation administered by the Department before July 1, 2017, or passed a competency evaluation administered by an approved training entity on or after July 1, 2017, and whose name appears on the Department’s list of persons who have passed the requisite competency evaluation.
- 2.51 “Renovation” means the moving of walls and reconfiguring of existing floor plans. It includes the rebuilding or upgrading of major systems, including but not limited to: heating, ventilation, and electrical systems. It also means the changing of the functional operation of the space.
- (A) Renovations do not include “minor alterations,” which are building construction projects which are not additions, which do not affect the structural integrity of the building, which do not change functional operation, and/or which do not add beds or capacity above what the facility is limited to under the existing license.

- 2.52 “Resident’s legal representative” means one of the following:
- (A) The legal guardian of the resident, where proof is offered that such guardian has been duly appointed by a court of law, acting within the scope of such guardianship;
 - (B) An individual named as the agent in a power of attorney (POA) that authorizes the individual to act on the resident’s behalf, as enumerated in the POA;
 - (C) An individual selected as a proxy decision-maker pursuant to Section 15-18.5-101, C.R.S., et seq., to make medical treatment decisions. For the purposes of this regulation, the proxy decision-maker serves as the resident’s legal representative for the purposes of medical treatment decisions only; or
 - (D) A conservator, where proof is offered that such conservator has been duly appointed by a court of law, acting within the scope of such conservatorship.
- 2.53 “Restraint” means any method or device used to involuntarily limit freedom of movement including, but not limited to, bodily physical force, mechanical devices, chemicals, or confinement.
- 2.54 “Secure environment” means any grounds, building or part thereof, method, or device that prohibits free egress of residents. An environment is secure when the right of any resident thereof to move outside the environment during any hours is limited.
- 2.55 “Self-administration” means the ability of a resident to take medication independently without any assistance from another person.
- 2.56 “Staff” means employees and contracted individuals intended to substitute for or supplement employees who provide personal services. “Staff” does not include individuals providing external services, as defined herein.
- 2.57 “State long-term care ombudsman” means the same as the definition set forth in Section 25-27-102(12), C.R.S.
- 2.58 “Therapeutic diet” means a diet ordered by a practitioner or registered dietician as part of a treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include, but are not limited to, a calorie counted diet; a specific sodium gram diet; and a cardiac diet.
- 2.59 “Transfer” means being able to move from one body position to another. This includes, but is not limited to, moving from a bed to a chair or standing up from a chair to grasp an auxiliary aid.
- 2.60 “Volunteer” means an unpaid individual providing personal services on behalf of and/or under the control of the assisted living residence. “Volunteer” does not include individuals visiting the assisted living residence for the purposes of resident engagement.

PART 3 – DEPARTMENT OVERSIGHT

Licensure

- 3.1 Applicants for an initial or renewal license shall follow the licensure procedures outlined in 6 CCR 1011-1, Chapter 2, Part 2.
- (A) In addition, each license renewal applicant shall annually submit, in the form and manner prescribed by the Department, information about the facility’s operations, resident care, and services.

- 3.2 The Department may issue a provisional license to an applicant for the purpose of operating an assisted living residence for one period of 90 days if the applicant is temporarily unable to conform to all the minimum standards required under these regulations, except no license shall be issued to an applicant if the operation of the applicant's facility will adversely affect the health, safety, and welfare of the residents of such facility.
- (A) As a condition of obtaining a provisional license, the applicant shall provide the Department with proof that it is attempting to conform and comply with applicable standards. No provisional license shall be granted prior to the submission of a criminal background check in accordance with Section 25-27-105 (2.5), C.R.S.
- 3.3 Each owner or applicant shall request a criminal history record check.
- (A) If an owner or applicant for an initial assisted living residence license has lived in Colorado for more than three (3) years at the time of the initial application, said individual shall request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based record check with notification of future arrests.
- (B) If an owner or applicant for an initial assisted living residence license has lived in Colorado for three (3) years or less at the time of the initial application, said individual shall:
- (1) Request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based criminal history record check with notification of future arrests; and
- (2) Obtain a name-based criminal history report for each additional state in which the applicant has lived for the past three years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency or other name-based report as determined by the Department.
- (C) The cost of obtaining such information shall be borne by the individual or individuals who are the subject of such check.
- (D) The results of the check shall be forwarded to the Department as follows:
- (1) For results from CBI, the information shall be forwarded by CBI to the Department.
- (2) For equivalent agencies in other states, the information shall be forwarded by the agency to the Department if authorized by such state. If such authorization does not exist, the results shall be forwarded to the Department by the individual.
- (E) When the results of a fingerprint-based criminal history record check of an applicant reveal a record of arrest without a disposition, the applicant shall submit to a name-based judicial record check.
- 3.4 No license shall be issued or renewed by the Department if an owner, applicant, and/ or licensee of the assisted living residence has been convicted of a felony or of a misdemeanor, which felony or misdemeanor involves moral turpitude or involves conduct that the Department determines could pose a risk to the health, safety, or welfare of residents of the assisted living residence.
- 3.5 An assisted living residence shall not care for more residents than the number of beds for which it is currently licensed.

License Fees

Unless otherwise specified, all license fees paid to the Department shall be non-refundable.

3.6 Initial Licenses

The applicable fee, as set forth below, shall accompany the license application.

3 to 8 licensed beds:	\$6,300
9 to 19 licensed beds:	\$7,300
20 to 49 licensed beds:	\$8,750
50 to 99 licensed beds:	\$11,550
100 or more licensed beds:	\$14,750
Qualifying disproportionate share facility:	\$3,000

3.7 Renewal Fees

The applicable fee(s), as set forth below, shall accompany the renewal application:

\$360 per facility plus \$103 per bed.

\$360 per facility plus \$38 per bed for a high Medicaid utilization facility.

\$350 per secure environment that is separate and distinct from a non-secure environment.

3.8 Provisional Licensure. Any facility approved by the Department for a provisional license, shall submit a fee of \$1,000 for the provisional licensure period.

3.9 Change of Ownership

(A) The applicable fee, as set forth below, shall accompany a facility's application for change of ownership.

Three to 19 licensed beds:	\$6,250.
20 to 49 licensed beds:	\$7,800.
50 to 99 licensed beds:	\$10,600
100 licensed beds and more:	\$13,700

(B) If the same purchaser buys more than one facility from the same seller in a single business transaction, the change of ownership fee shall be the fee noted above for the largest facility and \$4,500 for each additional facility included in the transaction. The appropriate fee total shall be submitted with the application.

3.10 Other License Fees

- (A) A facility applying for a change of mailing address, shall submit a fee of \$75 with the application. For purposes of this subpart, a corporate change of address for multiple facilities shall be considered one change of address.
- (B) A facility applying for a change of name shall submit a fee of \$75 with the application.
- (C) A facility applying for an increased number of licensed beds shall submit a fee of \$500 with the application.
- (D) A facility applying for a change of administrator shall submit a fee of \$500 with the application.
 - (1) If the change of administrator application is due to the appointment of an interim administrator, the facility shall pay the fee no later than 90 days after the appointment.
 - (a) If an administrator is appointed during the 90 days and the required change of administrator application is submitted during that time, the facility shall owe a single payment of \$500.
 - (b) If an administrator is appointed more than 90 days after the appointment of the interim administrator, the facility shall pay separate fees for each change of administrator application.
- (E) A facility seeking to open a new secure environment shall submit a fee of \$1,600 with the first submission of the applicable building plans.

Fine for Lack of Administrator

- 3.11 Any assisted living residence found to be without an administrator or interim administrator compliant with the requirements in Part 4.5 shall be fined \$1,000.

Citing Deficiencies

- 3.12 The level of the deficiency shall be based upon the number of sample residents affected and the level of harm, as follows:

Level A – isolated potential for harm for one or more residents.

Level B – a pattern of potential for harm for one or more residents.

Level C – isolated actual harm affecting one or more residents.

Level D – a pattern of actual harm affecting one or more residents.

Level E (Immediate Jeopardy) – actual or potential for serious injury or harm for one or more residents.

In determining the level of deficiency to be cited, potential for harm shall mean there is a reasonable expectation that the noncompliance will result in an adverse outcome.

- 3.13 When a Level E deficiency is cited, the assisted living residence shall immediately remove the cause of the immediate jeopardy risk and provide the Department with written evidence that the risk has been removed.

Plans of Correction

- 3.14 Pursuant to Section 25-27-105 (2), C.R.S., an assisted living residence shall submit a written plan detailing the measures that will be taken to correct any deficiencies.
- (A) Plans of correction shall be in the format prescribed by the Department and conform to the requirements set forth in 6 CCR 1011-1, Chapter 2, Part 2.10.4(B);
 - (B) The Department has the discretion to approve, impose, modify, or reject a plan of correction as set forth in 6 CCR 1011-1, Chapter 2, Part 2.10.4(B).

Intermediate Restrictions or Conditions

- 3.15 Section 25-27-106, C.R.S., allows the Department to impose intermediate restrictions or conditions on a licensee that may include at least one of the following:
- (A) Retaining a consultant to address corrective measures including deficient practice resulting from systemic failure;
 - (B) Monitoring by the Department for a specific period;
 - (C) Providing additional training to employees, owners, or operators of the residence;
 - (D) Complying with a directed written plan, to correct the violation; and/or
 - (E) Paying a civil fine not to exceed ten thousand dollars per violation; except the cap may be exceeded at the department's discretion for an egregious violation that results in death or serious injury to a resident after considering the circumstances around the violation. In determining the amount of the fine, in accordance with Section 25-27-106(4)(a), C.R.S.:
 - (1) The Department shall consider:
 - (a) The history of harm or injury at the residence;
 - (b) The number of injuries to residents for which the cause of the injury is unknown;
 - (c) The adequacy of the residence's occurrence investigations and reporting;
 - (d) The adequacy of the administrator's supervision of employees to ensure employees are keeping residents safe from harm or injury; and
 - (e) The residence's compliance with required mandatory reporting of the mistreatment of residents, in accordance with Part 13.11(A).
 - (2) The Department may vary the amount of the fine depending on the size of the residence, the potential for harm or injury to one or more residents, and whether there is a pattern of potential or actual harm or injury to residents. For these variations, potential for harm shall mean there is a reasonable expectation that the assisted living residence's noncompliance will result in an adverse outcome.

- 3.16 Intermediate restrictions or conditions may be imposed for Level A and B deficiencies when the Department finds the assisted living residence has violated statutory or regulatory requirements. The factors that may be considered include, but are not limited to, the following:
- (A) The level of potential harm to a resident(s);
 - (B) The number of residents affected;
 - (C) Whether the conduct leading to the imposition of the restriction are isolated or a pattern; and
 - (D) The licensee's prior history of noncompliance in general, and specifically with reference to the cited deficiencies.
- 3.17 For all cases where the deficiency list includes Level C, D, or E deficiencies, the assisted living residence may be required to comply with one or more of the intermediate restrictions or conditions in Part 3.15(A) through (D), and shall be assessed a civil fine in accordance with Part 3.15(E), within the following ranges:
- (A) For each Level C deficiency, the fine shall be between \$100 and \$5,000.
 - (B) For each Level D deficiency, the fine shall be between \$500 and \$7,500.
 - (C) For each Level E deficiency that is cited based on the likelihood of serious injury, serious harm, serious impairment, or death, the fine shall be between \$1,000 and \$10,000.
 - (D) For each Level E deficiency that is cited based on actual serious injury, serious harm, serious impairment, or death, the fine shall be between \$2,000 and \$10,000, except that the Department may exceed \$10,000 for any egregious violation(s) or ongoing pattern of egregious violations resulting in serious injury or death.

Appealing the Imposition of Intermediate Restrictions/Conditions

- 3.18 A licensee may appeal the imposition of an intermediate restriction or condition pursuant to procedures established by the Department and as provided by Section 25-27-106, C.R.S.
- (A) Informal Review
- Informal review is an administrative review process conducted by the Department that does not include an evidentiary hearing.
- (1) A licensee may submit a written request for informal review of the imposition of an intermediate restriction no later than ten (10) business days after the date notice is received from the Department of the restriction or condition. If an extension of time is needed, the assisted living residence shall request an extension in writing from the Department prior to the submittal due date. An extension of time may be granted by the Department not to exceed seven (7) calendar days. Informal review may be conducted after the plan of correction has been approved.
 - (2) For civil fines, the licensee may request, in writing that, the informal review be conducted in person, which would allow the licensee to orally address the informal reviewer(s).

(B) Formal Review

A licensee may appeal the imposition of an intermediate restriction or condition in accordance with the Administrative Procedure Act (APA) at Section 24-4-105, C.R.S. A licensee is not required to submit to the Department's informal review before pursuing formal review under the APA.

- (1) For life-threatening situations, the licensee shall implement the restriction or condition immediately upon receiving notice of the restriction or condition.
- (2) For situations that are not life-threatening, the restriction or condition shall be implemented in accordance with the type of condition as set forth below:
 - (a) For restriction/conditions other than fines, immediately upon the expiration of the opportunity for appeal or from the date that the Department's decision is upheld after all administrative appeals have been exhausted.
 - (b) For fines, within 30 calendar days from the date the Department's decision is upheld after all administrative appeals have been exhausted.

Supported Living Program Oversight

- 3.19 An assisted living residence that is certified to participate in the Supported Living Program administered by the Department of Healthcare Policy and Financing (HCPF) shall comply with both HCPF's regulations concerning that program and the applicable portions of this chapter. The Department shall coordinate with HCPF in regulatory interpretation of both license and certification requirements to ensure that the intent of similar regulations is congruently met.

PART 4 – LICENSEE RESPONSIBILITIES

- 4.1 The licensee shall assume responsibility for all services provided by the assisted living residence, including those provided by contract.
- 4.2 The licensee shall ensure the provision of facilities, personnel, and services necessary for the welfare and safety of residents.
- 4.3 The licensee shall ensure that all marketing, advertising, and promotional information published or otherwise distributed by the assisted living residence accurately represents the ALR and the care, treatment, and services that it provides.
- 4.4 The licensee shall establish, and ensure the maintenance of, a system of financial management and accountability for the assisted living residence.
- 4.5 The licensee shall appoint an administrator who meets the minimum qualifications set forth in these regulations and delegate to that individual the executive authority and responsibility for the administration of the assisted living residence.
 - (A) If the assisted living residence does not have an administrator, the licensee shall appoint an interim administrator and delegate to that individual the executive authority and responsibility for the administration of the assisted living residence, until such time that the facility has an administrator.

- (1) The licensee shall notify the department of the interim administrator appointment within 24 hours of the appointment in accordance with 6 CCR 1011-1, Chapter 2 – General Licensure, Part 2.9.6.
 - (2) The interim administrator shall meet the administrator qualifications in Part 6.3.
 - (3) The interim administrator shall meet the training requirements at Part 6.5(A).
 - (4) The interim administrator shall be responsible for ensuring compliance with these rules as if they were the administrator. Wherever the term “administrator” appears in these rules, the requirements also apply to interim administrators, unless otherwise indicated.
- (B) In accordance with Section 25-27-106(4)(b), C.R.S., any assisted living residence found to be without an administrator or an interim administrator meeting the requirements of 4.5 shall be assessed a fine, as included in Part 3.11 of these rules.

PART 5 – REPORTING REQUIREMENTS

At-Risk Persons Mandatory Reporting

- 5.1 Assisted living residence personnel engaged in the admission, care or treatment of at-risk persons shall report suspected physical or sexual abuse, exploitation and/or caretaker neglect to law enforcement within 24 hours of observation or discovery pursuant to Section 18-6.5-108, C.R.S.

Resident Relocation Reporting

- 5.2 The assisted living residence shall notify the Department within 48 hours if the relocation of one or more residents occurs due to any portion of the assisted living residence becoming uninhabitable.

Occurrence Reporting

- 5.3 An assisted living residence shall comply with all occurrence reporting required by state law and shall follow the reporting procedures set forth in 6 CCR 1011-1, Chapter 2, Part 4.2.
- (A) An assisted living residence shall investigate an occurrence to determine the circumstances of the event and institute appropriate measures to prevent similar future situations.
 - (1) Documentation regarding the investigation, including the appropriate measures to be instituted, shall be made available to the Department, upon request.
 - (B) An assisted living residence shall submit its final investigation report to the Department within five business days after the initial report of the occurrence.
 - (C) Nothing in this Part 5.3 shall be construed to limit or modify any statutory or common law right, privilege, confidentiality, or immunity.

PART 6 – ADMINISTRATOR

Criminal History and Adult Protective Services Record Checks

- 6.1 In order to ensure that the administrator or individual appointed as an interim administrator is of good, moral, and responsible character, the assisted living residence shall request a fingerprint-based criminal history record check with notification of future arrests for each prospective administrator prior to hire, or within 10 days of appointment for an interim administrator.
- (A) If an administrator applicant has lived in Colorado for more than three (3) years at the time of application, the assisted living residence shall request from the Colorado Bureau of Investigation (CBI) a state fingerprint-based criminal history record check with notification of future arrests.
 - (B) If an administrator applicant has lived in Colorado for less than three (3) years at the time of application, the assisted living residence shall:
 - (1) Request from the CBI a state fingerprint-based criminal history record check with notification of future arrests; and
 - (2) Obtain a name-based criminal history report for each additional state in which the applicant has lived for the past three (3) years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency or other name-based report as determined by the Department.
 - (C) The cost of obtaining such information shall be borne by the individual who is the subject of such check. The information shall be forwarded to the department in accordance with Part 3.3(D) of these rules.
 - (D) When the results of a fingerprint-based criminal history record check of an administrator applicant reveal a record of arrest without a disposition, the administrator applicant shall submit to a name-based judicial record check.
- 6.2 In order to ensure that the administrator or individual appointed as an interim administrator is of good, moral, and responsible character, the assisted living residence shall obtain a check of the Colorado adult protective services data system pursuant to Section 26-3.1-111, C.R.S. Based on the results of the check, the assisted living residence shall ensure it follows its policy regarding the hiring or continued service of any administrator or individual appointed as an interim administrator, as required by Part 7.4.

