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Final Regulation
Agency Background Document

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) citation(s)	22VAC40-72
Regulation title(s)	Standards for Licensed Assisted Living Facilities
Action title	Licensed Assisted Living Facility Regulation Comprehensive Revision
Date this document prepared	February 15, 2017

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Brief summary

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

This regulatory action is a joint action to repeal the existing regulation, 22VAC40-72, and establish a comprehensive new regulation, 22VAC40-73, for licensed assisted living facilities. The comprehensive new regulation is intended to (1) improve clarity, (2) incorporate improvements in the language and reflect current federal and state law, (3) relieve intrusive and burdensome requirements that are not necessary, (4) provide greater protection for residents in care, and (5) reflect current standards of care. Major components of the new regulation include general provisions; administration and administrative services, personnel; staffing and supervision; admission, retention and discharge of residents; resident care and related services; resident accommodations and related provisions; buildings and grounds; emergency preparedness; and additional requirements for facilities that care for adults with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare. The new regulation was revised based on multiple regulatory advisory panel input, recommendations and feedback; Assisted Living Facility Advisory Committee recommendations; and extensive public comment.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

None

Statement of final agency action

Please provide a statement of the final action taken by the agency including:1) the date the action was taken;2) the name of the agency taking the action; and 3) the title of the regulation.

Enter statement here

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The following sections of the Code of Virginia (Code) are the sources of legal authority to promulgate this regulation: § 63.2-217 requires the State Board of Social Services (Board) to adopt regulations as may be necessary or desirable to carry out the purpose of Title 63.2 of the Code; § 63.2-1721 requires applicants for assisted living facility licensure to undergo a background check; § 63.2-1732 addresses the Board's overall authority to promulgate regulations for assisted living facilities and specifies content areas to be included in the standards; § 63.2-1802 authorizes assisted living facilities to provide safe, secure environments for residents with serious cognitive impairments due to dementia if they comply with the Board's regulations; § 63.2-1803 addresses staffing of assisted living facilities;§ 63.2-1805 relates to admission, retention, and discharge of residents; and § 63.2-1808 relates to resident rights.

The promulgating entity is the State Board of Social Services.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

This regulatory action is essential to protect the health, safety and welfare of aged, infirm, or disabled adults who reside in assisted living facilities. The regulatory action is needed to ensure that assisted living facilities provide care, services and a safe environment for an increasingly vulnerable population. In

addition, the assisted living facility regulation provides clear criteria for licensees to follow to obtain and maintain their licensure.

The State Board of Social Services adopted 22VAC40-72 in November 2006 and it has amended the regulation eight times over the intervening years. Repeal of the existing regulation and adoption of a new regulation will allow greater flexibility to adjust the structure, format, and language to provide increased consistency and clarity. This consistency and clarity will improve both compliance with the regulation and enforcement. It will also allow for a format conducive to the greater protection of residents of the Commonwealth's licensed assisted living facilities, the number of which (both residents and facilities) are expected to significantly increase in the years ahead.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.

New substantive provisions in the regulation include: (1) 22VAC40-73-90 – Adds licensee to persons who may not act as attorney-in-fact or trustee unless a resident has no other preferred designee and so requests, (2) 22VAC40-73-100 – Provides for the development and implementation of an enhanced infection control program that addresses the surveillance, prevention and control of disease and infection, (3) 22VAC40-73-160 – Adds to administrator training requirements that administrators who supervise medication aides, but are not registered medication aides themselves, must have annual training in medication administration, (4) 22VAC40-73-170 - Adds that an unlicensed shared administrator for smaller residential living care facilities must be at each facility for six hours during the day shift of the 10 required hours a week, (5) 22VAC40-73-210 – Increases the annual training hours for direct care staff, (6) 22VAC40-73-220 – Adds requirements regarding private duty personnel, (7) 22VAC40-73-260 – Adds requirement that at least one person with first aid certification and at least one person with cardiopulmonary resuscitation (CPR) certification must be in each building, rather than on the premises,.(8) 22VAC40-73-280 – Changes an exception (allowing staff to sleep at night under certain circumstances) to one of the staffing requirements to limit its application to facilities licensed for residential living care only, (9) 22VAC40-73-310 – Adds to admission and retention requirements, additional specifications regarding an agreement between a facility and hospice program when hospice care is provided to a resident, (10) 22VAC40-73-325 – Adds a requirement for a fall risk rating for residents who meet the criteria for assisted living care, (11) 22VAC40-73-380 – Adds that mental health, behavioral, and substance abuse issues are included in personal and social information for all residents, not just those meeting criteria for assisted living care, (12) 22VAC 40-73-450 – Adds a requirement that staff who complete individualized service plans (ISPs), complete uniform assessment instrument (UAI) training as a prerequisite to completing ISP training, (13) 22VAC40-73-490 – Reduces the number of times annually required for health care oversight when a facility employs a full-time licensed health care professional; adds a requirement that all residents be included annually in the health care oversight, adds to the oversight evaluating the ability of residents who self- administer medications to continue to safely do so, adds additional requirements for oversight of restrained residents, (14) 22VAC40-73-540 – Specifies that visiting hours may not be restricted unless a resident so chooses, (15) 22VAC40-73-590 – Adds requirement that snacks be available at all times, rather than bedtime and between meals, (16) 22VAC40-73-620 – Reduces the number of times annually for oversight of special diets, (17) 22VAC40-73-680 – Adds an allowance for a master list of staff who administer medications to be used in lieu of documentation on individual medication administration records (MARs), (18) 22VAC40-73-710 – Adds prohibition of additional types of restraints and adds review and revision of individualized service plan following application of emergency restraints, (19) 22VAC40-73-750 – Adds a provision that a resident may determine not to have certain furnishings that are otherwise required in his bedroom, (20) 22 VAC40-73-880 – Adds to the standard that in a bedroom with a thermostat where only one resident resides, the resident may choose a temperature other than what is otherwise required, (21) 22VAC40-73-

900 – Adds that when there is a new facility licensee, there can be no more than two residents residing in a bedroom, (22) 22VAC40-73-930 – Adds to the provision for signaling/call systems that for a resident with an inability to use the signaling device, this must be included on his individualized service plan with frequency of rounds indicated, with a minimum of rounds every two hours when the resident has gone to bed at night, with an exception permitted under specific circumstances, (23) 22VAC40-73-950 – Specifies that review of emergency plan with staff, residents, and volunteers is semi-annual, rather than quarterly, (24) 22VAC40-73-980 – Adds requirement for first aid kit in each building, rather than at the facility, eliminates activated charcoal, adds requirement that 48 hours of emergency food and water supply be on-site and can be rotating stock, (25) 22VAC40-73-990 – Specifies that participation in resident emergency practice exercise every six months is required of staff currently on duty, rather than all staff, and adds review of resident emergency procedures every six months with all staff, (26) 22VAC40-73-1010 – Removes the exception (for facilities licensed for 10 or fewer with no more than three with serious cognitive impairment) that applied to all requirements for mixed population, (27) 22VAC40-73-1030 – Increases the training required in cognitive impairment for direct care staff, and except for administrator, other staff, (28) 22VAC40-73-1120 – Increases the number of hours per week of activities for residents in a safe, secure environment, (29) 22VAC40-73-1130 – Adds requirement that when there are 20 or fewer residents present in a special care unit, there must be at least two direct care staff members awake and on duty in the unit, and for every additional 10 residents, or portion thereof, there must be at least one more direct care staff member awake and on duty in the unit, rather than two direct care staff in each unit (30) 22VAC40-73-1140 - Increases the number of hours of training in cognitive impairment for the administrator and changes the time period in which the training must be received for both the administrator and for direct care staff who work in a special care unit, also increases training in cognitive impairment for others who have contact with residents in a special care unit.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

The primary advantage of the proposed regulatory action to the public and the Commonwealth is the increased protection it provides to residents in assisted living facilities. The action is needed to protect the health, safety, and welfare of an increasingly vulnerable population of aged, infirm or disabled adults. The regulation addresses the care, services and environment provided by assisted living facilities.

The new regulation also provides clear criteria for licensees to follow to maintain their licensure and for licensing staff to use in determining compliance with standards and in the implementation of any necessary enforcement action.

In the proposed regulatory action, a fair and reasonable balance has been attempted to ensure adequate protection of residents while considering the cost to facilities. Although some requirements have been increased, others have been eliminated or reduced.

Several areas of the proposed regulations have been of particular interest to assisted living facility providers, provider associations, advocacy groups, licensing staff, and the general public. These areas have been addressed and include: (1) revising requirements for health care oversight to allow more flexibility, (2) adding to provisions for signaling/call systems to better meet the needs of residents who are unable to use a signaling device; (3) prohibiting restrictions on visiting hours, but allowing for facility guidelines for such purposes as security, (4) providing for more staff training to better meet the needs of residents, (5) reducing the frequency of oversight of special diets (6) providing greater flexibility when

residents store cleaning supplies or other hazardous materials in their rooms, (7) providing specific requirements regarding fall risk rating to prevent or reduce falls by residents, (8) eliminating some requirements relating to personnel practices that are internal business practices of a facility.

The regulation takes into consideration differences in the levels of care, i.e., residential living care and assisted living care, as well as the cost constraints of smaller facilities. The regulation addresses the needs of the mental health population, physically disabled residents, residents with serious cognitive impairments, and elderly persons.

Because the assisted living facility industry is so diverse in respect to size, population in care, types of services offered, form of sponsorship, etc., the standards must be broad enough to allow for these differences, while at the same time be specific enough so that providers know what is expected of them.

The Governor requested that the public comment on and the Department of Social Services (DSS) consider two possible changes from the proposed stage to the final stage of the regulation. One change for consideration was whether assisted living facilities should be required to have Internet capability for use by residents. The other change for consideration was staffing in the special care unit. DSS made determinations regarding these matters based on protection of residents, public comment, cost analysis, and other factors.

Regarding Internet capability, DSS has determined that requiring facilities to have Internet capability for residents would not be advisable at this time. Based on research done by DSS, the monthly cost varies considerably, but averages about $40.00 for minimal services. Prices vary depending upon such things as location in the state, service provider, and bandwidths. The cost would be a financial hardship for many facilities. There are also logistical concerns regarding whether the facility would have to provide an open network where residents use their own personal computer equipment or whether the facility would need to have a computer in a common area. Either way there would be additional expenses involved for equipment, which would likely average $150 to $400. Another concern is the liabilities associated with many residents using a shared network and the risk of viruses, malware and illegal activity. A facility might not have information technology staffing and expertise available to provide a safe online environment for residents. DSS has determined that it is best left up to individual facilities to decide whether they will offer Internet capabilities to residents.

Regarding staffing in the special care units, DSS has revised the requirement to specify that when 20 or fewer residents are present, there must be at least two direct care staff members awake and on duty at all times in each special care unit and for every additional 10 residents, or portion thereof, there must be at least one more direct care staff member awake and on duty in the unit. The change was made to require these minimal staffing requirements for the protection of residents and staff in the varied configurations of special care units.

The new regulation was revised based on multiple regulatory advisory panel input, recommendations and feedback; Assisted Living Facility Advisory Committee recommendations; and extensive public comment.

The regulatory action poses no disadvantages to the public or the Commonwealth.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

This regulatory action does not contain requirements that exceed applicable federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

No locality is particularly affected by the proposed regulation.

Family impact

Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The proposed regulatory action will have a positive impact on families in that they will be more confident that their loved family members who are residents of assisted living facilities are receiving the care and services they need and deserve. Moreover, there could be a positive economic impact on families by averting residents' preventable accidents, illnesses, and deterioration of functioning. There could be a decrease of disposable family income, depending upon who is paying for a family member to reside in an assisted living facility.

Changes made since the proposed stage

*Please list all changes that made to the text of the proposed regulation and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. *Please put an asterisk next to any substantive changes.*

Section number	Requirement at proposed stage	What has changed	Rationale for change
22VAC40-73-10	Definition of activities of daily living included reference to eating or feeding.	Definition of activities of daily living includes reference to eating/feeding.	The term eating/feeding is used in other regulations and on the Uniform Assessment Instrument.
	Definition of assisted living care	Definition includes dependency in behavior pattern.	This is in the current definition and was inadvertently left out.
	Definition of dietary supplement examples used i.e.	Definition of dietary supplement examples use e.g.	Technical change as not all examples may be included.

	Definition of direct care staff	Definition revised to delete examples.	Technical change as examples are unnecessary.
	Definitions of emergency restraint and nonemergency restraint	Definition revised to delete language referring to situations or circumstances that may require the use of restraints.	Technical change for more accurate definitions.
		Added definition of Premises.	Change added for clarification purposes.
	Definitions of private pay and public pay	Change made in language to refer directly to eligibility for an auxiliary grant.	Technical change to be more consistent with references in the standards.
		Added definition of Medical/orthopedic restraint.	Change added for clarification purposes.
	Definition of resident	Added to definition of resident to include adults who have independent living status and present for part of the day.	Changes made in wording for clarity.
	Definition of serious cognitive impairment	Last sentence regarding assessment was eliminated.	Assessment requirements are included are elsewhere in the regulation.
	Definition of staff or staff person	Changes made to include working “with the facility.”	Technical changes made for clarity.
	Definition of substance abuse	Changes made to reflect language used by the Department of Behavioral Health and Developmental Services and to state who can determine whether a compelling medical reason exists.	Changes made that provide more specificity.
	Definition of volunteer	Wording of standard was reorganized and occasional basis or special events was added.	Technical change for clarity and limited exception.
22VAC40-73-30	Items to be included in a program of care	Added spiritual needs, promoting the resident’s highest level of functioning, and involvement in programs, in addition to community resources, based on the resident’s needs and interests.	Changes made to promote a more resident centered and holistic approach.
22VAC40-73-40	Requirements for the licensee	Condensed language referencing relatives, added unless otherwise	Changes were basically technical for clarity and to

		specified to requirement regarding font size of posted documents, added reference to Code of Virginia, condensed language regarding currently employed administrators, deleted repetitive language regarding notification of selling or closing facility, added regional licensing office and assessors to notification, reorganized wording, added assessor to explanation regarding resident staying or relocating.	ensure that all necessary elements and references were included.
22VAC40-73-50	Requirements for disclosure statement	Notation of specific additional information on department's website was deleted.	Not necessary to include.
22VAC 40-73-70	Requirements for incident reports	Added language regarding maintenance of incident reports to specify that the time period is from the date of the incident.	Change made for clarity.
22VAC40-73-80	Regulations for management and control of resident funds	Allows for different types of accounts to be interest bearing and if so, resident must be provided with appropriate portion of interest. Also, clarifies that administrative fee cannot be charged to auxiliary grant residents. Revised reference to resident funds for clarity.	Residents should receive interest on interest bearing accounts. Technical changes for clarity regarding reference to resident funds and administrative fee.
22VAC40-73-90	Safeguarding residents' funds requirements	*Added licensee to persons who may not act as attorney-in-fact or trustee unless a resident has no other preferred designee and so requests and added licensee to related requirements.	Change made as licensee should be included along with facility staff in this standard due to possible conflicts of interest.
22VAC40-73-100	Infection control program requirements	Revised language regarding blood glucose monitoring, added reference to another relevant section; changed wording "physical plant and grounds" to "premises."	Change made to ensure consistency with CDC recommendations. Technical changes made for clarification purposes.
22VAC40-73-110	General staff qualifications	Added that staff be able to understand English.	Change made to ensure that staff are fully capable of carrying out their job responsibilities.
22VAC40-73-120	Requirements for staff orientation and initial training	Added that orientation and initial training may count toward annual training hours for the first year.	Change made for clarification purposes.
22VAC40-73-130	Reports of abuse, neglect, or exploitation	Added requirement for notifying resident's contact person or legal representative when a report of	Change made as this type of action should warrant notification to contact

		suspected abuse, neglect or exploitation has been made.	person or legal representative for the rights and protections of residents.
22VAC40-73-140	Administrator qualifications	Added "starting" before date of employment. Added specification regarding licensure as an assisted living facility administrator or nursing home administrator pursuant to relevant section of Code of Virginia.	Technical changes made for clarification purposes.
22VAC40-73-150	Administrator provisions and responsibilities	Added requirements regarding administrator coverage, acting administrator, notifications.	Technical changes made for clarification purposes to include information in current regulation being repealed and information in the Code of Virginia.
22VAC40-73-160	Administrator training requirements	Removed reference to administrators employed prior to 12/28/06, added reference to another relevant section, *made change that medication refresher training may count towards the annual training requirement.	Change made as the information is no longer needed in regulation, technical change made for clarification purposes, DHP allows refresher training to count for the licensed administrator so made to be the same for unlicensed administrator.
22VAC40-73-170	Shared administrator for smaller facilities requirements	Added reference to residential living care, *added that six hours must be on the day shift.	Technical change made for clarification purposes, change made to ensure administrator presence during the day.
22VAC40-73-200	Direct care staff qualifications	Revised language regarding staff who need to complete training program and deleted exception for staff hired prior to 2/1/96.	Technical change made in wording for clarity, and deletion of exception no longer needed.
22VAC40-73-220	Private duty personnel requirements	Deleted written agreement between facility and home care organization regarding tuberculosis. *Added requirements for background checks. Removed sentence noting that other standards may apply to those who only provide skilled nursing treatments.	Written agreement not necessary. The requirement for background checks was added for the safety of residents. Sentence not necessary.
22VAC40-73-250	Staff records and health requirements	Added annual training requirements are determined by starting date of employment.	Technical change made for clarification regarding training, physician examination and removal

		Deleted requirements regarding request to obtain physician examination and removal of staff person from contact with residents.	of staff are personnel responsibilities of licensee or administrator. .
22VAC40-73-260	First aid and CPR certification requirements	Added that EMT, first responder, or a paramedic that has a current certification does not have to meet current first aide certification requirement. *Changed requirement so that at least one person with first aid certification and at least one person with CPR certification must be in each building, rather than on the premises. *Changed staff with CPR to every 100 residents from 50 residents. Reorganized first aid requirements.	Change made to include EMT, first responder and paramedic as they are qualified by training for first aid, change made to presence in building for protection of residents, change made from every 50 residents to every 100 residents as required in the current ALF regulation, reorganized first aid requirements for clarity.
22VAC40-73-270	Direct care staff training when aggressive or restrained residents are in care requirements	Changed from assessment to observation and language revised regarding obstruction of blood flow. Documentation of refresher training language revised.	Change made for appropriateness of task for direct care staff, technical change made in documentation wording for clarity.
22VAC40-73-280	General staffing requirements	Added requirement regarding direct supervision of staff who do not yet have background checks.	Change made as it is a Code of Virginia requirement.
22VAC40-73-310	Requirements for admission and retention of residents	Expanded conditions for holding interview of date of admission by removing the word medical. Added documentation requirement for direct care staff training by home care agency staff.	Change made to delete the word “medical” to allow for other types of special conditions, change made to require proper documentation of staff training for resident’s with special medical needs.
22VAC40-73-320	Requirements for physical examination and report	Added person’s name, address and telephone number to physical exam. Added reference to definitions of ambulatory and nonambulatory. Added that if a physical exam or psychiatric	Changes made for clarity and to include necessary information. Independent physician was added to avoid possible conflict of interest.

		evaluation is requested, it be done by an independent physician.	
22VAC40-73-325	Requirements for fall risk rating	Changed assessment to rating. Added documentation of fall risk rating. Added under each of the following circumstances for when fall risk rating is needed. Added reference to application to residents who meet the criteria for assisted living level of care.	Rating is more accurate term. Documentation is necessary, technical changes made for clarity.
22VAC40-73-340	Requirements for Psychosocial and behavioral history	Added that documentation of psychosocial and behavioral functioning be obtained prior to admission from certain sources. Added physician to the examples of whom information on psychosocial and behavioral functioning can be obtained for residents coming from a private residence. Noted that the record pertains to the resident's record.	Important to obtain information on functioning prior to admission for the health, safety and welfare of the resident, changes made for clarity.
22VAC40-73-370	Requirements for respite care	Added reevaluating the person's care needs when person returns for respite care and added that medication orders are updated. Added that a new tuberculosis screening would only be required one time per year.	Elements added for the to ensure proper and safe care will be provided; Added tuberculosis screening requirement to be consistent with other annual tuberculosis screening requirements.
22VAC40-73-380	Requirements for resident personal and social information	*Added mental health, behavioral, and substance abuse issues to be included in personal and social information for all residents, not just those meeting criteria for assisted living care. Added that information be kept current.	Important to obtain this information on all residents in order to address resident needs, important to have current information for the welfare of residents.
22VAC40-73-390	Requirements for resident agreement with facility	Changed written agreement or written acknowledgment to written agreement/acknowledgment. Deleted reference to grievance policy and the transfer or discharge policy. Added that a resident has been informed and had explained to him that he may refuse release of information to individuals outside the facility. Changed specific listing of when	Change made since this is one document that includes both, change made as this information is already included in Resident Rights, change made to ensure resident knows he can refuse release of information, change made to ensure document is kept up to date and resident and legal representative

		updates are necessary to more general terms. Added providing copies of updates to the resident and legal representative. Added "specific" before acknowledgments.	receive copies of updates, changes made for clarity.
22VAC40-73-420	Requirements for acceptance back in facility	Added for recipients of an auxiliary grant, the bed hold policy must be consistent with auxiliary grant program policy and guidance.	Change made to conform with AG policy.
22VAC40-73-430	Discharge of residents requirements	Deleted requirement for discharge statement within 48 from decision for emergency discharge.	Change made to eliminate conflict in timing for statement.
22VAC40-73-440	Uniform assessment instrument (UAI) requirements	Added specific language as to who can complete a UAI. Reorganized standard.	Change made to include this information for ease of reference. Standard reorganized for clarity.
22VAC40-73-450	Requirements for individualized service plans	Added that ISP may be completed within 7 days prior to admission. Added that preliminary plan be identified as such and be signed and dated. *Added that state approved private pay UAI training must be completed as a pre-requisite to ISP training. Deleted that the plan reflect the resident's assessed needs in the general statement.	Allows some leeway to complete plan before admission, provides distinction between preliminary and comprehensive plans, knowledge of UAI is critical to developing ISP, redundant language was removed.
22VAC40-73-460	Requirements for personal care services and general supervision and care	Eating or feeding was changed to eating/feeding.	Change made to conform with other regulations and the UAI.
22VAC40-73-470	Requirements for health care services	Added behavioral health authority to agencies services for mental health care. Changed delegating nurse to delegating RN. Added RN and LPN to those available if direct care staff person who usually provides gastric tube care is unavailable.	Behavioral health authority is one of the agencies, change made for clarity. Change made to make it clear that RN and LPN can also provide the care.
22VAC40-73-490	Health care oversight requirements	Changed "the" to "a" in reference to licensed heath care professional, when a licensed health care professional is employed full-time. *Added evaluating the ability of	Change made for clarity to show that the person completing the health care oversight does not have to be the same person who is working on

		residents who self administer medications to continue to safely do so to elements of health care oversight. Reorganized requirements regarding oversight of restrained residents.	site on a full time basis. Change made to ensure safety of residents who self administer. Change made for clarity and structural integrity.
22VAC40-73-510	Mental health services coordination and support requirements	Added behavioral health authority to list of agencies for mental health services. *Added provision that contracts for mental health services conform with regulations and be provided to the licensing office.	Behavioral health authorities provide mental health services so should be included, providing to licensing office ensure conformance with regulations.
22VAC40-73-520	Activity and recreational requirements	Added language regarding nature and outdoor activities. Deleted “in the group”’ regarding understanding of residents’ attention spans and functional levels.	Technical changes made in wording for clarity, volunteers can also work with individuals.
22VAC40-73-550	Requirements for residents rights	Name change from VA Office for Protection and Advocacy to disAbility Law Center of Virginia. Change made from 12 to 14 point type for printing of resident rights and responsibilities. Added that resident does not have a legal representative for appointing a responsible	Change made to reflect the correct agency name, change made for ease of residents reading of residents’ rights and responsibilities, technical change made in wording for clarity; added certain persons who cannot be

		individual. Added that the responsible individual cannot be the facility licensee, administrator or staff person or their family members.	responsible individual for resident to avoid possible conflict of interest.
22VAC40-73-570	Requirements for release of information regarding resident's personal affairs and records	Changed title of section. In medical emergencies, examples of information to provide added MAR, rather than medications. .	Section title changed to cover requirements included in section, change made as a copy of the current MAR is important to be provided for health of resident.
22VAC40-73-590	Number of meals and availability of snacks requirements	*Availability of snacks at all times, rather than bedtime and between meals.	Change made for the welfare of residents and a more homelike environment.
22VAC40-73-600	Time interval between meals requirements	Added "scheduled" in reference to hours between meals.	The resident should have the choice to fluctuate the time intervals between meals.
22VAC40-73-610	Menus for meals and snacks requirements	Location of diet manual changed from dietary department to readily available to personnel responsible for food preparation.	Change made for clarification since not every facility has what it calls a dietary department.
22VAC40-73-640	Medication management plan and reference materials requirements	Provides that medication handbook or pharmacy reference book, or drug guide be readily accessible, rather than maintained, and that the reference material be for all staff who administer medications, not only for medication aides.	Changes made as the medication reference material can be readily obtained on line and the reference material is useful for any staff who administer medications.
22VAC40-73-680	Administration of medications and related provisions requirements	Moved language regarding documentation for medical procedures or treatments. *Added an allowance for a master list of staff who administer medications to be used in lieu of documentation on individual MARs. Moved language regarding medication aides and stat-drug box.	Combined requirements for clarity, simplifies process while still having protection for residents.
22VAC40-73-660	Requirements for storage of medications	Added substance abuse problem to serious cognitive impairment in exception to standard that allows more flexibility for medication storage. Also added documentation requirement if	Changes provide protection to keep medications away from those with substance abuse problem and to ensure that

		exception is utilized.	documentation regarding the exception is maintained.
22VAC40-73-690	Medication review requirements	Added to the medication review consideration of a gradual dose reduction of antipsychotic medications in those residents with a diagnosis of dementia and no diagnosis of a primary psychiatric disorder.	Drug reduction can benefit residents when possible.
22VAC40-73-710	Requirements for restraints	*Added prohibition of prone and supine restraints, and restraints that restrict a resident's breathing, interfere with a resident's ability to communicate, or apply pressure on a resident's torso. Change made regarding the use of emergency and non-emergency restraints and reorganized into separate subsections. Descriptive language was added to better explain appropriate use. Change made to clarify physician renewal of orders. Change made to be more specific about notification of changes in restraint usage. *Change made to require a review and revision of ISP following application of emergency restraints.	Adjustments to the restraint requirements were made to protect the health, safety, and welfare of residents and reduce risks, as restraints should only be used when absolutely necessary. Reorganized requirements for structural integrity. Change made for clarity regarding notification.
22VAC40-73-760	Requirements for living room or multipurpose room	For television, radio and newspaper, added including in living room or multipurpose room if not available in other common areas of the facility.	Change made to ensure that availability of television, radio and newspaper to all residents.
22VAC40-73-830	Requirements regarding resident councils	Changed presence of facility staff to at least part of each meeting allowed to be conducted without facility staff.	Change made so that residents are clearer regarding presence of facility staff.
22VAC40-73-850	Requirements regarding pets visiting the assisted living facility	Added requirement that facility have a written policy regarding pets visiting facility.	Change made to provide increased protection for residents and staff.
22VAC40-73-860	General requirements	*If facility permits firearms, added provision to store ammunitions and firearms separately and in locked locations.	Change made for the protection of all residents, staff, and visitors.
22VAC40-73-900	Requirements for sleeping areas	*Added that when there is a new facility licensee, there can be no more than two residents residing in a bedroom.	Provides residents with more privacy and a more homelike environment.

