



Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons STATE OF NEVADA

“Community Based Residential Facilities”

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OBJECTIVES

Learn about the Community Based Residential Facility

- What is a Community Based Residential Facility
- Regulatory Requirements
 - Services
 - Physical Plant
 - Staff training



Regulations

- Chapter 50 Wisconsin Statutes
<https://docs.legis.wisconsin.gov/statutes/statutes/50>
- DHS 83 – Community Based Residential Facilities
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83
- DHS 12 – Caregiver Background Checks
https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12
- DHS 13 – Reporting and Investigation of Caregiver Misconduct
http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/13.pdf
- DHS 94- Patient Rights and Resolution of Patient Grievances
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf
- Chapter 51 State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act
<http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>



What is a Community Based Residential Facility (CBRF)?

“Community-based residential facility“ means:

- a place where 5 or more adults who are not related to the operator or administrator and
- who do not require care above intermediate level nursing care reside and
- receive care, treatment or services that are above the level of room and board but
- that include no more than 3 hours of nursing care per week per resident.

Chapter 50.01(1)g.



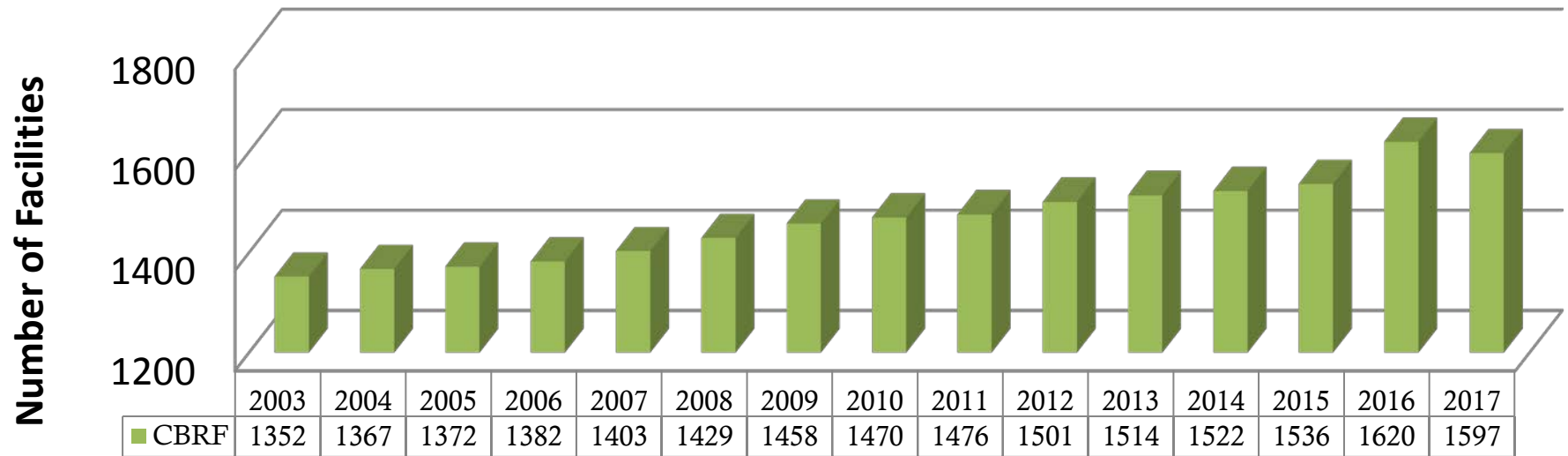
Community Based Residential Facility DHS 83.01(2)

DHS 83 is intended to ensure all CBRFs provide a living environment for residents that is as **homelike as possible and is the least restrictive of each resident's freedom**; and that care and services a resident needs are provided in a manner that **protects the rights and dignity of the resident** and that **encourages the resident to move toward functional independence in daily living or to maintain independent functioning to the highest possible extent.**