Qualifications

- 6.3 Each administrator or individual appointed as an interim administrator shall be at least 21 years of age, possess a high school diploma or equivalent, and have at least one year of experience supervising the delivery of personal care services that include activities of daily living. If the administrator or interim administrator does not have the required one year of experience supervising the delivery of personal care services including activities of daily living, they shall document they have one or more of the following:
- (A) An active, unrestricted Colorado nursing home administrator license;
 - (B) An active, unrestricted Colorado registered nurse license plus at least six (6) months of work experience in health care during the previous ten (10)-year period;

- (C) An active, unrestricted Colorado licensed practical nurse license plus at least one year of work experience in health care during the previous ten (10)-year period;
- (D) A bachelor's degree with emphasis in health care or human services plus at least one year of work experience in health care during the previous ten (10)-year period;
- (E) An associate's degree with emphasis in health care or human services plus at least two (2) years of work experience in health care during the previous ten (10)-year period;
- (F) Thirty (30) credit hours from an accredited college or university with an emphasis in health care or human services plus three (3) years of work experience in health care during the previous ten (10)-year period;
- (G) Five (5) or more years of management or supervisory work in the field of geriatrics, human services, or providing care for the physically and/or cognitively disabled during the previous ten (10)-year period; or
- (H) A college degree in any field plus two (2) years of health care experience during the previous ten (10)-year period.

6.4 Each administrator or individual appointed as an interim administrator of an assisted living residence shall ensure that qualified medication administration persons (QMAPs) comply with the medication administration requirements and limitations in 6 CCR 1011-1, Chapter 24, and Sections 25-1.5-301 through 25-1.5-303, C.R.S.

Training

6.5 Each administrator shall have completed 40 hours of administrator training before assuming an administrator position. Individuals appointed as an interim administrator shall have completed 40 hours of administrator training within 30 days of appointment. Written proof regarding the successful completion of such training program shall be maintained in the administrator's personnel file. The 40 hours shall be met by one of the following:

- (A) Completing an administrator training program that meets the requirements of Part 6.6, below.
- (B) Completing a 30-hour administrator training program on or before December 31, 2018, and documenting an additional 10 hours of training in topics related to the assisted Living administrator's responsibilities, regulatory updates, and/or best practices before June 30, 2024.

6.6 An administrator training program shall meet all of the following requirements:

- (A) The program or program components are conducted by an accredited college, university, or vocational school; or an organization, association, corporation, group, or agency with specific expertise in the provision of residential care and services; and
- (B) The curriculum includes at least 40 actual hours, 20 of which shall focus on applicable state regulations. The remaining 20 hours shall provide an overview of the following topics:
 - (1) Business operations including, but not limited to:
 - (a) Budgeting,

- (b) Business plan/service model,
 - (c) Insurance,
 - (d) Labor laws,
 - (e) Marketing, messaging and liability consequences, and
 - (f) Resident agreement.
- (2) Daily business management including, but not limited to,
- (a) Coordination with external service providers (i.e., community and support services including case management, referral agencies, mental health resources, ombudsmen, adult protective services, hospice, and home care),
 - (b) Ethics, and
 - (c) Grievance and complaint process.
- (3) Physical plant
- (4) Resident care including, but not limited to:
- (a) Admission and discharge criteria,
 - (b) Behavior expression management,
 - (c) Care needs assessment,
 - (d) Fall management,
 - (e) Nutrition,
 - (f) Person-centered care,
 - (g) Personal versus skilled care,
 - (h) Quality management education,
 - (i) Resident rights,
 - (j) Sexuality and aging,
 - (k) Secure environment, and
 - (l) Medication Management.
- (5) Resident psychosocial needs including, but not limited to,
- (a) Cultural competency (ethnicity, race, sexual orientation),
 - (b) Family involvement and dynamics,

- (c) Mental health care (maintaining good mental health and recognizing symptoms of poor mental health),
- (d) Palliative care standards, and
- (e) Resident engagement.

6.7 Competency testing shall be performed to demonstrate that the individuals trained have a comprehensive, evidence-based understanding of the regulations and topics.

Duties

6.8 The administrator, or individual appointed as an interim administrator, shall be responsible for the overall day-to-day operation of the assisted living residence, including, but not limited to:

- (A) Managing the day-to-day delivery of services to ensure residents receive the care that is described in the resident agreement, the comprehensive resident assessment, and the resident care plan;
- (B) Organizing and directing the assisted living residence's ongoing functions including physical maintenance;
- (C) Ensuring that resident care services conform to the requirements set forth in Part 12 of this chapter;
- (D) Employing, training, and supervising qualified personnel;
- (E) Providing continuing education for all personnel;
- (F) Establishing and maintaining a written organizational chart to ensure there are well-defined lines of responsibility and adequate supervision of all personnel;
- (G) Reviewing the marketing materials and information published by an assisted living residence to ensure consistency with the services actually provided by the ALR;
- (H) Managing the business and financial aspects of the assisted living residence which includes working with the licensee to ensure there is an adequate budget to provide necessary resident services;
- (I) Completing, maintaining, and submitting all reports and records required by the Department;
- (J) Complying with all applicable federal, state, and local laws concerning licensure and certification;
- (K) Ensuring the assisted living residence's compliance with the involuntary discharge requirements in Section 25-27-104.3 C.R.S., and these rules; and
- (L) Appointing and supervising a qualified designee who is capable of satisfactorily fulfilling the administrator's duties when the administrator is unavailable.
 - (1) The name and contact information for the administrator or qualified designee on duty shall always be readily available to the residents and public.

- (2) The administrator or qualified designee shall always, whether on or off site, be readily accessible to staff.
- (3) When a qualified designee is acting as administrator in an assisted living residence that is licensed for more than 12 beds, there shall be at least one other staff member on duty whose primary responsibility is the daily care of residents.

PART 7 – PERSONNEL

Criminal History and Adult Protective Services Record Checks

- 7.1 In order to ensure that staff members and volunteers are of good, moral, and responsible character, the assisted living residence shall request, prior to staff hire or volunteer on-boarding, a name-based criminal history record check for each prospective staff member and volunteer.
- (A) If the applicant has lived in Colorado for more than three (3) years at the time of application, the assisted living residence shall obtain a name-based criminal history report conducted by the Colorado Bureau of Investigation (CBI).
 - (B) If the applicant has lived in Colorado for three years or less at the time of application, the assisted living residence shall obtain a name-based criminal history report for each state in which the applicant has lived for the past three years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency or other name-based report as determined by the Department.
 - (C) The cost of obtaining such information shall be borne by the assisted living residence, the contract staffing agency or the individual who is the subject of such check, as appropriate.
- 7.2 In order to ensure that staff members and volunteers are of good, moral, and responsible character, the assisted living residence shall obtain a check of the Colorado adult protective services data system pursuant to Section 26-3.1-111, C.R.S. Based on the results of the check, the assisted living residence shall ensure it follows its policy regarding the hiring or continued service of any staff member or volunteer, as required by Part 7.4.

Background Check Policies and Procedures

- 7.3 If the assisted living residence becomes aware of information that indicates a current administrator, individual appointed as an interim administrator, staff member, or volunteer could pose a risk to the health, safety, and welfare of the residents and/or that such individual is not of good, moral, and responsible character, the assisted living residence shall request an updated criminal history and adult protective services record check for such individual from the CBI and/or other relevant law enforcement agency.
- 7.4 The assisted living residence shall develop and implement policies and procedures regarding the hiring or continued service of any administrator, individual appointed as an interim administrator, staff member, or volunteer whose criminal history or adult protective services records do not reveal good, moral, and responsible character or demonstrate other conduct that could pose a risk to the health, safety, or welfare of the residents.
- (A) At a minimum, the assisted living residence shall consider and address the following items:
 - (1) The history of convictions, pleas of guilty or no contest,

- (2) The nature and seriousness of the crime(s),
- (3) The time that has elapsed since the convictions,
- (4) Whether there are any mitigating circumstances, and
- (5) The nature of the position to which the individual will be assigned.

Ability to Perform Job Functions

- 7.5 Each staff member and volunteer shall be physically and mentally able to adequately and safely perform all functions essential to resident care.
- 7.6 The assisted living residence shall select direct care staff based on such factors as the ability to read, write, carry out directions, communicate, and demonstrate competency to safely and effectively provide care and services.
- 7.7 The assisted living residence shall establish written policies concerning pre-employment physical evaluations and employee health. Those policies shall include, at a minimum:
- (A) Tuberculin skin testing of each staff member and volunteer prior to direct contact with residents; and
 - (B) The imposition of work restrictions on direct care staff who are known to be affected with any illness in a communicable stage. At a minimum, such staff shall be barred from direct contact with residents or resident food.
- 7.8 The assisted living residence shall have policies and procedures restricting on-site access by staff or volunteers with drug or alcohol use that would adversely impact their ability to provide resident care and services.

Staff and Volunteer Orientation and Training

- 7.9 The assisted living residence shall ensure that each staff member and volunteer receives orientation and training, as follows:
- (A) The assisted living residence shall ensure each staff member or volunteer completes an initial orientation prior to providing any care or services to a resident. Such orientation shall include, at a minimum, all of the following topics:
 - (1) The care and services provided by the assisted living residence;
 - (2) Assignment of duties and responsibilities, specific to the staff member or volunteer;
 - (3) Hand Hygiene and infection control;
 - (4) Emergency response policies and procedures, including:
 - (a) Recognizing emergencies,
 - (b) Relevant emergency contact numbers,
 - (c) Fire response, including facility evacuation procedures

- (d) Basic first aid,
 - (e) Automated external defibrillator (AED) use, if applicable,
 - (f) Practitioner assessment, and
 - (g) Serious illness injury, and/or death of a resident.
- (5) Reporting requirements, including occurrence reporting procedures within the facility;
 - (6) Resident rights;
 - (7) House rules;
 - (8) Where to immediately locate a resident's advance directive; and
 - (9) An overview of the assisted living residence's policies and procedures and how to access them for reference.
- (B) Dementia Training Requirements
- (1) As of January 1, 2024, each assisted living residence shall ensure that its direct-care staff members meet the dementia training requirements in this part 7.8(B).
 - (2) Definitions: For the purposes of dementia training as required by Section 25-1.5-118, C.R.S.
 - (a) "Direct-care staff member" means a staff member caring for the physical, emotional, or mental health needs of residents in a covered facility and whose work involves regular contact with residents who are living with dementia diseases and related disabilities.
 - (b) "Equivalent Training" in this sub-part shall mean any initial training provided by a covered facility meeting the requirements of this sub-part 7.8(B)(3).
 - (3) Initial Training: Each assisted living residence is responsible for ensuring that all direct-care staff members are trained in dementia diseases and related disabilities.
 - (a) Initial training shall be available to direct-care staff at no cost to them.
 - (b) The training shall be competency-based and culturally-competent and shall include a minimum of four hours of training in dementia topics including the following content:
 - (i) Dementia diseases and related disabilities;
 - (ii) Person-centered care of residents with dementia;
 - (iii) Care planning for residents with dementia;
 - (iv) Activities of daily living for residents with dementia; and

- (v) Dementia-related behaviors and communication.
 - (c) For direct-care staff members already employed prior to January 1, 2024, the initial training must be completed as soon as practical, but no later than 120 days after January 1, 2024, unless an exception, as described in sub-part 7.8(B)(4)(a), applies.
 - (d) For direct-care staff members hired or providing care on or after January 1, 2024, the initial training must be completed as soon as practical, but no later than 120 days after the start of employment or the provision of direct-care services, unless an exception, as described in sub-part 7.8(B)(4)(B), applies.
- (4) Exception to Initial Dementia Training Requirement
- (a) Any direct-care staff member who is employed by or providing direct-care services prior to the January 1, 2024, may be exempted from the residence's initial training requirement if sub-parts I and II below are met:
 - (i) The direct-care staff member has completed an equivalent training, as defined in these rules, within the 24 months immediately preceding January 1, 2024; and
 - (ii) The direct-care staff member can provide documentation of the satisfactory completion of the equivalent training; and
 - (iii) If the equivalent training was provided more than 24 months prior to the date of hire as allowed in this exception, the individual must document participation in both the equivalent training and all required continuing education subsequent to the initial training.
 - (b) Any direct-care staff member who is hired by or begins providing direct-care services on or after January 1, 2024, may be exempted from the residence's initial training requirement if the direct-care staff member:
 - (i) Has completed an equivalent training, as defined in these rules, either:
 - (A) within the 24 months immediately preceding January 1, 2024; or
 - (B) Within the 24 months immediately preceding the date of hire or the date of providing direct-care services; and
 - (ii) Provides documentation of the satisfactory completion of the initial training; and
 - (iii) Provides documentation of all required continuing education subsequent to the initial training.
 - (c) Such exceptions shall not negate the requirement for dementia training continuing education as described in sub-part 7.8(B)(5).
- (5) Dementia Training: Continuing Education

- (a) After completing the required initial training, all direct-care staff members shall have documented a minimum of two hours of continuing education on dementia topics every two years.
 - (b) Continuing education on this topic must be available to direct-care staff members at no cost to them.
 - (c) This continuing education shall be culturally competent; include current information provided by recognized experts, agencies, or academic institutions; and include best practices in the treatment and care of persons living with dementia diseases and related disabilities.
- (6) Minimum Requirements for Individuals Conducting Dementia Training
- (a) Specialized training from recognized experts, agencies, or academic institutions in dementia disease;
 - (b) Successful completion of the training being offered or other similar initial training which meets the minimum standards described herein; and
 - (c) Two or more years of experience in working with persons living with dementia diseases and related disabilities.
- (C) The assisted living residence shall provide each staff member or volunteer with training relevant to their specific duties and responsibilities prior to that staff member or volunteer working independently. This training may be provided through formal instruction, self-study courses, or on-the-job training, and shall include, but is not limited to, the following topics:
- (1) Overview of state regulatory oversight applicable to the assisted living residence;
 - (2) Person-centered care;
 - (3) The role of and communication with external service providers;
 - (4) Recognizing behavioral expression and management techniques, as appropriate for the population being served;
 - (5) How to effectively communicate with residents that have hearing loss, limited English proficiency, dementia, or other conditions that impair communication, as appropriate for the population being served;
 - (6) Training related to fall prevention and ways to monitor residents for signs of heightened fall potential such as deteriorating eyesight, unsteady gait, and increasing limitations that restrict mobility;
 - (7) How to safely provide lift assistance, accompaniment, and transport of residents;
 - (8) Maintenance of a clean, safe and healthy environment including appropriate cleaning techniques;
 - (9) Food safety; and
 - (10) Understanding the staff or volunteer's role in end of life care including hospice and palliative care.

Personnel Policies

- 7.10 The assisted living residence shall develop and maintain written personnel policies, job descriptions and other requirements regarding the conditions of employment, management of staff and resident care to be provided, including, but not limited to, the following:
- (A) The assisted living residence shall provide a job-specific orientation for each new staff member and volunteer before they independently provide resident services;
 - (B) All staff members and volunteers shall be informed of the purpose and objectives of the assisted living residence;
 - (C) All staff members and volunteers shall be given access to the ALR's personnel policies and the ALR shall provide evidence that each staff member and volunteer has reviewed them; and
 - (D) All staff members shall wear name tags or other identification that is visible to residents and visitors.
 - (1) The requirement for name tags may be waived if a majority of attendees at a regularly scheduled assisted living resident meeting agree to do so.
 - (a) The assisted living residence shall maintain documentation showing that all residents and family members were provided advance notice regarding the topic and meeting details.
 - (b) The decision to waive the name tag requirement shall be raised and reviewed at the assisted living resident meeting at least annually.

Personnel Files

- 7.11 The assisted living residence shall maintain a personnel file for each of its employees and volunteers.
- 7.12 Personnel files for current employees and volunteers shall be readily available onsite for Department review.
- 7.13 Each personnel file shall include, but not be limited to, written documentation regarding the following items:
- (A) A description of the employee or volunteer duties;
 - (B) Date of hire or acceptance of volunteer service and date duties commenced;
 - (C) Orientation and training, including first aid and CPR certification, if applicable;
 - (D) Verification from the Department of Regulatory Agencies, or other state agency, of an active license or certification, if applicable;
 - (E) Results of background checks and follow up, as applicable; and
 - (F) Tuberculin test results, if applicable.
 - (G) Documentation of initial dementia training and continuing education for direct-care staff members:

- (1) The residence shall maintain documentation of each employee's completion of initial dementia training and continuing education. Such records shall be available for inspection by representatives of the Department.
 - (2) Completion shall be demonstrated by a certificate, attendance roster, or other documentation.
 - (3) Documentation shall include the number of hours of training, the date on which it was received, and the name of the instructor and/or training entity.
 - (4) Documentation of the satisfactory completion of an equivalent training as defined in sub-part 7.8(B)(2)(b) and as required in the criteria for an exception discussed in sub-part 7.8(B)(4), shall include the information required in this sub-part 7.12 (G)(2) and (3).
 - (5) After the completion of training and upon request, such documentation shall be provided to the staff member for the purpose of employment at another covered facility. For the purpose of dementia training documentation, covered facilities shall include assisted living residences, nursing care facilities, and adult day care facilities as defined in Section 25.5-6-303(1), C.R.S.
- 7.14 If the employee or volunteer is a qualified medication administration person, the following shall also be retained in the employee's or volunteer's personnel file:
- (A) Documentation that the individual's name appears on the Department's list of individuals who have successfully completed the medication administration competency evaluation; and
 - (B) A signed disclosure that the individual has not had a professional medical, nursing, or pharmacy license revoked in this or any other state for reasons directly related to the administration of medications.
- 7.15 Personnel files shall be retained for three years following an employee's separation from employment or a volunteer's separation from service and include the reason(s) for the separation.