22VAC40-73-930	Provisions for signaling and call systems requirements	Reorganized language of requirement regarding when a resident is unable to use a signaling device *Added that rounds must be made no less than every two hours when the resident has gone to bed at night. Allowed for different frequency of rounds under certain conditions. Added specificity to documentation of rounds made for residents with an inability to use signaling device.	Changes made for clarity, resident preferences, and the protection of residents.
22VAC40-73-950	Emergency preparedness and response plan requirements	Added analysis of potential biohazard events to emergency plan. *Changed review of plan for staff, residents, and volunteers to semi-annually from quarterly. Added that review of plan be documented by signing and dating.	Change made to add to analysis for better protection, change made to better align with other states and agencies while still maintaining protection for residents, documentation allows for keeping track of what was done.
22VAC40-73-980	Requirements for emergency equipment and supplies	*Added requirement for first aid kit in each building, rather than at the facility. *Removed antibiotic cream or ointment and aspirin from the first aid kit. *Limited need for flashlight or battery lantern for employees to those on duty between 5:00 p m. and 7:00 a.m. *Added that on site food and water supply can be rotating stock.	Change made so that first aid kit is more available when there are multiple buildings, antibiotic cream/ointment and aspirin removed from first aid kit as Dhange made to clarify that rotation of stock is allowed to adhere to expiration dates and decrease costs for facilities.
22VAC40-73-990	Plan for resident emergencies and practice exercise requirements	Added a copy of the current MAR to be provided to rescue squad or hospital. Added that procedures for resident emergencies be reviewed with all staff every six months and documented.	Change made as the MAR contains critical information, changes made to be more realistic regarding practice exercises, but to ensure staff are knowledgeable

		Qualified that staff currently on duty participate in practice exercise. Added that emergency plan be available to residents' family and legal representatives, in addition to staff.	about procedures, change made to add family and legal representative for increased welfare of resident.
22VAC40-73-1020	Staffing requirements	*Removed exception for facilities licensed for 10 or fewer residents if no more than three had serious cognitive impairments.	Change made for the protection of residents.
22VAC40-73-1030	Staff training requirements for mixed population	Removed commencing immediately upon employment for administrator and direct care staff training in cognitive impairment. Added starting date of employment to the specified time period during which training must occur.	Changes made for clarity and flexibility.
22VAC40-73-1100	Approval requirements	Reference to discharge requirement was deleted.	Change made as reference to discharge requirement is not always applicable for this standard, discharge requirements are in another standard.
22VAC40-73-1130	Requirements for staffing for special care units	*Changed staffing requirement to when 20 or fewer residents are present, there must be at least two direct care staff members awake and on duty at all times in each special care unit and for every additional 10 residents, or portion thereof, there shall be at least one more direct care staff member awake and on duty in the unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
22VAC40-73-1140	Staff training requirements for special care units	Removed commencing immediately upon employment for administrator and direct care staff training in cognitive impairment. Added starting date of employment to the specified time period during which training must occur.	Changes made for clarity and flexibility.
General	Use of the words "individual," "resident," and "person" in singular and plural	Replaced one of these words with another of these words in some cases.	Changes made to use correct terminology and for consistency.
General	Use of word "since"	Replaced the word "since" with "because" or "as" in some cases.	Change made for more common usage purposes.
General	Use of word "assure"	Replaced the word "assure" with "ensure."	Change made for more common usage purposes.

General		Made minor revisions to language, grammar and punctuation in some cases, with no change in meaning.	Changes made for clarity and are technical in nature.
General		Revisions made to numbering as needed based on reorganization or other changes.	Changes made for structural purposes.

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.

Commenter	Comment	Agency response
Delanie Caldwell Hermitage Roanoke / ALF Provider (submitted directly)	**22VAC40-73-10** Is there a more definitive definition of non-compensated vs. compensated employee and volunteers. In the definition of "Volunteers" it states a volunteer is someone who works without compensation, and further states that this does not include someone who is presenting or facilitating a group activity. We do not "employ" persons without compensation. The people who come in to volunteer are the ones who are doing presentations or facilitating or assisting with a group activity. If they are not considered volunteers, then what are they?	Change made in definition for clarity.
Annoymous (submitted directly)	**22 VAC 40-72-10** **Tighten up the volunteer definitions, define"define entertainer" "activity leader", "one on one"**	Change made in definition for clarity.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-10** *"Volunteer" - I support the inclusion of the statement, "This does not include persons who, either as an individual or as part of an organization, present at or facilitate group activities."*	Comment supports definition.
Judy Hackler	**22VAC40-73-10**	Comment supports

Virginia Assisted Living Association (VALA) (submitted directly)	*"Volunteer" - We support the inclusion of the statement, "This does not include persons who, either as an individual or as part of an organization, present at or facilitate group activities."*	definition.
Valda Weider ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources-**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate ***programs and*** community resources-***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Stacey Bowen ALF Provider	**22VAC40-73-30** There shall be a program of care that:	Changes promote a more resident centered and

(submitted directly)	1. Meets the resident**'s population's** physical, mental, emotional, and psychosocial, **and spiritual** needs; **2. *Promotes the resident's highest level of functioning*** ~~2.~~ **3.** Provides protection, guidance and supervision; ~~3.~~ **4.** Promotes a sense of security, self-worth and independence; and ~~4~~.5. Promotes the resident's involvement with appropriate programs and community resources.*based on the resident's needs and interests.*	holistic approach.
Adam Feldbauer Martha Jefferson House (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** ~~2.~~ **3.** Provides protection, guidance and supervision; ~~3.~~ **4.** Promotes a sense of security, self-worth and independence; and ~~4.~~**5.** Promotes the resident's involvement with appropriate **programs and** community resources.**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Cathy Lewis Webster Center ALF 14 staff or ALF (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** ~~2.~~ **3.** Provides protection, guidance and supervision; ~~3.~~ **4.** Promotes a sense of security, self-worth and independence; and ~~4.~~**5.** Promotes the resident's involvement with appropriate **programs and** community resources.**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.

Darlene Byrom ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Kristi Blake Kroontje Health Care Center (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning**	Changes promote a more resident centered and holistic approach.

	~~2~~. 3. Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **based on the resident's needs and interests.**	
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2~~. 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Cassandra McClerklin Birmingham Green (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2~~. 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.

Carrie Davis Covenant Woods (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources-**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Paula Bolton ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 3. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **4. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources-**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Anne McDaniel ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning**	Changes promote a more resident centered and holistic approach.

	~~2.~~ 3. Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources~~.~~**based on the resident's needs and interests.**	
Mary Estes Rappahannock Westminster-Canterbury (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources~~.~~**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-30** 1. Meets the resident ~~population's~~ physical, mental, emotional, spiritual, and psychosocial needs; 2. Promotes the resident's highest level of functioning ~~2~~ 3. Provides protection, guidance and supervision ~~3.~~ 4. Promotes a sense of security, self-worth and independence; and ~~4.~~ 5. Promotes the resident's involvement with appropriate programs and community resources based on the resident's needs and interests.	Changes promote a more resident centered and holistic approach.
Judy Hackler VALA (submitted	**22VAC40-73-30** 1. Meets the resident ~~population's~~ physical, mental, emotional, spiritual, and psychosocial needs; 2. Promotes the resident's highest level of functioning	Changes promote a more resident centered and holistic approach.

directly)	~~2~~. 3. Provides protection, guidance and supervision ~~3~~. 4. Promotes a sense of security, self-worth and independence; and ~~4~~. 5. Promotes the resident's involvement with appropriate programs and community resources based on the resident's needs and interests.	
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 5. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***6. Promotes the resident's highest level of functioning;*** **~~2~~. 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4~~.5.** Promotes the resident's involvement with appropriate ***programs and*** community resources.***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Dana Parsons LeadingAge Virginia / (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs; **2. Promotes the resident's highest level of functioning** **2. 3.** Provides protection, guidance and supervision; **3. 4.** Promotes a sense of security, self-worth and independence; and **4.5.** Promotes the resident's involvement with appropriate **programs and** community resources.**based on the resident's needs and interests.**	Changes promote a more resident centered and holistic approach.
Karen Doyle (submitted directly)	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, **and spiritual** needs;	Changes promote a more resident centered and holistic approach.

	2. Promotes the resident's highest level of functioning **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate **programs and** community resources **~~.~~based on the resident's needs and interests.**	
Lisa DeMascio (submitted directly)	**22VAC40-73-30.** • Change the term *'behavior'* to '*UNMET NEEDS'* and the '*care'* to *'SERVICE'* • Learn to address residents' concerns, not label them as '*unruly*' • Study and practice non-verbal communication and interpersonal skills	Comments do not seem to relate to standard.
Carrie Dowdy, MSN, RN-BC Dogwood Village of Orange County Senior Living ALF Provider Submitted Directly	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ***~~.~~based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and	Changes promote a more resident centered and holistic approach.

	independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ***based on the resident's needs and interests.***	
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Melda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s ~~population's~~** physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** **~~2.~~ 3.** Provides protection, guidance and supervision; **~~3.~~ 4.** Promotes a sense of security, self-worth and independence; and **~~4.~~5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.

Marian Manor Assisted Living Submitted Directly		
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s** ~~**population's**~~ physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** ~~**2.**~~ **3.** Provides protection, guidance and supervision; ~~**3.**~~ **4.** Promotes a sense of security, self-worth and independence; and ~~**4.**~~**5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ~~.~~***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Coordinated Services Management Town Hall	**22VAC40-73-30** There shall be a program of care that: 1. Meets the resident**'s** ~~**population's**~~ physical, mental, emotional, ~~and~~ psychosocial, ***and spiritual*** needs; ***2. Promotes the resident's highest level of functioning;*** ~~**2.**~~ **3.** Provides protection, guidance and supervision; ~~**3.**~~ **4.** Promotes a sense of security, self-worth and independence; and ~~**4.**~~**5.** Promotes the resident's involvement with appropriate ***programs and*** community resources ~~.~~***based on the resident's needs and interests.***	Changes promote a more resident centered and holistic approach.
Judy Hackler (submitted directly)	**22VAC40-73-40 .B** 12. Ensure that at all times the department's representative is afforded reasonable opportunity to inspect ~~all of~~ the facility's buildings, books, and records that are required to	This is required by § 63.2-1706. This code section was added to the regulation for

	establish compliance with this chapter and applicable law and to interview agents, employees, residents, and any person under its custody, control, direction, or supervision. *We do not agree that EVERYTHING should be made available to the department's representative. Only those items required for compliance should be required to be made available.*	clarification.
Paige McCleary Other State Agency (submitted directly)	**22VAC40-73-40.D** Section 40 addresses closure or sale of a facility. Notification is to be provided to several individuals including case managers and eligibility workers. Would it be possible to strike case manager and replace it with "assessor" to more closely align with the language in Section 430? Section 430, which also addresses notification, uses the following language: "and for public pay residents, the assessor and the eligibility worker." Not all public pay residents have case managers but all public pay residents have an assessor who should be notified if the resident has to relocate due to the facility sale or closure.	"Assessor" was added as public pay residents have Assessors that need to be notified.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-40** 12. Ensure that at all times the department's representative is afforded reasonable opportunity to inspect ~~all of~~ the facility's buildings, books, and records that are required to establish compliance with this chapter and applicable law and to interview agents, employees, residents, and any person under its custody, control, direction, or supervision. *I do not agree that EVERYTHING should be made available to the department's representative. Only those items required for compliance should be required to be made available.*	This is required by § 63.2-1706. This code section was added to the regulation for clarification.
Cynthia G. Schneider, Chair, Arlington Commission on Long-Term Care	**22VAC40-73-50** The disclosure statement could be a valuable tool for prospective residents and their family members when comparing various facilities. However, many if not most people are not aware of its existence so do not request it and are only provided with disclosure information shortly	No change was made as the first comment is already covered in the Disclosure and the second comment is

Residences (Submitted directly)	before signing a contract. We suggest giving the disclosure when potential residents request information about the facility. Facilities that update their disclosure should provide a copy to all current residents or their legal representatives. Rationale: A resident or family member can't request a revised disclosure statement if they don't know the document has been changed.	covered in the Resident Agreement.
Carrie Dowdy, MSN, RN-BC ALF Provider Submitted Directly	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	No change was made to the first comment as it is critical that the licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Cynthia G. Schneider, Chair, ACLTCR Submitted directly	**22VAC40-73-70** It isn't clear that all situations requiring an incident report are documented in the resident's record. (See our comments under 22VAC40-73-460.)	No change made as not all situations are resident specific and 22 VAC40-73-460 requires documentation in the resident record when appropriate.
Carrie Dowdy, MSN, RN-BC,	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident	No change was made to the first comment as it is critical that the

Dogwood Village ALF Provider Submitted Directly	that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	No change was made to the first comment as it is critical that the licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life,	No change was made to the first comment as it is critical that the licensing office obtains this

Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Coordinated Services Management Town Hall	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Town Hall	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Laurie Youndt, RN NHA Lakewood ALF Provider Directly	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. At least use the following information in the technical	No change was made to the first comment as it is critical that the licensing office obtains this information as soon as possible.

Submitted	assistance Follow the Virginia Department of Health definitions and guidelines for reporting incidents in long term care. Abuse, neglect, misappropriation of personal property, injury of unknown origin, resident to resident altercation, visitor to resident altercation , any event involving a resident that is likely to result in legal action; - Medication errors that result in the resident being hospitalized or dying; - Suicides - attempted or successful; - Death or serious injury associated with the use of restraints; - Ingestion of toxic substances requiring medical intervention; - Accidents or injuries of known origin that are unusual, such as a resident falling out of a window, a resident exiting the facility and sustaining an injury on facility property, or a resident being burned; - A resident procuring and ingesting enough medication to result in an overdose; and - Any unusual event involving a resident or residents that may result in media coverage.	Regarding the second comment this information will be considered to be included in the revisions of the technical assistance
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-70** I am particularly concerned regarding instruction given at training on 10/21/15 advising facilities to report every time a resident is sent to the ER post fall and/or portable x-ray is called into the facility post fall.	No change was made as provider misunderstood the instruction given at the training.
Susan O'Malley Brandon Oaks Assisted Living Town Hall	**22VAC40-73-70** In section A the new wording states "Each facility shall report to the regional licensing office within 24 hours any major incident....." This needs to have "or the next business day" added. Most facilities do not have staff on the weekends to complete this and most licensing offices are not open on the weekend.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Colleen Miller (submitted directly)	**22VAC40-73-70** For clarity, dLCV recommends the Department specify that incident reports should be written reports. The Department can further strengthen the proposed incident reporting standards by requiring concurrent reporting to Adult	No change is necessary as the proposed standard does required the report to be in

	Protective Services when incidents involve suspected or confirmed abuse, neglect, or exploitation.	writing and another standard includes the requirement for reporting to Adult Protective Services.
Judy Hackler (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours or the next business day any major incident that has negatively affected or that threatens the life, health, safety, or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
VALA/VHCA/Leading Age (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	No change was made to the first comment as it is critical that the licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Cassandra McClerklin (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.

Adam Feldbauer (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Carrie Davis (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours ***or next business day*** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	No change was made to the first comment as it is critical that the licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance

		provides more extensive detail.
Valda Weider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours or the next business day any major incident that has negatively affected or that threatens the life, health, safety, or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Mary Estes (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Karen Doyle (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Anne McDaniel Provider	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major	No change was made as it is critical that the

(submitted directly)	incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	licensing office obtains this information as soon as possible.
LeadingAge Virginia (submitted directly)	**22VAC40-73-70 A** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Cathy Lewis Webster Center ALF (14 staff at ALF) (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Paula Bolton Provider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Kristi Blake Provider (submitted directly)	**22VAC40-73-70** A. Each facility shall report to the regional licensing office within 24 hours **or next business day** any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.	No change was made as it is critical that the licensing office obtains this information as soon as possible.
Stacey	**22VAC40-73-70**	No change was

Bowen ALF Provider (submitted directly)	A. Each facility shall report to the regional licensing office within 24 hours *or next business day* any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident. *It is also suggested that the technical assistance related to what is considered a major incident be incorporated into the proposed regulation to clarify what must be reported.	made to the first comment as it is critical that the licensing office obtains this information as soon as possible. Regarding the second comment, keeping the information in technical assistance provides more flexibility to make changes and revisions and the technical assistance provides more extensive detail.
Brenda Seal – Fillmore Place/Rite Way Public Hearing	**22VAC40-73-100** The first revised standard about requiring the participation of licensed health care professionals to assist with program development and compliance is going to increase costs.	No change made, depending on the staff qualifications the cost may or may not be increased.
Valda Weider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.

Carrie Davis (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Mary Estes (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Adam Feldbauer (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Judy Hackler (submitted directly)	**22VAC40-73-110** A. 2. Be able to speak, read, understand, and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Kim Hurt ALF Provider	**22VAC40-73-110** A. 2. Be able to speak, read, understand, and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
VALA – VHCA-Leading Age	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable

		of carrying out their job responsibilities.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out

Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly		their job responsibilities.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Coordinated Services Management Town Hall	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Cathy Lewis Webster Center (14 staff at ALF)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.

LeadingAge Virginia (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Cassandra McClerklin (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
VALA-VHCA – Leading Age (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, ***understand*** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Karen Doyle (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out

		their job responsibilities.
Kristi Blake Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, *understand* and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Paula Bolton Provider (submitted directly)	**22VAC40-73-110** 2. Be able to speak, read, **understand** and write in English as necessary to carry out their job responsibilities; and	"Understand" was added to the regulation to ensure that staff are fully capable of carrying out their job responsibilities.
Judy Hackler (submitted directly)	**22VAC40-73-120** *We support the addition of the word 'working' in the statement, "shall occur within the first seven working days of employment"*	No change needed as this comment is in support of the regulation.
Kim Hurt	**22VAC40-73-120**	No change needed as this

ALF Provider (submitted directly)	*I support the addition of the word 'working' in the statement, "shall occur within the first seven working days of employment"*	comment is in support of the regulation.
Judy Hackler (submitted directly)	**22VAC40-73-130** *This section does not need to be added, as its purpose is redundant from 22VAC73-120-C-7*	No change made as this provides added protection to the resident.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-130** *This section does not need to be added, as its purpose is redundant from 22VAC73-120-C-7*	No change made as this provides added protection to the resident.
Paige McCleary Other State Agency (submitted directly)	**22VAC40-73-130** I also appreciate the inclusion of additional language (Section 130) that addresses the reporting of suspected adult abuse, neglect and exploitation.	No change needed as this comment is in support of the regulation.
Judy Hackler (submitted directly)	**22VAC40-73-150** *Support the change to "14 days" in B-1*	No change needed as this comment is in support of the regulation.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-150** *Support the change to "14 days" in B-1*	No change needed as this comment is in support of the regulation.
VALA – VHCA – Leading Age (submitted directly)	**22VAC40-73-160** D. Administrators who ***directly*** supervise medication aides, but are not registered medication aides themselves, shall successfully complete a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for such administrators must include a minimum of 68 hours of student instruction and training, but need not include the	A change was made in the standard to include a reference to 22 VAC 40-73-670.3.b, the word "directly" was not included as the meaning of

	prerequisite for the program or the written examination for registration. The training shall be completed prior to supervising medication aides and may be counted toward the annual training requirement in subsection A of this section, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The following exceptions apply:	"directly" could mean, e.g., sight and sound supervision.
Judy Hackler (submitted directly)	**22VAC40-73-160** E. Administrators who have completed the training program specified in subsection D of this section and who directly supervise medication aides shall be required to… F. If a designated assistant administrator, as allowed in 22VAC40-73-150 E directly supervises medication aides…	A change was made to include a reference to 22 VAC 40-73-670.3.b, the word "directly" was not included as the meaning of "directly" could mean, e.g., sight and sound supervision.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-160** D. Administrators who ***directly*** supervise medication aides, but are not registered medication aides themselves, shall successfully complete a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for such administrators must include a minimum of 68 hours of student instruction and training, but need not include the prerequisite for the program or the written examination for registration. The training shall be completed prior to supervising medication aides and may be counted toward the annual training requirement in subsection A of this section, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The following exceptions apply:	A change was made in the standard to include a reference to 22 VAC 40-73-670.3.b, the word "directly" was not included as the meaning of "directly" could mean, e.g., sight and sound supervision.
Mardi Belfiore, Salem Terrace at Harrogate Town Hall	**22VAC40-73-160** Medication administration training should not be required for administrators who do not directly supervise medication aides, and/or have a full time licensed Director of Nursing on staff.	No change is needed as the training is not required by the regulation.

Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-160 E** E. Administrators who have completed the training program specified in subsection D of this section and who directly supervise medication aides shall be required to…	A change was made to include a reference to 22 VAC 40-73-670.3.b, the word "directly" was not included as the meaning of "directly" could mean, e.g., sight and sound supervision.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-160 F** F. If a designated assistant administrator, as allowed in 22VAC40-73-150 E directly supervises medication aides…	A change was made to include a reference to 22 VAC 40-73-670.3.b, the word "directly" was not included as the meaning of "directly" could mean, e.g., sight and sound supervision.
Tracy Christiansen (submitted directly)	**22VAC40-73-210** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Michele Darwin (submitted directly)	**22VAC40-73-210** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete	No change is needed as there is support of the change in the regulation.

	from 16 hours to 18 hours.	
Cathy Pascoe Advocate (submitted directly)	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 1. Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Linda Williams Advocate (submitted directly)	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Valerie Hopson-Bell Advocacy Organization (submitted directly)	**22VAC40-73-210** I strongly support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Lynne Seward Advocate (submitted directly)	**22VAC40-73-210** Increase annual training for all direct care workers from sixteen to eighteen hours.	No change made as there are 18 hours of annual training for facilities licensed for both levels of care. For residential only

		facilities, 14 hours covers necessary material.
Tawana Bryant Assisted Living Independent Public Hearing	**22VAC40-73-210** There's regulations to increase training hours for residential direct care workers. The one's that we have is sufficient. We provide them with what they need. A lot of the learning is hands on learning. Hands on training is the best training. There's no extra funding for the extra hours of training you're requiring.	The needs of the residents in residential living care support the need for the increased training hours.
Laura Adkins (submitted directly)	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 1. Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours. Special Training for people with younger onset dementia.	No change is needed as there is support of the change in the regulation.
Sheila Walsh (submitted directly)	**22VAC40-73-210** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Sarah Harris (submitted directly)	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living	No change is needed as there is support of the change in the regulation.

	Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	
Brenda Seal – Fillmore Place/Rite Way Public Hearing	**22VAC40-73-210** Increasing the hours of training increases my costs. You're telling me I can't train this person, I've got 38 years in the medical field. Increasing these hours I feel like it's a liability situation, it's my practice, my business, I'm gonna train that person because I wanna make sure that person has everything they need. It's a liability issue because if that outside person comes in to take care of my person and they stick them self with a needle, who's liable?	The needs of the residents in care support the need for the increased training hours.
Regla Garrett Advocate Submitted Directly	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.

Angela McGowan, Advocate Submitted Directly	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	No change is needed as there is support of the change in the regulation.
Carter Harrison, Director of Policy Alzheimer's	**22VAC40-73-210** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently	No change is needed as there is support of the change in the regulation.

