

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HUMAN SERVICES LICENSING
Assisted Living Residences (55 Pa.Code Chapter 2800)

Q/A - Regulatory Clarifications – April 2015

The clarifications and interpretations below will remain on the Department's web site until the information is included in the next updated Regulatory Compliance Guide (RCG).

Regulation: General – Anticoagulation Testing Devices

Question: Can an anticoagulation testing device be used for more than one resident?

ANSWER: No. Anticoagulation testing devices (such as CoaguChek systems; etc.) measure blood coagulation in the circulatory system, and determine the clotting rate of blood which can be affected by anticoagulant usage, liver damage and Vitamin K levels. These devices are typically used for chronic conditions to help manage blood clots, and are individual-specific as the device is calibrated specifically to what the medical professional is looking to monitor. As this is a blood testing device which poses the risk for transmitting bloodborne pathogens, the FDA advises to not use anticoagulation testing devices on more than one person.

Regulation: § 2800.16(c) – Reportable Incidents and Conditions

§ 2800.16(c) - The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. The residence shall immediately report the incident or condition to the resident's family and the resident's designated person. Abuse reporting must also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Question: Does an assisted living residence need to report resident-to-resident physical abuse that does not result in an injury? For instance, if a resident in a secured care unit (SCU) reaches out and slaps another resident in the SCU, is this incident reportable?

ANSWER: The Department rescinds its March 1, 2015 RCG explanation included in Appendix B on pages 243 & 244, number 9 which indicates that ALRs do not need to report any act of physical violence by one resident to another resident where the victim does not sustain an injury. Any physical assault by or against a resident is required to be reported to the Department regardless of whether or not it resulted in an injury.

Regulation: § 2800.21 – Offsite Services

§ 2800.21 – If services or activities are provided by the residence at a location other than the premises, the residence shall ensure that the residents' support plans are followed and that the health and safety needs of the residents are met.

Question: Must each resident's Resident Assessment-Support Plan (RASP) accompany staff on outings and activities within the community?

ANSWER: No. However, staff must be aware of residents' needs prior to engaging in outings and activities within the community; this shall be accomplished by reviewing resident RASPs. This applies only to activities arranged and provided by the residence, such as shopping trips or outdoor activities. This regulation does not apply during off-site activities such as outings with family or services provided by another regulated entity (such as a partial-hospitalization program or adult training facility), unless 1) the residence provides transportation to such activities, as the residence is responsible for meeting health and safety needs when transporting residents, or 2) the resident transports him/herself to the activities, but requires supervision when outside the residence, as the residence is responsible for meeting needs identified through the Resident Assessment-Support Plan.

Regulation: § 2800.65(g)-(j) – Staff Orientation and Direct Care Staff Person Training and Orientation

§ 2800.65 –

(g) Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas: (see regulation for entire list of training topics)

(h) Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

(i) Training topics for the annual training for direct care staff persons must include the following: (see regulation for entire list of training topics)

(j) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (see regulation for entire list of training topics)

Question: Do all of the training topics under § 2800.65(g)-(j) apply to LPNs?

ANSWER: For the regulation at § 2800.65(g), and as per the March 1, 2015 edition of the ALR RCG, the following staff persons are exempt from this requirement:

- Any staff person hired on or before April 24, 2006 who has not had more than one year's break in service
- Any volunteer retained on or before April 24, 2006 who has not had more than one year's break in service
- A Certified Nurse Assistant (CNA) with a current certificate in good standing
- A Licensed Practical Nurse (LPN) with a current license in good standing
- A Registered Nurse (RN) with a current license in good standing
- A Physician with a current license in good standing
- An Emergency Medical Technician (EMT) with a current license in good standing
- Any staff hired between April 24, 2006 and October 31, 2007 do not need to successfully complete the Department-approved direct care staff training course and pass the online competency test.

For the training topics at § 2800.65(i)-(j), if an LPN obtains training from a source outside of the residence as per their nursing requirements (CEUs; etc.) and the training topic is one of the topics listed as per the regulation, the LPN may use the training to count towards their 16 hours of annual training.