Personal Care Worker

- 7.16 The assisted living residence shall ensure that each personal care worker attends the initial orientation required in Part 7.8(A). The assisted living residence shall also require that each personal care worker receives additional orientation on the following topics before providing care and services to a resident:
- (A) Personal care worker duties and responsibilities;
 - (B) The differences between personal services and skilled care; and
 - (C) Observation, reporting and documentation regarding a resident's change in functional status along with the assisted living residence's response requirements.
- 7.17 Orientation and training is not required for a personal care worker who is returning to an assisted living residence after a break in service of three years or less if that individual meets all of the following conditions:
- (A) The personal care worker completed the assisted living residence's required orientation, training, and competency assessment at the time of initial employment;

- (B) The personal care worker successfully completed the assisted living residence's required competency assessment at the time of rehire or reactivation;
 - (C) The personal care worker did not have performance issues directly related to resident care and services in the prior active period of employment; and
 - (D) All orientation, training, and personnel action documentation is retained in the personal care worker's personnel file.
- 7.18 The assisted living residence shall designate an administrator, nurse or other capable individual to be responsible for the oversight and supervision of each personal care worker. Such supervision shall include, but not be limited to:
- (A) Being accessible to respond to personal care worker questions, and
 - (B) Evaluating each personal care worker at least annually.
 - (1) Each evaluation shall include observation of the personal care worker's performance of his or her assigned tasks.
- 7.19 The assisted living residence shall only allow a personal care worker to perform tasks that have a chronic, stable, predictable outcome and do not require routine nurse assessment.
- 7.20 The potential duties of a personal care worker range from observation and monitoring of residents to ensure their health, safety, and welfare, to companionship and personal services.
- 7.21 Before a personal care worker independently performs personal services for a resident, the supervisor designated by the assisted living residence shall observe and document that the worker has demonstrated his or her ability to competently perform every personal task assigned. This competency check shall be repeated each time a worker is assigned a new or additional personal care task that he or she has not previously performed.
- 7.22 Only appropriately skilled professionals may train personal care workers and their supervisors on specialized techniques beyond general personal care and assistance with activities of daily living as defined in these rules. (Examples include, but are not limited to, transfers requiring specialized equipment and assistance with therapeutic diets). Personal care workers and their supervisors shall be evaluated for competency before the delivery of each personal service requiring a specialized technique.
- (A) Documentation regarding competency in specialized techniques shall be included in the personnel files of both personal care workers and supervisors.
 - (B) A registered nurse who is employed or contracted by the assisted living residence may delegate to a personal care worker in accordance with the Nursing Practice Act if the registered nurse is the supervising nurse for the personal care worker.
- 7.23 The assisted living residence shall ensure that each personal care worker complies with all assisted living residence policies and procedures and not allow a personal care worker to perform any functions which are outside of his or her job description, written agreements, or a resident's care plan.

PART 8 – STAFFING REQUIREMENTS

Minimum Staffing

- 8.1 Whenever one or more residents are present in the assisted living residence, there shall be at least one staff member present who meets the criteria in Part 8.7 and is capable of responding to an emergency.
- (A) Residents shall not be transferred off site solely for the convenience of the assisted living residence or its staff.
- 8.2 Between 10 PM and 6 AM, staff shall conduct at least one safety check of all consenting residents.

Staffing Levels

- 8.3 To determine appropriate routine staffing levels, the assisted living residence shall consider, at a minimum, the following items:
- (A) The acuity and needs of the residents,
- (B) The services outlined in the care plan, and
- (C) The services set forth in the resident agreement.
- 8.4 Staff shall be sufficient in number to help residents needing or potentially needing assistance, considering individual needs such as the risk of accident, hazards, or other challenging events.

First Aid, Obstructed Airway Technique and Cardiopulmonary Resuscitation Trained Staff

- 8.5 The assisted living residence shall ensure that it has sufficient staff members who are currently certified in first aid and cardiopulmonary resuscitation to meet the requirements of this part.
- 8.6 Each assisted living residence shall have at least one staff member onsite at all times who has current certification in first aid from a nationally recognized organization such as the American Red Cross, the American Heart Association, National Safety Council, or American Safety and Health Institute. The certification shall either be in Adult First Aid or include Adult First Aid.
- 8.7 Each assisted living residence shall have at least one staff member onsite at all times who has current certification in cardiopulmonary resuscitation (CPR) and obstructed airway techniques from a nationally recognized organization (e.g., the American Red Cross, the American Heart Association, the National Safety Council or the American Safety and Health Institute) or a training curriculum that meets the American Heart Association's Emergency Cardiovascular Care (ECC) or International Consensus on Cardio-pulmonary Resuscitation (ILCOR) guidelines. The certification shall either be in Adult CPR or include Adult CPR in its curriculum, and shall include a skills assessment observed and evaluated by an instructor.
- 8.8 Each assisted living residence shall place in a visible location a list of all staff who have current certification in first aid or CPR so that the information is readily available to staff at all times. The list shall be kept up to date and indicate by staff person whether the certification is in first aid or CPR or both.
- 8.9 Each assisted living residence shall require that all staff who are certified in first aid and/or obstructed airway techniques promptly provide those services in accordance with their training.

- 8.10 Each assisted living residence shall require that all staff who are certified in CPR promptly provide those services in accordance with their training, unless the affected resident has a do not resuscitate order.
- 8.11 Each assisted living residence shall require that staff, even if not certified in first aid or CPR, promptly respond to an emergency and follow the instructions of a 911 emergency call operator until a medically trained provider can assume care.

Use of Volunteers and Residents

- 8.12 Volunteers and residents may assist with the provision of resident care and services, but the assisted living residence shall not consider the use of either volunteers or resident helpers in determining the appropriate staffing level.

Use of Hospice Providers

- 8.13 When licensed hospice care is provided in an assisted living residence, there shall be a written agreement regarding the provision of that care by a hospice provider. The written agreement shall be signed by authorized representatives of the hospice and assisted living residence prior to the provision of hospice care. The written agreement shall include, at a minimum, the following:
- (A) How the assisted living residence and hospice will coordinate and communicate with each other to ensure that the needs of the resident are being fully met;
 - (B) A provision that the assisted living residence shall immediately notify the hospice if:
 - (1) There is a significant change in the resident's physical, mental, social or emotional status that may necessitate a change to the resident's care plan;
 - (2) There is a need to transfer the resident from the assisted living residence, in which case the hospice shall coordinate any necessary care related to the terminal illness and related conditions; or
 - (3) The resident dies.
 - (C) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided; and
 - (D) A provision stating that it is the responsibility of the assisted living residence to provide 24-hour room and board and the other services required by this Chapter 7.
- 8.14 If a hospice provider fails to provide services when they are necessary, the assisted living residence shall follow the requirements of Part 12.5 regarding a resident's significant change in baseline status and request a practitioner assessment.

Contracted Personnel and Services

- 8.15 An assisted living residence that uses a separate agency, organization, or individual to provide services for the ALR or residents shall have a written agreement that sets forth the terms of the arrangement. The agreement shall specify, at a minimum, the following items:
- (A) The specific services to be provided;
 - (B) The time frame for the provision of such services;

- (C) The contractor's obligation to comply with all applicable assisted living residence policies and procedures, including personnel qualifications;
 - (D) How such services will be coordinated and overseen by the assisted living residence; and
 - (E) The procedure for payment of services provided under the contract.
- 8.16 If contract personnel and/or services are used, the contractor shall meet all applicable requirements of these regulations.
- 8.17 Notwithstanding the above criteria, the assisted living residence shall retain responsibility for oversight of all contracted personnel and services to ensure the health, safety and welfare of the residents.

PART 9 – POLICIES AND PROCEDURES

- 9.1 The assisted living residence shall develop and at least annually review, all policies and procedures. At a minimum, the assisted living residence shall have policies and procedures that address the following items:
- (A) Admission and discharge criteria in accordance with Parts 11 and 25, if applicable, including, but not limited to criteria for involuntary discharge as listed in Parts 11.11 through 11.12;
 - (B) Resident rights;
 - (C) Grievance procedure and complaint resolution, including a grievance procedure for involuntary discharge in accordance with Part 9.3;
 - (D) Investigation of abuse, neglect, and exploitation allegations;
 - (E) Investigation of injuries of known or unknown source/origin;
 - (F) House rules;
 - (G) Emergency preparedness;
 - (H) Fall management;
 - (I) Provision of lift assistance, first aid, obstructed airway technique, and cardiopulmonary resuscitation;
 - (J) Unanticipated illness, injury, significant change of status from baseline, or death of resident;
 - (K) Infection control;
 - (L) Practitioner assessment;
 - (M) Health information management;
 - (N) Personnel policies as required in both Part 6 and Part 7 of these rules;
 - (O) Staff Training;

- (P) Environmental pest control;
- (Q) Medication errors and medication destruction and disposal;
- (R) Management of resident funds, if applicable;
- (S) Policies and procedures related to secure environment, if applicable;
- (T) Provision of palliative care in accordance with 6 CCR 1011-1, Chapter 2, Part 4.3, if applicable; and
- (U) Visitation in accordance with Part 9.2.

9.2 The assisted living residence shall have written policies and procedures regarding the visitation rights detailed in Section 25-3-125(3)(a), C.R.S. Such policies and procedures shall:

- (A) Set forth the visitation rights of the resident, consistent with 42 CFR 482.13(h); 42 U.S.C. 1396r(c)(3)(C); 42 U.S.C. 1395i(c)(3)(C); 42 CFR 483.10(a), (b), and (f); and Section 25-27-104, C.R.S., as applicable to the facility type;
- (B) Describe any restriction or limitation necessary to ensure the health and safety of residents, staff, or visitors and the reasons for such restriction or limitation;
- (C) Be available for inspection at the request of the Department;
- (D) Be provided to residents and/or family members upon request; and
- (E) Include the right of each resident of an assisted living residence to have at least one visitor of the resident's choosing during their stay at the residence, unless restrictions or limitations under federal law or regulation, other state statute, or state or local public health order apply. This visitation right shall be exercised in accordance with the following:
 - (1) A visitor to provide a compassionate care visit to alleviate the resident's physical or mental distress.
 - (2) For a resident with a disability:
 - (a) A visitor or support person, designated by the resident, orally or in writing, to support the resident during the course of their residency. The support person may visit the resident and may exercise the resident's visitation rights even when the resident is incapacitated or otherwise unable to communicate.
 - (b) When the resident has not otherwise designated a support person and the resident is incapacitated or otherwise unable to communicate their wishes, an individual may provide an advance medical directive designating the individual as the resident's support person or another term indicating that the individual is authorized to exercise visitation rights on behalf of the resident.

Pursuant to Section 15-18.7-102(2), C.R.S., “(2) ‘Advance medical directive’ means a written instruction concerning medical treatment decisions to be made on behalf of the adult who provided the instruction in the event that he or she becomes incapacitated. An advance medical directive includes, but need not be limited to: (a) A medical durable power of attorney executed pursuant to Section 15-14-506; (b) A declaration executed pursuant to the “Colorado Medical Treatment Decision Act”, article 18 of this title; (c) A power of attorney granting medical treatment authority executed prior to July 1, 1992, pursuant to Section 15-14-501, as it existed prior to that date; or (d) A CPR directive or declaration executed pursuant to article 18.6 of this title.”

- (3) For a resident who is under eighteen years of age, the parent, legal guardian, or person standing in loco parentis to the resident is allowed to exercise these visitation rights pursuant to any limitations described in Parts 9.2(F) and (G).
- (F) The policies and procedures may impose limitations on visitation rights. During a period when the risk of transmission of a communicable disease is heightened, an assisted living residence may:
- (1) Require visitors to enter the residence through a single, designated entrance;
 - (2) Deny entrance to a visitor who has known symptoms of the communicable disease;
 - (3) Require visitors to use medical masks, face-coverings, or other personal protective equipment while on the assisted living residence premises or in specific areas of the residence;
 - (4) Require visitors to sign a document acknowledging:
 - (a) The risks of entering the residence while the risk of transmission of a communicable disease is heightened; and
 - (b) That menacing and physical assaults on health-care workers and other employees of the residence will not be tolerated;
 - (5) Require all visitors, before entering the residence, to be screened for symptoms of the communicable disease and deny entrance to any visitor who has symptoms of the communicable disease;
 - (6) Require all visitors to the residence to be tested for the communicable disease and deny entry for those who have a positive test result; and
 - (7) Restrict the movement of visitors within the residence, including restricting access to where immunocompromised or otherwise vulnerable populations are at greater risk of being harmed by a communicable disease.
 - (8) If an assisted living residence requires that a visitor use a medical mask, face covering, or other personal protective equipment or to take a test for a communicable disease in order to visit a resident at the assisted living residence, nothing in these regulations:
 - (a) Requires the residence allow a visitor to enter, if the required equipment or test is not available due to lack of supply;

- (b) Requires the residence to supply the required equipment or test to the visitor, or bear the cost of the equipment for the visitor; or
 - (c) Precludes the health-care residence from supplying the required equipment or test to the visitor.
 - (G) The policies and procedures may impose additional limitations for the visitors of a resident with a communicable disease who is isolated. In this case, the residence may impose additional restrictions including:
 - (1) Limiting visitation to essential caregivers who are helping to provide care to the resident;
 - (2) Limiting visitation to one caregiver at a time per resident with a communicable disease;
 - (3) Scheduling visitors to allow for adequate time for screening, education, and training of visitors and to comply with any limits on the number of visitors permitted in the isolated area at the time; and
 - (4) Prohibiting the presence of visitors during aerosol-generating procedures or during collection of respiratory specimens.
 - (H) Any limitations imposed shall be consistent with applicable federal law and regulation and other state statute.
- 9.3 The assisted living residence shall have an involuntary discharge grievance policy that complies with Section 25-27-104.3, C.R.S., and includes, at a minimum:
- (A) The individual designated by the assisted living residence to receive involuntary discharge grievances.
 - (B) The ability for any of the persons the assisted living residence is required to notify in accordance with Part 11.16 to file a grievance challenging the involuntary discharge and/or reasons for the discharge with the individual designated in subpart (A), above, within 14 calendar days after written notice of the involuntary discharge is provided by the assisted living residence.
 - (C) The ability for the resident, or other person allowed to file a grievance to receive assistance in preparing and filing a grievance without interference from the assisted living residence.
 - (D) A requirement that grievances related to involuntary discharge be submitted to the individual designated by the facility in accordance with subpart (A) as follows:
 - (1) In writing, or
 - (2) Orally submitted to the individual designated in accordance with subpart (A), above. In the case of an oral submission, the assisted living residence shall ensure the individual submitting the grievance retains proof of the oral submission through a witness or other evidence.

- (a) If the grievance is orally submitted and witnessed, the assisted living residence shall ensure that the resident or other person filing the grievance has the witness's name and contact information, and shall keep that information as part of the grievance documentation.
- (E) A requirement that no later than 5 business days after the submission of a grievance in accordance with subpart (D), above, the individual designated by the assisted living residence to receive involuntary discharge grievances shall provide a response to the grievance as follows:
- (1) A written response shall be provided to the individuals required to receive notice in Part 11.16, the state long-term care ombudsman, and the designated local ombudsman.
 - (2) An oral explanation of the written response shall be provided to the resident and/or person filing the grievance, as appropriate.
 - (3) The written response shall include the following statement regarding the filing of an appeal:

"If the resident, or other person that submitted this grievance is dissatisfied with this response, they may file an appeal to the executive director of the Colorado Department of Public Health and Environment within 5 business days after receiving this written response. The appeal must include the original grievance, the original notice of involuntary discharge and supporting documentation given to the resident as part of that notification, and any additional information or documentation."
- (F) Acknowledgement that if the resident, the individual filing the grievance, or the assisted living residence is dissatisfied with the findings and recommendations of the Department related to an appeal, they may request a hearing conducted by the Department pursuant to Section 24-4-105, C.R.S.
- (G) A requirement that the assisted living residence not take any punitive or retaliatory action against a resident due to the resident filing a grievance or appeal pursuant to this Part.
- (H) A requirement that the assisted living residence continue to assist with planning a discharge or transfer of the resident while the grievance or appeal to the Department is pending.
- (I) A requirement that the resident be allowed to return to the assisted living residence if all of the following apply:
- (1) The stated reason for the involuntary discharge in the notice of involuntary discharge provided in accordance with Part 11.17 is nonpayment of monthly services or room and board,
 - (2) The assisted living residence discharged the resident on or after the 31st day after the written notice of involuntary discharge was provided to the resident, and
 - (3) The resident substantially complied with payments due to the residence, as determined through the grievance and appeal process.