Association, VA Chapters Submitted Directly	under consideration: Increasing the annual training that direct care staff who work for assisted living facilities are required to complete from 16 hours to 18 hours.	
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-210** We are pleased to see the proposed change requiring additional hours of training for direct care staff in facilities licensed for residential and assisted living care. F. We recommend requiring "other" staff (e.g. dining service personnel in facilities where meals are served to residents by non-direct care staff) to have training in infection control and prevention and, in facilities with adults with any degree of mental or cognitive impairment, training in how to interact appropriately with such residents.	With regards to comment one, no change is needed as there is support of the change in the regulation. With regards to the second comment all staff do have to have training in infection control which is also in the current ALF regulation. As for the comment regarding training additional staff on the topics of cognitive impairment; standard 22 VAC 40-73 – 1030 and 22 VAC-40-73-1140 addresses requirements for staff other than the administrator or direct care staff to have this training.
Assisted living Facilities of Independent	**22VAC40-73-210** There is a regulation to increase the training hours- training hours for residential direct care workers are efficient for	The needs of the residents in residential living care support the

Owners Town Hall	the things we need or what we do.	need for the increased training hours.
Hermitage Roanoke / ALF Provider / Delaine Caldwell (submitted directly)	**22VAC40-73-220** In the new section **(22 VAC 40-73-220)** regarding private duty personnel: will existing situations be "grandfathered" in under this new standard. **Same section**: can a private duty organization be provided the facility's orientation information to be done with the personnel before they come to the facility as long as it is documented that this orientation has occurred?	No change is needed as the requirements for private duty personnel are found in the current Technical Assistance manual.
Anonymous (submitted directly)	**22VAC40-73-220 B** Staff needs background checks –for private care personnel.	The requirement for background checks was added to 22 VAC 40-73-220.B
Lynne Seward Advocate (submitted directly)	**22VAC40-73-240** Require volunteers to have 4 hours in dementia training	No change needed as this would be too burdensome for the volunteer and they are already required to be under the supervision of staff and they have an orientation.
Colleen Miller (submitted directly)	**22VAC40-73-240** Disability Law Center of Virginia (dLCV) urges the Department to formalize standards for policies related to criminal history and registry checks for all individuals volunteering with residents in ALFs. For model language, see 12VAC35-105-400. Criminal registry checks.	No change was made as the Code of Virginia specifically address background checks for volunteers.
Cynthia G. Schneider, Chair, ACLTCR Claire	**22VAC40-73-250** We disagree with the decision to repeal 22VAC40-72-160. Licensing inspectors routinely observe medication aides performing their duties and require those who perform poorly to have in-service retraining. Inspectors do not	No change as it is the responsibility of the facility to determine their personnel

Jacobsen, Member ACLTCR Submitted Directly	observe other direct care staff at work since it is often done privately in a resident's room. We continue to have concerns about staff lacking knowledge and skills in areas such as monitoring hydration, providing personal hygiene including the proper use of denture adhesives, adjusting wheel chairs and other assistive devices, recognizing when a resident requires medical attention, and accessing and responding appropriately to the needs of residents with mental and cognitive impairment. Therefore, we believe the requirement that facilities develop and implement procedures for annually evaluating staff performance is essential to ensure residents are receiving appropriate care.	policies.
Judy Hackler (submitted directly)	**22VAC40-73-260** *The current standard requiring one direct care staff member trained in first aid and CPR for each 100 residents is sufficient. Per DSS licensure records, the average capacity of the licensed assisted living facilities in 2015 was 60 residents. It is estimated by assisted living providers that approximately 30-50% of the resident population have Do Not Resuscitate (DNR) Orders on file, with some communities having a much higher number of DNR orders on file. Therefore, we do not support reducing the number of residents required in determining the number of direct care staff member trained in first aid and CPR for each community. We would also like to iterate that the cost of adding one additional aide at night is approximated at $45,000 that would have to be incurred by the community causing another financial burden, especially for those communities accepting Auxiliary Grant payments.* B. 2. In facilities licensed for over ~~50~~ 100 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every ~~50~~ 100 residents, or portion thereof.	A change was made from every 50 residents to every 100 residents for CPR as required in the current ALF regulation.
Randy Scott ALF Provider (submitted directly)	**22VAC40-72-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof.	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

	While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.	
Emily Anderson- The Legacy at North Augusta Public Hearing	**22VAC40-73-260** Having a staff list of everyone that is certified in CPR and keeping that updated as staff come and go is pretty unrealistic.	No change as this information is critical to the care and protection of the resident.
Mark Koch ALF Provider (submitted directly)	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Anthony Scaperlanda ALF Provider (submitted	**22VAC40-72-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation	A change was made from every 50 residents to every 100 residents as

directly)	(CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	required in the current ALF regulation.
Stacey Bowen ALF Provider (submitted directly)	**(22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Cathy Hiememan ALF Provider (submitted directly)	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While larger providers currently meet or exceed the proposed regulation, smaller providers may*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

	experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.	
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-260** *The current standard requiring one direct care staff member trained in first aid and CPR for each 100 residents is sufficient. Per DSS licensure records, the average capacity of the licensed assisted living facilities in 2015 was 60 residents. It is estimated by assisted living providers that approximately 30-50% of the resident population have Do Not Resuscitate (DNR) Orders on file, with some communities having a much higher number of DNR orders on file. Therefore, we do not support reducing the number of residents required in determining the number of direct care staff member trained in first aid and CPR for each community. We would also like to iterate that the cost of adding one additional aide at night is approximated at $45,000 that would have to be incurred by the community causing another financial burden, especially for those communities accepting Auxiliary Grant payments.* B. 2. In facilities licensed for over ~~50~~ 100 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every ~~50~~ 100 residents, or portion thereof.	A change was made from every 50 residents to every 100 residents for CPR as required in the current ALF regulation.
VALA – VHCA – Leading Age (submitted directly)	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this***	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

	section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.	
Marian Dolliver, Board of Director Member, St. Mary's Woods ALF Provider Submitted Directly	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Imelda Angat	**22VAC40-73-260**	A change was

RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	made from every 50 residents to every 100 residents as required in the current ALF regulation.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.***	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Laurie Youndt, RN NHA	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one~~	A change was made from every 50 residents to

Lakewood ALF Provider Submitted Directly	~~additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.***	every 100 residents as required in the current ALF regulation.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.***	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be***	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	***available if necessary to assure quick access to residents in the event of the need for CPR.***	
ALF Provider (submitted directly)	**(22VAC40-73-260**). The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents,or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for C'PR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45, {)()() per year. Such an imposition may' negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-260** ~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of***	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

	subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.	
Sara Warden ALF Provider Submitted directly	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Bill Murphy ALF Provider (submitted directly)	**22VAC40-73-260** The proposed change increases the requirement regarding staff with certification in cardiopulmonary resuscitation (CPR). The number of staff needed with CPR certification increased from 1 for every 100 residents, or portion thereof, to 1 for every 50 residents, or portion thereof. *While most larger providers currently meet or exceed the proposed regulation, smaller providers may experience a financial burden. The existing regulation is adequate to provide safe response and quick access to residents in the event of the need for CPR. Moreover, the proposed regulation may impose a financial burden to the facility; costing as much as $45,000 per year. Such an imposition may negatively impact the residents due to the facility raising rents to cover such costs.*	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
Sara Warden ALF Provider	**22VAC40-73-260**	A change was made from every

Submitted directly	~~B 2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ ***In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.***	50 residents to every 100 residents as required in the current ALF regulation.
LeadingAge Virginia (submitted directly)	**22VAC40-73-260 B** ~~2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~ **In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.**	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.
ALF Provider / Randy Scott (submitted directly)	**22 VAC 40-73-260 B** **2. The CPR requirement for 1 for every 50 residents will cost me an additional 47,000.00 per year. That will equate to $308.00 per resident per year. That cost will be passed on. The daily 24 hour report indicates very little is done at night to add an additional staff will result in less work and more cost. To place additional task on them would mean to terminate someone from the day shift who have been here from 26 to 28 years doing the jobs that could be moved. I am not aware of**	A change was made from every 50 residents to every 100 residents as required in the current ALF regulation.

	any reports where two residents needed CPR at the same time at night anywhere in the state. Even in hospitals it is extremely rare for two codes to be going on at the same time except for a community crisis that happened.	
Lisa DeMascio (submitted directly)	**22VAC40-73-270** • If a resident is sent to the ER for any reason, a familiar staff person from the secured community should be present with the resident at all times. • If the resident has to be evaluated and treated in another type of facility, the resident shouldn't have to pay the secured living community. • 2:7 Provision of additional attention to meet the physical, mental, emotional and social needs of the restrained resident. Recommend changing the wording to say "provision of additional healthcare attention or medical to meet the physical, mental, emotional and social needs of the restrained resident." • Emergency Response staff should also be trained for and briefed when a person with dementia is being transferred from their primary residence to the ER.	No change made as these comments are outside of DSS purview.
Colleen Miller (submitted directly)	**22VAC40-73-270.** As written, the proposed regulatory language pertaining to restraint use in ALFs lacks meaningful protections for residents. Restraints are widely regarded as treatment failures and necessarily pose serious threats to the health and safety of older adults and people with disabilities with each occurrence. At a minimum, dLCV urges the Department to ban prone restraints, require assessment and documentation of psychological and medical contraindications to restraint for all ALF residents upon admission, set clear time limits for restraint release, and mandate debriefing after every instance of restraint in accordance with best practices. dLCV further recommends the Department make a clearer distinction between requirements applicable to restraint use in emergencies versus restraint use for positioning or medical needs throughout the proposed regulations.	No change required here as the standards are sufficient for the protection of the resident. Change made in another standard to ban prone restraints and to clarify emergency and non-emergency restraint use.

Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-280** We strongly recommend adding the following sentence at the end of paragraph A. "Staff in sufficient numbers shall be defined as the number required to meet the care needs of each resident **in a timely manner**, to provide supervision during the day to those who need it and, during overnight hours, to provide regular monitoring of residents who have been assessed as unable to use the emergency call system."	The standard already addresses the need to provide care to the resident. With respect to the call system, standard 22 VAC 40-73 930.D addresses the requirements for residents who are unable to use the call system.
Kathy Huffer, Maple Lawn Assisted Living Town Hall	**22VAC40-73-280** We wish to leave this as is (22VAC40-72-320) with staff being able to sleep and getting up periodically and checking on the resident during the night. we HAVE A CAPACITY OF 16 RESIDENTS and have alarms on the bedroom doors the exit doors and check on our residents during the night and have alarms in their rooms also.so we are not in favor of staying awake while working .	No change is needed as awake and on duty staff for facilities licensed for assisted living is included in the standard for the care and protection of residents.
Karen Doyle (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Kristi Blake Provider (submitted	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in~~	No change is need as the standard provides the facility the

directly)	~~charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	flexibility to develop their own procedure for posting.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Randy Scott ALF Provider (submitted directly)	**22VAC40-73-290** B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public. The facility shall post a sign directing questions or concerns to a specific place in the facility.	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
VALA – VHCA-Leading Age (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.

Mary Estes (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Carrie Davis (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Adam Feldbauer (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the~~	No change is need as the standard provides the facility the flexibility to develop their

	~~facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	own procedure for posting.
Paula Bolton Provider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Valda Weider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Cassandra McClerklin (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Darlene Byrom ALF Provider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
LeadingAge	**22VAC40-73-290 B**	No change is

Virginia (submitted directly)	~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	need as the standard provides the facility the flexibility to develop their own procedure for posting.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure

		for posting.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ ***The facility shall post a sign directing questions or concerns to a specific place in the facility.***	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.

Coordinated Services Management Town Hall	**22VAC40-73-290** ~~B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.~~ **The facility shall post a sign directing questions or concerns to a specific place in the facility.**	No change is need as the standard provides the facility the flexibility to develop their own procedure for posting.
Judy Hackler (submitted directly)	**22VAC40-73-310** *In section M, if the 'written agreement' between the facility and the hospice program is the care plan, then we support this language. If the DSS intends for the 'written agreement' to be a separate contract, then we oppose this requirement.*	No change is required, the written agreement is a separate document between the hospice agency and the facility that has more general information and does not specify the individual needs of the residents. The individual needs of the resident would be reflected in their ISP.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-310** Current regulations allow facilities to determine that an individual's needs cannot be met without a specific reason. We previously recommended changing the language to avoid refusal or discharge of residents on a purely subjective basis. We understand this matter will be considered for issuance of Technical Assistance (TA). We believe this topic **must** be addressed, either in the Standards or in TA, to provide clarification and protection for potential and current residents.	No change is needed as this allows the facility to make the determination as to whether they can meet the resident's needs and the facility is required to document the reason for discharge.
Kim Hurt ALF Provider	**22VAC40-73-310 M**	No change is required, the

(submitted directly)	*In section M, if the 'written agreement' between the facility and the hospice program is the care plan, then we support this language. If the DSS intends for the 'written agreement' to be a separate contract, then we oppose this requirement.*	written agreement is a separate document between the hospice agency and the facility that has more general information and does not specify the individual needs of the residents. The individual needs of the resident would be reflected in their ISP.
Judy Hackler (submitted directly)	**22VAC40-73-320** *Under item 6, we support the inclusion of "description of the person's reactions" to known allergies.*	No change required as comment supports the change.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-320** *6. Under item 6, we support the inclusion of "description of the person's reactions" to known allergies.*	No change required as comment supports the change.
Emily Anderson-The Legacy at North Augusta Public Hearing	**22VAC40-73-325** Looking as some of the new regulations as far as the (325) fall risk assessment, (1120) teaching the resident how to work, (930) the call help system; again, just not the reality of everyday life at an assisted living community.	No change made since requirements are necessary for the protection of the residents.
LeadingAge Virginia (submitted directly)	**22VAC40-73-325 A** For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted.	It appears the standard is being supported. The assessment was changed to a rating to be more accurate regarding what is

		expected.
Valda Weider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted.	It appears the standard is being supported. The assessment was changed to a rating to be more accurate regarding what is expected.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated~~:~~ ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Randy Scott ALF Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:***when the condition of the resident changes to increase the resident's fall risk.*** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ **C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.**	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.

Kristi Blake Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls. Secondly, I strongly agree with the suggestion to remove the requirement that a fall risk assessment be completed after every fall. Unless there has been a change in the resident's condition or medication which alters their risk of falling, the assessment would not provide any new or useful information.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Karen Doyle (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living	It appears the standard is being supported. The

(submitted directly)	care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted.	assessment was changed to a rating to be more accurate regarding what is expected.
Emily Anderson (submitted directly)	**22VAC40-73-325** If implementing a fall risk assessment, the requirements for the assessment must be indicated. Providing a model form would benefit. The eligibility requirements for completing the assessment would also be necessary as it is for UAIs and ISPs.	The assessment was changed to a rating to be more accurate regarding what is expected.
Brenda Seal – Fillmore Place/Rite Way Public Hearing	**22VAC40-73-325** Added requirements for fall risk assessments, our clients are gonna fall. I've gotta have someone come in to evaluate this person to say, yes they tripped, so guess what they're gonna do, they're gonna request for them to have PT. Which means more costs to me.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.

Adam Feldbauer (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Paula Bolton Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Cassandra McClerklin (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.**	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate

	~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	regarding what is expected.
Mary Estes (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.

Sara Warden ALF Provider Submitted directly	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated~~:~~ ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to**	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more

	increase the resident's fall risk. ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	accurate regarding what is expected.
Carrie Davis (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated:***when the condition of the resident changes to increase the resident's fall risk.*** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.

Valda Weider (submitted directly)	**22VAC40-73-325** B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
LeadingAge Virginia (submitted directly) (submitted directly)	**22VAC40-73-325 B** The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Karen Doyle (submitted directly)	**22VAC40-73-325 B** B. The fall risk assessment shall be reviewed and updated:**when the condition of the resident changes to increase the resident's fall risk.** ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Judy Hackler (submitted directly)	**22VAC40-73-325** *Will DSS provide a template document that they want providers to use when conducting the "fall risk assessment" or will documentation in the residents' charts be sufficient?* C. The fall risk assessment shall be reviewed and updated	No change made in conditions as they are necessary for the protection of the residents. The assessment was

	when the condition of the resident changes to increase the resident's fall risk. ~~1. At least annually;~~ ~~2. When the condition of the resident changes; and~~ ~~3. After a fall.~~	changed to a rating to be more accurate regarding what is expected. The facility needs latitude to determine which assessment best meets their needs.
Valda Weider (submitted directly)	**22VAC40-73-325** C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	It appears the standard is being supported.
LeadingAge Virginia (submitted directly)	**22VAC40-73-325 C** Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	It appears the standard is being supported.
Karen Doyle (submitted directly)	**22VAC40-73-325 C** C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	It appears the standard is being supported.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-325** *Will DSS provide a template document that they want providers to use when conducting the "fall risk assessment" or will documentation in the residents' charts be sufficient?* C. The fall risk assessment shall be reviewed and updated when the condition of the resident changes to increase the resident's fall risk.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more

	1. ~~At least annually;~~ 2. ~~When the condition of the resident changes; and~~ 3. ~~After a fall.~~	accurate regarding what is expected. The facility needs latitude to determine which assessment best meets their needs.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-325** A. We strongly support the new requirement for a fall risk assessment to be reviewed and updated as outlined in paragraph B. C. We recommend initiating appropriate interventions based on the initial and subsequent assessments, if indicated, rather than waiting until after the first fall. For example, if a new resident has a history of falls in a prior setting, interventions shouldn't be postponed until after the first fall in the facility. The family member, legal representative or designated contact person should be advised of the results of the fall risk assessment and what interventions, if needed, will be used. The ISP should be updated accordingly.	The assessment was changed to a rating to be more accurate regarding what is expected. No change needed as the risk assessment tool should indicate when interventions are needed. If interventions are needed this should be a part of the ISP development which would include the family member and others.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated~~:~~ ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.

	C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated: ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated: ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted.	No change made in conditions as they are necessary for the protection of the

Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	B. The fall risk assessment shall be reviewed and updated: ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated: ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Westminster Canterbury Town Hall	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated: ***when the condition of the resident changes to increase***	No change made in conditions as they are necessary for the protection of the residents. The assessment was

	the resident's fall risk. ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls. Can DCS or does a nurse have to complete the fall assessment and analysis/assessment of circumstances of the fall /interventions?	changed to a rating to be more accurate regarding what is expected. With respect to the second comment, the facility has latitude to determine who can complete the rating.
Coordinated Services Management Town Hall	**22VAC40-73-325** A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted. B. The fall risk assessment shall be reviewed and updated~~:~~ ***when the condition of the resident changes to increase the resident's fall risk.*** ~~**1. At least annually;**~~ ~~**2. When the condition of the resident changes; and**~~ ~~**3. After a fall.**~~ C. Should a resident fall, the facility must show documentation of an analysis of the circumstances of the fall and interventions that were initiated to prevent or reduce additional falls.	No change made in conditions as they are necessary for the protection of the residents. The assessment was changed to a rating to be more accurate regarding what is expected.
Judy Hackler (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be <u>provided prior to admission</u> ~~acquired~~.	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Stacey Bowen ALF Provider	**22VAC40-73-340**	A change was made so that it

(submitted directly)	A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. ***provided prior to admission.***	will be acquired prior to admission as it is in the best interest of the resident and facility.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Carrie Davis (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Mary Estes (submitted	**22VAC40-73-340**	A change was made so that it will be acquired

directly)	A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	prior to admission as it is in the best interest of the resident and facility.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Kristi Blake Provider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Adam Feldbauer (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Kim Hurt ALF Provider	**22VAC40-73-340 A.** A. 1. If the prospective resident is referred by a state or	A change was made so that it will be acquired

(submitted directly)	private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be provided prior to admission ~~acquired~~.	prior to admission as it is in the best interest of the resident and facility.
Paula Bolton Provider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Cassandra McClerkliln (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Valda Weider (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
LeadingAge Virginia (submitted	**22VAC40-73-340 A** 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral	A change was made so that it will be acquired prior to

directly)	health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. **provided prior to admission.**	admission as it is in the best interest of the resident and facility.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Karen Doyle (submitted directly)	**22VAC40-73-340 A** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Rhonda Dawoud, Med Executive Director Potomac Place	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired~~. ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and

Submitted Directly		facility.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ ***provided prior to admission.***	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.
Coordinated Services Management Town Hall	**22VAC40-73-340** A. 1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be ~~acquired.~~ **provided prior to admission.**	A change was made so that it will be acquired prior to admission as it is in the best interest of the resident and facility.

Judy Hackler (submitted directly)	**22VAC40-73-350** *We do not support D-2. As stated in D-1, the facility should assist in "accessing the information on registered sex offenders", but the facility should not have to provide "printed copies of the information." This would be another cost to the community not reimbursable.*	No change made as the requirement is found in § 63.2-1808 of the Code of Virginia.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-350** *I do not support D-2. As stated in D-1, the facility should assist in "accessing the information on registered sex offenders", but the facility should not have to provide "printed copies of the information." This would be another cost to the community not reimbursable.*	No change made as the requirement is found in § 63.2-1808 of the Code of Virginia.
Paige McCleary (submitted directly) Other State Agency	**22VAC40-73-360** Thank you for ensuring that the emergency placement section (360) is clear as to who may place a resident in a facility on an emergency basis.	No change made as the standard is supported.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-380** We recommend including language here or in another section of the standards to indicate who shall be involved when the ISP is updated and who shall sign the ISP and other documents for residents who can't read or fully understand them (e.g. they have poor eyesight or some degree of mental or cognitive impairment). All contact information and forms indicating who shall be notified and when should be reviewed annually by the resident or legal representative and updated as necessary to ensure accuracy. A signature and date should be required to verify the annual review was completed.	With respect to the first comment, no change is necessary as the information regarding the ISP is already required within the standards. With respect to the second comment, an addition was added to the standard to keep the information current, this change was made as information may

		change.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-390** A. We recommend this paragraph specify a designated number of business days, such as five (5) business days, be provided to review the agreement, in advance of signing or admission, unless waived by the resident or legal representative, or unless the admission is an emergency.	No change was made as it is incumbent upon the prospective resident or legal representative to understand what is being signed. There also is a requirement for disclosure.
Virginia Department for Aging and Rehabilitative Services **DARS** Town Hall	**22VAC40-73-420 B** The Auxiliary Grant guidance document indicates that a resident is no longer considered an Auxiliary Grant recipient when his residency ends in an Alf or AFC home. This occurs when a resident is absent from the facility or home 14 consecutive days, when they are discharged, has left the facility without plans of returning or Medical evidence indicates that they are not returning. When a person is discharged from the hospital to a nursing facility for rehab, the resident's level of care changes and because they are in a nursing facility their funding level has changed to Long Term Care. An Auxiliary Grant resident is unable to meet the requirements of a bedhold policy unless they are private pay. The local department of social services are not able to pay for holding a bed at an assisted living facility or adult foster care home. Also, according to Social Security Administration policy if a person goes to jail for an extended period of time they are not eligible to receive SSI; therefore, they are not eligible for the Auxiliary Grant as well.	Change was made as to conform with AG policy.
Emily Anderson (submitted directly)	**22VAC40-73-430** The revision that limits when a discharge statement is needed provides clarity in the regulation.	No change made as the standard is supported.
Carrie Davis	**22VAC40-73-430**	The suggested exception was not included as

(submitted directly)	H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	the discharge is still relevant and necessary.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-430** H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Adam Feldbauer (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Valda Weider (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Paula Bolton Provider (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Darlene Bryom ALF Provider	**22VAC40-73-430** H. Discharge statement.	The suggested exception was not included as the discharge is still relevant and

(submitted directly)	**Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	necessary.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.** I agree with the suggestion to delete the requirement that a Discharge Summary be sent in the event of death. I have never felt it appropriate to send a Discharge Summary to the family of a deceased resident. The family/POA knows the resident has died, are cleaning out the apartment, grieving, etc. To send them or hand them a piece of paper that tells them their loved one has been discharged because they died is not only redundant, it can be insensitive at such a time. Perhaps the requirement could be changed to completing a Discharge Summary for the resident's record, but not requiring it to be sent to the family/POA in the event of death.	The suggested exception was not included as the discharge is still relevant and necessary.

Cassandra McClerklin (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Mary Estes (submitted directly)	**22VAC40-73-430. Discharge of residents.** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Judy Hackler (submitted directly)	**22VAC40-73-430 Discharge of residents** *We request an exception to be created for section H.* Exception: In the care of death or the resident being discharged to another level of care within the community, a discharge statement is not necessary.	The suggested exception was not included as the discharge is still relevant and necessary.
Karen Doyle (submitted directly)	**22VAC40-73-430** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.

Kristi Blake Provider (submitted directly)	**22VAC40-73-430. Discharge of residents.** H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-430. Discharge of residents.** H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-430 Discharge of residents** *We request an exception to be created for section H.* Exception: In the care of death or the resident being discharged to another level of care within the community, a discharge statement is not necessary.	The suggested exception was not included as the discharge is still relevant and necessary.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-430** H.1. We strongly recommend that: "a copy of the dated statement be also provided to the State Long-Term Care Ombudsman."	No change was made as this would be overly burdensome for the facility.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	22VAC40-73-430 H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Laurie Youndt, RN	22VAC40-73-430	The suggested exception was

NHA Lakewood ALF Provider Submitted Directly	H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	not included as the discharge is still relevant and necessary.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	22VAC40-73-430 H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	22VAC40-73-430 H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-430. Discharge of residents.** H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a***	The suggested exception was not included as the discharge is still relevant and

	discharge statement is not necessary.	necessary.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	22VAC40-73-430 H. Discharge statement. ***Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.***	The suggested exception was not included as the discharge is still relevant and necessary.
Coordinated Services Management Town Hall	Recommended Changes 22VAC40-73-430 H. Discharge statement. **Exception: In the case of death or the resident being discharged to another level of care within a community, a discharge statement is not necessary.**	The suggested exception was not included as the discharge is still relevant and necessary.
Paige McCleary Other State Agency (submitted directly)	**22VAC40-73-440** A few times I saw uniform assessment instrument spelled out and in other areas the acronym UAI was used. I didn't know if this was intentional but thought I would point it out.	The definition references Uniform Assessment Instrument and UAI so either reference within the standards is appropriate.
Gail Ziemba Town Hall	Recommended Changes **22VAC40-73-440** Nowhere in 22VAC 40-73-110, or the entire "Part III Personal" section did I find specific instructions on the requirements for ALF staff completing a UAI for private pay residents. In the old reg there was a statement that provided direction for ALF staff under 22VAC40-72-430A1a.	A requirement for staff training will be included in the regulation for clarification purposes.
Vernita Webber – Madison Home	**22VAC40-73-450** Ninety to Ninety-five percent of our people have mental health issues so having to redo the ISP and getting them to	No change is being made as the provider has the responsibility

Public Hearing	sign it is ridiculous because they don't even want to sign the original service plan. For public pay, families are not there for representation.	to include the resident in the development of his/her individualized service plan.
Emily Anderson (submitted directly)	**22VAC40-73-450** **Resident signatures on ISPs** It is unethical to have residents sign documentation when they are ill or have cognitive impairments especially when they are signing something that is not debatable such as the ISP. **ISP Requirements** If DSS could provide guidelines for specific requirements to be indicated on the ISP that would be helpful.	No change is being made as the ISP is designed to be developed in conjunction with the resident and/or family members and should address the resident's needs and not those of the provider. Specific requirements cannot be provided as the ISP should be developed for each individual in care and their specific service needs.
Emily Anderson-The Legacy at North Augusta Public Hearing	**22VAC40-73-450** Asking us to obtain signatures on the Individualized Service Plan (ISP) is difficult to get from the resident's that are confused or sick. We have trouble understanding exactly what needs to be on the ISP. Having to edit the ISP within a certain timeframe when the condition of the resident constantly changes is unrealistic.	No change is being made as the provider has the responsibility to include the resident in the development of his/her individualized service plan. The time frames are necessary to keep the ISP current with

		resident needs.
Cynthia G. Schneider Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-450** Current language requires facilities to involve family members and others "as appropriate" when developing and updating the ISP. Some facilities do not contact family members regarding the ISP. Wording should be very clear that, if a resident or legal representative has indicated a family member or others will be involved when the ISP is updated (see our comment under VAC40-73-380), the facility is required to make an effort to contact these people. G. Recommend the following revision "A current copy of the ISP shall be provided to the resident, and, if the resident has so indicated, the resident's family or legal representative."	No change will made as this requirement is implicit in the current regulation. G. No change will be made as 22 VAC 40-73-570 A addresses the resident's right to release information.
Gail Ziemba Town Hall	Recommended Changes **22VAC40-73-450** As a pre-requisite for an Individualized Service Plan training, ALF staff must be educated on the content and use of the Uniform Assessment Instrument.	A change has been made to require state approved UAI training as a pre-requisite for ISP training as knowledge of the UAI is critical to developing the ISP.
Gail Ziemba Town Hall	Recommended Changes **22VAC40-73-450** In 22VAC40-73-450 letter B., 2. it states: The plan shall reflect the resident's assessed needs and support the principles of individuality, personal dignity, freedom of choice, and home-like environment and shall include other formal and informal supports that may participate in the delivery of services. Whenever possible, residents shall be given a choice of options regarding the type of delivery of services. This certainly speaks to PERSON-CENTERED CARE which is paramount to meeting the many complex needs of our seniors, our loved ones and ourselves when we enter our senior years. Because the concept of PERSON-CENTERED CARE is not a well-known fact amongst the	Throughout the regulations, resident focused care is emphasized.