PART 10 – EMERGENCY PREPAREDNESS

Emergency Policies and Procedures

- 10.1 The assisted living residence shall have readily available a roster of current residents, their room assignments and emergency contact information, along with a facility diagram showing room locations.
- 10.2 The assisted living residence shall complete a risk assessment of all hazards and preparedness measures to address natural and human-caused crises including, but not limited to, fire(s), gas explosion, power outages, tornado, flooding and threatened or actual acts of violence.
- 10.3 The assisted living residence shall develop and follow written policies and procedures to ensure the continuation of necessary care to all residents for at least 72 hours immediately following any emergency including, but not limited to, a long-term power failure.
- 10.4 Emergency policies and procedures shall be tailored to the geographic location of the assisted living residence; types of residents served; and unique risks and circumstances identified by the assisted living residence.
- 10.5 Each assisted living residence shall identify its highest potential risk and hold routine drills to facilitate staff and resident response to that risk. There shall be written documentation of such drills.
- 10.6 Each assisted living residence's emergency policies shall address, at a minimum, all of the following items:
 - (A) Written instructions for each identified risk that includes persons to be notified and steps to be taken. The instructions shall be readily available 24 hours a day in more than one location with all staff aware of the locations;
 - (B) A schematic plan of the building or portions thereof placed visibly in a central location and throughout the building, as needed, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes;
 - (C) When to evacuate the premises and the procedure for doing so;
 - (D) A pre-determined means of communicating with residents, families, staff and other providers;
 - (E) A plan that ensures the availability of, or access to, emergency power for essential functions and all resident-required medical devices or auxiliary aids;
 - (F) Storage and preservation of medications;
 - (G) Assignment of specific tasks and responsibilities to the staff members on each shift including use of a triage system to assess the needs of the most vulnerable residents first;
 - (H) Protection and transfer of health information as needed to meet the care needs of residents; and
 - (I) In the event relocation of residents becomes necessary, written agreements with other health facilities and/or community agencies.

Emergency Equipment

- 10.7 First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed in its use and location.
- 10.8 The assisted living residence shall have enough first aid kits to enable staff to immediately respond to emergencies. Each first aid kit shall be checked regularly to ensure that it is fully stocked and that any expiration date is not exceeded.
- 10.9 Each kit shall include, at a minimum, the following items:
- (A) Latex free disposable gloves,
 - (B) Scissors,
 - (C) Adhesive bandages,
 - (D) Bandage tape,
 - (E) Sterile gauze pads,
 - (F) Flexible roller gauze,
 - (G) Triangular bandages with safety pins,
 - (H) A note pad with a pen or pencil,
 - (I) A CPR barrier device or mask, and
 - (J) Soap or waterless hand sanitizer.
- 10.10 If the assisted living residence has an automated external defibrillator (AED), staff shall be trained in its use and it shall be maintained in accordance with the manufacturer's specifications.
- 10.11 There shall be at least one telephone, not powered by household electrical current, in the assisted living residence available for immediate emergency use by staff, residents, and visitors. Contact information for police, fire, ambulance [911, if applicable] and poison control center shall be readily accessible to staff.
- 10.12 Assisted living residences shall have a battery or generator-powered alternative lighting system available in the event of a power failure.

PART 11 – RESIDENT ADMISSION AND DISCHARGE

Move-In Criteria

- 11.1 The assisted living residence shall accept only those persons whose needs can be fully met by the existing staff, physical environment, and services already being provided. The assisted living residence's ability to meet resident needs shall be based upon a comprehensive pre-admission assessment of a resident's physical, mental, and social needs; cultural, religious and activity needs; preferences; and capacity for self-care.

Move-In Restrictions

- 11.2 An assisted living residence shall not allow to move in any person who:

- (A) Needs regular 24-hour medical or nursing care;
- (B) Is incapable of self-administration of medication and the assisted living residence does not have staff who are either licensed or qualified under 6 CCR 1011-1, Chapter 24 to administer medications;
- (C) Has an acute physical illness which cannot be managed through medication or prescribed therapy;
- (D) Has physical limitations that restrict mobility unless compensated for by available auxiliary aids or intermittent staff assistance;
- (E) Has incontinence issues that cannot be managed by the resident or staff;
- (F) Is profoundly disoriented to time, person, and place with safety concerns that require a secure environment and the assisted living residence does not provide a secure environment;
- (G) Has a stage 3 or 4 pressure sore and does not meet the criteria in Part 12.4;
- (H) Has a history of conduct that has been disclosed to the assisted living residence that would pose a danger to the resident or others, unless the ALR reasonably believes that the conduct can be managed through therapeutic approaches; or
- (I) Needs restraints, as defined herein, of any kind except as statutorily allowed for assisted living residences which are certified to provide services specifically for the mentally ill.
 - (1) Assisted living residences certified to provide services for the mentally ill shall have policies, procedures, and appropriate staff training regarding the use of restraint and maintain current documentation to show that less restrictive measures were, and continue to be, unsuccessful.

Resident Agreement

- 11.3 At the time the resident moves in, the assisted living residence shall ensure that the resident and/or the resident's legal representative has received a copy of the written resident agreement and agreed to the terms set forth therein. The assisted living residence shall ensure that the agreement is signed and dated by both parties.
- 11.4 The terms of a resident agreement shall not alter, or be construed to relieve the assisted living residence of compliance with, any requirement or obligation under relevant federal, state, or local law and regulation.
- 11.5 The assisted living residence shall review its resident agreements annually and update or amend them as necessary. Amendments to the resident agreement shall also be signed and dated by both parties.
 - (A) When a change of ownership occurs, the new owner shall either acknowledge and agree to the terms of each existing resident agreement or establish a new agreement with each resident.
- 11.6 The written resident agreement shall specify the understanding between the parties concerning, at a minimum, the following items:
 - (A) Assisted living residence charges, refunds, and deposit policies;

- (B) The general type of services and activities provided and not provided by the assisted living residence and those which the assisted living residence will assist the resident in obtaining;
- (C) A list of specific assisted living residence services included for the agreed upon rates and charges, along with a list of all available optional services and the specified charge for each;
- (D) The amount of any fee to hold a place for the resident in the assisted living residence while the resident is absent from the assisted living residence and the circumstances under which it will be charged;
- (E) Responsibility for providing and maintaining bed linens, bath and hygiene supplies, room furnishings, communication devices, and auxiliary aids; and
- (F) A guarantee that any security deposit will be fully reimbursed if the assisted living residence closes without giving resident(s) written notice at least thirty (30) calendar days before such closure,
- (G) Reasons that the assisted living residence could pursue an involuntary discharge of the resident, as listed in Parts 11.11 and 11.12,

Written Disclosure of Information

- 11.7 The assisted living residence shall ensure that when a new resident moves in, he or she is provided with, and acknowledges receipt of, the following information:
- (A) How to obtain access to the assisted living residence policies and procedures listed under Part 9.1;
 - (B) The resident's right to receive cardiopulmonary resuscitation (CPR) or have a written advance directive refusing CPR;
 - (C) Minimum staffing levels, whether the assisted living residence has awake staff 24 hours a day and the extent to which certified or licensed health care professionals are available on-site;
 - (D) Whether the assisted living residence has an automatic fire sprinkler system;
 - (E) Whether the assisted living residence uses egress alert devices, including details about when and where they are used;
 - (F) Whether the assisted living residence has resident location monitoring devices (such as video surveillance), when and where they are used, and how the assisted living residence determines that a resident requires monitoring;
 - (G) Whether the assisted living residence operates a secure environment and what that means;
 - (H) The resident's individualized care plan that addresses his or her functional capability and needs;
 - (I) Smoking prohibitions and/or designated areas for smoking;

- (J) The readily available on-site location of the assisted living residence's most recent inspection report; and
- (K) Upon request, a copy of the most recent version of these Chapter 7 rules.

Management of Resident Funds/Property

- 11.8 An assisted living residence shall not assume power of attorney or guardianship over a resident unless by court order, nor shall an assisted living residence require a resident to execute or assign a loan, advance, financial interest, mortgage, or other property in exchange for future services.
- 11.9 An assisted living residence shall not be required to handle resident funds or property.
- 11.10 An assisted living residence that chooses to handle resident funds or property, shall have a policy regarding the management of such funds and shall comply with the following criteria:
- (A) There shall be a written authorization that specifies the terms and duration of the financial management services to be performed by the assisted living residence. Such authorization shall be signed by the resident or resident's legal representative and notarized;
 - (B) Upon entering into an agreement with a resident for financial management services, the assisted living residence shall exercise fiduciary responsibility for these funds and property, including, but not limited to, maintaining any funds over the amount of five hundred dollars (\$500) in an interest-bearing account, separate from the general operating fund of the ALR, which interest shall accrue to the resident;
 - (C) The assisted living residence shall post a surety bond in an amount sufficient to protect the residents' personal funds;
 - (D) The assisted living residence shall maintain a continuous, dated record of all financial transactions. The record shall begin with the date of the first handling of the personal funds of the resident and shall be kept on file for at least three years following termination of the resident's stay in the assisted living residence. Such record shall be available for inspection by the Department; and
 - (E) The assisted living residence shall provide the resident or legal representative a receipt each time funds are disbursed along with a quarterly report identifying the beginning and ending account balance along with a description of each and every transaction since the last report.

Discharge

- 11.11 The assisted living residence shall arrange to discharge any resident who:
- (A) Has an acute physical illness which cannot be managed through medication or prescribed therapy;
 - (B) Has physical limitations that restrict mobility, and which cannot be compensated for by available auxiliary aids or intermittent staff assistance;
 - (C) Has incontinence issues that cannot be managed by the resident or staff;
 - (D) Has a stage 3 or stage 4 pressure sore and does not meet the criteria in Part 12.4;

- (E) Is profoundly disoriented to time, person, and place with safety concerns that require a secure environment, and the assisted living residence does not provide a secure environment;
 - (F) Exhibits conduct that poses a danger to self or others and the assisted living residence is unable to sufficiently address those issues through therapeutic approach; and/or
 - (G) Needs more services than can be routinely provided by the assisted living residence or an external service provider.
- 11.12 The assisted living residence may also discharge a resident for:
- (A) Nonpayment of basic services in accordance with the resident agreement; or
 - (B) The resident's failure to comply with a valid, signed resident agreement.
- 11.13 Where a resident has demonstrated that he or she has become a danger to self or others, the assisted living residence shall promptly implement the following process pending discharge:
- (A) Take all appropriate measures necessary to protect other residents;
 - (B) Reassess the resident to be discharged and revise his or her care plan to identify the resident's current needs and what services the assisted living residence will provide to meet those needs; and
 - (C) Ensure all staff are aware of any new directives placed in the care plan and are properly trained to provide supervision and actions consistent with the care plan.
- 11.14 The assisted living residence shall coordinate a voluntary or involuntary discharge with the resident, the resident's legal representative and/or the appropriate agency. Prior to discharging a resident because of increased care needs, the assisted living residence shall make documented efforts to meet those needs through other means.
- 11.15 In the event a resident is transferred to another health care entity for additional care, the assisted living residence shall arrange to evaluate the resident prior to re-admission or discharge the resident in accordance with the discharge procedures specified below.
- 11.16 The assisted living residence shall provide written notice of any discharge 30 calendar days in advance of discharge except in cases in which the resident requires a level of care that cannot be met by the residence or the resident has demonstrated that they are a danger to themselves or others, whereupon the assisted living residence shall provide written notification with as much advance notice as is reasonable under the circumstances prior to the removal from the residence. Such written notice shall be provided to:
- (A) The resident,
 - (B) The resident's legal representative, and
 - (C) Any relative or other person the resident has designated to receive notice of a discharge, as listed on the resident's face sheet in accordance with Part 18.9(G).
- 11.17 Written notice of involuntary discharge must include the following:
- (A) A detailed explanation of the reason or reasons for the discharge, including, at a minimum:

- (1) Facts and evidence supporting each reason given by the residence, and
 - (2) A recounting of events leading to the involuntary discharge, including interactions with the resident over a period of time prior to the notice and actions taken to avoid discharge, specifying the timing of the events and actions.
- (B) Statements conveying the following information:
- (1) That the individual receiving the notice has the right to file a grievance with the residence challenging the involuntary discharge within 14 days of the written notice, regardless of whether the resident has already been removed from the assisted living residence,
 - (2) That if a grievance is filed, the assisted living residence must provide a response to the grievance within five business days, and
 - (3) If the resident or person filing the grievance is dissatisfied with the response, that the resident or person filing the grievance may appeal to the executive director of the Colorado Department of Public Health and Environment or their designee.
- (C) Names and contact information, including phone numbers, physical addresses, and email addresses, for the state long-term care ombudsman, the designated local ombudsman, and the Colorado Department of Public Health and Environment.
- (D) If the involuntary discharge is initiated due to a medical or physical condition resulting in a required level of care that cannot be treated with medication or services routinely provided by the residence's staff or an external service provider, the notice must also include an assessment by the resident's applicable health-care or behavioral health provider of the resident's current needs in relation to the resident's medical and physical condition.
- 11.18 A copy of any involuntary discharge notice shall be sent to the state long-term care ombudsman and the designated local ombudsman, within five (5) calendar days of the date that it is provided to the resident and the resident's legal representative.

PART 12 – RESIDENT CARE SERVICES

Minimum Services

- 12.1 The assisted living residence shall make available, either directly or indirectly through a resident agreement, the following services, sufficient to meet the needs of the residents:
- (A) A physically safe and sanitary environment including, but not limited to, measures to reduce the risk of potential hazards in the physical environment related to the unique characteristics of the population;
 - (B) Room and board;
 - (C) Personal services including, but not limited to, a system for identifying and reporting resident concerns that require either an immediate individualized approach or on-going monitoring and possible re-assessment;

- (D) Protective oversight including, but not limited to, taking appropriate measures when confronted with an unanticipated situation or event involving one or more residents and the identification of urgent issues or concerns that require an immediate individualized approach; and
- (E) Social care and resident engagement.

Nursing Services

- 12.2 Nurses may provide nursing services to support the personal services provided to residents of the assisted living residence, except that such services shall not rise to the level that requires resident discharge as described in Part 11.11 or becomes regular 24-hour medical or nursing care.
- (A) Other staff may assist with nursing services if they are trained and evaluated for competency prior to assignment.
 - (B) Staff assisting with nursing services shall be supervised by a nurse.
 - (C) Only staff employed or contracted by the assisted living residence shall provide or assist with nursing services on behalf of the assisted living residence.
- 12.3 The following occasionally required services may only be provided by an external service provider or the nurse of the assisted living residence:
- (A) Syringe or tube feeding,
 - (B) Intravenous medication,
 - (C) Catheter care that involves changing the catheter, irrigation of the catheter and/or total assistance with catheter,
 - (D) Ostomy care where the ostomy site is new or unstable, and
 - (E) Care for a stage 1 or stage 2 pressure sore if the condition is stable and resolving.
- 12.4 An assisted living residence shall not admit or keep a resident with a stage 3 or stage 4 pressure sore unless the resident has a terminal condition and is receiving continuing care from an external service provider.

Practitioner Assessment

- 12.5 The assisted living residence shall have a policy and procedure regarding when a practitioner's assessment of a resident is appropriate. At a minimum, the assisted living residence shall contact the resident's primary practitioner when any of the following circumstances occur and follow the practitioner's recommendation regarding further action.
- (A) The resident experiences a significant change in their baseline status,
 - (B) The resident has physical signs of possible infection (open sores, etc.),
 - (C) The resident sustains an injury or accident,
 - (D) The resident has known exposure to a communicable disease, and/or

- (E) The resident develops any condition which would have initially precluded admission to the assisted living residence.

Comprehensive Resident Assessment

- 12.6 At the time a new resident moves in, the assisted living residence shall complete a comprehensive assessment that reflects information requested and received from the resident, the resident's representative if requested by the resident, and a practitioner. Information from the comprehensive assessment shall be used to establish an individualized care plan.
- 12.7 The comprehensive assessment shall include all the following items:
 - (A) Information from the comprehensive pre-admission assessment described in Part 11.1;
 - (B) Information regarding the resident's overall health and physical functioning ability;
 - (C) Information regarding the resident's advance directives;
 - (D) Communication ability and any specific needs to facilitate effective communication;
 - (E) Current diagnoses and any known or anticipated need or impact related to the diagnoses;
 - (F) Food and dining preferences, unique needs and restrictions;
 - (G) Individual bathroom routines, sleep and awake patterns;
 - (H) Reactions to the environment and others, including changes that may occur at certain times or in certain circumstances;
 - (I) Routines and interests;
 - (J) History and circumstances of recent falls and any known approaches to prevent future falls;
 - (K) Safety awareness;
 - (L) Types of physical, mental, and social support required; and
 - (M) Personal background, including information regarding any other individuals who are supportive of the resident, cultural preferences, and spiritual needs.
- 12.8 The comprehensive assessment shall be documented in writing and kept in the resident's health information record.
- 12.9 The comprehensive assessment shall be updated for each resident at least annually and whenever the resident's condition changes from baseline status.

Resident Care Plan

- 12.10 Each resident care plan shall:
 - (A) Be developed with input from the resident and the resident's representative;
 - (B) Reflect the most current assessment information;

- (C) Promote resident choice, mobility, independence and safety;
- (D) Detail specific personal service needs and preferences along with the staff tasks necessary to meet those needs;
- (E) Identify all external service providers, including essential caregivers for the purposes of the assisted living residence's visitation policy as required by Part 9.2, along with care coordination arrangements; and
- (F) Identify formal, planned, and informal spontaneous engagement opportunities that match the resident's personal choices and needs.

Care Coordination

- 12.11 The assisted living residence shall be responsible for the coordination of resident care services with known external service providers.
- 12.12 The assisted living residence shall notify the resident's representative whenever the resident experiences a significant change from baseline status.

Restraint

- 12.13 An assisted living residence shall not use restraints of any kind or deprive a resident of his or her liberty for purposes of care or safety except as allowed by Part 11.2(I), Part 25, or as set forth below.
- 12.14 A device that facilitates a resident's well-being and/or independence may be used only if all of the following criteria are met:
 - (A) The resident has the functional ability to alter his or her position;
 - (B) The resident is able to remove the device to allow for normal movement;
 - (C) The device improves the resident's physical or emotional state and allows the resident to participate in activities that would otherwise be difficult or impossible; and
 - (D) There is an order from a practitioner for its use.
 - (1) There shall also be interdisciplinary documentation from both the practitioner and a therapist describing the benefits and hazards associated with the device and information on its appropriate use.
 - (2) A resident's continued use of such device shall be re-evaluated by both therapist and practitioner at least annually or whenever the resident experiences a significant change in status.
 - (3) Documentation of compliance with this subpart (D) shall be retained in the resident's care plan.

Fall Management Program

- 12.15 The assisted living residence shall develop policies and procedures to establish a fall management program. The program shall include the following:
 - (A) Providing fall management education and materials to residents and family members;

- (B) Detailing in each resident's care plan the individualized approach necessary to address fall risk related to deficits in strength, balance, and eyesight, or effects of medication as identified during the comprehensive resident assessment;
- (C) Providing resident engagement activities to improve strength and balance as specified in Part 12.22(C);
- (D) Routinely inspecting and maintaining a safe exterior and interior environment as specified in Parts 21 and 22; and
- (E) Providing staff training related to fall prevention as specified in Part 7.8(B)(6).

Lift Assistance

- 12.16 Each assisted living residence shall direct staff to assist residents who have fallen or are otherwise unable to independently get up off the floor. The assisted living residence's policy on staff providing lift assistance shall be made available to its local emergency medical responders.
- 12.17 The assisted living residence shall ensure that it has trained staff available to evaluate residents who have fallen or are otherwise unable to independently get up off the floor and provide lift assistance when determined appropriate instead of relying on emergency medical responders.
- (A) Each situation shall be evaluated to determine if the resident can be assisted in a safe manner such as when the resident has no pain and/or there is no change from baseline, the resident's mental status is unchanged from baseline, and there is no, or minor, bleeding.
 - (B) Once the situation has been evaluated, assisted living residence policy shall require staff to take the following actions:
 - (1) Physically perform the lift assistance using techniques provided in staff training and monitor the resident; or
 - (2) Not lift and call 911 when the resident is unconscious, the resident's physical or mental status has declined from baseline, the resident experiences an increase in pain when lifting is attempted, the resident wants 9-1-1 called, and/or the resident either can't assist in any way or refuses to assist because of pain, injury, or other physical complications.
 - (C) The assisted living residence shall promptly notify the resident's practitioner, family and/or legal representative of the occurrence of either circumstance identified in Part 12.17(B)(1) or (2), along with information regarding the ALR's response.
- 12.18 The assisted living residence's policy shall also require documentation of the action taken by staff and ongoing efforts to prevent a reoccurrence of the situation in the future.

Resident Engagement

- 12.19 The assisted living residence shall encourage residents to maintain and develop their fullest potential for independent living through individual and group engagement opportunities.
- 12.20 The assisted living residence shall provide all residents with regular opportunities to participate in structured engagement and shall support the pursuit of each resident's interests.

- 12.21 If requested, the assisted living residence shall assist a resident with identifying and accessing outside services and community events.
- 12.22 Examples of resident engagement include, but are not limited to, the following:
- (A) Individual or group conversation, recreation, art, crafts, music, and pet care;
 - (B) Use of daily living skills that foster and maintain a sense of purpose and significance;
 - (C) Physical pursuits such as games, sports, and exercise that develop and maintain strength, coordination, and range of motion;
 - (D) Educational opportunities such as special classes or community events;
 - (E) Cultivation of personal interests and pursuits; and
 - (F) Encouraging engagement with others.
- 12.23 The assisted living residence shall encourage residents to contribute to the planning, preparation, conduct, clean-up, and critique of any structured engagement offering.
- 12.24 The assisted living residence shall evaluate its resident engagement program at least every three months to ascertain whether the opportunities offered to residents are relevant and well-received and/or if changes are appropriate in response to resident feed-back.
- 12.25 The assisted living residence shall, whenever feasible, coordinate with local agencies and organizations to promote resident participation in community centered activities including, but not limited to:
- (A) Public service endeavors;
 - (B) Community events such as concerts, exhibits, and plays;
 - (C) Community organized group engagement such as senior citizen groups, sports leagues, and service clubs; and
 - (D) Attendance at the place of worship of the resident's choice.
- 12.26 Each assisted living residence shall place notices of planned resident engagement offerings in a central location readily accessible to residents, relatives, and the public. Copies shall be retained for at least six months.

Resident Engagement Management

19 or fewer residents

- 12.27 In assisted living residences that are licensed for 19 or fewer residents, the administrator shall be primarily responsible for organizing, conducting, and evaluating resident engagement. If an assisted living residence can demonstrate that its residents are self-directed to the extent that they are able to plan, organize, and conduct the ALR's resident engagement activities themselves, the ALR may request a waiver of this requirement.

20 to 49 residents

- 12.28 In assisted living residences that are licensed for 20 to 49 residents, the administrator shall designate one staff member to be responsible for organizing, conducting, and evaluating resident engagement. The designated staff member shall have had at least six months experience in providing structured resident engagement offerings or have completed or be enrolled in an equivalent education and/or training program.

50 or more residents

- 12.29 In assisted living residences that are licensed for 50 or more residents, there shall be at least one staff member whose sole responsibility is to organize, conduct, and evaluate resident engagement. The ALR shall provide such staff member with as much accommodation and staff support as necessary to ensure that all residents have on-going opportunities to participate in resident engagement activities that are planned in advance, documented in writing, kept up to date, and made available to all residents. The responsible staff member shall have had at least one year of experience or equivalent education and/or training in providing structured resident engagement offerings and be knowledgeable in evaluating resident needs, supervising other staff and in training volunteers.

Use of Volunteers

- 12.30 Each assisted living residence shall encourage participation of volunteers in resident engagement opportunities. All such volunteers shall be supervised and directed by the administrator or staff member primarily responsible for resident engagement.

Physical Space and Equipment:

- 12.31 Each assisted living residence shall have sufficient physical space to accommodate both indoor and outdoor resident engagement. Such accommodations shall include, at a minimum:
- (A) A comfortable, appropriately furnished area such as a living room, family room, or great room available to all residents for their relaxation and for socializing with friends and relatives; and
 - (B) An outdoor activity area which is easily accessible to residents and protected from traffic. Outdoor spaces shall be sufficient in size to comfortably accommodate all residents participating in an activity.
- 12.32 Each assisted living residence shall provide sufficient recreational equipment and supplies to meet the needs of the resident engagement program. Special equipment and supplies necessary to accommodate persons with special needs shall be made available as appropriate. When not in use, recreational equipment and supplies shall be stored in such a way that they do not create a safety hazard.
- 12.33 Each assisted living residence shall ensure that staff who accompany residents away from the assisted living residence have ready access to the pertinent personal information of those residents in the event of an emergency.

PART 13 – RESIDENT RIGHTS

- 13.1 The assisted living residence shall adopt, and place in a publically visible location, a statement regarding the rights and responsibilities of its residents. The assisted living residence and staff shall observe these rights in the care, treatment, and oversight of the residents. The statement of rights shall include, at a minimum, the following items:

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- (A) The right to privacy and confidentiality, including:
 - (1) The right to have private and unrestricted communications with any person of choice;
 - (2) The right to private telephone calls or use of electronic communication;
 - (3) The right to receive mail unopened;
 - (4) The right to have visitors at any time; and
 - (5) The right to private, consensual sexual activity.

 - (B) The right to civil and religious liberties, including:
 - (1) The right to be treated with dignity and respect;
 - (2) The right to be free from sexual, verbal, physical or emotional abuse, humiliation, intimidation, or punishment;
 - (3) The right to be free from neglect;
 - (4) The right to live free from financial exploitation, restraint as defined in this chapter, and involuntary confinement except as allowed by the secure environment requirements of this chapter;
 - (5) The right to vote;
 - (6) The right to exercise choice in attending and participating in religious activities;
 - (7) The right to wear clothing of choice unless otherwise indicated in the care plan; and
 - (8) The right to care and services that are not conditioned or limited because of a resident's disability, sexual orientation, ethnicity, and/or personal preferences.

 - (C) The right to personal and community engagement, including:
 - (1) The right to socialize with other residents and participate in assisted living residence activities, in accordance with the applicable care plan;
 - (2) The right to full use of the assisted living residence common areas in compliance with written house rules;
 - (3) The right to participate in resident meetings, voice grievances, and recommend changes in policies and services without fear of reprisal;
 - (4) The right to participate in activities outside the assisted living residence and request assistance with transportation; and
 - (5) The right to use of the telephone including access to operator assistance for placing collect telephone calls.
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- (a) At least one telephone accessible to residents utilizing an auxiliary aid shall be available if the assisted living residence is occupied by one or more residents utilizing such an aid.
- (D) The right to choice and personal involvement regarding care and services, including:
- (1) The right to be informed and participate in decision making regarding care and services, in coordination with family members who may have different opinions;
 - (2) The right to be informed about and formulate advance directives;
 - (3) The right to freedom of choice in selecting a health care service or provider;
 - (4) The right to expect the cooperation of the assisted living residence in achieving the maximum degree of benefit from those services which are made available by the assisted living residence;
 - (a) For residents with limited English proficiency or impairments that inhibit communication, the assisted living residence shall find a way to facilitate communication of care needs.
 - (5) The right to make decisions and choices in the management of personal affairs, funds, and property in accordance with resident ability;
 - (6) The right to refuse to perform tasks requested by the assisted living residence or staff in exchange for room, board, other goods or services;
 - (7) The right to have advocates, including members of community organizations whose purposes include rendering assistance to the residents;
 - (8) The right to receive services in accordance with the resident agreement and the care plan; and
 - (9) The right to thirty (30) calendar days' written notice of changes in services provided by the assisted living residence including, but not limited to, involuntary change of room or changes in charges for a service. Exceptions to this notice are:
 - (a) Changes in the resident's medical acuity that result in a documented decline in condition and that constitute an increase in care necessary to protect the health and safety of the resident; and
 - (b) Requests by the resident or the family for additional services to be added to the care plan.
 - (10) The right to designate the individuals to be notified in cases of emergency or involuntary discharge.
- (E) The right to visitation in compliance with facility policy as set forth in Part 9.2.

Ombudsman Access

- 13.2 In accordance with the Supporting Older Americans Act of 2020 (P.L. 116-131), and Sections 26-11.5-108 and 25-27-104(2)(d), C.R.S., an assisted living residence shall permit access to the premises and residents by the state long-term care ombudsman and the designated local ombudsman at any time during an ALR's regular business hours or regular visiting hours, and at any other time when access may be required by the circumstances to be investigated.
- (A) For the purposes of complying with this Part 13.2, access to residents shall include access to the assisted living residence's contact information for the resident and the resident's representative.

House Rules

- 13.3 The assisted living residence shall establish written house rules and place them in a publically visible location so that they are always available to residents and visitors.
- 13.4 The house rules shall list all possible actions which may be taken by the assisted living residence if any rule is knowingly violated by a resident. House rules shall not supersede or contradict any regulation herein, or in any way discourage or hinder a resident's exercise of his or her rights. House rules shall address, at a minimum, the following items:
- (A) Smoking, including the use of electronic cigarettes and vaporizers;
- (B) Cooking;
- (C) Protection of valuables on premises;
- (D) Visitors;
- (E) Telephone usage, including frequency and duration of calls;
- (F) Use of common areas and devices, such as television, radio, and computer;
- (G) Consumption of alcohol and marijuana; and
- (H) Pets.

Resident Meetings

- 13.5 Each assisted living residence shall hold regular meetings with residents, staff, family, and friends of residents so that all have the opportunity to voice concerns and make recommendations concerning assisted living residence care, services, activities, policies, and procedures.
- 13.6 Meetings shall be held at least quarterly with an opportunity for more frequent meetings if requested.
- 13.7 Written minutes of such meetings shall be maintained and made readily available for review by residents or family members.
- 13.8 Before the next regularly scheduled meeting, assisted living residence staff shall respond in writing to any suggestions or issues raised at the prior meeting.
- 13.9 Residents and family members shall also have the opportunity to meet without the presence of assisted living residence staff.

Internal Grievance and Complaint Resolution Process

- 13.10 Each assisted living residence shall develop and implement an internal process to ensure the routine and prompt handling of grievances or complaints brought by residents, family members, or advocates. The process for raising and addressing grievances and complaints shall be placed in a visible on-site location along with full contact information for the following agencies:
- (A) The state long-term care ombudsman and local ombudsman;
 - (B) The Adult Protection Services of the appropriate county Department of Social Services;
 - (C) The advocacy services of the area's agency on aging;
 - (D) The Colorado Department of Public Health and Environment; and
 - (E) The Colorado Department of Health Care Policy and Financing, in those cases where the assisted living residence is licensed to provide services specifically for persons with intellectual and developmental disabilities.

Investigation of Abuse and Neglect Allegations or Injuries of Unknown Origin

- 13.11 The assisted living residence shall investigate all allegations of abuse, neglect, or exploitation of residents in accordance with Part 5.3 and its written policy which shall include, but not be limited to, the following:
- (A) Reporting requirements to the appropriate agencies such as the adult protection services of the appropriate county Department of Social Services, and to the assisted living residence administrator;
 - (B) A requirement that the assisted living residence notify the legal representative about the allegation within 24 hours of the assisted living residence becoming aware of the allegation;
 - (C) The process for investigating such allegations;
 - (D) How the assisted living residence will document the investigation process to evidence the required reporting and that a thorough investigation was conducted;
 - (E) A requirement that the resident shall be protected from potential future abuse and neglect, and/or exploitation while the investigation is being conducted;
 - (F) A requirement that if the alleged neglect or abuse is verified, the assisted living residence shall take appropriate corrective action; and
 - (G) A requirement that a copy of the report with the investigation findings shall be retained by the facility and available for Department review.
- 13.12 The assisted living residence shall develop and implement policies and procedures for the identification, reporting, and investigation of injuries of unknown origin. Such policies and procedures shall include, but not be limited to, the following requirements:
- (A) The assisted living residence shall identify and document resident injuries for which the origin of the injury was not observed by or otherwise known by staff, and either:
 - (1) The resident cannot explain how the injury occurred; or

- (2) The resident can explain the source of the injury, but the source could be addressed to prevent future injuries.
- (B) The assisted living residence shall document the following:
 - (1) The investigation and identification of any injury identified in (A), above.
 - (2) The implementation and outcome of the following for injuries for which the investigation determines the source/origin:
 - (a) Compliance with Part 13.11, when the source/origin of the injury is suspected to be abuse, neglect, or exploitation; or
 - (b) The steps taken to prevent or mitigate future injuries of like nature for both the injured resident and other residents when the source/origin of the injury is not suspected abuse, neglect, or exploitation. Such steps may include, but not be limited to:
 - (i) Staff or volunteer corrective action and/or additional training; or
 - (ii) Modification of the assisted living residence's policies, procedures or physical environment.
 - (3) When the source of the injury remains undetermined, the steps taken to monitor the resident in an effort identify and prevent similar injuries.
- (C) All documentation of the investigation, outcomes, and steps taken shall be retained by the assisted living residence, including, but not limited to, details of any interviews and/or records used in the investigation. Such documentation shall be made available for review at the Department's request.
 - (1) Documentation on the investigation, outcomes, and steps taken may be maintained separately from the resident record, in which case a summary of the investigation and steps taken shall be included in the resident's care plan and progress notes.
- (D) The assisted living residence shall notify the resident's representative of the outcome of the investigation and steps taken.

PART 14 – MEDICATION AND MEDICATION ADMINISTRATION

General Requirements:

- 14.1 An assisted living residence shall not allow an employee or volunteer to administer or assist with administering medication to a resident unless such individual is a practitioner, nurse, qualified medication administration person (QMAP), or certified nurse medication aide (CNA-Med) acting within his or her scope of practice.
- 14.2 For purposes of this Part 14, a practitioner is "authorized" if state law allows the practitioner to prescribe treatment, medication, or medical devices.
- 14.3 An assisted living residence shall not allow a QMAP or a CNA-Med to assist a resident with medication administration unless the resident is able to consent and participate in the consumption of the medication.

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- 14.4 If a CNA-Med is used to administer or assist with administering medication to a resident, the assisted living residence shall ensure that the CNA-Med complies with the medication administration procedures listed in this Part 14, except that a CNA-Med may perform additional tasks associated with medication administration as authorized by his or her certification.
- 14.5 An assisted living residence that utilizes qualified medication administration persons shall comply with the requirements of 6 CCR 1011-1, Chapter 24, Medication Administration Regulations, in addition to the requirements set forth in this Part 14.
- 14.6 The assisted living residence shall comply with all federal and state laws and regulations relating to procurement, storage, administration, and disposal of controlled substances.
- 14.7 The assisted living residence shall ensure that each resident receives proper administration and/or monitoring of medications.
- 14.8 The assisted living residence shall be responsible for ensuring compliance with all safety requirements regarding oxygen use, handling, and storage as set forth in Parts 22.29 through 22.34 of this chapter.
- 14.9 No medication shall be administered by a qualified medication administration person on a pro re nata (PRN) or "as needed" basis except:
- (A) In a residential treatment facility that is licensed to provide services for the mentally ill;
 - (B) Where the resident understands the purpose of the medication, is capable of voluntarily requesting the medication, and the assisted living residence has documentation from an authorized practitioner that the use of such medication in this manner is appropriate; or
 - (C) Where specifically allowed by statute.
- 14.10 Unless otherwise allowed by statute, the assisted living residence shall not permit a qualified medication administration person to perform any of the following tasks:
- (A) Intravenous, intramuscular, or subcutaneous injections;
 - (B) Gastrostomy or jejunostomy tube feeding;
 - (C) Chemical debridement;
 - (D) Administration of medication for purposes of restraint;
 - (E) Titration of oxygen;
 - (F) Decision making regarding PRN or "as needed" medication administration;
 - (G) Assessment of residents or use of judgment including, but not limited to, medication effect;
 - (H) Pre-pouring of medication; or
 - (I) Masking or deceiving administration of medication including, but not limited to, concealing in food or liquid.
- 14.11 Only medication that has been ordered by an authorized practitioner shall be prepared for or administered to residents.