	staff of ALFs, perhaps it would be a good idea to include this as part of the above regulation. I know this is true because I am a trainer for the ISP class and when I ask if the class participants know about PERSON-CENTERED CARE, very few, if any are aware of the concept.	
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-460** E. states "The facility shall regularly observe each resident for changes in physical, mental, emotional and social functioning." We recommend adding #3. For each resident with an inability to alert staff to illness, injury or other situation, e.g. the need for PRN medications, this shall be indicated and the need for closer daily observation and evaluation of the resident's physical condition and behavior shall be included on the individualized service plan. (Comment: We believe this language should be included in the regulations to ensure residents who are unable to communicate their needs will have health problems and other issues recognized and addressed in a timely manner.) F. addresses the need to notify the next of kin, legal representative or designated contact person whenever a resident falls or wanders from the premises. In addition to these incidents and those covered in VAC40-73-470. Health Care Services F. (when a resident has a serious accident, injury, illness or medical condition), we recommend notifying family/contact person following any act of violence or abuse involving a resident and when there is a change in the resident's behavior or care needs. The resident's record shall be documented accordingly. We also recommend notifying family members of any major situation in the facility, (e.g. an extended power outage, a fire, or an outbreak of illness) that significantly changes the usual routine of the resident(s). J. We recommend adding the following statement "Wet and/or soiled chairs and upholstery should be either cleaned and dried quickly where/when possible or removed immediately from the area for further cleaning.	E. No change as the need for supervision of cognitively impaired individuals is implicit elsewhere in the standards. F. This notification request was added to 22 VAC 40-73-130. No change as this is addressed in other areas of the regulation
Judy Hackler (submitted directly)	**22VAC40-73-470** *There is a discrepancy in Section F.1, the first line reads that the physician "shall be notified as soon as possible but at least within 24 hours", and the last line reads "the resident's physician shall be notified immediately."*	No change as the standard addresses two different situations. Clarification can

		be provided in technical assistance.
Kim Hurt ALF Provider	**22VAC40-73-470** *There is a discrepancy in Section F.1, the first line reads that the physician "shall be notified as soon as possible but at least within 24 hours", and the last line reads "the resident's physician shall be notified immediately."*	No change as the standard addresses two different situations. Clarification can be provided in technical assistance.
Tawana Bryant Assisted Living Independent Public Hearing	**22VAC40-73-490** There's no extra funding for the extra requirements for healthcare oversight.	No change as this is a minimum requirement considering the complexity of health care needs
Jake DeSantis, Greenfield ALF Provider Submitted Directly	**22VAC40-73-490** I would like to see the current regulation (22VAC40-72-480) remain in effect. The proposed regulation seems excessive. It would be very difficult to include All residents in just two health care oversight visits (depending on the size of the assisted living facility). The current regulation seems very effective.	No change as this is a minimum requirement considering the complexity of health care needs
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-490 B 8** In section 40-73-490 B. 8. a., an LPN can provide training on the use of restraints but the proposal require an RN to have oversight of the patient. In this case, if an LPN can provide training on appropriate use of restraints, they should also be able to oversee the use of restraints.	No change as this is consistent with regulations for both RN and LPN practice.
Colleen Miller (submitted directly)	**22VAC40-73-490** As written, the proposed regulatory language pertaining to restraint use in ALFs lacks meaningful protections for residents. Restraints are widely regarded as treatment failures and necessarily pose serious threats to the health and safety of older adults and people with disabilities with each occurrence. At a minimum, dLCV urges the Department to ban prone restraints, require assessment and	Training in restraint use is required prior to their application. Assessment on admission would be burdensome for the facility and not

	documentation of psychological and medical contraindications to restraint for all ALF residents upon admission, set clear time limits for restraint release, and mandate debriefing after every instance of restraint in accordance with best practices. dLCV further recommends the Department make a clearer distinction between requirements applicable to restraint use in emergencies versus restraint use for positioning or medical needs throughout the proposed regulations.	necessary. The regulations were changed to address other concerns.
Judy Hackler (submitted directly)	**22VAC40-73-490** *If licensed practical nurses (LPNs) can provide training on restraints as allowed by DSS, then they should be allowed to also provide the health care oversight on restrained residents.* A. 8. a. The licensed health care professional shall be at a minimum a ~~registered~~ licensed practical nurse.	No change as consistent with regulations for both RN and LPN practice.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-490** ***If licensed practical nurses (LPNs) can provide training on restraints as allowed by DSS, then they should be allowed to also provide the health care oversight on restrained residents.*** **A. 8. a. The licensed health care professional shall be at a minimum a ~~registered~~ licensed practical nurse.**	No change as consistent with regulations for both RN and LPN practice.
VALA-VHCA – LeadingAge (submitted directly)	**22VAC40-73-490 B 8. A** Comment: In section 40-73-490 B. 8. a., an LPN can provide training on the use of restraints but the proposal require an RN to have oversight of the patient. In this case, if an LPN can provide training on appropriate use of restraints, they should also be able to oversee the use of restraints.	No change as consistent with regulations for both RN and LPN practice.
Judy Hackler (submitted directly)	**22VAC40-73-510** *There is duplication of requirements in the below sections. We recommend removing the statement from section A and leaving it in section D.* A. "…If the services are not able to be secured, the facility shall document the reason for such and the efforts made to obtain the services…" D. "If efforts to obtain the recommended services are	No change needed as this addresses two different matters.

	unsuccessful, the facility must document:…"	
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-510** *There is duplication of requirements in the below sections. We recommend removing the statement from section A and leaving it in section D.* A. "…If the services are not able to be secured, the facility shall document the reason for such and the efforts made to obtain the services…" D. "If efforts to obtain the recommended services are unsuccessful, the facility must document:…"	No change needed as this addresses two different matters.
Judy Hackler (submitted directly)	**22VAC40-73-520** *The activity may not be with a "group", so the statement "in the group" is not needed.* G. 1. Attention spans and functional levels of the residents participating in the activity ~~in the group~~;	Change made to delete "in the group."
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-520 Activity and recreational requirements** *The activity may not be with a "group", so the statement "in the group" is not needed.* G. 1. Attention spans and functional levels of the residents participating in the activity ~~in the group~~;	Change made to delete "in the group."
Bill Murphy ALF Provider (submitted directly)	**22VAC40-72-540.** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access.*	No change as there is already a provision for security which does not prevent the locking of doors.

Cathy Hieneman ALF Provider (submitted directly)	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access.*	No change as there is already a provision for security which does not prevent the locking of doors.
Sara Warden ALF Provider Submitted directly	**22VAC40-72-540.** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access.*	No change as there is already a provision for security which does not prevent the locking of doors.
Randy Scott ALF Provider	**22VAC40-72-540** The proposed change involves revising the requirement so	No change as there is already a

(submitted directly)	that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.*	provision for security which does not prevent the locking of doors.
Marian Dolliver, Board of Director Member, St. Mary's Woods ALF Provider Submitted Directly	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent*	No change as there is already a provision for security which does not prevent the locking of doors.

	safety steps as polices are developed.	
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.*	No change as there is already a provision for security which does not prevent the locking of doors.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies.*	No change as there is already a provision for security which does not prevent the locking of doors.

Assisted Living Submitted Directly	*Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.*	
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.*	No change as there is already a provision for security which does not prevent the locking of doors.
Mark Koch ALF Provider (submitted directly)	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best*	No change as there is already a provision for security which does not prevent the locking of doors.

	interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.	
Mary Van Wie ALF Provider (submitted directly)	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. ***Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access.***	No change as there is already a provision for security which does not prevent the locking of doors.
Anthony Scaperlanda ALF Provider (submitted directly)	**22VAC40-72-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best*	No change as there is already a provision for security which does not prevent the locking of doors.

	interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access. Facilities are being encouraged to develop active shooter policies. Future facilities may require locked entrances for safety reasons. Too strict of a policy my prevent safety steps as polices are developed.	
Ann Marie & John Cochran ALF Provider (submitted directly)	**22VAC40-73-540** The proposed change involves revising the requirement so that visiting hours may no longer be restricted. It also adds allowance for facility policy/guidelines to prevent visiting from being disruptive to other residents and compromising facility security. *Residents should be allowed to have visitors at any time and the facility should not restrict access to the resident. However, the language in the proposed regulation should provide an exception to allow facilities to lock doors to the facility, ie. doors locked at pre-set times at night and when the facility deems, in an emergency, that locking doors or preventing access to the facility is in the best interest of the facility/residents. For example, if there has been an active shooter at large in an area near the facility, the facility should be able to lock its doors to prevent access.*	No change as there is already a provision for security which does not prevent the locking of doors.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-540** *No need to duplicate statements already made in the immediately preceding section.* C. … ~~However, daily visits and visiting hours shall not be restricted as provided in subsections A and B of this section.~~ *What about visiting hours restrictions due to health concerns, such as outbreaks? This should be listed as an exception.*	No change as wording is necessary for clarity. No change as this is not a regulatory issue; the health department's recommendation would have to be followed for the protection of residents, staff

		and visitors.
Judy Hackler (submitted directly)	**22VAC40-73-540** *No need to duplicate statements already made in the immediately preceding section.* C. … ~~However, daily visits and visiting hours shall not be restricted as provided in subsections A and B of this section.~~ *What about visiting hours restrictions due to health concerns, such as outbreaks? This should be listed as an exception.*	No change as wording is necessary for clarity. No change as this is not a regulatory issue; the health department's recommendation would have to be followed for the protection of residents, staff and visitors.
Paige McCleary Other State Agency (submitted directly)	**22VAC40-73-550** Section 550 refers to the Virginia Office for Protection and Advocacy. This organization has changed its name to the disAbility Law Center of Virginia.	Change was made as suggested.
Eugene Richardson – Richardson Consultants Public Hearing	**22VAC40-73-550** I've gotten cited for a client who refused to change their clothes. Now your regulation in fact is 450 sections J and K says they have a right to refuse to change clothes if they want to, so if they refuse to change, how can you write me a violation.	No change as this is not a regulations issue.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR	**22VAC40-73-550** F. We recommend the rights and responsibilities of residents shall be printed in at least 14-point type, for ease of reading.	Change was made.

Submitted Directly		
Colleen Miller (submitted directly)	**22VAC40-73-550** For ease of understanding, dLCV recommends fully incorporating the rights enumerated in the Code of Virginia at §63.2-1808 in the resident rights section of these regulations. Moreover, effective October 1, 2013, the Virginia Office for Protection and Advocacy was renamed the disAbility Law Center of Virginia; dLCV therefore recommends adjusting the standards accordingly.	No change as Resident Rights is an attachment to the regulations and the Code section is referenced in the regulations. Name change made.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-560** G. states "Residents shall be allowed access to their own records. A legal representative of a resident shall be provided access to the resident's record or part of the record as allowed by the scope of his legal authority." The Medication Administration Record (MAR) or Electronic Medication Administration Record (E-MAR) is a permanent part of the resident's records (per TA), yet some facilities restrict access by limiting who on staff may provide access to the MAR/E-MAR. Since these specific people are not always available, access to the MAR/E-MAR is often delayed while other records are accessible through the designated staff person in charge. We believe access to the MAR/E-MAR by residents and their legal representatives provides an additional safeguard against errors, and the MAR records should always be accessible to residents and others with a legal right to see them. Therefore, we believe there should always be at least one person on duty, e.g. the staff person in charge, who is able to provide access to the MAR. We realize any questions that may result after review of the MAR/E-MAR may need to be addressed with the administrator or other supervisory personnel. We strongly recommend addressing the issue of access to information in the MAR/E-MAR either in the regulations or TA.	No change is needed as immediate access is not practical and there are legal considerations regarding access to records by certain staff.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen,	**22VAC40-73-570** A. states "The resident or appropriate legal representative has the right to release information from the resident's record to persons or agencies outside the facility." Paragraph B requires the licensee to provide a form so residents and legal representatives can grant written	No change is needed. The MAR is a part of the record and is included in this standard.

Member ACLTCR Submitted Directly	permission to release information. Since the MAR is a permanent part of the resident's record, this standard should allow residents to release copies of the MAR (print-outs of an E-MAR) to their family members, legal representatives, physicians and others. D. addresses releasing certain information to hospitals and emergency medical personnel including medications. If a release form is on file, a copy/print-out of the MAR/E-MAR rather than the Physician's Order Sheet (POS) medications, should be provided to the ER/hospital since the MAR contains important details that are not included in the POS such as when the last dose of medication was administered, what if any PRN medications were given, and if any medications were refused.	A copy of the current MAR was added to the examples of necessary information to be provided.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-580** C. Recommend revising as follows: "There shall be an adequate number of personnel available to assist, in a timely manner, all residents who require help reaching the dining room and those who need help with eating. " D. We are pleased to note that our recommendation to increase the time for a resident to complete a meal was increased from 30 minutes to 45 minutes.	No change as adequate number of staff is addressed in another standard.
Judy Hackler (submitted directly)	**22VAC40-73-600** *What if the resident wanted to sleep in, have breakfast when they get up but still have their lunch at a normal time around noon? The resident should have the choice to fluctuate the time intervals.*	Change made to refer to scheduled meals to allow for fluctuation based on individual resident preferences.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-600** *What if the resident wanted to sleep in, have breakfast when they get up but still have their lunch at a normal time around noon? The resident should have the choice to fluctuate the time intervals.*	Change made to refer to scheduled meals.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-620** *I support the change of oversight to "at least every six months".*	Support. No change.

Judy Hackler (submitted directly)	**22VAC40-73-620** *We support the change of oversight to "at least every six months".*	Support. No change.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-640** When a mistake is found in the MAR, it may take a day or longer before it can be corrected. Facilities should have a method to ensure medications are administered according to the physician's orders (POS) when the information in the MAR is incorrect. We are concerned about pharmacy dispensing errors when the information on the label and in the MAR is correct but the medicine inside the pharmacy container is not what it is supposed to be. The requirement that all physicians' orders include the diagnosis or condition being treated assists the pharmacist to correctly identify the prescribed medication and put the correct information on the pharmacy label and in the MAR. Each facility must also have a method to ensure all orders have been accurately transcribed to the MAR. However, pharmacists and pharmacy technicians can and do sometimes take the wrong medication from the shelf and put it in the pharmacy container. When this happens and the error is not caught before the medication leaves the pharmacy, it seems there are no additional safeguards in place to prevent the ALF resident from being given the wrong drug. One way to prevent this is to put the pill description (shape, color, imprint) on the pharmacy label (as many retail and mail-in pharmacies do voluntarily) and require nurses/med techs to check the pill with the description (along with checking the label with the MAR) as part of the medication administration process. We realize this will require changing the Board of Pharmacy rules and the Board of Nursing curriculums for medication administration. This type of error may be more common with drugs with look-alike names (e.g. hydroxyzine/hydralazine). Therefore we recommend requiring ALFs to ensure the pharmacies that supply medications administered by facility personnel use tall man letters (hydrOXYzine/hydrALAzine) or other appropriate method(s) to differentiate drugs identified by the FDA or	No change. The MAR can be corrected when error is identified. This is not a regulatory change that DSS can propose since this proposal is under the purview of another agency.

	ISMP as having look or sound-alike names. The method used should be documented in the medication management plan.	
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-650** F. Recommend revising the second/last sentence of this paragraph as follows: "The facility will ensure, in a timely manner, that the primary care physician is aware of all new medication orders to insure the new medication orders do not contain medication errors or medication omissions. The facility will document any contact with the physician regarding the new orders."	No change is needed as the standard already requires this.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-660** B. We disagree with the newly added EXCEPTION to security and inaccessibility safeguards regarding drugs and supplements kept by residents who are assessed as able to self-administer medications. Facilities that do not have residents with serious cognitive impairment who cannot recognize danger or protect their own safety and welfare may still have residents with some degree of mental or cognitive impairment that can affect judgement. We recommend the EXCEPTION apply only to facilities that do not have residents with any degree of mental or cognitive impairment.	Substance abuse problem and documentation were added to the exception.
Judy Hackler (submitted directly)	**22VAC40-73-680** *We recommend combining sections E & K, since they are very similar in wording.*	Change made as recommended for clarity.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-680** *I recommend combining sections E & K, since they are very similar in wording.*	Change made as recommended for clarity.
Karen Doyle (Submitted directly)	**22VAC40-73-680** Suggest combining these provision because they are so similar <u>E. Medical procedures or treatments ordered by a</u>	Change made as recommended for clarity.

	physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record. similar	
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-680. Administration of medications and related provisions.** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. ~~K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record~~ *Suggest retaining E and deleting K because the providions are so similar.	Standards 680. E and K were combined as elements of both are necessary.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-680** C. An Exception should be developed regarding the administration of Psychotropic Drugs. These types of drugs require extra care. These drugs should be given at the required/specified time ordered by the primary care physician or neurologist or geriatric psychiatrist. Giving these drugs at different times than the specified time by the physician has the potential of causing anguish or anxiety to the resident(s).	No change is needed as the prescriber always has the latitude to be more specific.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider	**22VAC40-73-680** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions.	Standards 680. E and K were combined as elements of both are necessary.

Submitted Directly	K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record *Suggest retaining E and deleting K because the provisions are so similar.	
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-680** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record *Suggest retaining E and deleting K because the provisions are so similar.	Standards 680. E and K were combined as elements of both are necessary.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	**22VAC40-73-680** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record *Suggest retaining E and deleting K because the provisions are so similar.	Standards 680. E and K were combined as elements of both are necessary.

Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-680** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-680.** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. ~~K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record~~ *Suggest retaining E and deleting K because the provisions are so similar.	Standards 680. E and K were combined as elements of both are necessary.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-680** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record *Suggest retaining E and deleting K because the provisions are so similar.	Standards 680. E and K were combined as elements of both are necessary.
Coordinated Services Management	**22VAC40-73-680** Suggest combining these provision because they are so similar	Change made as recommended for clarity.

Town Hall	E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	
Carrie Davis (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Cathy Lewis Webster Center (14 staff at ALF)	**22VAC40-73-680.** Suggest combining these provision because they are so similar	Change made as recommended for clarity.

(submitted directly)	E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	
Adam Feldbauer (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Mary Estes (submitted	**22VAC40-73-680.**	Change made as recommended for clarity.

directly)	Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	
Kristi Blake Provider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.

Cassandra McClerklin (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-680.** E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. ~~K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record~~ *Suggest retaining E and deleting K because the provisions are so similar.	Standards 680. E and K were combined as elements of both are necessary.
Paula Bolton Provider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in	Change made as recommended for clarity.

	the resident's record.	
Anne McDaniel Provider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.	Change made as recommended for clarity.
LeadingAge Virginia (submitted directly)	**22VAC40-73-680 E & K** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. **K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record**	Change made as recommended for clarity.
Valda Weider (submitted directly)	**22VAC40-73-680.** Suggest combining these provision because they are so similar E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions. K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in	Change made as recommended as clarity.

	the resident's record.	
Heidi Lawyer (submitted directly)	**22VAC40-73-710** The Board commends DSS for limiting the use of restraints in Assisted Living Facilities to instances when they are legitimately used to provide medical/orthopedic support to residents, or when they are used as an emergency measure to prevent serious injury to residents of the facility, staff members, or other third parties. The Board believes, however, that the regulations should be strengthened and offers the following recommendations. ***The Board strongly urges DSS to prohibit the use of any restraint technique that restricts the resident's breathing, interferes with the resident's ability to communicate, or applies pressure on the resident's torso, including prone and supine restraints.*** All restraints are dangerous. Prone and supine restraints, however, pose heightened and well-documented risks of asphyxiation and other serious physical injuries or death.1 Given the heightened risks associated with these forms of physical restraint, the Board believes that DSS should prohibit their use in Assisted Living Facilities in Virginia. 1 For an in-depth discussion of the special risks posed by prone and supine restraints, *see* Morrison, Leslie, Paul B. Duryea, Chris Moore, and Alexandra Tathanson-Shinn. *The Lethal Hazards of Prone Restraint: Positional Asphyxiation*. Protection and Advocacy, Inc., April 2002. *Available at* http://www.disabilityrightsca.org/pubs/701801.pdf. 2 Tex. Admin. Code § 92.41(p)(4)(D). 3 8VAC20-671-650. 4 Va. Code § 22.1-279.1:1. 5 Restraint and Seclusion Resource Document. U.S. Dept. of Ed, May 2012. Available at *http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf*. 6 This language is contained in 22VAC40-73-710(B) and (C). Prone and supine restraints have been banned in other contexts and in other states because of the heightened risks associated with them. Texas, for instance, has banned the use of prone and supine restraints in its assisted living facilities.2 In Virginia, prone restraints, as well as all other forms of restraint that restrict breathing, interfere with communication, or otherwise cause harm to a child are	Change made as language was added to prohibit the use of prone and supine restraints and those that interfere with communication and breathing, for the protection of residents. Change made as suggested regarding the use of emergency and non-emergency restraints. Descriptive language was added in 710 to better explain appropriate use. Change made to clarify physician renewal of orders. Change made to require a review and revision of ISP following application of emergency restraints. Added definition of medical/ orthopedic restraint to

	prohibited in private schools for students with disabilities.3 More recently, the General Assembly directed the Virginia Department of Education (VDOE) to adopt regulations on the use of restraint that are consistent with the Fifteen Principles contained in the U.S. Department of Education's Restraint and Seclusion Resource Document.4 The Fifteen Principles caution that prone restraints and other restraints that restrict breathing "should never be used because they can cause serious injury or death."5 The Board urges DSS to similarly adopt regulations banning the use of prone and supine restraints, as well as any other restraint that restricts breathing, interferes with communication, or puts pressure on a resident's torso. ***The Board urges DSS to remove language from the regulation authorizing the use of restraints to "treat… symptoms from mental illness or intellectual disability."6*** Restraints are not "treatment" for mental illness or intellectual disability. Rather, the use of restraints to control behavior of persons with mental illness or intellectual disability evidences a failure of treatment. The Board, therefore, asks DSS to remove this language from the regulation, and to replace it with the following: *B. Physical restraints may only be used 1) to provide medical/orthopedic support to a resident pursuant to a physician's written order and with the consent of the resident or his or her legal representative; or 2) in an emergency situation after less intrusive interventions have proven insufficient to prevent imminent threat of death or serious physical injury to the resident or others.* The Board believes that this change would clarify that restraints are not a form of treatment for mental illness or intellectual disability, but rather an intervention of last resort to be used only after other interventions, including treatment, have failed and there is a threat of imminent harm ***The Board recommends DSS more clearly define and delineate between nonemergency (medical/orthopedic) and emergency restraints.*** The term "nonemergency restraint" as used in the regulations, as well as its accompanying definition, is insufficiently descriptive. The Board also believes the definition of "emergency restraint" contained in the proposed regulations should be made clearer and stronger. Specifically, the Board proposes that the term "nonemergency restraint" be replaced with the term "medical/orthopedic restraint" to highlight that the only acceptable use of devices that have a restraining effect	definition section.

	in nonemergency situations is to provide medical/orthopedic support to a resident. Additionally, the Board suggests the following definitions to replace the definitions of "emergency restraint" and "nonemergency restraint," respectively: *"Emergency restraint" means the use of physical restraint as an emergency intervention of last resort to prevent imminent death or serious physical injury to the resident or others.* *"Medical/orthopedic restraint" means the use of a medical or orthopedic support device that has the effect of restricting the resident's freedom of movement or access to his body for the purpose of improving the resident's stability, physical functioning, and/or mobility.* ***The Board also requests DSS clarify the requirements of a physician's restraint order and more clearly distinguish the requirements of a medical/orthopedic restraint order from the requirements for an emergency restraint order.*** The language addressing restraint orders in 22VAC40-73-710(C)(2) and (3) is confusing. This language, for instance, prohibits standing orders for restraints; but it also allows a restraint order to be as much as "three months" old. This confusion may stem in part from an attempt to distinguish the requirements of a medical/orthopedic (nonemergency) restraint order from those of an emergency restraint order. The Board recommends the following language to clarify this distinction: *C. Restraints must:* *…* *2. Be imposed in accordance with a physician's written order that specifies the condition, circumstances, and duration under which the restraint is to be used.* *a. Restraint orders shall not be ordered on a standing, blanket, or "as needed" (PRN) basis.* *b. In the case of medical/orthopedic restraints, physician orders must be reviewed by a physician and renewed if the circumstances warranting the use of the restraint continue to exist at least every three months.* *c. In the case of emergency restraints, a physician's order must be obtained within one hour after the initiation of the restraint.* ***Lastly, the Board recommends requiring the review of a resident's individualized service plan following an emergency restraint and documentation of the steps to be taken in order to prevent the necessity of future emergency restraints.*** Emergency restraints are drastic	

	events that should be carefully reviewed in order to minimize the risk that the behavior necessitating the restraint will recur in the future. Any instance of emergency restraint should trigger a review of a resident's individualized service plan, the identification of what precipitated the restraint, and identification and documentation of steps that will be taken in order to avoid future restraint incidents. The Board recommends that DSS require such a review be conducted and documented following any incidence of an emergency restraint. The Board appreciates this opportunity to comment on these important regulations. We applaud DSS's efforts to limit the use of restraints in Assisted Living Facilities in Virginia to those instances when they are necessary to protect residents and others from risk of death or serious injury. The Board believes that these regulations will be made stronger and more effective with the changes proposed in this comment. Please feel free to contact me at Heidi.Lawyer@vbpd.virginia.gov or 804-786-9369 if we can provide any additional information or assistance on this important matter.	
Judy Hackler (submitted directly)	**22VAC40-73-750 Residents rooms.** *Under section A, we recommend adding language to state that for furniture and furnishings supplied by the resident, that the facility is only responsible to ensure the items are safe for resident use. Too many citations have been issued for personal belongings that looked "worn", but they were perfectly safe. Many of those items had been passed down from one loved one to another and maintained much sentimental value to the resident, but had lost the physical beauty of when it was first created. Maintaining a sense of love and memories for the residents should be a priority over the physical appearance of items when they are safe to have.* *We support the addition of C to allow for more freedom of choice for the residents.*	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-750 Residents rooms.** *Under section A, I recommend adding language to state that for furniture and furnishings supplied by the resident, that the facility is only responsible to ensure the items are safe for resident use. Too many citations have been issued for personal belongings that looked "worn", but they were perfectly safe. Many of those items had been passed down*	No change here as this recommendation is addressed under another section of the standards, i.e.,

	from one loved one to another and maintained much sentimental value to the resident, but had lost the physical beauty of when it was first created. Maintaining a sense of love and memories for the residents should be a priority over the physical appearance of items when they are safe to have. *I support the addition of C to allow for more freedom of choice for the residents.*	Maintenance of Buildings and Grounds.
Lisa DeMascio (submitted directly)	**22VAC40-73-750** Room sharing should have ample space for privacy and visitors and every resident should at least have their own closet.	No change is needed. This recommendation regarding closets could become a financial burden. The privacy space issue is already addressed in Resident's Rights.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Adam Feldbauer	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish	No change here as this recommendation

(submitted directly)	or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Carrie Davis (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
LeadingAge Virginia (submitted directly)	**22VAC40-73-750 A** The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Mary Estes (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Cassandra McClerklin (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of

	_____	Buildings and Grounds.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Kristi Blake Provider (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Valda Weider (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Karen Doyle (submitted directly)	**22VAC40-73-750** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*:* ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Susan O'Malley ALF Provider	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety	No change here as this recommendation is addressed

(submitted directly)	considerations permit and in accordance with this chapter. Add*: **The facility is only responsible to ensure that the furniture is safe for resident use.***	under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-750. Resident rooms.** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*: **The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-750** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*: **The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-750** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*: **The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Coordinated Services Management Town Hall	**22VAC40-73-750** A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add: ***The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and

		Grounds.
Paula Bolton Provider (submitted directly)	**22VAC40-73-750. Resident rooms.** B. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter. Add*: **The facility is only responsible to ensure that the furniture is safe for resident use.***	No change here as this recommendation is addressed under another section of the standards, i.e., Maintenance of Buildings and Grounds.
Judy Hackler (submitted directly)	**22VAC40-73-760** A. 6. Current newspaper, if not available in other areas of the facility.	Change made to accommodate recommendation and for clarification purposes.
Karen Doyle (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and	Change made to accommodate recommendation and for clarification purposes.