Training, Competency and Supervision

- 14.12 The assisted living residence shall ensure that all qualified medication administration persons are trained in and adhere to the following medication administration procedures:
- (A) Identification of the right resident for each medication administration or monitoring by asking for the resident's name or comparing the resident to a photograph maintained specifically for medication administration identification;
 - (B) Providing the correct medication by the correct route at the correct time and in the correct dose as ordered by the authorized practitioner; and
 - (C) Implementing any changes in medication orders upon receipt.
- 14.13 The assisted living residence shall designate a QMAP supervisor who is a nurse, practitioner, or meets the requirements of a qualified medication administration person.
- (A) The QMAP supervisor shall, before initial assignment of each qualified medication administration person, conduct a competency assessment with direct observation of all medication administration tasks that the QMAP will be assigned to perform.
 - (1) Whenever a QMAP is assigned additional medication administration tasks, the QMAP supervisor shall conduct a competency assessment with direct observation of each new task that the QMAP will be assigned.

Resident Rights

- 14.14 All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication unless an authorized practitioner has determined that the resident lacks the decisional capacity to possess or self-administer such medication safely.
- 14.15 The assisted living residence shall ensure each resident's right to privacy and dignity with respect to medication monitoring and administration.
- 14.16 Each resident shall have the right to refuse medications.

Orders

- 14.17 The assisted living residence shall ensure that each authorized practitioner's order for medication includes the correct name of the resident, date of the order, medication name, strength of medication, dosage to administer, route of administration along with timing and/or frequency of administration, any specific considerations, if substitutions are allowed or restricted, and the signature of the practitioner.
- 14.18 All medication orders shall be documented in writing by the authorized prescribing practitioner. Verbal orders for medication shall not be valid unless received by a licensed staff member who is authorized to receive and transcribe such orders.
- 14.19 Any orders received from medical staff on behalf of an authorized practitioner must be countersigned by said practitioner as soon as possible.
- 14.20 The assisted living residence shall contact the authorized practitioner for clarification of any orders which are incomplete or unclear and obtain new orders in writing.

- 14.21 The assisted living residence shall be responsible for complying with authorized practitioner orders associated with medication administration except for those medications which a resident self-administers.
- 14.22 The assisted living residence shall coordinate care and medication administration with external providers.

Medication Reminder Boxes

- 14.23 For medication reminder boxes that the assisted living residence is responsible for, the assisted living residence shall ensure that the box contains:
- (A) No more than a 14 calendar day supply of medications at a time;
 - (B) No PRN medications, including PRN controlled substances;
 - (C) Only medication intended for oral ingestion; and
 - (D) No medications that require administration within specific timeframes unless the medication reminder box is specifically designed and labeled with specific instructions to address this situation.
- 14.24 Medication reminder boxes shall be stored in a manner that ensures access for the designated resident and prevents access from unauthorized persons.

Medication Preparation and Handling

- 14.25 The assisted living residence shall maintain medication storage and preparation areas which are clean and free of clutter.
- 14.26 All reusable medical devices shall be cleaned according to the manufacturer instructions and appropriately stored.
- 14.27 No stock medications shall be stored or administered by qualified medication administration persons.
- A) All over-the-counter medication prescribed for administration shall be labeled or marked with the individual resident's full name.
- 14.28 The assisted living residence shall ensure that qualified medication administration persons are trained in and apply nationally recognized protocols for basic infection control and prevention when preparing and administering medications.

Record Keeping

- 14.29 All prescribed and PRN medications shall be listed and recorded on a medication administration record (MAR) which contains the name and date of birth of the resident, the resident's room location, any known allergies, and the name and telephone number of the resident's authorized practitioner.
- (A) The medication administration record shall reflect the name, strength, dosage, and mode of administration of each medication, the date the order was received, the date and time of administration, any special considerations related to administration, and the signature or initial of the person administering the medication.

- (B) As part of the medication administration record, the assisted living residence shall maintain a legible list of the names of the persons utilizing the record for medication administration, along with each of their signatures and, if used, their initials.
 - (C) Each qualified medication administration person, nurse, or practitioner shall accurately document each medication administration or monitoring event at the time the event is completed for each resident.
 - (D) Each qualified medication administration person, nurse, or authorized practitioner shall document accurate information in the medication administration record including any medication omissions, refusals, and resident reported responses to medications.
- 14.30 The assisted living residence shall maintain a record on a separate sheet for each resident receiving a controlled substance which contains the name of the controlled substance, strength and dosage, date and time administered, resident name, name of authorized practitioner, and the quantity of the controlled substance remaining.
- 14.31 The administrator and the QMAP supervisor shall, on a quarterly basis, audit the accuracy and completeness of the medication administration records, controlled substance list, medication error reports, and medication disposal records. Any irregularities shall be investigated and resolved. The results of the audits shall be documented and routinely included as part of the assisted living residence's Quality Management Program assessment and review.

Reporting

- 14.32 The assisted living residence shall have policies and procedures for documenting, investigating, reporting, and responding to any errors related to accurate accounting of controlled substances and/or medication administration.
- 14.33 The assisted living residence shall ensure that the resident's authorized practitioner and resident's legal representative are promptly notified of:
- (A) A decline from a resident's baseline status;
 - (B) A resident's pattern of refusal;
 - (C) A resident's repetitive request for and use of PRN medication;
 - (D) Any observed or reported unfavorable reactions to medications;
 - (E) The administration of medications used to emergently treat angina; and
 - (F) Medication errors that affect the resident.

Self-Administration

- 14.34 The assisted living residence shall compile a list of all resident medications, along with any known allergies, and verify the accuracy and completeness of the list with the resident and authorized practitioner at the time of admission.
- 14.35 The assisted living residence shall review this list with the resident and authorized practitioner at least once a year and maintain documentation of such review.
- 14.36 The assisted living residence shall report non-compliance, misuse, or inappropriate use of known medications by a resident who is self-administering to that resident's authorized practitioner.

Medication Storage

- 14.37 All medications shall be stored in the original prescribed/manufacture containers with the exception of medications placed in medication reminder boxes pursuant to Part 14.23.
- 14.38 All medications shall be stored in a locked cabinet, cart, or storage area when unattended by qualified medication administration persons or other licensed staff.
- 14.39 Controlled substances shall be kept in double lock storage.
- (A) Two individuals who are either qualified medication administration persons, nurses, or practitioners shall jointly count all controlled substances at the end of each shift and sign documentation regarding the results of the count at the time it occurs. Any discrepancy in the controlled substance count shall be immediately reported to the administrator.
- 14.40 All refrigerated medications shall be stored in a refrigerator that does not contain food and that is not accessible to residents.
- (A) All medication stored in a refrigerator shall be clearly labeled with the resident's name and prescribing information.
- 14.41 Outdated, discontinued, and/or expired medications that are not returned to the resident or legal representative shall be stored in a locked storage area until properly disposed of.
- (A) Any controlled substance medications which are designated for destruction shall be kept in a separate locked container within the locked storage area until they are destroyed.
- 14.42 The assisted living residence shall conduct, on a monthly basis, a joint two person audit of medications designated for disposal.
- (A) At least one of the persons conducting the audit shall be a qualified medication administration person.
- (B) The results of the audit shall be documented and signed by both staff members conducting the audit.
- (C) Audit records shall be maintained for a minimum of three years. Any discrepancy in the list and count of medications designated for disposal shall be immediately reported to the administrator.

Medication Destruction and Disposal

- 14.43 Medication shall be returned to the resident or resident's legal representative, upon discharge or death, except that return of medication to the resident may be withheld if specified in the care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill, or if a practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely.
- (A) The assisted living residence shall request and maintain signed documentation from the resident or resident's legal representative regarding the disposition of all medications, medical supplies, or devices.

- 14.44 The assisted living residence shall have policies and procedures regarding the destruction and disposal of outdated, unused, discontinued, and/or expired medications which are not returned to the resident or legal representative. At a minimum, the policies and procedures shall include the following requirements:
- (A) Outdated, discontinued, and/or expired medications shall be destroyed in accordance with federal, state, and local regulations within thirty (30) days.
 - (1) Medication shall be destroyed in the presence of two individuals, each of whom are either a qualified medication administration person, nurse, or practitioner;
 - (2) All medications shall be destroyed in a manner that renders the substances totally non-retrievable to prevent diversion of the medication; and
 - (3) There shall be documentation which identifies the medications, the date, and the method of destruction, and the signatures of the witnesses performing the medication destruction.
 - (B) All destroyed medications shall be disposed of in compliance with Parts 24.2 and 24.3 regarding medical waste disposal.

PART 15 – LAUNDRY SERVICES

General Requirements:

- 15.1 The assisted living residence shall make laundry services available in one or more of the following ways:
- (A) Providing laundry service for the residents,
 - (B) Providing access to laundry equipment so that the residents may do their own laundry,
 - (C) Making arrangements with a commercial laundry, or
 - (D) Coordinating with friends or family members who choose to provide laundry services for a resident.
- 15.2 There shall be separate storage areas for soiled linen and clothing.
- 15.3 The assisted living residence shall address resident sensitivities or allergies with regard to laundry detergents or methods.

Assisted Living Residence Laundry Service

- 15.4 If providing laundry service for residents, the assisted living residence shall ensure the following:
- (A) Washing machines and dryers are properly maintained according to the manufacturer's instructions;
 - (B) Bed and bath linens are cleaned at least weekly or more frequently to meet individual resident needs while blankets are cleaned as necessary;
 - (C) Laundry personnel or designated staff handle, store, process, transport, and return laundry in a way that prevents the spread of infection or cross contamination;

- (D) Personal clothing is returned to the appropriate resident in a presentable, ready-to-wear manner in order to promote resident respect and dignity; and
- (E) The appropriate resident representative is notified if a resident needs additional clothing or linens.

Resident Access

- 15.5 If a resident independently uses the assisted living residence laundry area, the assisted living residence shall ensure that:
- (A) The resident is instructed in the proper use of the equipment,
 - (B) There is a readily available schedule showing when resident use is permitted, and
 - (C) The resident has the means to independently access the area during the permitted times.

PART 16 – FOOD SAFETY

All Assisted Living Residences

- 16.1 Residents handling or preparing food for other residents shall have access to a hand-sink, soap, and disposable paper towels. The assisted living residence shall ensure that such residents understand when to wash hands and the proper procedure for doing so. Supplies for cleaning and a pre-made solution for sanitizing food contact surfaces shall be readily available. The ingredients used shall be allowable foods from approved sources and within the “use-by” date.
- 16.2 The food safety requirements specified in this chapter do not preclude residents from consuming foods not procured by the assisted living residence.

20 or More Beds

- 16.3 An assisted living residence that is licensed for 20 beds or more shall comply with the Department’s regulations concerning Colorado Retail Food Establishments at 6 CCR 1010-2.

19 or Fewer Beds

- 16.4 An assisted living residence that is licensed for 19 beds or fewer shall comply with all of the requirements in Parts 16.5 through 16.37. A commercial kitchen is not a requirement for an assisted living residence with fewer than 20 beds.

Employee Training

- 16.5 Staff preparing or serving food shall complete recognized food safety training and maintain evidence of completion on site. Food safety training shall be provided by recognized food safety experts or agencies, such as the Department’s Division of Environmental Health and Sustainability, local public health agencies, or Colorado State University Extension Services. At a minimum, a certificate of completion of the available online modules is sufficient to comply with this part. The successful completion of other accredited food safety courses is also acceptable.

Personal Health

- 16.6 Staff shall be in good health and free of communicable disease while handling, preparing or serving food, or handling utensils.

- 16.7 Staff are prohibited from handling, preparing or serving food, or handling utensils for residents or other staff while experiencing any of the following symptoms: Vomiting, diarrhea, fever, jaundice, or a lesion containing pus on the hands or wrists.
- (A) Staff members experiencing these symptoms are permitted to return to handling food and utensils only when they have been symptom-free for at least 24 hours and/or the lesions on their hands are bandaged and completely covered with an impervious glove or finger cot.

Handwashing

- 16.8 The assisted living residence shall ensure that food handlers, cooks, and servers properly wash their hands using the following procedure:
- (A) Wash hands in warm soapy water by vigorously scrubbing all surfaces of the hands and wrists for at least 20 seconds. Rinse hands clean. Thoroughly dry hands with a disposable paper towel. Use the paper towel to turn off sink faucets before disposing.
- 16.9 The assisted living residence shall ensure that food handlers, cooks, and servers always wash their hands at the following times:
- (A) Before leaving the restroom, and again before returning to food or beverage preparation, food and food equipment storage areas, or dishwashing;
- (B) After coughing, sneezing, using a handkerchief or tissue, using tobacco products, or eating;
- (C) When switching between working with raw animal derived foods and ready-to-eat foods;
- (D) After touching the hair, face, or body;
- (E) During food preparation, as often as necessary to remove soil and contamination, and to prevent cross contamination when changing tasks;
- (F) Before handling or putting on single use gloves for food handling, and between removing soiled gloves and putting on new, clean gloves;
- (G) After handling soiled dishes or utensils, such as clearing tables or loading a dishwashing machine;
- (H) After feeding or caring for a resident;
- (I) After caring for pets or other animals; and
- (J) After engaging in any activity that contaminates the hands such as handling garbage, mopping, working with chemicals, and/or other cleaning activities.

Employee Hygiene

- 16.10 The assisted living residence shall ensure that all staff members have good hygienic practices and wear clean clothing or protective coverings while handling food or utensils.
- 16.11 The assisted living residence shall prohibit staff members from using common towels and other multiple use linens or clothing to wipe or dry their hands. When hands become soiled, the ALR shall ensure that staff wash their hands in accordance with Part 16.8(A).

- 16.12 The assisted living residence shall ensure that staff members refrain from eating or smoking in the area used for food preparation or storage while food is being prepared.
- 16.13 Tasting food during preparation shall be done with a utensil that is clean and sanitized. The same utensil must be washed, rinsed, and sanitized before it is reused.
- 16.14 Utensils used to dispense food shall have handles. Utensil handles shall be kept out of food and ice. For example, scooping ice with a glass is prohibited.

Bare Hand Contact

- 16.15 Ready-to-eat foods shall not be handled with bare hands. Instead gloves or utensils must be used to handle, prepare, and serve these foods.

Proper Glove Use

- 16.16 When used, disposable food service gloves shall be used in a manner that prevents contamination of food and food contact surfaces. Gloves shall be changed whenever switching from handling raw animal products to ready-to-eat foods and when changing tasks or touching soiled surfaces. When gloves are changed, hands shall be washed in accordance with Part 16.8(A).

Approved Source

- 16.17 All foods, including raw ingredients and prepared foods, shall be obtained from approved, licensed, or registered sources or food manufacturers. Raw uncut produce can be obtained from other sources, including grown onsite, as long as good agricultural are used. Guidance for produce grown by a supplier or at an assisted living residence may be obtained from the Department of Public Health and Environment, Division of Environmental Health and Sustainability.

Prohibited Foods

- 16.18 Prohibited foods shall not be served by the assisted living residence. Prohibited foods include raw or undercooked meat, poultry, fish, and molluscan shellfish; raw unpasteurized eggs; raw milk and raw seed sprouts. Unpasteurized juice is also prohibited unless it is freshly squeezed and made to order.
- 16.19 Foods that pose a greater risk for the long-term care population include deli meats, hot dogs, and soft cheeses. These foods are allowed, but it is strongly recommended that they be heated before service to control *Listeria monocytogenes*, a particularly dangerous bacteria for older adults and immune compromised populations.
- 16.20 An assisted living residence shall not distribute or dispense raw milk products of any kind.

Date Marking

- 16.21 Refrigerated foods opened or prepared and not used within twenty-four (24) hours must be marked with a "use by" or "discard by" date. The "use by" or "discard by" date is seven (7) calendar days following opening or preparation. The seven (7) days cannot surpass the manufacturer's expiration date for the product or its ingredients or seven (7) days since the date any of the ingredients in the food were opened or prepared. This requirement does not apply to commercially prepared condiments and dressings.

Required Cooking Temperatures

- 16.22 Animal derived foods; meat, poultry, fish, and unpasteurized eggs must be cooked to the minimum internal temperatures in the following table before being served or held hot.

Poultry (ground or intact), stuffed meats	165°F
Eggs, pork, lamb, fish	145°F
Ground beef, fish, pork, lamb, veal	155°F
Whole muscle beef steaks	145°F
Whole roasts (beef, lamb, pork)	135°F

Required Holding Temperatures

- 16.23 Potentially hazardous foods shall be maintained at the proper temperatures at all times. Potentially hazardous foods that are stored cold shall be held at or below 41°F. Assisted living residences can achieve this by keeping potentially hazardous foods in refrigerators maintained and running at 41°F or below.
- 16.24 Potentially hazardous foods that are stored hot shall be held at or above 135°F. Assisted living residences can achieve this by keeping soups, sauce, and other hot foods warm on a stove burner, in the oven, or on a warming plate at a temperature above 135°F until they are served, stored, or discarded.
- 16.25 When potentially hazardous foods are being prepared, cooled, or reheated, they shall not be held below 135°F or above 41°F for extended time to control the growth of harmful bacteria. Assisted living residences can achieve this by not leaving these types of food out for long periods of time once they are purchased, while they are being prepared, or waiting to be served.

Rapid Reheating

- 16.26 Potentially hazardous foods that are being reheated from room temperature, such as opening a can, or from cold storage before hot holding shall be rapidly heated within two (2) hours to 165°F. Rapid heating can be accomplished on a stove top, in an oven, microwave, or another approved reheating device.