	6. Current newspaper, ***if not available in other areas of the facility***	
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper**, *if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Carrie Davis (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.

Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Kristi Blake Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and	Change made to accommodate recommendation and for clarification purposes.

	6. Current newspaper, ***if not available in other areas of the facility***	
Mary Estes (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Cassandra McClerklin (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
LeadingAge Virginia (submitted directly)	**22VAC40-73-760 A** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and	Change made to accommodate recommendation and for clarification purposes.

	6. Current newspaper, ***if not available in other areas of the facility***	
Adam Feldbauer (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	This change was not made since there should be availability in a common area.
Paula Bolton Provider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the	Change made to accommodate recommendation and for clarification purposes.

	facility); and 6. Current newspaper, ***if not available in other areas of the facility***	
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	This change was not made since there should be availability in a common area..
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-760** A. 6. Current newspaper, if not available in other areas of the facility.	Change made to accommodate recommendation and for clarification purposes.
Valda Weider (submitted directly)	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Michael Williams	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be	Change made to accommodate recommendation

Westminster Canterbury (submitted directly)	equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	and for clarification purposes.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	This change was not made since there should be availability in a common area.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	This change was not made since there should be availability in a common area.
Rhonda Dawoud, Med Executive	**22VAC40-73-760**	This change was not made since there should be

Director Potomac Place Submitted Directly	A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	availability in a common area.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if requested by the resident.***	This change was not made since there should be availability in a common area.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers);	Change made to accommodate recommendation and for clarification purposes.

Submitted Directly	2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	
Coordinated Services Management Town Hall	**22VAC40-73-760** A. Sitting rooms or recreation areas or both shall be equipped with: 1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers); 2. Tables; 3. Lamps; 4. Television (if not available in other areas of the facility); 5. Radio (if not available in other areas of the facility); and 6. Current newspaper, ***if not available in other areas of the facility***	Change made to accommodate recommendation and for clarification purposes.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-810** Many facilities already provide hard-wired desktop computers, in a common area, so the residents can access e-mail and the Internet. Some facilities provide free wifi which will probably become more common as facilities compete to attract aging members of the baby boomer generation. We suggest establishing a minimum requirement regarding internet access, e.g., all facilities shall provide wifi throughout the facility and at least one computer with Internet access in a common area for the use of the residents. Additionally, facilities shall have someone, either a staff member or a volunteer, who can assist /teach those residents who request help with using the facility's computer(s).	No change made as internet access will not be required due to cost and accessibility.
Cynthia G. Schneider, Chair, ACLTCR Claire	**22VAC40-73-830** C. Although "resident councils may extend membership to family members, advocates, friends and others," we recommend adding a new section stating that a facility shall also permit and accommodate the formation of a	No change made as family members are able to develop a family council should they wish

Jacobsen, Member ACLTCR Submitted Directly	Family Council. The existing resident councils do not always allow family members to participate, or the existing resident councils meet at a time when many interested family members are unable to attend. It is our experience that having family involvement via Family Councils is a crucial ingredient to improving our facilities.	to do so, but the facility should not be responsible for related effort and costs.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-840** B.1.c. Recommend adding: "Shall develop plans in the event residents or the facility are no longer able to take care of the pet(s) to ensure the welfare of the animal(s) is protected." (Rationale: When pets become old and infirm, whether owned by a resident or the facility, or when a resident, who owns a pet, dies, these older animals, if not adopted by family members, are often sent to an animal shelter with little chance of adoption.) We also suggest adding the following: "Facilities that have pets, whether owned by the facility or residents, shall establish a list of volunteers/family members, who can assist with the care of the pets if/when needed." Additional Comments and Rationale: Serious consideration should be given to phasing out and ultimately discontinuing the practice of having corporate/facility-owned pets. Often, as community pets become elderly, they may be in need of a different setting, and/or are no longer a good fit in the community. Ideally these older animals would be adopted by family members or friends. After the facility-owned older pets are adopted out along with those deemed no longer a good fit, we suggest replacing facility-owned pets with "visiting pets/therapy animals" from, e.g., Fairfax County's "Pets on Wheels" program or the People Animals Love (PALs) program/organization in Washington, D.C.. Another option is to have facility department heads who own pets bring their pet(s) to the community for a day visit. Although the therapeutic benefits to seniors having access to pets has been well documented, some residents are allergic to certain animals or may not enjoy having them in common areas. Also, the facility's person in charge of the pet program is not always available 7 days a week, and, in many instances, especially on weekends, the care of the community pet(s) must be provided by an already overloaded direct care staff. Ultimately, the care (feeding/exercise for dog(s)) of the pet(s) can become a	No change required as the standard already addresses policies and medical needs regarding pets in the facility.

	challenge.	
Judy Hackler (submitted directly)	**22VAC40-73-860** *We support Section J with the allowance of residents who do not have a serious cognitive impairment to keep cleaning supplies and other hazardous materials in out-of-sight places. We also support the Exception to Section J.*	Comment is in support of the standard.
Annoymous (submitted directly)	**22VAC40-73-860** **Cleaning supplies need to be locked up!!!!**	No change needed as the requirement protects residents.
Lisa Max (submitted directly)	**22VAC40-73-860** As more elderly desire a small home like environment the State Licensing regulations should track the zoning regulation within the state of Virginia. Fairfax county, for example, permits a small group home licensed as an assisted living facility to be built by right on a single family lot. Currently Fairfax County has 20 licensed Assisted Living Facilities all of which are licensed for eight residents as Assisted Living and Non - Ambulatory. The problem currently that under existing State Regulations only up to five beds may be occupied by non-ambulatory residents and these five bedrooms must be on one level with egress directly outdoors. Residents of Assisted Living Facilities and their families desire the option to age in place and not have to move at the end of their lives against their will when they are the most frail and vulnerable. We strongly support the expansion of these discharge regulations for non- ambulatory residents to provide for an appeals process and a waiver if the resident is under Hospice Care. Currently if a resident while aging in place becomes non ambulatory for over 30 days, and a non-ambulatory bed is not available, the facility has no choice or leeway but must immediately discharge the resident. This discharge requirement is not based on a change in condition of the resident's medical needs requiring the services of a nursing home or a Special Care Unit. Sadly, quite often, all stakeholders (the resident, the residents family, the geriatric care manager, the physician	No change as this is not within the purview of DSS regulations.

	and the facility management team) agree that what would be in the best interests of the resident would be to allow the resident to age in place, as the facility has become their home. Forcing the resident to move against their will to an unfamiliar and often less desirable and more costly environment places great stress and anguish on the resident and their family. This discharge requirement is counter productive to the efforts the State Regulations have to assure that residents are cared for in a resident centered environment with as much dignity and control and over their lives as possible. For example The Rights and Responsibilities of Residents of Assisted Living Facilities item # 6 provides for the right of the resident to refuse treatment. Many residents in Assisted Living Facilities have executed Advanced Directives and Do Not Resuscitate Orders but their wishes to age in place, to control the end of their lives, to remain in the place that has become their home, the place in which they are most comfortable, safe and secure are totally ignored regardless of the specific circumstances or what is in the residents best interests. We strongly support a modification to the discharge regulation applicable to non- ambulatory residents to provide for an appeals process if a resident wishes to remain in a licensed facility until a non-ambulatory bed becomes available and in addition provide for a waiver that allows residents to remain in their facility (their home) when they are under the care of Hospice. Families could have the option to provide a private duty aide in the event that a resident requires constant care and supervision. The Resident or POA would have the option to agree to accept the risk of "sheltering in place" in the event of a fire in the facility if they are not able to evacuate without assistance. The advantages of adopting these recommendations and providing the option to age in place clearly outweighs the infinitesimal risk of a frail elderly non ambulatory residents perishing in a fire when the facility is fully sprinklered, is a smoke free environment, has a life safety system in place, and has a minimum of two direct care staff on the premises at all times. We support adoption of a waiver and appeals process in discharge cases arising solely on the availability	

	of non-ambulatory beds for ambulatory residents in licensed Assisted Living Facilities. The Virginia Ombudsman could serve as the arbitrator when a waiver is requested. We further support of waiver of involuntary discharge for non- ambulatory residents under Hospice care.	
Paula Bolton Provider (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Carrie Davis (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Cassandra McClerklin (submitted	**22VAC40-73-860** C. Before construction begins ***for resident living areas***	No change made as changes to the functional design features must be

directly)	or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	approved.
Kristi Blake Provider (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-860** C. Before construction begins *for resident living areas* or contracts are awarded for any new construction, ~~**remodeling, or alterations**~~, *structural changes* plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
LeadingAge Virginia (submitted directly) (submitted directly)	**22VAC40-73-860 C** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Valda Weider (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Mary Estes (submitted directly)	**22VAC40-73-860.** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Sara Warden ALF Provider	**22VAC40-73-860** C. Before construction begins ***for resident living areas***	No change made as changes to the functional design

Submitted directly	or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	features must be approved.
Karen Doyle (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-860.** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-860.** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Adam Feldbauer (submitted directly)	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Kim Hurt	**22VAC40-73-860**	No change

ALF Provider (submitted directly)	*I support Section J with the allowance of residents who do not have a serious cognitive impairment to keep cleaning supplies and other hazardous materials in out-of-sight places. I also support the Exception to Section J.*	required as statement supports regulation.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-860.** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~remodeling, or alterations~~, plans for ***structural changes*** ~~plans~~ shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-860** J. Exception: Recommend the first line of Exception paragraph be revised to read "Exception: When a resident keeps his own cleaning supplies or other hazardous material in his room, and, if the facility has no residents with serious cognitive… "	Change made as recommended for clarification purposes.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Rhonda Dawoud, Med Executive	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or	No change made as changes to the functional design

Director Potomac Place Submitted Directly	contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	features must be approved.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-860** C. Before construction begins ***for resident living areas*** or contracts are awarded for any new construction, ~~**remodeling, or alterations,**~~ ***structural changes*** plans shall be submitted to the department for review.	No change made as changes to the functional design features must be approved.
Coordinated Services Management	**22VAC40-73-860** C. Before construction begins **for resident living areas** or contracts are awarded for any new construction,	No change made as changes to the functional design features must be

Town Hall	~~**remodeling, or alterations**~~**, structural changes** plans shall be submitted to the department for review.	approved.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-870** H. Recommend "and all corridors" be added at the end of the sentence.	No change made as this is a building code issue.
Eugene Richardson – Richardson Consultants Public Hearing	**22VAC40-73-880** Can I say something right quick about only one person in a room and to let the temperature go either below or above a certain requirement. Suppose there are two people in a room, but your thing is saying where there's one in a room. But there could be two in a room and they might like it a little warmer than 80 or a little colder than 65.	No change as in order to protect residents, an allowable variance would be needed if there are two in a room.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-880** B. Heating. Regarding the EXCEPTION for rooms with individual thermostats, it must be very clear that if the resident is not able to properly use the thermostat (e.g. has poor vision or mental or cognitive impairment), staff shall be responsible for maintaining temperatures as outlined in paragraph 3 or as desired by the resident. C. Cooling. Regarding the EXCEPTION for rooms with individual thermostats, it must be very clear that if the resident is not able to properly use the thermostat (e.g. has poor vision or mental or cognitive impairment), staff shall be responsible for maintaining temperatures at levels stated in paragraph 1 or as desired by the resident.	No change is needed. If resident needs temperature adjusted, the resident can ask the staff. No change is needed. If resident needs temperature adjusted, the resident can ask the staff.
Judy Hackler (submitted	**22VAC40-73-910** ~~As of October 9, 2001, buildings approved for construction~~	Change not made as this would be too costly.

directly)	~~or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13VAC5-63)~~ The facility shall have a glazed window area above ground level in at least one of the common rooms (e.g., living room, multipurpose room, or dining room). The square footage of the glazed window area shall be at least 8.0% of the square footage of the floor area of the common room.	
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-910** ~~As of October 9, 2001, buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13VAC5-63)~~ The facility shall have a glazed window area above ground level in at least one of the common rooms (e.g., living room, multipurpose room, or dining room). The square footage of the glazed window area shall be at least 8.0% of the square footage of the floor area of the common room.	Change not made as this would be too costly.
Ann Marie & John Cochran ALF Provider (submitted directly)	**22VAC40-72-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Marian Dolliver, Board of Director	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is	Change made to adjust standard for clarification.

Member, St. Mary's Woods ALF Provider Submitted Directly	unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented.	Change made to adjust standard for clarification.

Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	*This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-930** A. We fully support the new regulation that, if a resident is unable to use the signaling device, this shall be indicated and the need for monitoring for emergencies and other needs shall be included on the resident's ISP. However, while the language is very specific (hourly rounds when most residents are asleep) for facilities with 19 or fewer residents that do not have a call system that alerts staff to the origin of the signal, there are no guidelines for the frequency of monitoring residents who cannot use the call system in larger facilities. We have concerns that the new regulation may not be implemented in a manner that will adequately protect these residents. We suggest establishing a minimum number of rounds to monitor residents with an inability to use the signaling system, although the facility must monitor more frequently if a resident is assessed as needing additional supervision. We believe monitoring no less than every two hours once the resident has gone to bed should be the absolute minimum number of rounds to check on these residents.	Change made based on recommendation, with an exception allowed under specified circumstances.
Theresa Dixon, Paul Spring Retirement Community Town Hall	**22VAC40-73-930** Propose final regulations allow for the resident to be issued a personal signaling device (pendant) along with fixed unit as a second option to rounds. This issuance and instruction noted on ISP in lieu of frequency of rounds on ISP.	No change made as rounds will still be necessary.
The Hindenwood Retirement Community	**22VAC40-73-930** Proposed final regulations allow for the resident to be issued a personal signaling device (pendant) along with a	No change made as rounds will still be necessary.

Town Hall	fixed unit as a second option to rounds. This issuance and instruction noted on the ISP in lieu of frequency of rounds.	
Randy Scott ALF Provider (submitted directly)	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Emily Anderson- The Legacy at North Augusta Public Hearing	**22VAC40-73-930** Looking as some of the new regulations as far as the (325) fall risk assessment, (1120) teaching the resident how to work, (930) the call help system; again, just not the reality of everyday life at an assisted living community.	No change is made as a specific recommendation is not made.
Mary Van Wie ALF Provider (submitted directly)	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies*	Change made to adjust standard for clarification.

	or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.	
Sara Warden ALF Provider Submitted Directly	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Mark Koch ALF Provider (submitted directly)	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.

Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Bill Murphy ALF Provider (submitted directly)	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	Change made to adjust standard for clarification.
Cathy Hieneman ALF Provider (submitted	**22VAC40-73-930** The proposed change adds to the provision for signaling/call systems to address needs of a resident that is	Change made to adjust standard for clarification.

directly)	unable to use a signaling device. For such resident, the need for monitoring for emergencies and other unanticipated needs is to be noted in the individualized service plan, which must include minimal frequency of rounds to be made by direct care staff and how rounds will be documented. *This requirement is unnecessary as communities with special care units already monitor residents with minimal frequency, ie meal times. In addition, it is impossible to monitor anyone for emergencies or unanticipated needs. By virtue of something being an emergency or unanticipated there is no way to note it in the ISP.*	
Emily Anderson (submitted directly)	**22VAC40-73-950** Reviewing the emergency procedures with residents annually is adequate.	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Judy Hackler (submitted directly)	**22VAC40-73-950** A. 1. Documentation of initial ~~and annual~~ contact with the local emergency coordinator… C. The facility shall develop and implement an orientation and annual ~~quarterly~~ review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities…	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while

		still maintaining protection for residents.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-950** A. 1. Documentation of initial ~~and annual~~ contact with the local emergency coordinator… C. The facility shall develop and implement an orientation and annual ~~quarterly~~ review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities…	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Kristi Blake Provider (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while

	D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers. _____	still maintaining protection for residents.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Cathy Lewis Webster Center (14 staff at ALF) (submitted	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii)	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their

directly)	communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Darlene Bryom Alf Provider (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.

	staff, residents, and volunteers.	

Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Paula Bolton Provider	**22VAC40-73-950** A. The facility shall develop a written emergency	Annual contact with local emergency

(submitted directly)	preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Valda Weider (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency	Annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and

	preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	agencies while still maintaining protection for residents.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Mary Estes (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better

	D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	align with other states and agencies while still maintaining protection for residents.
LeadingAge Virginia (submitted directly)	**22VAC40-73-950 A** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. **And contact with the local emergency coordinator to the emergency plan move it to 5 D**	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. No change made as organized properly.
Cassandra McClerklin (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better

	D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	align with other states and agencies while still maintaining protection for residents.
Carrie Davis (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
(submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their

	and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.

Karen Doyle (submitted directly)	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency.	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials.
LeadingAge Virginia (submitted directly)	**22VAC40-73-950 C** The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Karen Doyle (submitted directly)	**22VAC40-73-950 C** C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
LeadingAge Virginia (submitted directly)	**22VAC40-73-950 D.** The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers. **Emergency local coordinator**	No change made as emergency coordinators have the authority to request the plan if necessary.

Karen Doyle (submitted directly)	**22VAC40-73-950 D.** D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living	**22VAC40-73-950** C. The facility shall develop and implement an orientation and ~~quarterly~~ ***annual*** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for:	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.

Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly		
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and annual contact, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and quarterly annual review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and annual contact, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management	Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.

	office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and quarterly annual review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	
Coordinated Services Management Town Hall	**22VAC40-73-950** A. The facility shall develop a written emergency preparedness and response plan that shall address: 1. Documentation of initial contact and ~~annual contact~~, with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency. C. The facility shall develop and implement an orientation and ~~quarterly~~ **annual** review on the emergency preparedness and response plan for all staff, residents, and volunteers, with emphasis placed on an individual's respective responsibilities. The orientation and review shall cover responsibilities for: D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.	Change not made as annual contact with local emergency coordinators ensures that the facility is aware of any critical changes in their area and also establishes an on-going relationship with local officials. Change was made to require a semi-annual review to better align with other states and agencies while still maintaining protection for residents.
Cynthia G. Schneider, Chair, ACLTCR Claire	**22VAC40-73-950** A.2. Recommend adding ", bio-hazard," after ",severe injuries,"	Change made as recommended to add additional example.

Jacobsen, Member ACLTCR Submitted Directly		
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-960** B. Recommend adding "and be large enough to be seen by residents with vision loss."	No change was made since it is not practical to standardize vision loss.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-970** E.9. Recommend revising to: "Problems encountered, if any, and indicate corrective actions taken."	No change was made as this is already required in another part of the standard.
Valda Weider (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. ~~**81 mg aspirin in single packets or small bottle**~~**; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
LeadingAge Virginia (submitted directly)	**22VAC40-73-980** 17. ~~**81 mg aspirin in single packets or small bottle**~~**; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has

Hermitage Roanoke / ALF Provider / Delaine Caldwell	Emergency equipment and supplies **(22 VAC 40-72-980).** Can someone trained with first aid and not medication administration, administer aspirin in an emergency situation? This is not covered in first aid training as to when or why it should be administered. As an over the counter medication, under DSS standards, it cannot be dispensed by someone other than a medication aide.	indicated a physicians order would be necessary.
Carrie Davis (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. ~~**81 mg aspirin in single packets or small bottle;**~~ **and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Sara Warden ALP Provider Submitted directly	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.

	and services to the resident to increase.	
Paula Bolton Provider (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Cathy Lewis Webster Center (14 staff in ALF) (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Cassandra McClerkliln (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Adam Feldbauer (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Darlene Bryom ALF Provider	**22VAC40-73-980**	Change made to remove antibiotic cream/ointment

(submitted directly)	~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Kristi Blake Provider (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer** _____	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Bill Murphy ALF Provider (submitted directly)	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.

Mary Van Wie ALF Provider (submitted directly)	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Randy Scott ALF Provider (submitted directly)	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.

	medication to be located in the first aid kit. *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Mark Koch ALF Provider (submitted directly)	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Anthony Scaperlanda	**22VAC40-73-980**	Change made to remove antibiotic cream/ointment

ALF Provider (submitted directly)	The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. ~~**81 mg aspirin in single packets or small bottle;**~~ **and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. ~~**81 mg aspirin in single packets or small bottle;**~~ ~~***and***~~ **needs to be eliminated because you need a physician order to administer aspirin.**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order

		would be necessary.
Karen Doyle (submitted directly)	**22VAC40-73-980** ~~2.**Antibiotic cream or ointment packets;**~~ 17. ~~**81 mg aspirin in single packets or small bottle; and**~~ **needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Cathy Hieneman ALF Provider (submitted directly)	**22VAC40-73-980** The proposed changes add: • Antibiotic cream or ointment and aspirin to the first aid kit and eliminate activated charcoal. • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Ann Marie & John Cochran	**22VAC40-73-980**	Change made to

ALF Provider (submitted directly)	The proposed changes add: • A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. • A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-980** *The addition of Sections A. 2 (Antibiotic cream or ointment packets) and A. 17 (81-milligram aspirin in single packets or small bottle) would require a physician's order to administer.* ~~A. 2. Antibiotic cream or ointment packets~~ ~~A. 17. 81-milligram aspirin in single packets or small bottle;~~	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Judy Hackler (submitted directly)	**22VAC40-73-980** *The addition of Sections A. 2 (Antibiotic cream or ointment packets) and A. 17 (81-milligram aspirin in single packets or small bottle) would require a physician's order to administer.* ~~A. 2. Antibiotic cream or ointment packets~~ ~~A. 17. 81-milligram aspirin in single packets or small bottle;~~	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Mary Estes	**22VAC40-73-980**	Change made to

(submitted directly)	~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-980** ~~2.~~**~~Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small bottle~~; and needs to be eliminated because you need a physician order to administer**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
ALF Provider / Randy Scott (submitted directly)	**22VAC40-73-980 E** **The requirement for battery lantern of flashlights should be worded having available lights for the number of direct staff working during late evenings and night. Why does a direct care staff on the day shift need a flashlight?**	Change made to require flashlight/battery lantern only at late evening and night to minimize cost and still protect the safety of residents.
Judy Hackler	**22VAC40-73-980 G**	Change made as

(submitted directly)	G. The facility shall ensure the availability of a 96-hour supply of emergency food and drinking water. At least 48 hours of the supply must be on site at any given time, of which the facility's rotating stock may be used.	recommended for clarification purposes.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-980 G** G. The facility shall ensure the availability of a 96-hour supply of emergency food and drinking water. At least 48 hours of the supply must be on site at any given time, of which the facility's rotating stock may be used.	Change made as recommended for clarification purposes.
ALF Provider / Randy Scott (submitted directly)	**22VAC40-73-980 G** **Does the food have to kept separate or demonstrate that there is 48 hours of food on hand when the LS is in the facility? To have to keep the 48 hours of food separate would be a waste of money due to (1) need to store (2) need to watch expiration dates (3) need to replenish wasted food. Yes, it could be used but some LS are requiring dried to be stored and not the food normally served. The available amount of food on hand should be the measure.**	Change made as recommended for clarification purposes.
Marian Dolliver, Board of Director Member, St. Mary's Woods ALF Provider Submitted Directly	**22VAC40-73-980** The proposed changes add: Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery

	available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.	lantern only at night to minimize cost and still protect the safety of residents.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-980** The proposed changes add: Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary. Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor	**22VAC40-73-980** The proposed changes add: Antibiotic cream or ointment and aspirin to the first aid kit and eliminates activated charcoal. A requirement for a flashlight or battery lantern for each employee directly responsible for resident care, not only those working at night. A requirement for a 96-hour supply of emergency food and water and 48 hours of the supply must be on-site. *It is inappropriate for any non-prescribed*	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.

Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	*medication to be located in the first aid kit.* *It is also unnecessary, imperious and arbitrary to require every employee to have a flashlight. Not all direct care staff need a flashlight; it should be sufficient that there are enough flashlights available for employees in case of an emergency. The cost of purchasing, maintaining/storing the flashlights and keeping enough batteries on hand creates a financial hardship and would be burdensome to manage. Such costs may cause rent and services to the resident to increase.*	Change made to require flashlight/battery lantern only at night to minimize cost and still protect the safety of residents.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-980** A. Recommend revising first sentence of paragraph to read: "A complete First Aid kit shall be on hand, on each floor of the facility, located in a designated place that is easily accessible to staff but not to residents." D. Although not required by current building codes, we recommend requiring facilities that do not have a permanently installed emergency power system to have an on-site generator to avoid delays in connecting a temporary power source during a power outage." (Rationale: In 2012, severe storms in Northern Virginia caused widespread and lengthy power outages. Some facilities without generators or another emergency power source on site were unable to provide temporary generators in a timely manner.)	No change made regarding first aid kit on each floor as the standard requires the first aid kit to be easily accessible. No change made as the Code of Virginia specifically does not require generators.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-980** 17. ~~**81 mg aspirin in single packets or small bottle;**~~ ***and*** **needs to be eliminated because you need a physician order to administer aspirin.**	Change made to remove aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Laurie Youndt, RN NHA Lakewood	**22VAC40-73-980** 17. ~~**81 mg aspirin in single packets or small bottle;**~~ ***and*** **needs to be eliminated because you need a physician**	Change made to remove aspirin from the first aid kit as DHP has

ALF Provider Submitted Directly	**order to administer**	indicated a physicians order would be necessary.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-980** **~~2.Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small~~ bottle; and needs to be eliminated because you need a physician order to administer aspirin.**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Coordinated Services Management Town Hall	**22VAC40-73-980** **~~2.Antibiotic cream or ointment packets;~~** 17. **~~81 mg aspirin in single packets or small~~ bottle; and needs to be eliminated because you need a physician order to administer aspirin.**	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physicians order would be necessary.
Susan O'Malley, Brandon Oaks Assisted Living Town Hall	**22VAC40-73-980** The proposed changes to this regulation add aspirin and antibiotic cream to the first aid kit. Both of these items require a physician's order to use or administer. These are useless items for an emergency in AL and do not need to be in the first aid kit.	Change made to remove antibiotic cream/ointment and aspirin from the first aid kit as DHP has indicated a physician's order would be necessary.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.***–Documentation of each exercise shall be	Changes made to require only those staff currently on duty to participate in exercise and to

Submitted Directly	maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ***and the facility shall ensure the staff is able to execute the emergency plan.***	require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.*** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ***and the facility shall ensure the staff is able to execute the emergency plan.***	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.*** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ***and the facility shall ensure the staff is able to execute the emergency plan.***	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.*** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change

Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	available to all staff. ~~–~~***and the facility shall ensure the staff is able to execute the emergency plan.***	made in exercise frequency as this would place residents at risk.
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.*** –Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ~~–~~***and the facility shall ensure the staff is able to execute the emergency plan.***	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Coordinated Services Management Town Hall	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** –Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ~~–~~**and the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Cynthia G. Schneider,	**22VAC40-73-990**	Change as recommended as

Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	A.3. Directs facilities to have procedures for making the resident's pertinent medical information and history available to a rescue squad and hospital. This standard allows facilities to provide a copy of the POS to ER personnel rather than a copy of the MAR. We strongly believe it is better to provide the MAR to emergency personnel since it provides important details not included in the POS, e.g. when the last dose of medication was given, what if any PRN medications were provided, and if any medications were refused. C. Recommend revising as follows: "The plan for resident emergencies shall be readily available to all staff, resident's family or legal representative and the local Office of Emergency Management."	the MAR contains critical information. Change made to add family and legal representative, but not to add OEM as it is not within their purview.
Judy Hackler (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ annually, all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced.	No change was made as a reduction in the frequency places residents at risk.
Valda Weider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Cathy Lewis Webster Center (14 staff at ALF) (submitted	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be	Changes made to require only those staff currently on duty to participate in exercise and to require plan

directly)	maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Carrie Davis (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.*** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ~~.~~ ***and the facility shall ensure the staff is able to execute the emergency plan.***	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Adam Feldbauer (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise

	staff is able to execute the emergency plan.	frequency as this would place residents at risk.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ *annually* all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced *with all staff on duty.*–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff.--- a*nd the facility shall ensure the staff is able to execute the emergency plan.*	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Cassandra McClerklin (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Darlene Bryom ALF Provider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Susan	**22VAC40-73-990. Plan for resident emergencies and**	Changes made to

O'Malley ALF Provider (submitted directly)	**practice exercise.** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Paula Bolton Provider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Michael Williams Westminster Canterbury	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the	Changes made to require only those staff currently on duty to participate in

(submitted directly)	procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Kristi Blake Provider (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.**–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ ***annually*** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced ***with all staff on duty.***–Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. ***and the facility shall ensure the staff is able to execute the emergency plan.***	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-990** A. At least ~~once every six months~~ annually, all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced.	This comment should have been placed under 990.B. No change was made as a reduction in the frequency places residents at risk.

LeadingAge Virginia (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Mary Estes (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Karen Doyle (submitted directly)	**22VAC40-73-990** B. At least ~~once every six months~~ **annually** all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced **with all staff on duty.** Documentation of each exercise shall be maintained in the facility for at least two years. C. The plan for resident emergencies shall be readily available to all staff. **And the facility shall ensure the staff is able to execute the emergency plan.**	Changes made to require only those staff currently on duty to participate in exercise and to require plan review every six months with all staff. No change made in exercise frequency as this would place residents at risk.
Randy Scott ALF Provider (submitted	**22VAC40-73-1020** in my copy 1020 is doors and windows	No change indicated as reference to

directly)		standard is inaccurate.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-1020** A. Recommend the following requirement be added: "In facilities where the number of residents with serious cognitive impairments is 20 or more, a third direct care staff person in the building shall be required."	No change is needed as this standard is covered under the staffing requirement standard.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-1020. Staffing** A. When residents are present, there shall be at least two direct care staff members awake on duty at all times in each contiguous area of the building not separated by floors or locked entryways who shall be responsible for the care and supervision of the residents.	No change is needed as this standard is covered under the staffing requirement standard.
Paula Bolton Provider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Cynthia G. Schneider, Chair, ACLTCR	**22VAC40-73-1030** D. Recommend Dining Room staff should also be trained, in addition to the administrator and direct care staff.	No change as training for dining room staff are covered by

Claire Jacobsen, Member ACLTCR Submitted Directly		another standard.
Carrie Dowdy, MSN, RN-BC Dogwood Village ALF Provider Submitted Directly	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.

Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly		
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~**four**~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Coordinated Services Management Town Hall	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~**four**~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Terry S. Halter, Advocate Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.

Megan L. Newman, Advocate Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Maureen Charlton, Advocate Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Michael Murphy, Advocate Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Regla Garrett, Advocate Submitted	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the	No change needed as comment supports the

Directly	draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	proposed regulation.
Angela McGowan, Advocate Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Carter Harrison, Director of Policy Alzheimer's Association, VA Chapters Submitted Directly	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Kristi Blake Provider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.

Mary Estes (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
(submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Lynne Seward Advocate (submitted directly)	**22VAC40-73-1030** Increase cognitive impairment training for direct care employees who work in mixed population facilities from four to six hours to be completed within four 4 months of employment Increase non -direct care staff training from one to two hours within one month of hire.	No change needed as comment supports the proposed regulation.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~**four**~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of	No change as 6 months is too long to provide direct care without training. Commencing

	subsection C of this section.	immediately was removed.
Adam Feldbauer (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Darlene Bryom ALF Provider	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Valerie Hopson-Bell Advocacy Organization (submitted directly)	**22VAC40-73-1030** I strongly support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 4. Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Michele Darwin (submitted directly)	**22VAC40-73-1030** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be	No change needed as comment supports the proposed regulation.

	completed within one month of employment and increased from one to two hours).	
Linda Williams Advocate (submitted directly)	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Laura Adkins Virginia Alzheimer's Commission Advocacy Organization (submitted directly)	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~**four**~~ ***six*** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Tracy Christiansen Alzheimer's Association	**22VAC40-73-1030** I support the following changes contained in the draft version of the Assisted Living Regulations currently under	No change needed as comment supports the

(submitted directly)	consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. [Non-direct care staff training must be completed within one (1) month of employment and increased from one to two hours.]	proposed regulation.
Sarah Harris (submitted directly)	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Cathy Pascoe (submitted directly)	**22VAC40-73-1030** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 2. Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.

Sheila Walsh (submitted directly)	**22VAC40-73-1030** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the cognitive impairment training required for direct care staff who work in mixed population facilities from four to six hours to be completed within four months of employment. (Non-direct care staff training must be completed within one month of employment and increased from one to two hours).	No change needed as comment supports the proposed regulation.
Karen Doyle (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Cathy Lewis Webster Center (14 staff at ALF) (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Carrie Davis (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Susan O'Malley	**22VAC40-73-1030**	No change as 6 months is too

ALF Provider (submitted directly)	B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	long to provide direct care without training. Commencing immediately was removed.
Anne McDaniel Provider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ six months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Valda Weider (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Judy Hackler (submitted directly)	**22VAC40-73-1030** B. Commencing immediately upon employment and within ~~four~~ six months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Lisa DeMascio	**22VAC40-73-1030 & 22VAC40-73-1120**	No change as requirements for

(submitted directly)	increases staff training & activities • Additional staff training and increased resident activities should include more outdoor/nature time, physically intense exercise and hands-on experience.	residents' activities are covered under another standard.
LeadingAge Virginia (submitted directly)	**22VAC40-73-1030 B** Commencing immediately upon employment and within ~~four~~ **six** months, direct care staff shall attend six hours of training in working with individuals who have a cognitive impairment, that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Lisa DeMascio (submitted directly)	**22VAC40-73-1080** The secured communities should have a barber visit once a week for the male residents. Podiatry, routine oral care, eyeglass repair and chair massage should be offered in the secured community.	No change is needed as the standards already address meeting the needs of the residents.
Lynne Seward Advocate (submitted directly)	**22VAC40-73-1120** Increase the number of hours per week of activities for residents from sixteen to twenty one hours weekly with not less then two hours per day. Require that facilities provide at least two staff to provide activities to allow for resident assistance and activity leading. The second staff can be a non-activity professional or volunteer.	No change as first comment supports standard. No change as there are other standards pertaining to staffing that would address this issue.
Valerie Hopson-Bell Advocacy Organization (submitted directly)	**22VAC40-73-1120** I strongly support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment	No change needed as comment supports the proposed regulation.

	from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	
Sarah Harris (submitted directly)	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Michele Darwin (submitted directly)	**22VAC40-73-1120** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Terry S. Halter, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.

Megan L. Newman, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Maureen Charlton, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Michael Murphy, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Regla Garrett, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration:	No change needed as comment supports the proposed regulation.

	Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	
Angela McGowan, Advocate Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Carter Harrison, Director of Policy Alzheimer's Association, VA Chapters Submitted Directly	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-1120** We fully support the increase in the number of hours of activities available to residents in special care units. However, we suggest increasing the required number of hours of activities in all assisted living facilities rather than just special care units.	No change needed to first comment as it supports the proposed regulation. No change was made to activity hours for other residents as requirements are sufficient.
Tracy	**22VAC40-73-1120**	No change

Christiansen Alzheimer's Association (submitted directly)	I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one (1) hour each day, to 21 hours weekly, with not less than two (2) hours each day.	needed as comment supports the proposed regulation.
Vernita Webber – Madison Home Public Hearing	**22VAC40-73-1120** Increasing the daily activities for the Cognitive Impaired Unit (CIU) from one hour to two hours when you can't even get them most of the time to focus to go to the bathroom or sit in the chair, should not be mandatory and to increase it to 21 hours a week, you can't get them to even pay attention. Our higher functioning cognitive impaired go to a day program. We nurture the ones that are pretty much near end stage but don't qualify for a nursing home. We take them for walks, bring them outside or just do hands on activities. To do hands on activities for a minimum of two hours a day is a ridiculous requirement.	No change as the proposed requirement is necessary for optimum interaction.
Linda Williams Advocate (submitted directly)	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Sheila Walsh (submitted directly)	**22VAC40-73-1120** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration:	No change needed as comment supports the proposed

	Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	regulation.
Cathy Pascoe Advocate (submitted directly)	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Laura Adkins Virginia Alzheimer's Commission Advocacy Organization (submitted directly)	**22VAC40-73-1120** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increase the number of hours per week of activities that must be offered to residents in a safe, secure environment from 16 hours weekly, with not less than one hour each day, to 21 hours weekly, with not less than two hours each day.	No change needed as comment supports the proposed regulation.
Judy Hackler (submitted directly)	**22VAC40-73-1130 Staffing** *In Section A, the language of "on each floor in each special care unit" needs to be reexamined to be considerate of the different structural elements of the*	Changes made to specify minimal staffing requirements for the protection of

	facilities, since the terminology for some facilities may be wings, floors, units, etc.	staff and residents in the varied configurations of special care units.
Lynne Seward Advocate (submitted directly)	**22VAC40-73-1130** Require that there be at least two direct care staff on each floor in each special memory support unit**.**	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Laura Adkins Virginia Alzheimer's Commission Advocacy Organization (submitted directly)	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 5. There must be at least two direct care staff members on each floor in each special care unit. Thank you for considering my comments. Two direct care staff members is not an acceptable number in a dementia unit. There are too many special circumstances that come up. I have stories to share if you are interested. I think the staff number should be proportioned to the number of people with dementia.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Sarah Harris (submitted directly)	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Linda	**22VAC40-73-1130**	Changes made to

Williams (submitted directly)	In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Hermitage Roanoke / ALF Provider / Delaine Caldwell (submitted directly)	**22VAC40-73-1130** Staffing/special care unit **(22 VAC 40-72-110).** Is there a definitive staff/Resident ratio or is it strictly a per unit ratio?	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Valerie Hopson-Bell Advocacy Organization (submitted directly)	**22VAC40-73-1130** I strongly support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: 2. There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Sheila Walsh (submitted directly)	**22VAC40-73-1130** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Cathy Pascoe Advocate	**22VAC40-73-1130** In order to help enhance dementia care in	Changes made to specify minimal staffing

(submitted directly)	Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	requirements for the protection of staff and residents in the varied configurations of special care units.
Michele Darwin (submitted directly)	**22VAC40-73-1130** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: . There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Lisa DeMascio (submitted directly)	**22VAC40-73-1130** Additional staff required should be Recreational Therapists and Chaplains.	No change required, as this regulation pertains to direct care staff.
Randy Scott ALF Provider (submitted directly)	**22VAC40-73-1130** I have a great concern about 73-1130 in many facilities there may be several units on one floor. most units have 16+ residents. in reducing the number of staff especially at night from 2 to 1 in a unit can put dementia residents at risk. While one reg is concerned with having one per 50 for CPR and another wants to reduce numbers in a unit. if one must leave a unit to help in another with CPR who will watch those in that unit. can they insure communication in the units so another staff will even respond. Owners may see this a way to save major money. I strongly encourage not to change this reg from 2 per unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Tracy Christiansen Alzheimer's Association (submitted	**22VAC40-1130** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration:	Changes made to specify minimal staffing requirements for the protection of staff and

directly)	There must be at least two (2) direct care staff members on each floor in each special care unit.	residents in the varied configurations of special care units.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	**22VAC40-73-1130** We applaud and fully support the increase in the staffing requirements for facilities with special care units from 2 per unit to 2 per floor. We strongly recommend adding the following requirement: "A third direct care staff person will be added from the hours of 7 AM to 11 PM when the number of residents exceeds 16 on any one floor of the special care unit."	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Terry S. Halter, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Megan L. Newman, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Maureen Charlton, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration:	Changes made to specify minimal staffing requirements for the protection of staff and residents in the

	There must be at least two direct care staff members on each floor in each special care unit.	varied configurations of special care units.
Michael Murphy, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Regla Garrett, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Angela McGowan, Advocate Submitted Directly	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Carter Harrison, Director of Policy Alzheimer's Association, VA Chapters Submitted	**22VAC40-73-1130** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: There must be at least two direct care staff members on each floor in each special care unit.	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of

Directly		special care units.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-1130 Staffing** *In Section A, the language of "on each floor in each special care unit" needs to be reexamined to be considerate of the different structural elements of the facilities, since the terminology for some facilities may be wings, floors, units, etc.*	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Lisa Max (submitted directly)	**22VAC40-73-1130** The proposed Standards for Licensed Assisted Living Facilities 22VAC40-73-113 states, " that there must be two direct care staff members "***<u>on each floor</u>***" in a special care unit rather than in each special care unit. In the Department of Planning and Budget's Economic Impact Analysis response to this proposed change is as follows: "The Proposed Regulation amends the rules regarding direct care staff based on the number per floor, rather than per unit. I would like public comment on and agency consideration of any alternative ways to implement a common sense requirement based either on the number of residents or some more flexible measure since assisted living facilities very in their physical design and space." " We recommend that the proposed increase in direct care staff be based on a reasonable staff to resident ratio regardless of the residents per floor in order to assure that proper staffing is provided without placing an untenable financial burden on the facility. The costs to the employer for each full time direct care staff person working one overnight shift is $86,000 per year. (12 hours per day 365 days per year) which would result in a staff to client ratio of only 1:2 at a cost of $172,000 per year. To accommodate this increase in staffing costs, facilities would have no choice but to either increase the monthly fee paid by each resident by $1,791 or cease to provide Special Care	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.

	Services to this population. A more equitable solution to this proposed change would be to require overnight staffing based a reasonable staff to resident ratio. Currently eight bed facilities are providing a night staff to resident ratio of 1:4 regardless of the number of residents on a floor. We support the adoption of a common sense requirement of a reasonable ratio of cargivers to residents, than an arbitrary regulation of two caregivers per floor regardless of the number of residents per floor.	
Mary Estes (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Stacey Bowen ALF Provider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Linda Williams Advocate (submitted directly)	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months.	No change needed as comment supports the proposed regulation.

	Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	
Michael Williams Westminster Canterbury (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Darlene Bryom Alf Provider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Carrie Davis (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Sara Warden ALF Provider Submitted directly	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Paula Bolton Provider (submitted	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in	No change as 6 months is too long to provide direct care without training.

directly)	cognitive impairment that meets the requirements of subsection C of this section.	Commencing immediately was removed.
Susan O'Malley ALF Provider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Cathy Lewis Webster Center (14 staff in ALF) (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Adam Feldbauer (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Kristi Blake Provider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Cassandra McClerklin (submitted	**22VAC40-73-1140** B. Commencing immediately upon employment in the	No change as 6 months is too long to provide direct care

directly)	safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	without training. Commencing immediately was removed.
Sarah Harris (submitted directly)	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: . Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
VALA – VHCA – LeadingAge (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Laura Adkins Virginia Alzheimer's Commission Advocacy Organization (submitted directly)	**22VAC40-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months.	No change needed as training encompasses the needs of the residents in care.

	Other staff cognitive impairment training is increased from one to two hours within a month of hiring. Part of administrators training should be spending time with people with younger onset dementia.	
Cathy Pascoe Advocate (submitted directly)	**22VAC40-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Lynne Seward Advocate (submitted directly)	**22VAC40-73-1140** Increase the number of hours in cognitive impairment training for administrators of facilities with special memory support units from ten hours to twelve hours annually within a year of hiring. Require that direct care workers in special memory support units have cognitive training within four months of hire. Require other workers in the special memory support units to have two, not just one-hour hours of cognitive impairment training worth in one month of hire.	No change needed as comment supports the proposed regulation.
Valerie Hopson-Bell Advocacy Organization (submitted directly)	**22VAC40-1140** I strongly support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours	No change needed as comment supports the proposed regulation.

	within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	
Judy Hackler (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ six months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Valda Weider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Sheila Walsh (submitted directly)	**22VAC40-73-1140** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Anne McDaniel Provider	**22VAC40-73-1140** B. Commencing immediately upon employment in the	No change as 6 months is too long to provide direct care

(submitted directly)	safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	without training. Commencing immediately was removed.
Michele Darwin (submitted directly)	**22VAC40-1140** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Tracy Christiansen (submitted directly) Alzheimer's Association	**22VAC40-73-1140** I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from ten (10) hours within a year of hiring to twelve (12) hours within three (3) months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
LeadingAge Virginia (submitted directly)	**22VAC40-73-1140 B** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in	No change as 6 months is too long to provide direct care without training.

	cognitive impairment that meets the requirements of subsection C of this section.	Commencing immediately was removed.
Karen Doyle (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ **six** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Kim Hurt ALF Provider (submitted directly)	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~four~~ six months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Terry S. Halter, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Megan L. Newman, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration:	No change needed as comment supports the proposed regulation.

	Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	
Maureen Charlton, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Michael Murphy, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Regla Garrett, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently	No change needed as comment supports the proposed

	under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	regulation.
Angela McGowan, Advocate Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Carter Harrison, Director of Policy Alzheimer's Association, VA Chapters Submitted Directly	**22VAC40-73-1140** In order to help enhance dementia care in Assisted Living Facilities, I support the following changes contained in the draft version of the Assisted Living Regulations currently under consideration: Increasing the number of hours of training in cognitive impairment for administrators of facilities with special care units from 10 hours within a year of hiring to 12 hours within 3 months. The time period in which cognitive impairment training must be completed by direct care staff who work in a special care unit is within four months. Other staff cognitive impairment training is increased from one to two hours within a month of hiring.	No change needed as comment supports the proposed regulation.
Carrie Dowdy, MSN, RN-BC Dogwood	**22VAC40-73-1140** <u>B. Commencing immediately upon employment in the</u>	No change as 6 months is too long to provide direct care

Village ALF Provider Submitted Directly	safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	without training. Commencing immediately was removed.
Laurie Youndt, RN NHA Lakewood ALF Provider Submitted Directly	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted Living Karen B Land LALA, Executive Director Marian Manor Assisted Living	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.

Submitted Directly		
Teresa H. Mason, RN, CPhT Corporate Consultant Family Care Pharmacy Submitted Directly	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
Coordinated Services Management Town Hall	**22VAC40-73-1140** B. Commencing immediately upon employment in the safe, secure environment and within ~~**four**~~ ***six*** months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.	No change as 6 months is too long to provide direct care without training. Commencing immediately was removed.
	General Comment:	
Eugene Richardson – Richardson Consultants Public Hearing	I wanted to emphasize the regulations as they are written how they are applied by your inspectors because we get, this one says this, this one says that. We don't get uniform explanations of what they are and some of these inspectors can be very, very unreasonable. Who determines what license you get whether it's provisional, 1 year, 2 years, 3 years, who makes that determination and what criteria do they use? What's the difference between a 1 year license and a 2 year license? We have no idea as providers, how we are being judged. What do I have to do to get a 2 year license, a 3 year license. Can we have access to that information?	No change as the comments have no relation to the proposed ALF regulations.
Vernita Webber – Madison Home Public Hearing	I want to implore the Board to think of the finances and payments that's necessary to take care of these residents. My company does not make a lot of money but I am expected to follow the same regulations as everybody else or the ones who make $4,000 or $5,000 to take care of Alzheimer's people who get the Alzheimer's waiver. Consider to cost effectiveness of some of these changes.	Cost impact has been considered in the development of regulations that protect the health, safety and

		welfare of vulnerable adults.
Brenda Seal – Fillmore Place/Rite Way Public Hearing	DSS or the government wants to put more standards on us; you're gonna have to raise the money because you're causing us nothing but a hardship and a hindrance and we want good quality for these clients.	Cost impact has been considered in the development of regulations that protect the health, safety and welfare of vulnerable adults.
Cherie Sims – The Legacy at North Augusta Public Hearing	I was actually cited for not having an asterisk beside a designated staff person in charge. Even though that person knew they were in charge, I still got cited. You have no idea how the citations on something so minimal as something like that plays into the caregivers because they feel defeated. I just ask as you look at these regulations, please consider what the most important thing is the care that we provide and maybe look at these regulations and decide, is something like this really necessary? And put the focus back where it needs to be on the care.	Comment not related to suggestion for change in regulations. Regulations emphasize care of resident.
Emily Anderson- The Legacy at North Augusta Public Hearing	A lot of the regulations are left to the interpretation of our inspector and it would be helpful to get some clarification on these regulations so we are all on the same page.	There is a technical assistance document and other resources are also available.
Tawana Bryant Assisted Living Independent Public Hearing	We cannot compete with unregulated facilities and facilities that make over $5,000 for their clients. It's too difficult to get a 1 year or 2 year license. We're not a nursing home, a medical facility and we are not a Marriott.	Regulations are developed with consideration of many types of facilities.
Vernita Webber – Madison Home	On our Cognitively Impaired Unit, we don't have the Alzheimer's waiver, so I think some of these regulations are just a little but out of line for people who don't get paid a lot of money to take care of these residents.	Cost impact is considered, as is the health, safety and welfare of residents.

Public Hearing		
Randy Scott ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Stacey Bowen ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Mary Van Wie ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.

Mark Koch ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Carolyn Williams (submitted directly)	I support the changes++	Support for changes.
Colleen Miller (submitted directly)	The disAbility Law Center of Virginia (dLCV) commends the Department's efforts to enhance regulatory protections for adults with disabilities residing in licensed ALFs. dLCV has highlighted a few additional areas in which the Department can strengthen and enhance protections through these regulations for people with disabilities. Disability Law Center of Virginia (dLCV) strongly supports the Virginia Department of Social Services in their stated goal of crafting new regulations, "to better meet the needs of an increasingly vulnerable population of residents who are, aged, infirm, or disabled." The above comments reflect a shared commitment to that goal. Thank you for your thoughtful consideration of dLCV's public comment.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Lynne Seward Advocate (submitted directly)	For over 40 years, I have been working with community-based services for the aged and persons with disabilities. As both a private citizen and rehabilitation professional, I am very concerned about the critical need for training in dementia care for all health care workers and professionals. Last year, I had the privilege of traveling the state to hear from caregivers who were challenged personally by caring for person's with Alzheimer's disease or other forms of dementia. In each of the five hearings, I heard a consistent and alarming concern about the serious lack and or depth	Changes were made to the regulations after consideration of public comment.

	of appropriate training of those caregivers who were caring for their adults. Although, most of us realize that caregivers in facilities are kind and conscientious and even have a calling for this important work, it is apparent that the quality of their work is impacted by a lack of knowledge of the disease. The residents and family members are at risk as our staff. Although, the regulations recognize this need, we need to strengthen the continuing education of all staff and build and equip a geriatric workforce that awards and reinforces learning and best practices. Alzheimer's disease and dementia is a national epidemic that is impacting over 130,000 Virginian's and has a validated impact on our health care dollars. Our assisted living facilities are the safety net for care for our families and need to exemplify the best care. In addition, I am concerned about the strength of the activity programs in facilities. A robust activity program for residents is a best practice in care for all residents, but especially for those with dementia. Behaviors can be prevented by well planned and executed activities and life satisfaction increased.	
Laura Adkins (submitted directly)	My husband had Lewy Body Dementia. He was diagnosed at age 63 and died when he was 66 when he died. He was a very active person even after the dementia diagnoses so Assisted Living Facilities did not have a clue how to handle him and others with younger onset. Also most facilities designs are not set up to keep track of their patients.	Changes were made to the regulations after consideration of public comment. Staff training is supposed to be relevant to the population in care.
Anthony Acaperlanda ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.