Rapid Cooling

- 16.27 Potentially hazardous foods that are being cooled from room temperature, such as after opening a can or preparing food from room temperature ingredients, shall be cooled to 41°F within four (4) hours.
- 16.28 Following cooking or removal from hot storage, foods must be cooled within six (6) hours to 41°F. Begin active cooling foods when foods are 135°F. Cool to 70°F within two (2) hours or less. Then cool from 70°F to 41°F within four (4) hours or less. Active cooling means using uncovered shallow pans, ice as an ingredient, ice wands, breaking foods down into small portions and fully submerging containers in ice baths or a combination of these methods.

Food Preparation

- 16.29 When foods are being assembled or prepared outside of temperature control, the process should be completed as quickly as possible and no more than two (2) hours.

Thawing

- 16.30 Frozen foods shall be thawed under refrigeration, under cool, running water between 60-70°F, in a microwave oven, or as part of the cooking process.
- 16.31 Leaving food out to thaw without temperature control is prohibited.

Equipment

- 16.32 Equipment shall be maintained in working order and cleanable. Refrigeration equipment shall maintain foods below 41°F. Hot holding equipment must hold food at or above 135°F.

Cleaning and Sanitizing

- 16.33 Food contact surfaces of equipment shall be washed, rinsed, and sanitized before use or at least every four (4) hours of continual use. Dish detergent shall be labeled for the intended purpose. Sanitizer shall be approved for use as a no-rinse food contact sanitizer. Sanitizers shall be registered with EPA and used in accordance with labeled instructions.

Plumbing

- 16.34 A handwashing sink supplied with soap and disposable paper towels shall be available in all food handling areas.
- 16.35 Sinks shall be washed, rinsed, and sanitized when switching between food preparation or produce washing and thawing animal derived foods.

Dish Washing

- 16.36 Dishes, utensils, and cookware shall be washed using one of the following methods:
- (A) In a single or multiple compartment sink using a dish detergent that is labeled for that intended purpose. Once washed, dishes and utensils shall be rinsed clean, and then submerged in an approved no-rinse food contact sanitizer and allowed to air dry. Sanitizer shall be registered with EPA and used in accordance with labeled instructions; or
 - (B) A domestic or commercial dishwashing machine with a wash water temperature that reaches the operating temperature prescribed by the manufacturer.

Mop Water

- 16.37 Mop water shall only be filled in a dedicated utility sink, a bath tub, or using a quick release hose attachment on another sink that is immediately removed and stored away from the sink after filling. Mop water shall be disposed in the sanitary sewer (e.g., toilet, bathtub, or utility sink). Mop water shall not be discarded on the ground outside or in a storm drain.

PART 17 – FOOD AND DINING SERVICES

Meals, Drinks and Snacks

- 17.1 The assisted living residence shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community, or in accordance with resident needs, preferences, and plans of care.

- (A) Nourishing meal substitutes and between-meal snacks shall be provided, in accordance with plans of care, to residents who want to eat at non-traditional times or outside of scheduled meal service times.
- 17.2 Meals shall include a variety of foods, be nutritionally balanced, and sufficient in amount to satisfy resident appetites.
- (A) Appealing substitutes of similar nutritive value shall be available for residents who choose not to eat food that is initially served or who request an alternative meal.
- 17.3 The assisted living residence shall offer drinks, including water and other liquids, to residents with every meal and between meals throughout the day. The assisted living residence shall also ensure that residents have independent access to drinks at all times.
- 17.4 Assisted living residence staff shall observe resident food consumption on a regular basis in order to detect unplanned changes such as weight gain, weight loss, or dehydration. Changes in consumption that may indicate the need for assistance with eating shall be reported to the resident's practitioner and case manager, if applicable.
- 17.5 If a resident repeatedly chooses not to follow the dietary recommendations of his or her practitioner, the assisted living residence shall document such in the record or care plan and notify the resident's practitioner and case manager, if applicable.

Menus

- 17.6 Menus shall vary daily and incorporate seasonal and/or holiday foods.
- 17.7 Weekly menus shall be readily available for residents and public viewing no less than 24 hours prior to serving.
- 17.8 Residents shall be encouraged to participate in planning menus and the assisted living residence shall make reasonable efforts to accommodate resident suggestions.

Food Supply

- 17.9 Each assisted living residence shall have sufficient food on hand to prepare three nutritionally balanced meals per day for three (3) calendar days.

Therapeutic Diets

- 17.10 An assisted living residence may provide therapeutic diets when the following conditions are met:
- (A) The diet is prescribed by the resident's practitioner, and
 - (B) The assisted living residence has trained staff to prepare the food in accordance with the diet and ensure it is being served to the appropriate resident.

Assistance with Dining and Feeding

- 17.11 If a resident demonstrates difficulty opening, reaching, or accessing food and beverage items at meal time, staff shall promptly assist that resident in doing so regardless of the resident's dining location.
- 17.12 Staff may assist residents by cueing and prompting them to eat and drink so long as that assistance is not undertaken for the convenience of staff.

- 17.13 Staff may assist feeding a resident only if the resident is able to maintain an upright position and chew and swallow without difficulty.
- 17.14 Staff who assist feeding a resident shall be trained in the proper techniques for supporting nutrition and hydration by a licensed or registered professional qualified by education and training to assess choking risks, such as a registered nurse, speech language pathologist, or registered dietitian.
- (A) The assisted living residence shall not allow staff to assist feeding a resident if the resident has difficulty chewing and swallowing, or has a history of chronic choking or coughing while eating or drinking.
- (B) If a resident who is receiving feeding assistance experiences a change in eating and swallowing that is a decline from baseline as identified in the individualized resident care plan, staff shall stop providing assistance, document the issue in the resident's record and ensure that the resident's practitioner is notified.
- (1) Unless temporary measures are ordered by the practitioner, feeding assistance shall not be resumed until a medical evaluation has been performed and the assisted living residence has documentation from the practitioner that it is safe to resume.

Dining Area and Equipment

- 17.15 Each assisted living residence shall have a designated dining area with tables and chairs that all residents are able to access and that is sufficient in size to comfortably accommodate all residents. Residents shall be given the opportunity to choose where and with whom to sit.
- 17.16 No resident or group of residents shall be excluded from the designated dining area during meal time unless otherwise indicated in the resident's individualized care plan.
- 17.17 Meals shall not be routinely served in resident rooms unless otherwise indicated in the resident's individualized care plan. The assisted living residence shall, however, make reasonable efforts to accommodate residents that choose to dine somewhere other than the dining room.
- 17.18 The location of resident dining shall not be chosen solely for staff convenience.
- 17.19 Paper or disposable plastic ware shall not be used for regular meals with the exception of emergencies and outdoor dining.

PART 18 – RESIDENT HEALTH INFORMATION RECORDS

General

- 18.1 Each assisted living residence shall have a confidential health information record for each resident and maintain it in a manner that ensures accuracy of information.
- 18.2 Health information records for current residents shall be kept on site at all times.
- 18.3 Each assisted living residence shall implement a policy and procedure for an effective information management system that is either paper-based or electronic. If the ALR maintains both paper-based and electronic records, there shall be a method for integration of those records that allows effective continuity of care. Processes shall include effective management for capturing reporting, processing, storing and retrieving care/service data and information.

- 18.4 At the time of admission, the resident record shall contain, at a minimum, the following items:
- (A) Face sheet,
 - (B) Practitioner orders,
 - (C) Individualized resident care plan,
 - (D) Copies of any advance directives, and
 - (E) A signed copy of the resident agreement.

Confidentiality and Access

- 18.5 The assisted living residence shall have a means of securing resident records that preserves their confidentiality and provides protection from loss, damage, and unauthorized access.
- 18.6 The confidentiality of the resident record including all medical, psychological, and sociological information shall be protected in accordance with all applicable federal and state laws and regulations.
- 18.7 Each resident or legal representative of a resident shall be allowed to inspect that resident's own record in accordance with Section 25-1-801, C.R.S. Upon request, resident records shall also be made available for inspection by the state long-term care ombudsman and local ombudsman pursuant to Section 26-11.5-108, C.R.S., Department representatives and other lawfully authorized individuals.

Content

- 18.8 Resident records shall contain, but not be limited to, the following items:
- (A) Face Sheet;
 - (B) Practitioner order;
 - (C) Individualized resident care plan;
 - (D) Progress notes which shall include information on resident status and wellbeing, as well as documentation regarding any out of the ordinary event or issue that affects a resident's physical, behavioral, cognitive and/or functional condition, along with the action taken by staff to address that resident's changing needs;
 - (1) The assisted living residence shall require staff members to document, before the end of their shift, any out of the ordinary event or issue regarding a resident that they personally observed, or was reported to them.
 - (E) Medication Administration Record;
 - (F) Documentation of on-going services provided by external service providers including, but not limited to, caregivers, essential caregivers, aides, podiatrists, physical therapists, hospice and home care services, and other practitioners, assistants, and care providers;
 - (G) Advance directives, if applicable, with extra copies; and

- (H) Final disposition of resident including, if applicable, date, time, and circumstances of a resident's death, along with the name of the person to whom the body is released.

18.9 The face sheet shall be updated at least annually and contain the following information:

- (A) Resident's full name, including maiden name, if applicable;
- (B) Resident's sex, date of birth, and marital status;
- (C) Resident's most recent former address;
- (D) Resident's medical insurance information and Medicaid number, if applicable;
- (E) Date of admission and readmission, if applicable;
- (F) Name, contact information, and mailing address, if available, for family members, legal representatives, and/or other persons to be notified specifically in case of emergency;
- (G) Name, contact information, and mailing address, if available, for the legal representative and all relatives or other persons the resident and/or legal representative specifically designates to receive a notice of discharge in accordance with Part 11.16;
- (H) Name, address, and contact information for resident's practitioner and case manager, if applicable;
- (I) Resident's primary spoken language and any issues with oral communication;
- (J) Indication of resident's religious preference, if any;
- (K) Resident's current diagnoses; and
- (L) Notation of resident's allergies, if any.

Record Transfer and Retention

- 18.10 If a resident's care is transferred to another health facility or agency, a copy of the face sheet, individualized resident care plan, and medication administration record for the current month shall be transferred with the resident.
- 18.11 If an assisted living residence ceases operation, each resident's records must be transferred to the licensed health facility or agency that assumes that resident's care.
- 18.12 Records of former residents shall be complete and maintained for at least three (3) years following the termination of the resident's stay in the assisted living residence.
- 18.13 Such records shall be maintained and readily available at the assisted living residence location for a minimum of six (6) months following termination of the resident's stay.

PART 19 – INFECTION CONTROL

Education

- 19.1 The assisted living residence shall have an infection control program that provides initial and annual staff training on infection prevention and control. Such training shall cover, at a minimum, the following items:

- (A) Modes of infection transmission;
- (B) The importance of hand washing and proper techniques;
- (C) Use of personal protective equipment, including proper use of disposable gloves; and
- (D) Cleaning and disinfection techniques.

Policies and Procedures

- 19.2 The assisted living residence shall have and follow written policies and procedures that address the transmission of communicable diseases with a significant risk of transmission to other persons and for reporting diseases to the state and/or local health department, pursuant to 6 CCR 1009-1, Epidemic and Communicable Disease Control.
- (A) The policies and procedures shall be based on nationally recognized guidelines, such as those promulgated by the Centers for Disease Control (CDC), World Health Organization (WHO), or the Association for Professionals in Infection Control and Epidemiology (APIC), and comply with guidance from the Colorado Department of Public Health and Environment, as applicable.
 - (1) The policies shall identify the nationally recognized guidelines and Department guidance upon which the policies are based.
- 19.3 The policies and procedures shall include at a minimum, all of the following criteria:
- (A) The method for monitoring and encouraging employee wellness,
 - (B) The method for tracking infection patterns and trends and initiating a response,
 - (C) The method for determining when to seek assistance from a medical professional and/or the local health department,
 - (D) Isolation techniques, and
 - (E) Appropriate handling of linen and clothing of residents with communicable infections.

Infectious Waste Management

- 19.4 Any item containing blood, body fluid, or body waste from a resident with a contagious condition shall be presumed to be infectious waste and shall be disposed of in the room where it is used into a sturdy plastic bag, then re-bagged outside the room and disposed of consistent with the medical waste disposal requirements at Parts 24.2 and 24.3.

PART 20 – PHYSICAL PLANT STANDARDS

- 20.1 An assisted living residence shall conform to the standards in Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise modified in this Chapter 7.
- 20.2 An assisted living residence seeking an initial license, or a licensed assisted living residence undergoing an addition, renovation, or construction that triggers a compliance review in accordance with Part 3 of 6 CCR 1011-1, Chapter 2, shall comply with the FGI requirements in that Part 3, except as follows:

- (A) Assisted living residences are subject only to Part 1, any cross-referenced Part 2 systems, and Part 4.1 of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI).
- (B) The number of parking spaces to be provided by the assisted living residence shall be based solely on local requirements and the functional need of the resident population.
- (C) Assisted living residences that are located in single-family residential neighborhoods and are operating in structures designed to be single-family homes shall be exempt from compliance with FGI Guidelines that each resident have access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.

PART 21 – EXTERIOR ENVIRONMENT

- 21.1 The assisted living residence grounds shall be kept free of high weeds, garbage, and rubbish.
- 21.2 The assisted living residence grounds shall be maintained to protect residents from slopes, holes or other hazards, and shall be consistent with any landscape plan approved by the local jurisdiction.
- 21.3 Exterior stairs shall be lighted at night.
- 21.4 Porches, stairs, handrails, and ramps shall be maintained in good repair.
- 21.5 For new construction or renovation, porches and exterior areas with more than one step within a six-foot linear run shall have a handrail in addition to the requirements of Part 20.2.

PART 22 – INTERIOR ENVIRONMENT

General

- 22.1 All interior areas including attics, basements, and garages shall be free from accumulations of extraneous material such as refuse, unused or discarded furniture, and potential combustible materials.
- 22.2 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
- 22.3 Cleaning compounds and other hazardous substances (including products labeled “Keep out of reach of children” on their original containers) shall be clearly labeled to indicate contents and (except when a staff member is present) shall be stored in a location sufficiently secure to deny access to confused residents.
 - (A) The ALR shall maintain a readily available list and the safety data sheet of potentially hazardous substances used by housekeeping and other staff.
 - (B) Utility rooms used for storing disinfectants and detergent concentrates, caustic bowl and tile cleaners, and insecticides shall be locked.
- 22.4 Designated areas where smoking is allowed shall be equipped with fire resistant wastebaskets. Resident rooms occupied by smokers, even when house rules prohibit smoking in resident rooms, shall have fire resistant wastebaskets.

Heating, Lighting and Ventilation

- 22.5 Each room shall have heat, lighting, and ventilation sufficient to meet the use of the room and the needs of the residents.
- 22.6 All interior stairs and corridors shall be adequately lighted.

Water

- 22.7 There shall be an adequate supply of safe, potable water available for domestic purposes.
- 22.8 There shall be a sufficient supply of hot water during peak usage demand.
- 22.9 Hot water shall not measure more than 120 degrees Fahrenheit at taps which are accessible by residents.

Common Areas

- 22.10 Common areas shall be sufficient in size to reasonably accommodate all residents.
- 22.11 All common and dining areas shall be accessible to a resident using an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a stationary chair for use in the dining area. All doors to those rooms requiring access shall be at least 32 inches wide.
- 22.12 An assisted living residence that has one or more residents using an auxiliary aid shall have a minimum of two means of access and egress from the building unless local code requires otherwise.

Sleeping Room

- 22.13 No resident shall be assigned to reside in any room other than one regularly designated for sleeping.
- 22.14 No more than two residents shall occupy a sleeping room.
- (A) An assisted living residence initially licensed prior to July 1, 1986, is permitted to have up to four residents per room unless the ALR undertakes renovation or changes ownership, at which time the newer, more stringent requirement shall apply.
- 22.15 Sleeping rooms, exclusive of bathroom areas and closets, shall have the following minimum square footage:
- (A) 100 square feet for single occupancy, and
- (B) 60 square feet per person for double occupancy.
- 22.16 Each resident shall have storage space, such as a closet, for clothing and personal articles.
- 22.17 Each sleeping room shall have at least one window of 8 square feet which shall have opening capability.
- (A) An assisted living residence initially licensed prior to January 1, 1992, is permitted to have a window of smaller dimensions unless the ALR undertakes renovation or changes ownership, at which time the newer, more stringent requirement shall apply.

- 22.18 In assisted living residences that provide furnishings for residents pursuant to a resident agreement, each resident shall be provided, at a minimum, with the following items:
- (A) A standard-sized bed with a comfortable, clean mattress; mattress protector, pad, and pillow (Rollaway type beds, cots, folding beds, futons, or bunk beds are prohibited); and
 - (B) A standard-sized chair in good condition.

Bathroom

- 22.19 There shall be at least one full bathroom for every six residents.
- 22.20 A full bathroom shall contain the following:
- (A) Toilet,
 - (B) Hand-washing station,
 - (C) Mirror,
 - (D) Private individual storage for resident personal effects, and
 - (E) Shower.
- 22.21 All bathtubs and shower floors shall have proper safety features to prevent slips and falls.
- 22.22 Toilet seats shall be constructed of non-absorbent material and free of cracks.
- 22.23 Each assisted living residence shall provide toilet paper in each resident bathroom, except where a resident has a specific preference and agrees to supply it.
- 22.24 Toilet paper in a dispenser, liquid soap, and paper towels or hand drying devices shall be available at all times in each common bathroom.
- 22.25 In an assisted living residence that has one or more residents using auxiliary aids, the assisted living residence shall provide at least one full bathroom with fixtures positioned so that they are fully accessible to any resident utilizing an auxiliary aid.
- 22.26 Grab bars shall be properly installed at each tub and shower, and adjacent to at least one toilet in every multi-stall toilet room in an assisted living residence if any resident uses an auxiliary aid or as otherwise indicated by the needs of the resident population.
- (A) When residents can undertake independent transfers, alternative grab bar configurations are permitted.