Ann Marie & John Cochran ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents. I respectfully request that comments I have included be thoughtfully considered prior to the proposed regulations being fully adopted:	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Cathy Hieneman ALF Provider (submitted directly)	As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence to assisted living facilities which may ultimately negatively impact residents. I respectfully request that the comments I have included be thoughtfully considered prior to the proposed regulations being fully adopted:	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Rita Dehner ALF Provider (submitted directly)	I am in support of all of the proposed changes.	Support for changes.
Bill Murphy ALF Provider (submitted directly)	The Diocese of Richmond owns seven residential adult care facilities. The Bishop of Richmond is deeply committed to the safety and welfare of all the residents who have been entrusted to the Diocese's care. As Executive Director for the Diocese of Richmond Housing	Support indicated for some changes.

	Corporation, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence to assisted living facilities which may ultimately negatively impact residents.	Changes were made to the regulations after consideration of public comment.
Judy Hackler (submitted directly)	We submit the following comments with the emphasis that additional comments may be forthcoming due to the unavailability of a "red-lined" version of the proposed standards detailing where changes/additions/deletions were made from the current standards. The unavailability of the "red-lined" version made it very hard for comparison to current standards, and we are continuously comparing the two versions and receiving comments from Virginia's assisted living industry on the proposed changes. After having gone through the regulations, we understand the detail and time required to provide the "red-lined" version, but we also understand the importance of these changes and the substantial implications the changes will have for the assisted living industry, including the licensed assisted living facility providers, employers, and residents. The smallest of changes in the standards could result in the loss of licensure for some facilities and the loss of housing for many residents. It is very important that the general public and especially the industry stakeholders have the most transparent of information showing specific changes/additions/deletions when reviewing the proposed changes to bring forth the best standards possible for the industry. We strongly encourage the department to provide a detailed "red-lined" version of the proposed changes to the Standards for the next stage of the regulatory review process.	Provider associations and others have been extensively involved in the regulatory process.
Judy Hackler	**Response to Governors Request for Public Comment**	Concur with

(submitted directly)	*We oppose any action by the Commonwealth to require Internet usage to be provided by the assisted living facility for residents' usage. The first opposition is that it would result in an increase in expenses by the community. Not only would this cause financial hardship on those assisted living providers that have mostly private pay residents, but this would be a substantial cost factor on those providers that care for residents who receive the Auxiliary Grant, which is already severely underfunded. In addition to the financial implications of requiring Internet usage for the residents, there are also logistical reasons for the opposition. Many areas in Virginia, especially the mountainous areas and rural areas, still do not have sustainable Internet service unless you contract with satellite providers, which increase the costs even more. Another consideration for opposition is the logistical reason of having to determine whether the Internet usage would be provided in a common area where the community has to provide the computer equipment or whether it would be an open network that the residents are able to log into with their own personal computer equipment. Another consideration is the liabilities associated with multiple individuals using a shared network and the risk of viruses, malware, and illegal activity that could be brought onto the community's servers. And, the final consideration for opposition to requiring Internet services for residents is the consideration of the acuity levels of the residents. Many residents are cognitively impaired; therefore, their acuity levels should be considered as well. We recommend leaving the availability of Internet usage for residents to each individual assisted living facility as a business decision and to not have it an unfunded mandate.*	comment. No changes as internet access will not be required due to cost and other factors.
Judy Hackler (submitted directly)	**Response to Governors Request for Public Comment** *We oppose any requirement that would create staffing ratios for assisted living facilities in the areas where residents with serious cognitive impairments do not reside. Each community is structurally different and the resident populations differ greatly. Some residents with the same diagnosis may require substantially less assistance than other residents require, which would then result in the need of less services from direct care staff. The determination of staffing levels is not only made by the number of residents present at any given time, but also on the acuity levels of the residents at that time, since the acuity levels of one individual may fluctuate based on their health status. The staffing levels also fluctuate from one*	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.

	time of the day to another taking into consideration the scheduled activities and habits of the resident population. We support the Commonwealth in continuing to offer a tool on VDSS website to help an assisted living facility determine the appropriate staffing levels for their community, but we strongly oppose a specific staffing ratio standard that would be imposed on all communities. *For those communities and areas where residents with serious cognitive impairments reside, we do not support an increase in minimum staffing ratios. We do understand the need to clarify the language to implement a staffing requirement for each section/wing/unit of a community so that those specific areas are not unstaffed when the staff members are assisting residents in the other areas.* **22VAC40-73-1130. Staffing** A. When residents are present, there shall be at least two direct care staff members awake on duty at all times in each contiguous area of the building not separated by floors or locked entryways who shall be responsible for the care and supervision of the residents.	
Matt Mansell (submitted directly)	**Response to Governor's Request for Public Comment** VHCA would also like to submit the comments below on the two issues raised in the Governor's Approval Memo. Thanks, and please let me know if you have any additional questions. *The Virginia Health Care Association/Virginia Center for Assisted Living (VHCA/VCAL) would oppose any requirement by the Commonwealth to require universal Internet capability and access for residents. While many, if not most, of our member facilities already provide this as a service to residents, we believe this would be a costly mandate. We would prefer it be left to each individual facility to decide if Internet access is sufficient in their area, if the price makes sense within the context of their mission for taking the best care of residents, and if they feel they have the information technology staffing and expertise to provide a safe online environment for residents.*	Concur with comment. No changes as internet access will not be required due to cost and other factors.
Colleen	**Response to Governor's Request for Public Comment**	No changes as

Miller (submitted directly)	Finally, dLCV supports the governor's August 2015 assessment that, "[t]he Internet has become such an integral part of everyday life that it may be time to update these regulations to require assisted living facilities in Virginia to have Internet capability." dLCV agrees that benefits to resident quality of life could be substantial if internet access requirements are established. Therefore, dLCV encourages the Department to develop regulatory language in support of enhanced internet access.	internet access will not be required due to cost and other factors.
Matt Mansell (submitted directly)	VHCA would also like to submit the comments below on the two issues raised in the Governor's Approval Memo. Thanks, and please let me know if you have any additional questions. **22VAC40-73-1130** *Regarding direct care staff ratios in special care units, VHCA/VCAL opposes the implementation of staffing ratios in regulation. Our members approach staffing needs from an acuity basis, which takes many more factors into consideration beyond the physical space in which our residents live. We continue to support the less prescriptive standard promulgated by the Department of Social Services that requires appropriate staffing relevant to the population within the Assisted Living Facility.*	Changes made to specify minimal staffing requirements for the protection of staff and residents in the varied configurations of special care units.
Cynthia G. Schneider, Chair, ACLTCR Claire Jacobsen, Member ACLTCR Submitted Directly	GENERAL The ACLTCR applauds all those who have worked diligently over the past several years to develop the proposed Standards for Licensed Assisted Living Facilities. Members of the ACLTCR reviewed the document and are pleased to see changes to the regulations that we believe will provide additional protections for the most vulnerable populations and improve both the quality of care and quality of life of all residents in Virginia's assisted living facilities. We are especially pleased with the changes that address staffing and training and the addition of requirements for a fall risk assessment and the monitoring of those who are unable to use the emergency signaling/call system. The ACLTCR submitted input to the Regulatory Advisory Panel (RAP) in 2011 and again during the public comment period in 2012, and we appreciate that some of our suggestions were incorporated	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.

	into this revision. We are grateful for the opportunity to once again provide input on this important matter.	
Marian Dolliver, Board of Director Member, St. Mary's Woods Submitted Directly	GENERAL As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Rhonda Dawoud, Med Executive Director Potomac Place Submitted Directly	GENERAL As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.
Imelda Angat RN, Director of Nursing, Marian Manor Assisted Living Desiree Mitchell LALA, Life Enrichment Administrator Marian Manor Assisted	GENERAL As a resident advocate, I would like to emphasize that my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. In reviewing the regulations, I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. Such changes will certainly clear any uncertainty in the intent behind the regulation. However, some of the new proposed regulations will have a negative, burdensome consequence as noted to assisted living facilities which may ultimately	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.

Living Karen B Land LALA, Executive Director Marian Manor Assisted Living Submitted Directly	negatively impact residents.	
Assisted living Facilities of Independent Owners Town Hall	GENERAL Assisted Living Facilities Need Help with funding not regulations. The JLARC Study bought out three points that I would like to discuss. It stated that the regulations that have put on assisted living facilities that work with the (AG) program are burdensome and that the cost for AG is unfair Market pricing JLARC stated that Assisted living facilities that work with this program should be making at least 3750.00 a month. We only make 1219.00 JLARC stated that because of these regulations we will be looking at a crisis because bed will not be available because they are decreasing and with these regulations that are put into place without extra funding; many AG housing programs will be shut down or closed JLARC stated that assisted living facilities that take the clients who need a little more assistance would also decline; especially that they are not receiving any funding for the extra hours of training, and extra staffing, and extra oversites We are not big business and we are minority businesses and they are attacking our business where we are not able to stand and we cannot compete with unregulated facilities and facilities that make over 5,000.00 for their clients; we are room and board and we provide 24 hours of prompting, monitoring clients behavior, and making sure they get help from resources within the community. We are not paid or designed to be medical providers or miracle workers.	Cost impact has been considered in the development of regulations that protect the health, safety and welfare of vulnerable adults.

	So, if you look at these new regulations don't allow any regulation that strain residential or those who accept the AG program. Let's work together and see that we provide an awesome service but what good is the goody to notion but our clients out in the community without proper supervision and care; in shelters; in the street; because it looked like you working against us to eliminate us through your un-mandated regulations. We are already in a hole all these regulations do is just bury us. And it is an impact to an already struggling industry; because on hands training is the best training for the residential training; we are not bathing clients, we are not turning them over we are not going to make more money for VCU dementia programs and give more money to some nurse sitting on the board who want to open a training school. WE are drained even a leech know how to get off a blood source knowing to take a little at time so the source can at least survive.	
Sara Warden ALF Provider	As a resident advocate, my primary interest is to ensure resident safety, comfort and dignity and providing the highest standard of care for each resident. I commend the Department of Social Services' efforts in clarifying and changing the language in some of the current regulations. However, some of the new proposed regulations will have a negative, burdensome consequence to assisted living facilities which may ultimately negatively impact residents.	Support indicated for some changes. Changes were made to the regulations after consideration of public comment.

All changes made in this regulatory action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
22VAC40-73-10		Provide definitions for this regulation.	Clarifies the terms for better understanding by providers,

			licensing staff, and the public. Changes since the proposed stage: Revisions to definitions of activities of daily living, assisted living care, assisted living care, dietary supplement, direct care staff, emergency restraint, nonemergency restraint, private pay, public pay, resident, serious cognitive impairment, staff or staff person, substance abuse, volunteer; deletion of definition of electronic; addition of definition of medical/orthopedic restraint and premises .
22VAC40-73-20		Provide the legal basis for this regulation and applicability.	Provides information on legal base and applicability of standards to provide clarity regarding pertinence of standards.
22VAC40-73-30		Describe the purpose of the program of care.	Gives general guidelines for care for guidance to providers. Changes made since the proposed stage: Added spiritual needs, promoting the resident's highest level of functioning, and involvement in programs, in addition to community resources, based on the resident's needs and interests.
22VAC40-73-40		Describe the duties and responsibilities of the licensee, including ensuring compliance with all regulations and federal, state and local laws.	Outlines responsibilities of licensee to ensure proper responsibility for the facility and care to residents. Changes made since the proposed stage: Condensed language referencing relatives, added unless otherwise specified to requirement regarding font size of posted documents, added reference to Code of Virginia, deleted repetitive language regarding training and notification of selling or closing facility, added regional licensing office and assessors to notification, reorganized wording, added assessor to explanation regarding resident staying or relocating.
22VAC40-		Describe facility	Provides information regarding

73-50		disclosure requirements to the prospective resident and legal representative.	the facility to prospective residents to enable them to compare facilities and make informed decisions. Change made since the proposed stage: Notation of specific additional information on department's website was deleted.
22VAC40-73-60	.	Allow use of electronic records or signatures and set forth requirements for their use including developing and implementing policies and ensuring access is limited	Provides requirements for electronic records to ensure that their use conforms with law and accepted policies and protects integrity and validity.
22VAC40-73-70		Require incident reports within 24 hours of any major incident that negatively affected or threatened the life, health, safety or welfare of a resident; details what a facility must include in an incident report; specifies that a written report must be submitted within 7 days and describes what must be included in the written report.	Provides for licensing staff to be aware of major incidences that negatively affect or threaten residents so that licensing staff can investigate when necessary to ensure protection and proper care of residents.
22VAC40-73-80		State that the resident shall be free to manage his personal finances and funds unless a person or entity is appointed for a resident; the resident may request that the facility assist with the management of personal funds.	Provides conditions to apply when a facility assists with the management of resident funds for the proper handling of the resident's money. Changes made since proposed stage: Allows for different types of accounts to be interest bearing and if so, resident must be provided with appropriate portion of interest. Also, clarifies that administrative fee cannot be charged to auxiliary grant residents.
22VAC40-73-90		State that no facility licensee, administrator or staff person shall act as an attorney-in-fact or trustee unless the resident has no other preferred designee; sets forth the requirements if the licensee, administrator or staff person serves as attorney-in-fact or trustee	Provides protection to residents regarding their funds in relation to the facility's role as attorney-in-fact or trustee. Changes made since proposed stage: Added licensee to persons who may not act as attorney-in-fact or trustee unless a resident has no other preferred designee and so requests and added licensee to related requirements.

		including documentation and accountability.	
22VAC40-73-100		Provide for infection control measures including who shall develop the policy, annual review, and on-going monitoring of the infection control program.	Allows for proper infection control measures to prevent or reduce incidences of disease and infection among residents and staff. Changes made since proposed stage: Revised language regarding blood glucose monitoring, added reference to another relevant standard.
22VAC40-73-110		State the qualifications, duties and responsibilities of staff including being respectful, able to speak, read, understand, and write in English, and meet the requirements for background checks.	Provides basic qualifications for staff to protect the welfare of residents. Change made since proposed stage: Added that staff be able to understand English.
22VAC40-73-120		Describe the requirements for staff orientation and initial training and specify that specified training must occur within the first seven working days of employment; until this orientation and training is completed the staff person must work under the sight supervision of a trained direct care staff person.	Ensures that staff are knowledgeable about the facility and their responsibilities so that they can provide proper care to residents. Changes made since the proposed stage: Added that orientation and initial training may count toward annual training hours for the first year.
22VAC40-73-130		Require each staff person who is a mandated reporter to report suspected abuse, neglect or exploitation of residents in accordance with § 63.2-1606 of the Code of Virginia.	Allows for proper investigation and action, if necessary, of reports of suspected abuse, neglect, or exploitation to protect the health and safety of residents. Change made since the proposed stage: Added requirement for notifying resident's contact person or legal representative when a report of suspected abuse, neglect or exploitation has been made.
22VAC40-73-140		Specify the administrator qualifications including age and the ability to read, write and understand these standards, education, experience and licensure.	Ensures that the administrator has proper qualifications to manage the facility and the care given to residents to protect their health, safety, and welfare. Change made since the proposed stage: Added

			specification regarding licensure as an assisted living facility administrator or nursing home administrator pursuant to relevant section of Code of Virginia.
22VAC40-73-150		Describe administrator requirements and responsibilities; each facility is required to have an administrator of record. Notification requirements are set forth in this standard, as are requirements pertaining to acting administrators.	Ensures that there is always a qualified person to provide administration and management of the facility for the benefit of the residents in care. Changes made since the proposed stage: Added requirements regarding administrator coverage, acting administrator, notifications.
22VAC40-73-160		Specify the training requirements for administrators, including residential living care only; residential and assisted living care; and administrators who supervise medication aides but who are not medication aides themselves.	Provides for training of administrators in areas necessary to manage a facility to assure adequate knowledge and skills for the benefit of provision of services and care to residents. Changes made since the proposed stage: Clarified starting date of employment; removed reference to administrators employed prior to 12/28/06, added reference to another relevant standard, made change that medication refresher training may count towards the annual training requirement.
22VAC40-73-170		Allow for a shared administrator for smaller facilities and designate the conditions that must be met including serving not more than four facilities with a combined total of 40 or fewer residents within a 30-mile average one-way travel time. Provides when a designated assistant may act in the place of the administrator. Requires each facility to have a manager designated and supervised by the administrator and states the qualifications and requirements that must be met by the manager.	Allows an administrator to serve up to four smaller facilities to provide a cost saving measure for these facilities, while at the same time protecting the residents in care. Changes made since the proposed stage: Added reference to residential living care, added that six hours must be on the day shift, changed manager course of study to 40 or fewer hours, rather than 40 or more hours.

22VAC40-73-180		Describe when an administrator may serve as both the administrator of an assisted living facility and nursing home; specify that there shall be a written management plan that addresses the care and supervision of the assisted living facility residents and describe what must be contained in the management plan.	Allows an administrator to serve both an assisted living facility and a nursing home that are part of the same building as a cost saving measure, while at the same time protecting the residents in care.
22VAC40-73-190		Require a designated direct care staff member in charge on the premises when the administrator or designated assistant or manager is not awake and on duty on the premises; the administrator shall determine the specific duties and responsibilities of the designated direct care staff member in writing.	Ensures that there is always someone in charge at the facility for the benefit of other staff and residents.
22VAC40-73-200		Describe direct care staff qualifications including requiring direct care staff to be at least 18 years of age unless certified in Virginia as a nurse aide and require direct care staff to have met one of seven training requirements within the required time frame.	Ensures that direct care staff have the knowledge and skills to provide care and services to meet the needs of residents. Changes made since the proposed stage: Revised language regarding staff who need to complete training program and deleted exception for staff hired prior to 2/1/96.
22VAC40-73-210		Specify training requirements for direct care staff in residential living care only and both residential and assisted living care facilities.	Provides for annual training of direct care staff which enables them to enhance their ability to care for residents.
22VAC40-73-220		Specify requirements for private duty personnel providing direct care or companion services to residents in an assisted living facility.	Specifies requirements for private duty personnel in facilities to ensure proper services are provided to and protect safety of residents. Changes made since the proposed stage: Deleted written agreement between facility and home care organization regarding tuberculosis and added

			requirements for background checks.
22VAC40-73-230		Require any resident who performs any staff duties to meet the personnel and health requirements for that position and a written agreement between the facility and the resident.	Assures that residents who perform staff duties are qualified and not forced to assume such duties.
22VAC40-73-240		Specify the requirements for volunteers, including qualifications, documentation by facility, coordination and orientation.	Allows for the use of volunteers to enhance services for the benefit of residents.
22VAC40-73-250		Specify staff record and health requirements including how long the record must be maintained and the content of the staff record. Requires staff records to be maintained at the facility in a locked area.	Provides for documentation and verification of staff qualifications, health information and emergency contact for the safety of residents and staff. Changes made since the proposed stage: Added annual training requirements are determined by starting date of employment. Deleted requirements regarding request to obtain physician examination and removal of staff person from contact with residents.
22VAC40-73-260		Require first aid certification for direct care staff within 60 days of employment which shall be maintained current. Specify requirements for current CPR certification.	Requires staff who can provide first aid and CPR to residents when needed. Changes made since the proposed stage: Reorganized first aid requirements, and added that currently certified EMT, first responder, paramedic do not have to meet current first aide certification requirement. Changed requirement so that at least one person with first aid certification or RN, LPN, or EMT, first responder or paramedic, and at least one person with CPR certification must be in each building, rather than on the premises. Changed staff with CPR to every 100 residents from 50 residents.
22VAC40-73-270		Specify direct care staff training requirements	Specifies that staff who care for aggressive or restrained

		when aggressive or restrained residents are in care of an assisted living facility.	residents have the knowledge, skills, and ability to provide proper care for the benefit of those residents, who have special needs. Changes made since the proposed stage: Changed from assessment to observation and language revised regarding obstruction of blood flow. Documentation of refresher training language revised.
22VAC40-73-280		Specify staffing requirements including requiring staff adequate in knowledge, skills and abilities and in sufficient numbers to provide services to each resident as determined by resident assessments and individualized service plans.	Ensures that the requirements for staffing are based on the needs of the residents and on emergency considerations to protect the health, safety and welfare of aged, infirm or disabled adults. Change made since the proposed stage: Added requirement regarding direct supervision of staff who do not yet have background checks.
22VAC40-73-290		Require a facility to maintain a written work schedule for each shift with an indication of whoever is in charge and post the name of the current on-site person in charge.	Allows for adequate planning to meet staffing requirements and documentation of such and enables staff, residents and the public to know who is in charge at any given time.
22VAC40-73-300		Require procedures to be established and reviewed with staff for communication to ensure stable operations and sound transitions.	Ensures adequate communication among staff so that operation of the facility is stable and so that staff are aware of problems experienced by residents.
22VAC40-73-310		Specify requirements for admission and retention, including a prohibition against admitting or retaining a resident for whom the facility cannot provide or secure appropriate care; who require a level of care of service for which the facility is not licensed, or; if the facility does not have staff in appropriate numbers with the appropriate skill to provide care and service.	Makes sure that a facility only admits and retains a resident whose needs it can meet so that the health, safety and welfare of an individual is protected. Changes made since the proposed stage: Expanded conditions for holding interview of date of admission by removing the word medical. Added documentation requirement for direct care staff training by home care agency staff.

22VAC40-73-320		Require physical examination and report by an independent physician within 30 days prior to admission; the contents of the report are enumerated. Requires subsequent tuberculosis evaluations. Allows the department to request a current physical examination or psychiatric evaluation.	Provides information regarding the health of a person that is used in making a decision regarding admission and if admitted, in the care of the resident. Changes made since the proposed stage: Added person's name, address and telephone number to physical exam, added reference to definitions of ambulatory and nonambulatory, and added that an independent physician is a the person who can perform an examination or evaluation requested by the department.
22VAC40-73-325		Specify when a fall risk rating shall be conducted, reviewed and updated.	Provides information to be used to prevent or reduce resident falls. Changes made since the proposed stage: Changed assessment to rating. Added documentation of fall risk rating. Added under each of the following circumstances for when fall risk rating is needed. Added reference to application to residents who meet the criteria for assisted living level of care.
22VAC40-73-330		Require that a mental health screening shall be conducted under specified conditions, specify who shall conduct the screening and direct the facility to act if the screening indicates a need for mental health or other specified services.	Provides mental health information on an individual when appropriate that is used to making a decision regarding admission and to refer a resident to mental health resources when needed.
22VAC40-73-340		Require the facility to obtain certain information and documentation when determining appropriateness of admission for an individual with mental illness, intellectual disability, substance abuse or behavioral disorders.	Provides information for making a decision regarding admission to the facility and if admitted, in the delivery of services so that the resident's needs are met. Changes made since the proposed stage: Added that documentation of psychosocial and behavioral functioning be obtained prior to admission from certain sources. Added physician to the examples of whom information

			on psychosocial and behavioral functioning can be obtained for residents coming from a private residence. Noted that the record pertains to the resident's record.
22VAC40-73-350		Require the assisted living facility to register with the Department of State Police to receive notice of any sex offender in the area the facility is located and to ascertain prior to admission whether a potential resident is a registered sex offender.	Provides information to the facility and if desired, to residents regarding sex offenders so that due diligence can be taken for the protection of residents.
22VAC40-73-360		Specify the conditions under which an emergency placement can be made, how long the emergency placement can be without all the requirements for admission being met, and the information the facility must obtain while the resident is in the emergency placement.	Allows for placement in a facility for the benefit of a person when there is an emergency situation, with certain requirements specified for the protection of the health, safety and welfare of the person.
22VAC40-73-370		Specify the requirements that apply to assisted living facilities that provide respite care including a requirement that an ISP be completed prior to the person being admitted for respite care.	Provides requirements for respite care in a facility to protect the health, safety, and welfare of the person in respite care. Changes made since the proposed stage: Added reevaluating the person's care needs when person returns for respite care and added that medication orders are updated. Added that a new tuberculosis screening would only be required one time per year.
22VAC40-73-380		Specify the resident personal and social information that the assisted facility must obtain at or prior to a person's admission.	Assists the facility in providing appropriate care and services to residents and to make proper notifications to other persons when warranted. Changes made since the proposed stage: Added mental health, behavioral, and substance abuse issues to be included in personal and social information for all residents, not just those meeting criteria for assisted living care.

			Added that information be kept current.
22VAC40-73-390		Require a written agreement with the resident/applicant or legal representative at or prior to the time of admission to the facility and specifies the contents of the agreement.	Specifies accommodations, services, and care to be provided to a resident and charges for such, so that the resident knows what he is to receive and how much it costs; also, acknowledgment that the resident has received certain information about the policies of the facility. Changes made since the proposed stage: Changed written agreement or written acknowledgment to written agreement/acknowledgment. Deleted reference to grievance policy and the transfer or discharge policy. Added that a resident has been informed and had explained to him that he may refuse release of information to individuals outside the facility. Added providing copies of updates to the resident and legal representative. Deleted specific changes from when updating is necessary so that it applies to all changes, and added that updates be dated in addition to being signed.
22VAC40-73-400		Require the facility to provide an itemized monthly statement of charges and payments to each resident or their legal representative.	Itemizes charges and payments so the resident has a record of financial transactions and can make sure they are correct.
22VAC40-73-410		Require the facility to provide an orientation for new residents and their legal representative upon admission.	Allows for basic knowledge regarding the facility upon admission so that the health, safety and welfare of residents is protected.
22VAC40-73-420		Specify that an assisted living facility shall establish procedures and what must be included in the procedures, to ensure that a resident detained by a temporary detention order is accepted back if not involuntarily committed and develop a	Enables a resident to return to a facility under certain circumstances. Change made since the proposed stage: Added for recipients of an auxiliary grant, the bed hold policy must be consistent with auxiliary grant program policy and guidance.

		written bed hold policy.	
22VAC40-73-430		Describe the requirements for discharge of residents including discharge planning, discharge statement and assistance that the facility shall offer to the resident and his legal representative.	Provides notice and assistance for a resident who is being discharged to make the process easier and ensures resident receives refunds due. Change made since the proposed stage: removed requirement that statement be provided within 48 hours from the time of decision for emergency discharge, as another standard includes a timeframe.
22VAC40-73-440		Require all residents of and applicants to assisted living facilities be assessed face-to-face using the uniform assessment instrument, and specify when a new assessment shall be made.	Sets forth requirements for the uniform assessment instrument to assure that the needs of residents are properly assessed for admission and retention purposes and to meet the needs. Changes made since proposed stage: Added specific language as to who can complete a UAI.
22VAC40-73-450		Require that a preliminary plan of care be developed to address the basic needs of the resident on the day of admission; a comprehensive individualized service plan (ISP), the contents of which are detailed in this section, shall be completed within 30 days after admission.	Sets forth requirements for an individualized service plan to specify and detail how the needs of a resident are to be addressed and to promote individuality and personal dignity. Changes made since proposed stage. Added that ISP may be completed within 7 days prior to admission. Added that preliminary plan be identified as such and be signed and dated. Added that state approved private pay UAI training must be completed as a pre-requisite to ISP training. Deleted that the plan reflect the resident's assessed needs in the general statement.
22VAC40-73-460		Specify that the facility shall assume general responsibility for the health, safety and well-being of residents; care provision and service delivery shall be resident-centered; notification is required of any incident of a resident falling or wandering from the premises.	Provides for the services and care to be given to a resident to meet his needs, including, as needed, assistance with activities of daily living, ambulation, hygiene and grooming, other functions and tasks. Change made since the proposed stage: Eating or feeding was changed to eating/feeding.

22VAC40-73-470		Require the facility to ensure that the health care service needs of residents are met; specify that a resident's need for skilled nursing treatments shall be met by the facility's employment of a licensed nurse or a contractual agreement with a licensed nurse, or by a home health agency or by a private duty licensed nurse. Require the facility to develop and implement a written policy to ensure staff is made aware of any life-threatening conditions of residents. Update provisions related to care of residents with a gastric tube.	Provides for the provision of health care services to a resident as needed. Changes made since the proposed stage: Added behavioral health authority to agencies services for mental health care. Changed delegating nurse to delegating RN.
22VAC40-73-480	Specify that facilities shall assure that all restorative care and habilitative service needs of residents are met and require facilities to coordinate with professional service providers and ensure that facility staff that assist with these support services are trained by and receive direction from qualified professionals. Require facilities to arrange for specialized rehabilitative services from qualified	Specify that facilities shall assure that all restorative care and habilitative service needs of residents are met and require facilities to coordinate with professional service providers and ensure that facility staff that assist with these support services are trained by and receive direction from qualified professionals. Require facilities to arrange for specialized rehabilitative services from qualified personnel as needed by a resident.	Provides for the provision of restorative, habilitative and rehabilitative services to a resident, as needed, to enable him to reach or maintain his highest level of functioning possible.
22VAC40-73-490		Specify health care oversight requirements for assisted living facilities including a requirement that each facility retain a licensed health care professional who has at least two years of experience to provide health care oversight.	Provides periodic health care oversight to review and monitor health care provided to residents to make sure proper care is being provided and to make recommendations for improvement, when necessary. Changes made since the proposed stage: Changed "the" to "a" in reference to licensed heath care professional, when a licensed health care professional is employed full-

			time. Added evaluating the ability of residents who self administer medications to continue to safely do so to elements of health care oversight. Restructured requirements on restrained residents and added infection control to oversight of restrained residents. Also restructured requirements regarding certification of oversight and recommendations and action taken in response to recommendations.
22VAC40-73-500		Require assisted living facilities to provide reasonable access to staff or contractual agents of community services boards to assess or evaluate residents, provide case management, or monitor care of residents.	Provides for access and services to residents by community services boards or behavioral health authorities to assist in meeting mental health needs of residents.
22VAC40-73-510		Require communication and coordination to secure, for each resident requiring mental health services, the health care professional preferred by the resident, to the extent possible, to assure that the mental health needs of the resident are met.	Makes provisions for meeting the mental health needs of residents. Changes made since the proposed stage: Added behavioral health authority to list of agencies for mental health services. Added provision that contracts for mental health services conform with regulations and be provided to the licensing office.
22VAC40-73-520		Specify the activity and recreational requirements that the facility must meet for residents; state that residents shall be encouraged but not forced to participate.	Provides activities for residents to promote their highest level of functioning and provide opportunities for enjoyment and fulfillment. Changes made since the proposed stage: Added language regarding nature and outdoor activities. Deleted “in the group”’ regarding understanding of residents’ attention spans and functional levels.
22VAC40-73-530		Provide that any resident who does not have a serious cognitive impairment shall be allowed to freely leave the facility and doors leading	Increases quality of life by ensuring that residents can freely leave the facility, unless they have a serious cognitive impairment.

		to the outside shall not be locked from the inside except in a special care unit.	
22VAC40-73-540		Specify that visiting hours shall not be restricted except when it is the choice of the resident; the facility may establish guidelines so that visiting is not disruptive or security compromised.	Increases quality of life by ensures that residents can receive visitors at any time, unless they wish otherwise.
22VAC40-73-550		Provide for resident rights and responsibilities and require the operator or administrator of an assisted living to establish and implement written policies and procedures to ensure the exercise of resident rights.	Ensures that a facility reviews resident rights with residents and encourages them to exercise their rights. Changes made since the proposed stage: Name change from VA Office for Protection and Advocacy to disAbility Law Center of Virginia. Change made from 12 to 14 point type for printing of resident rights and responsibilities. Added that resident does not have a legal representative for appointing a responsible individual. Added that a responsible individual not be the licensee, administrator or staff person or family members of the licensee, administrator or staff person.
22VAC40-73-560		Require a facility to establish written policies and procedures for ensuring that information in resident records is accurate and clear and that records are well-organized; specify where and how long records will be retained.	Provides for a facility to maintain records necessary to provide appropriate care to residents and provides for the confidentiality of the records to protect privacy.
22VAC40-73-570		Specify the resident or legal representative may release information from the resident's record to persons or agencies outside the facility and licensee is responsible for making available a form granting written permission to release information; circumstances under	Allows the resident to release information from his records and for the facility to give relevant information to a hospital or emergency medical personnel necessary for his care. Changes made since the proposed stage: Changed title of section. In medical emergencies, examples of information to provide added MAR, rather than

		which information may be released without written permission are enumerated.	medications.
22VAC40-73-580		Specify requirements the facility must meet pertaining to food service and nutrition for residents including for residents with independent living status who have kitchens equipped with a stove, refrigerator and sink.	Ensures that meals are provided in an appropriate manner and nutritional problems are addressed.
22VAC40-73-590		Require at least three well-balanced meals, snacks shall be made available for all residents.	Provides for the provision of food, including meals and snacks. Change made since the proposed stage: Availability of snacks at all times, rather than bedtime and between meals.
22VAC40-73-600		Specify that the time interval between the evening meal and breakfast shall not exceed 15 hours; there shall be at least four hours between breakfast and lunch and lunch and supper;	Allows for appropriate intervals between meals so that residents do not get too hungry or too full because of spacing of meals. Change made since the proposed stage: Added "scheduled" in reference to hours between meals.
22VAC40-73-610		Specify facility requirements for meals and snacks including food preferences; dated and posted menus; substitutions to the menu; minimum daily menu and special diets.	Assures that meals are nutritional and balanced for the health of residents, that resident food preferences are taken into consideration when menus are planned, that second servings are available, that special diets are accommodated, and that drinking water is readily available for hydration. Change made since proposed stage: Changed diet manual to be readily available to personnel responsible for food preparation, rather than on file in the dietary department.
22VAC40-73-620		Require oversight at least every six months of special diets by a dietitian or nutritionist; oversight must be on-site and meet the specified requirements.	Provides for periodic review of special diets to assess their adequacy, proper preparation, and acceptance so that the health of residents is protected and make recommendations, as needed.
22VAC40-73-630		State the resident's religious dietary practices must be respected and	Allows for a resident to maintain religious dietary practices, but is not forced to observe those of

		religious dietary practices of the administrator or licensee shall not be imposed on residents unless agreed to in the admission agreement.	the administrator or licensee.
22VAC40-73-640		Require the facility to have and keep current a written plan for medication management; specify what the plan must include. The plan and subsequent changes must be approved by the department.	Provides for the development of a medication management plan for a facility to follow to ensure that medications are properly administered to residents. Changes made since proposed stage: Provides that medication handbook or pharmacy reference book, or drug guide be readily accessible, rather than maintained, and that it be for all staff who administer medications, not just for medication aides.
22VAC40-73-650		Specify when a physician or other prescriber order is necessary; how oral orders shall be handled and transmitted; maintaining orders in the resident's record.	Specifies that a facility only administer medications, provide special diets, or medical treatments with an order from a physician or other prescriber, which protects the health of residents.
22VAC40-73-660		Regulate the storage of medications and dietary supplements prescribed for residents; a resident capable of self-administering me may be permitted to keep his own medication in an out-of-sight place in his room.	Ensures that medications and dietary supplements are properly stored so that their make-up is not altered and they are protected from improper access, which protects both residents and medications/supplements. Change made since proposed stage: Added substance abuse problem and documentation to exception to out-of-sight and inaccessibility safeguards.
22VAC40-73-670		Regulate the qualifications and supervision of staff who administer medications.	Ensures that staff who administer medications are qualified to do so and supervised by qualified persons in order to protect the health of residents.
22VAC40-73-680		Regulate who shall administer medications; how medication shall be administered; how sample and over-the-counter medication shall be stored; direct how medication administration	Specifies requirements for medication administration and related documentation to ensure that residents receive the proper medication in a correct and timely manner. Changes made since proposed stage: Moved language

		shall be documented, including the contents of the medication administration record.	regarding documentation for medical procedures or treatments. Added an allowance for a master list to be used in lieu of documentation on individual MARs. Moved language regarding medication aides and stat-drug box.
22VAC40-73-690		Require annual review of resident medications for each resident in residential living care, except for those who self-administer all their medications; require a review every six months of all the medications of residents in assisted living care, except for those who self-administer all of their medications. Specifies what the review will include and certifying the results of the review.	Requires periodic reviews of medications to look at such things as interactions with other drugs and food, adverse or unwanted side effects, to make recommendations for addressing any problems that may exist in order to protect the health and welfare of residents. Change made since proposed stage: Added to the medication review consideration of a gradual dose reduction of antipsychotic medications in those residents with a diagnosis of dementia and no diagnosis of a primary psychiatric disorder.
22VAC40-73-700		Specify the safety precautions that shall be met and maintained when oxygen therapy is provided.	Addresses precautions regarding the use of oxygen to protect the welfare of a resident who receives oxygen therapy and the safety of other residents.
22VAC40-73-710		Prohibit the use of chemical restraints and other types of restraints; specify when physical restraints may be used and the conditions for use that must be met.	Addresses requirements that must be met when restraints are used to protect the safety of residents, although their use is discouraged. Changes made since the proposed stage: Added prohibition of prone and supine restraints, and restraints that restrict a resident's breathing, interfere with a resident's ability to communicate, or apply pressure on a resident's torso. Changes made regarding the use of emergency and non-emergency restraints and restructuring of requirements. Descriptive language was added to better explain appropriate use. Change made to clarify

			physician renewal of orders. Change made to clarify notification of nonemergency restraint. Change made to require a review and revision of ISP following application of emergency restraints.
22VAC40-73-720		Specify the conditions under which a licensed assisted living facility may carry out a Do Not Resuscitate Order; require the facility to have a system to ensure that all staff is aware of residents with a valid DNR Order and; mandate that the DNR Order shall be readily available to other authorized persons (such as EMTs). If DNR Orders will not be honored, facility must have a policy and the resident or legal guardian must be notified of the policy prior to admission and sign an acknowledgement.	Provides for the protection of residents to ensure that DNR Orders are only carried out when specified conditions are met.
22VAC40-73-730		Require the facility to obtain and document certain information from a resident with advance directives such as a Living Will or Durable Power of Attorney; specify what the facility must do if information cannot be obtained.	Specifies information to be obtained by the facility regarding Advance Directives so that the facility can properly assist when warranted.
22VAC40-73-740		Summarize requirements pertaining to personal possessions; each resident shall be permitted to keep reasonable personal property in his possession and have his own clothing and personal care items. Facilities must develop and implement a written policy to be followed when a resident reports a personal possession is	Allows for resident personal possessions to maintain individuality and personal dignity.

		missing.	
22VAC40-73-750		Describe the minimum content of resident rooms and provide that a resident may indicate in writing if he does not want a specified item.	Ensures that residents are provided basic furnishings for their comfort, with flexibility allowed for resident preferences.
22VAC40-73-760		Require that space other than sleeping areas shall be provided for residents; specify minimum content of sitting rooms or recreation areas.	Allows for common areas to be enjoyed by all residents for entertainment, socialization, and dining. Changes made since the proposed stage: For television, radio and newspaper, added including in living room or multipurpose room if not available in other common areas of the facility.
22VAC40-73-770		Require dining areas to have sufficient sturdy dining tables and chairs for all residents.	Ensures adequate furniture in dining areas for resident safety and welfare.
22VAC40-73-780		Describe requirements for laundry and linens and specify that when a facility provides laundry service for resident clothing or linens that the clean items shall be sorted by individual resident. Require table linens and napkins to be clean at all times.	Provides for the cleanliness of clothing and linens for the health and dignity of residents.
22VAC40-73-790		State that the resident shall be assisted in making transportation arrangements.	Specifies assistance with arrangements for transportation to meet resident needs, such as doctors' appointments, and to enhance quality of life, such as attending community events.
22VAC40-73-800		Require incoming mail to be delivered promptly; incoming and outgoing mail shall not be censored or opened except upon request and in the presence of resident or written request of his legal guardian.	Allows for timely mail delivery and privacy in communications.
22VAC40-73-810		Require each building to have at least one operable nonpay telephone easily accessible to staff; residents must have reasonable access to a nonpay telephone in	Allows for telephone use by residents and privacy of conversations and ensures adequacy of phone contact for staff to get help if needed in an emergency.

		privacy.	
22VAC40-73-820		Allow a facility to prohibit smoking on its premises; prohibit smoking in a kitchen or food preparation area and in/on beds.	Provides specifications regarding smoking that address health and safety.
22VAC40-73-830		Require facilities to permit and encourage formation of a resident council to work with the administration, discuss services and make recommendations and perform other functions. Require the facility to provide a written response to the council prior to the next meeting regarding recommendations made.	Provides opportunities for residents to discuss matters in a group setting that are related to the facility and make recommendations for changes to improve their quality of life. Change made since the proposed stage: Changed presence of facility staff to at least part of each meeting allowed to be conducted without facility staff.
22VAC40-73-840		Require facilities to develop and implement a written policy for pets living on the premises; specifies the minimum content of the policy and requirements for pets.	Provides that pets living in a facility do not endanger the safety and well-being of residents and that pets are well treated.
22VAC40-73-850		Provide minimum requirements for pets visiting an assisted living facility.	Provides that pets visiting a facility do not endanger the safety and well-being of residents and are well treated while visiting. Change made since proposed stage: Added requirement for a facility to have a written policy regarding pets visiting the facility.
22VAC40-73-860		Enumerate general requirements for buildings and grounds including doors and windows; enclosed walkways; hot and cold water; outdoor areas accessible to residents; storage of cleaning supplies/other hazardous materials and weapons and firearms.	Provides general requirements regarding building and grounds and possession of specified items to protect the health, safety, and welfare of residents. Change made since proposed stage: If facility permits firearms, added provision to store ammunitions and firearms separately and in locked locations.
22VAC40-73-870		Require the interior and exterior of all buildings to be in good repair and kept clean and free of rubbish, infestations of insects and vermin.	Specifies that buildings and furnishings are clean and in good repair and there are handrails and nonslip surfaces for the health and safety of residents.

		Require furnishings and equipment owned by a resident to be in safe condition and not soiled in a manner that presents a health hazard.	
22VAC40-73-880		Describe requirements for heating, ventilation and cooling and require facilities to develop and implement a plan to protect residents in the event of loss of air-conditioning or heat due to emergency, malfunctioning or broken equipment.	Provides requirements for heating, ventilation, and cooling, including specifications regarding temperature, for the well-being and comfort of residents.
22VAC40-73-890		Require interior and exterior areas to be adequately lighted and glare to be kept at a minimum in rooms used by residents.	Allows for lighting that provides for the safety and comfort of residents and staff.
22VAC40-73-900		Mandate requirements for resident sleeping areas including cubic feet of air space per resident; square footage per resident; ceiling height; window area and number of residents per room.	Specifies requirements for resident bedrooms for the safety and comfort of residents. Change made since proposed stage: Added that when there is a new facility licensee, there can be no more than two residents residing in a bedroom.
22VAC40-73-910		Require certain specified common rooms to have a glazed window area above ground at least 8.0% of the square footage of the floor area of the common room.	Provides that certain common rooms have window area for the enjoyment of residents being able to view outside.
22VAC40-73-920		Specify the requirements for toilet, face/hand washing and bathing facilities.	Enables residents to have adequate bathroom facilities for their health, safety, and comfort.
22VAC40-73-925		Specify the requirements for toilet, face/hand washing and bathing supplies; prohibit residents from sharing bar soap and the facility from charging an additional amount for toilet paper, soap, paper towels or use of an air dryer at common sinks and commodes.	Provides for availability of adequate soap, toilet tissue and other supplies for the health and welfare of residents.
22VAC40-		Require all assisted living	Provides for residents to be

73-930		facilities to have a signaling device easily accessible to the resident in his bedroom or in a connecting bathroom. If there are residents with an inability to use the signaling device, require inclusion on individualized service plan, with minimal frequency of rounds indicated.	able call for assistance when help is needed or in certain circumstances, requires rounds to be made under certain conditions to monitor for emergencies or other needs. Changes made since the proposed stage: Reorganized language of requirement regarding when a resident is unable to use a signaling device and added that rounds must be made no less than every two hours when the resident has gone to bed at night, and added specifications regarding documentation. Allowed for different frequency of rounds under certain conditions.
22VAC40-73-940		Require an assisted living facility to comply with state regulations and local fire ordinances.	Specifies compliance with the Virginia Statewide Fire Prevention Code and local fire ordinances for the safety of residents and staff.
22VAC40-73-950		Require an assisted living facility to develop a written emergency preparedness and response plan addressing specified criteria and policies and procedures. Require staff and volunteers to be knowledgeable of the plan and for staff, residents and volunteers to receive orientation and semi-annual review of the plan. Annual review and revision of the plan is required. Facility must take appropriate action to protect residents and remedy conditions as soon as possible and notify family members and legal representatives.	Provides for the development and review of an emergency preparedness and response plan so that staff and residents will know what to do in the event of an emergency for their safety and well-being. Changes made since the proposed stage: Added analysis of potential biohazard events to emergency plan. Changed review of plan for staff, residents, and volunteers to semi-annually from quarterly. Added that review of plan be documented by signing and dating.
22VAC40-73-960		Require assisted living facilities to have a written plan for fire and emergency evacuation approved by the appropriate fire official.	Provides for the development of a fire and emergency evacuation plan so that the facility will be prepared to protect residents if there is a fire or other emergency.
22VAC40-		Require unannounced fire	Specifies that fire and

73-970		and emergency evacuation drills, evaluation following the drill by staff and documentation of corrective action taken. Facility must maintain a record of fire and emergency evacuation drills for two years.	emergency drill frequency and participation is in accordance with the Virginia Statewide Fire Prevention Code and that any problems are corrected to protect the safety of residents and staff.
22VAC40-73-980		Require and designate contents of a complete first aid kit that is easily accessible to staff; items with expiration dates must not be expired. Require a first aid kit in a vehicle used to transport residents. Require first aid kits to be checked at least monthly. Require a facility with six or more residents to be able to connect to a temporary emergency electrical power source and provide for certain emergency lighting to be available. Require two forms of communication for use in an emergency and availability of a 96-hour supply of food and drinking water. Require at least 48 hours of the supply must be on-site.	Makes provisions for emergency equipment and supplies for the protection of the health, safety, and welfare of residents and staff. Changes made since the proposed stage: Added requirement for first aid kit in each building, rather than at the facility. Removed antibiotic cream or ointment and aspirin from the first aid kit. Limited need for flashlight or battery lantern for employees to those on duty between 5:00 p m. and 7:00 a.m. Added that on site food and water supply can be rotating stock.
22VAC40-73-990		Require a written plan and what must be included in the plan for resident emergencies; plan exercise is required once every six months.	Specifies that a facility have and practice a plan for resident emergencies so that it is prepared to handle medical and mental health emergencies and missing person situations. Changes made since the proposed stage: Added a copy of the current MAR to be provided to rescue squad or hospital. Added that procedures for resident emergencies be reviewed with all staff every six months and documented. Qualified that staff currently on duty participate in practice exercise. Added that emergency plan be

			available to residents' family and legal representatives, in addition to staff.
22VAC40-73-1000		Designate subjectivity to Article 2 or 3 of Part X, additional requirements for facilities that care for adults with serious cognitive impairments who cannot recognize danger or protect their own safety.	Clarifies subjectivity to certain requirements when a facility has residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare.
22VAC40-73-1010		Specify that Article 2 of Part X applies when there is a mixed population consisting of any combination of residents with designated diagnosis or characteristics.	Clarifies subjectivity to requirements when there is a mixed population.
22VAC40-73-1020		Require that when residents are present there shall be at least two direct care staff members awake and on duty at all times in each building, and during trips away from the facility there shall be sufficient direct care staff to provide sight and sound supervision.	Provides for adequate staffing to meet the needs of residents when there is a mixed population. Change made since the proposed stage: Removed exception for facilities licensed for 10 or fewer residents if no more than three had serious cognitive impairments.
22VAC40-73-1030		Specify mandatory administrator, direct care staff, and staff other than direct care staff training requirements.	Ensures that staff receive training in cognitive impairment when there is a mixed population so that they can provide the care needed by residents with serious cognitive impairments in a respectful and effective manner. Changes made since the proposed stage: Removed commencing immediately upon employment from the time period for training and added that the time period was from the starting of employment.
22VAC40-73-1040		Require security monitoring for doors and protective devices on bedroom and bathroom windows for residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare.	Provides security monitoring and protective devices for the safety and well-being of residents with serious cognitive impairments who are unable to recognize danger or protect their own safety and welfare.

22VAC40-73-1050		Specify that the facility shall have a secured outdoor area for residents' use and that weather permitting, residents with serious cognitive impairments shall be reminded of the opportunity to be outdoors on a daily basis.	Promotes the opportunity for residents with serious cognitive impairments to enjoy the outdoors without endangering their safety or welfare.
22VAC40-73-1060		Require that residents shall be provided free access to an indoor walking corridor or other indoor area for walking.	Allows for space for indoor walking to meet needs of residents with serious cognitive impairments.
22VAC40-73-1070		Specify that special precautions shall be taken to eliminate hazards to the safety and well-being of residents with serious cognitive impairments; if ordinary materials or objects may be harmful, these shall be inaccessible except under staff supervision.	Provides for environmental precautions to protect the safety and welfare of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare.
22VAC40-73-1080		Specify that Article 3 of Part X apply to the safe, secure environment of a resident with a serious cognitive impairment due to a primary psychiatric diagnosis of dementia who is unable to recognize danger or protect his safety and welfare.	Clarifies subjectivity to requirements when there is a safe, secure environment
22VAC40-73-1090		Require a resident to be assessed by an independent clinical psychologist or physician as having a serious cognitive impairment due to a primary psychiatric diagnosis of dementia. Detail physician qualifications necessary to make the assessment; require the assessment to be in writing and include specific areas of assessment; and require assessment to be maintained in the resident's record.	Provides assurance that a resident is appropriate for placement in a safe, secure environment since he must be assessed by a psychologist or physician as having a serious cognitive impairment due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect his own safety and welfare.

22VAC40-73-1100		Require, prior to placement, written approval by one of certain specified persons; written approval shall be retained in the resident's file.	Ensures that there is approval for a resident to be in a special care unit by an individual listed in a specified order so that a person is not placed in such unit against the individual's wishes, i.e., the resident himself if capable of making an informed decision, a legal representative, a relative, or a physician. Change made since the proposed stage: Reference to discharge requirement was deleted.
22VAC40-73-1110		Require licensee determination, prior to placement, whether placement in special care unit is appropriate; review of appropriateness of continued residence in the special care unit is also required. The review of continued appropriateness of placement shall be performed in consultation with persons designated in this section.	Provides for periodic reviews of appropriateness of continued residence in a special care unit to ensure that a resident does not remain in such unit when it is no longer appropriate.
22VAC40-73-1120		Specify scheduled activities for special care unit residents and require a designated staff person for the special care unit's activity program and that designated staff person's qualifications.	Provides for activities for residents of a special care unit for their enjoyment and enrichment.
22VAC40-73-1130		Require that when 20 or fewer residents are present, there shall be at least two direct care staff members awake and on duty at all times in each special care unit and for every additional 10 residents, or portion thereof, there shall be at least one more direct care staff member awake and on duty in the unit. Require during trips away from the facility there shall be sufficient direct care staff to provide sight and sound supervision.	Provides for adequate staffing to meet the needs of the residents in a special care unit. Change made since the proposed stage: Changed staffing requirement to when 20 or fewer residents are present, there must be at least two direct care staff member awake and on duty at all times in each special care unit and for every additional 10 residents, or portion thereof, there shall be at least one more direct care staff member awake and on duty in the unit.

22VAC40-73-1140		Mandate training requirements for special unit staff	Ensures that the administrator, direct care staff who work in the special care unit, and other staff who have contact with special care unit residents receive training in cognitive impairment so that they can provide the care needed by residents in a respectful and effective manner. Changes made since the proposed stage: Removed commencing immediately upon employment from the time period for training and added that the time period was from the starting of employment or employment in the special care unit, as appropriate.
22VAC40-73-1150		Require doors that lead to unprotected areas to be monitored or secured and protective devices to be on the bedroom, bathroom and common area windows.	Provide for monitoring, security and protective devices for the safety and well-being of residents in a special care unit.
22VAC40-73-1160		Require a secured outdoor area for residents' use or provide direct care staff supervision while residents are outside; residents shall be given the opportunity to be outdoors on a daily basis, weather permitting.	Promotes the opportunity for residents in a special care unit to enjoy the outdoors without endangering their safety or welfare.
22VAC40-73-1170		Specify that the facility shall provide residents free access to an indoor walking corridor or other indoor areas for walking.	Allows for space for indoor walking to meet needs of residents with serious cognitive impairments.
22VAC40-73-1180		Require special environmental precautions to be taken to eliminate hazards to the safety and well-being of residents; when there are indications that ordinary materials or objects may be harmful, these materials shall be inaccessible to the resident except under staff supervision. Require special environment	Provides for environmental precautions to protect the safety and welfare of residents in a special care unit and environmental enhancements to enable the residents to maximize their independence and promote their dignity in comfortable surroundings.

		enhancements, tailored to the population in care, to be provided by the facility.	