Heating Devices

- 22.27 The assisted living residence shall prohibit the use of portable heaters in resident rooms. The use of fireplaces, space heaters, and like units that generate heat shall be prohibited in the common areas of the assisted living residence unless the ALR is able to ensure that such devices have a UL (Underwriters Laboratory) or similar certification label, do not present a resident burn risk, and are used in accordance with manufacturer instructions.

22.28 The assisted living residence shall prohibit the use of electric blankets and/or heating pads in resident rooms unless there is staff supervision or written documentation that the administrator has assessed the resident and determined he or she is capable of using such device in a safe and appropriate manner.

Oxygen Use, Handling and Storage

22.29 The assisted living residence's handling and storage of oxygen shall comply with all applicable local, state, and federal requirements.

22.30 The assisted living residence shall prohibit smoking in areas where oxygen is stored and/or used and shall post a conspicuous "No Smoking" sign in those areas.

22.31 The assisted living residence shall ensure that oxygen tanks are not rolled on their side or dragged.

22.32 The assisted living residence shall ensure that oxygen tanks are secured upright at all times in a manner that prevents tanks from falling over, being dropped, or striking each other.

22.33 Oxygen tank valves shall be closed except when in use.

22.34 The assisted living residence shall ensure that oxygen tanks are not placed against electrical panels, live electrical cords, or near radiators or heat sources. If stored outdoors, tanks shall be protected from weather extremes and damp ground to prevent corrosion.

Smoking

22.35 Assisted living residences shall comply with the Colorado Clean Indoor Air Act at Sections 25-14-201 through 25-14-209, C.R.S.

22.36 Designated outdoor smoking areas shall be monitored whenever residents are present.

22.37 Designated outdoor smoking areas shall have fire resistant waste disposal containers.

Cooking

22.38 Cooking shall not be permitted in sleeping rooms.

22.39 Residents shall have access to an alternative area where minimal food preparation is permitted.

22.40 In assisted living residences where residents have dwelling units rather than simply sleeping rooms, cooking may be allowed in accordance with house rules.

(A) Only residents who are capable of cooking safely shall be allowed to do so and the assisted living residence shall document such assessment.

(B) If cooking equipment is present in dwelling units, the assisted living residence shall have a definitive way of disabling such equipment if they become unsafe for residents to use.

Electrical Equipment

22.41 Electrical socket adaptors or connectors designed to multiply outlet capacity shall be prohibited.

22.42 Extension cords are permitted for temporary use only.

- 22.43 Power strip surge protectors are permitted throughout the assisted living residence with the following limitations:
- (A) The power strip shall have overcurrent protection in the form of a circuit breaker or fuse,
 - (B) The power strip shall have a UL (underwriters laboratories) or similar certification label, and
 - (C) Power strips shall not be linked together.

Personal Electric Appliances

- 22.44 Personal electric appliances are allowed in resident rooms only if the following criteria are met:
- (A) Such appliances do not require the use of an extension cord or multiple use electrical sockets,
 - (B) Such appliance is in good repair as evaluated by the administrator or designee, and
 - (C) There is written documentation that the resident has been assessed and determined to be capable of using such appliance in a safe and appropriate manner.

PART 23 – ENVIRONMENTAL PEST CONTROL

- 23.1 The assisted living residence shall have written policies and procedures that provide for effective control and eradication of insects, rodents, and other pests.
- 23.2 The assisted living residence shall have a contract with a licensed pest control company or an effective means for pest control using the least toxic and least flammable effective pesticides. The pesticides shall not be stored in resident or food areas and shall be kept under lock and only properly trained responsible personnel shall be allowed to apply them.
- 23.3 Screens or other pest control measures shall be provided on all exterior openings except where prohibited by fire regulations. Assisted living residence doors, door screens, and window screens shall fit with sufficient tightness at their perimeters to exclude pests.

PART 24 – WASTE DISPOSAL

Sewage and Sewer Systems

- 24.1 All sewage shall be discharged into a public sewer system, or if such is not available, disposed of in a manner approved by the State and local health authorities and the Colorado Water Quality Control Commission.
- (A) When private sewage disposal systems are in use, records of maintenance and the system design plans shall be kept on the premises.
 - (B) No unprotected exposed sewer line shall be located directly above working, storage, or eating surfaces in kitchens, dining rooms, pantries, food storage rooms, or where medical or nursing supplies are prepared, processed, or stored.

Medical Waste

- 24.2 Assisted living residences shall not transport, manage, or dispose of medical waste unless in accordance with the 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste.
- 24.3 Assisted living residences that generate waste including medical waste shall make a hazardous waste determination in accordance with Part 262 of the state hazardous waste regulations at 6 CCR 1007-3. If the facility generates hazardous waste, it shall manage, transport and dispose of such waste in accordance with 6 CCR 1007-3.

Refuse

- 24.4 All garbage and rubbish that is not disposed of as sewage shall be collected in impervious containers in such manner as not to become a nuisance or a health hazard and shall be removed to an outside storage area at least once a day.
- (A) The refuse storage area shall be kept clean, and free from nuisance.
- (B) A sufficient number of impervious containers with tight fitting lids shall be provided, and kept clean and in good repair.
- (C) Carts used to transport refuse shall be constructed of impervious materials, enclosed, used solely for refuse and maintained in a sanitary manner.

PART 25 – SECURE ENVIRONMENT

- 25.1 An assisted living residence may choose to provide a secure environment as that term is defined in Part 2. A secure environment, which may be provided throughout an entire assisted living residence, or in a distinct part of an assisted living residence, shall comply with Parts 1 through 24 of this chapter, in addition to the requirements in this Part 25.
- 25.2 An assisted living residence that uses any methods or devices to limit, restrict, or prohibit free egress of one or more residents to move unsupervised outside of the ALR or any separate and distinct part of the ALR shall comply with this section regarding secure environment.
- 25.3 An assisted living residence with a secure environment shall include all the services provided in an unsecured environment plus any additional services specified in this Part 25.

Written Disclosure

- 25.4 In addition to the information listed in Part 11.7(A) through (K), an assisted living residence shall also disclose the following information to each potential resident and his or her legal representative before such individual moves into a secure environment:
- (A) The criteria for admission including the types of required assessments used to determine unique resident needs,
- (B) The location of the secure environment and the methods of restrictions that are used,
- (C) How the safety of residents is monitored within the building and the outdoor area, and
- (D) Information on any specialty services such as memory care and/or special care services, including, but not limited to, a description of daily engagement opportunities.

Pre-Admission Assessment

- 25.5 Before an individual moves in, the assisted living residence shall complete a pre-admission assessment to determine the appropriateness and need for secure environment residency. The pre-admission assessment shall include all the items required for the comprehensive assessment in Part 12.7(A) through (M), plus the following:
- (A) An evaluation by a licensed practitioner which has occurred within the previous ninety (90) calendar days and which describes the resident's medical condition and any cognitive deficits that contribute to wandering, compromised safety awareness, and other types of conduct; and
 - (B) Detailed information from the resident's family and/or representative concerning the resident's recent relevant history and patterns of reduced safety awareness and wandering, along with any strategies used to prevent unsafe wandering or successful exiting, and any other known types of conduct.

Resident Admission

- 25.6 No individual shall be required to move into a secure environment against their will unless legal authority for the admission of the individual has been established by guardianship, court order, medical durable power of attorney, health care proxy, or other means allowed by Colorado law.
- 25.7 An individual may voluntarily agree to reside in a secure environment even though his or her physical or psychosocial status does not require such placement. In such circumstances, the assisted living residence shall assure that the resident has freedom of movement inside and outside of the secure environment at all times and that there is a signed resident agreement to that effect.
- 25.8 Once a resident moves into a secure environment, the assisted living residence shall comply with the following:
- (A) The assisted living residence shall evaluate a resident when the resident expresses the desire to move out of a secure environment, and contact the resident's legal representative, practitioner, and the state long-term care ombudsman and local ombudsman, when appropriate;
 - (B) The assisted living residence shall ensure that admission to and continuing residence in a secure environment is the least restrictive alternative available and is necessary for the physical and psychosocial well-being of the resident; and
 - (C) If at any time a resident is determined to be a danger to self or others, the assisted living residence shall be responsible for developing and implementing a temporary plan to monitor the resident's safety along with the protection of others until the issue is appropriately resolved and/or the resident is discharged from the assisted living residence.

Re-Assessment

- 25.9 Each resident shall be re-assessed to determine his or her continued need for a secure environment every six (6) months and whenever the resident's condition changes from baseline status.

- (A) As part of the secure environment re-assessment, the assisted living residence shall consult with the resident's attending practitioner, family, and/or resident's representative and review service documentation dating back to the most recent comprehensive assessment.

Enhanced Resident Care Plan

- 25.10 In addition to the information required for a resident care plan at Part 12.10, the care plan for each resident in a secure environment shall include the following:
- (A) A description of the resident's wandering patterns and known behavioral expressions, along with individualized approaches to be implemented by staff to protect the resident and other residents with whom they have contact;
 - (B) A description of how the resident will have continuous independent access to his or her individual room, along with the ALR's plan to protect the resident from unwanted visitation by other residents;
 - (C) Identification of the type and level of staff oversight, monitoring, and/or accompaniment that the ALR deems necessary to meet the needs of the resident within the secure environment and secure outdoor area; and
 - (D) Documentation describing the personal grooming and hygiene items that are determined safe for the resident to have in their own possession for self-care, and how those items are stored to prevent unauthorized access by other residents.
- 25.11 The enhanced resident care plan shall be updated to reflect changes in the staff approach to meeting resident needs and when any medical assessment, appraisal, or observations indicate the resident's care needs have changed.

Staff Training

- 25.12 The assisted living residence shall have a policy and procedure regarding the training of staff who provide services in a secure environment. The policy shall include, at a minimum, information on the appropriate staff response when there is a missing resident or resident incident/altercation, along with distribution of staff when responding to such an event to ensure that there is sufficient staff presence for the continued supervision of other residents.
- 25.13 In addition to the training requirements in Part 7.9, staff assigned to a secure environment shall receive training and education on assisted living residence policies and procedures specific to the secure environment resident care, services, and protections. Such training shall include, at a minimum, the following:
- (A) Information on the secure environment that identifies and describes the areas where residents have free passage, where passage may be restricted, and where passage is prohibited;
 - (B) Information regarding the current mobility status of all residents so that staff are prepared to successfully evacuate all residents in the event of an emergency;
 - (C) Information on the location of the storage area which is not accessible to residents including a description of what items or contents are required to be kept in the storage area; and

- (D) Information on the equipment and devices used to secure the environment, including how to override or disarm such devices, along with expectations for response if staff are alerted to an alarm.
- 25.14 Before a staff member is allowed to work independently in the secure environment, the assisted living residence shall provide each staff member with training and education on the provision of care and services for the specific population in the assisted living residence.
- (A) At a minimum, the individual shall be trained on the care plan for each resident to which the individual could provide care given the staff member's assigned duties and responsibilities. Such training shall be documented.
- 25.15 Within sixty (60) days, the assisted living residence shall provide each staff member a minimum of six (6) hours of general training and education on providing care and services for residents with dementia/cognitive impairment.
- (A) The training may be provided over several sessions.
 - (B) The training shall be provided through structured, formalized classes, correspondence courses, competency-based computer courses, training videos, or distance learning programs.
 - (C) The training content shall be provided or recognized by an academic institution, a recognized state or national organization or association, or an independent contractor or group that emphasizes dementia/cognitive impairment care.
 - (D) The training shall cover, at a minimum, the following topics:
 - (1) Information on disease processes associated with dementia and cognitive impairment, including progression of the diseases, types and stages of memory loss, family dynamics, behavioral symptoms and limitations to normal activities of daily living;
 - (2) Information on non-pharmacological techniques and approaches used to guide and support residents with dementia/cognitive impairment, wandering, and socially challenging behavioral expressions of need or distress;
 - (3) Information on communication techniques that facilitate supportive and interactive staff-resident relations;
 - (4) Positive therapeutic approaches and activities such as exercise, sensory stimulation, activities of daily living and social, recreation, and rehabilitative activities;
 - (5) Information on recognizing physical symptoms that may cause a change in dementia/cognitive impairment such as dehydration, infection, and swallowing difficulty; along with individualized approaches to assist or address associated symptoms such as pain, decreased appetite and fluid intake, and/or isolation; and
 - (6) Benefits and importance of person-centered care planning and collaborative approaches to delivery of care.

- 25.16 The assisted living residence shall ensure that each staff member assigned to the secure environment is trained on the care plan for each new resident that is part of the individual's assigned duties and responsibilities.

Staffing

- 25.17 The assisted living residence shall have a sufficient number of trained staff members on duty in the secure environment to ensure each resident's physical, social, and emotional health care and safety needs are met in accordance with their individualized care plan.
- 25.8 The assisted living residence shall consider the day to day resident needs and activity, including the intensity of staff assistance, on an individual resident basis to determine the appropriate level of staffing. At a minimum, there shall be one trained, awake staff member on duty at all times.
- 25.19 Staff members shall be familiar with each resident's specific care-planned needs and the unique approaches for assisting with care and safety.

Care and Services

- 25.20 In addition to the requirements for resident care services in Part 12, each assisted living residence with a secure environment shall establish policies and procedures for the delivery of resident care and services that include, at a minimum, the following:
- (A) A system or method of accounting for the whereabouts of each resident;
 - (B) The system or method staff members are to use for observation, identification, evaluation, individualized approach to and documentation of resident behavioral expression; and
 - (C) Assistance with the transition of residents to and from the secure environment and when changing rooms within a secure environment.
- 25.21 Residents who indicate a desire to go outside the secured area shall be permitted to do so with staff supervision except in those situations where it would be detrimental to the resident's health, safety or welfare.
- (A) If the assisted living residence is aware of an ongoing issue or pattern of behavioral expression that would be exacerbated by allowing a resident to go outside the secure area, it shall be documented in the resident's enhanced, individualized care plan.

Family Council

- 25.22 The assisted living residence shall meet the requirements of Part 13.10 regarding the internal grievance and complaint resolution process. In addition, the assisted living residence shall hold regular meetings to allow residents, their family members, friends, and representatives to provide mutual support and share concerns and/or recommendations about the care and services within each separate secure environment.
- (A) Such meetings shall be held at least quarterly, at a place and time that reasonably accommodates participation; and
 - (B) The assisted living residence shall provide adequate advance notice of the meeting and ensure that details regarding any meeting are readily available in a common area within the secure environment.

Resident Rights

25.23 The assisted living residence shall ensure that residents in a secure environment have all the same resident rights as set forth in Part 13 of this chapter including, but not limited to, the right to privacy and confidentiality.

Discharge

25.24 The assisted living residence shall follow the requirements of Parts 11.11 through 11.17 regarding resident discharge when moving a resident out of a secure environment unless the move is voluntarily initiated by the resident's legal representative.

Physical Design, Environment and Safety

25.25 The assisted living residence shall ensure that residents have freedom of movement to common areas and resident personal spaces.

25.26 A secure environment shall meet the following criteria:

- (A) There shall be a multipurpose room for dining, group and individual activities, and family visits;
- (B) Resident access to appliances shall only be allowed with staff supervision;
- (C) There shall be a storage area which is inaccessible to residents for storage of items that could pose a risk or danger such as chemicals, toxic materials, and sharp objects;
- (D) The corridors and passageways shall be free of objects or obstacles that could pose a hazard;
- (E) There shall be documentation of routine monthly testing of all equipment and devices used to secure the environment; and
- (F) There shall be a secure outdoor area that is available for resident use year-round that:
 - (1) Is directly supervised by staff,
 - (2) Is independently accessible to residents without staff assistance for entrance or exit,
 - (3) Has comfortable seating areas,
 - (4) Has one or more areas that provide protection from weather elements, and
 - (5) Has a fence or enclosure around the perimeter of the outdoor area that is no less than six (6) feet in height and constructed to reduce the risk of resident wandering or elopement from the area.
 - (a) If the fence or enclosure has gated access which is locked, all staff assigned to the secure environment shall have a readily available means of unlocking the gate in case of emergency.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History

Rules 1.102, 1.104, 1.105, 1.113 eff. 11/01/2008.

Rules 1.103, 1.113(2) eff. 12/30/2008.

Rule 1.104(5)(n) repealed eff. 04/30/2011.

Rules 103(2)(d), 103(2)(f) eff. 09/30/2011.

Rules 103(2), 105(2)(c)(ii) eff. 03/17/2013.

Rules 1.102(25), 1.102(31), 1.103(3), 1.104(3)f(ii)(B), 1.104(4)(a)(i), 104(5)(b), 1.108(9), 1.109(2)(b), 1.111(1)(a), 1.111(2)(a), 1.113 eff. 08/14/2013.

Rules 1.102(1), 1.102(8), 1.102(34), 1.105(1)(b)(iv), 1.106(3) eff. 07/15/2014.

Rules 1.102(6)(c), 1.105(1)(b)(iii), 1.105(6)(a)(iii) eff. 12/15/2014.

Rules 1.103(2)-1.103(2)(d)(ii)(B) eff. 08/14/2015.

Chapter 7 entire rule eff. 06/14/2018.

Chapter 7 entire rule eff. 06/14/2021.

Table of Contents, Parts 1.2, 3.3, 3.10-3.19, 4.5, 6, 7, 8.7, 9, 11.2, 11.6, 11.11-11.18, 12.10, 13.1-13.2, 13.10, 18.7-18.9(L), 25.8 emer. rules eff. 11/15/2023.

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