Assisted Living Facilities

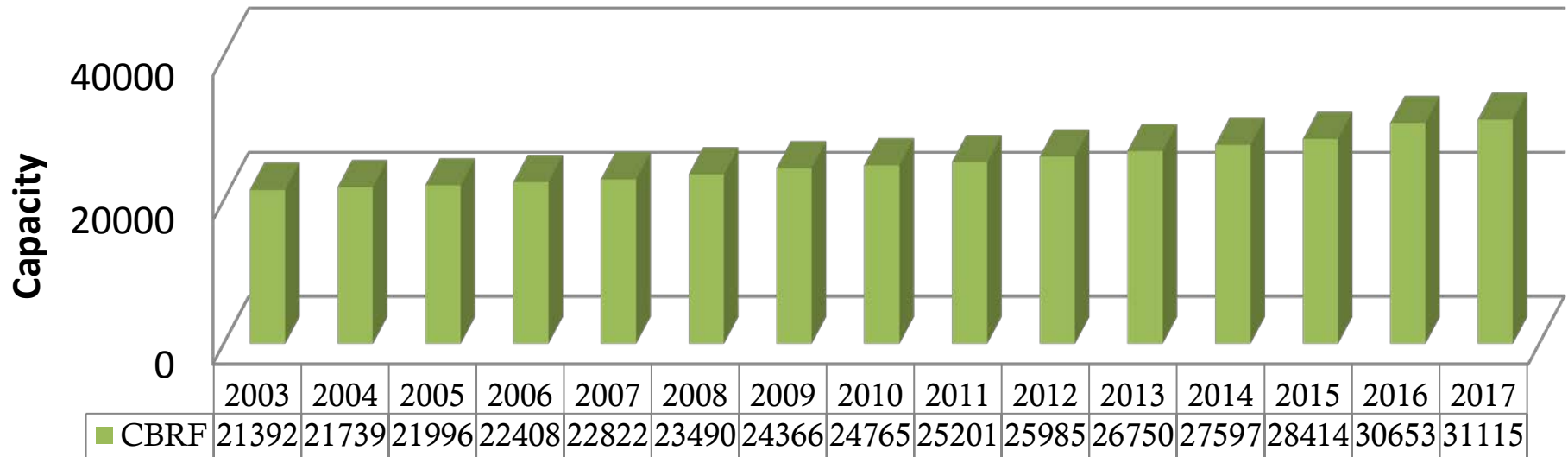
Trend in Number of Facilities





Assisted Living Capacity

Trend in Assisted Living Capacity





CBRF Classes DHS 83.04

Class A – limited to residents who are able to respond to emergencies and exit the facility without any help

Class C – may serve residents who are not capable of responding to emergencies and need help to exit the facility

AA – Class A ambulatory

AS – Class A semi ambulatory

ANA – Class A non ambulatory

CA – Class C ambulatory

CS – Class C semi ambulatory

CNA – Class C non ambulatory

Facility Size: Small – 5 to 8 beds
 Medium – 9 to 20 beds
 Large – 21 or more beds



Client Groups DHS 83.02 (16)

- Developmentally Disabled
- Advanced Age
- Irreversible Dementia/Alzheimer's
- Emotionally Disturbed/Mental Illness
- Alcohol/Drug Dependent
- Physically Disabled
- Persons with Traumatic Brain Injury
- Terminally Ill
- Corrections Clients
- Pregnant Women Who Need Counseling



Wisconsin CBRF Licensing Process

Starting a CBRF

- <https://www.dhs.wisconsin.gov/regulations/cbrf/openingfacility.htm>



Zoning

A community based residential facility may not be located on a parcel of land zoned for commercial, industrial or manufacturing use.



Plan Review DHS 83.63 (2)

- **New and remodeled.** Plans for all new construction, additions, and remodeling projects for CBRFs shall be approved by the department before beginning construction, except under sub. (4) (b).
- **Existing buildings.** Existing buildings applying for CBRF licensure after April 1, 2009, shall submit plans for department review for compliance with this subsection.
- **Plan submission.** At least 2 sets of working drawings and specifications shall be submitted to the department. The drawings shall be scaled and to dimension. The review process begins after the department receives all required documents and fees



Community Advisory Committee

DHS 83.05/Chapter 50.03(4)g

Prior to initial licensure of a community-based residential facility, the applicant for licensure shall make a good faith effort to establish a community advisory committee consisting of representatives from the proposed community-based residential facility, the neighborhood in which the proposed community-based residential facility will be located and a local unit of government.

The community advisory committee shall provide a forum for communication for those persons interested in the proposed community-based residential facility. Any committee established under this paragraph shall continue in existence after licensure to make recommendations to the licensee regarding the impact of the community-based residential facility on the neighborhood. The department shall determine compliance with this paragraph both prior to and after initial licensure.



CBRF Program Statement

DHS 83.06

The program statement shall accurately include all of the following:

- DHS 83.06(1)(a) The name of the licensee, the administrator and the staff position in charge when the licensee or administrator is away from the CBRF.
- DHS 83.06(1)(b) Employee availability, including 24 hour staffing patterns and the availability of a licensed nurse, if any.
- DHS 83.06(1)(c) The resident capacity of the CBRF.
- DHS 83.06(1)(d) The class of the CBRF under s. DHS 83.04 (2).



CBRF Program Statement

DHS 83.06

- The client group to be served. If serving more than one client group, the program statement shall include an explanation acceptable to the department of how the client groups are compatible with one another.
- A complete description of the program goals and services consistent with the needs of residents.
- Limitations of services, including the criteria for determining who may reside in the CBRF.
- Respite care services, if provided.



Limitations on admissions and retentions

DHS 83.27 (2)

- A community based residential facility may not admit or retain any of the following:
- A person who has:
 - A ambulatory or cognitive status that is not compatible with the license classification
 - A person who is destructive of property or self, or who is physically or mentally abusive to others, unless the CBRF has sufficient resources to care for such an individual and is able to protect the resident and others.
 - A person who has physical, mental, psychiatric or social needs that are not compatible with the client group as described in the CBRF's program statement.
 - A person who needs more than 3 hours of nursing care per week except for a temporary condition needing more than 3 hours of nursing care per week for no more than 30 days. If the CBRF requests a waiver or variance, the department may grant a waiver or variance to this requirement, as described under unless certain conditions are met.
- A person whose condition requires 24-hour supervision by a registered nurse or licensed practical nurse.
- A person whose condition requires care above intermediate level nursing care.
- A person who requires a chemical or physical restraint except as authorized
- A person who is incapacitated, as defined under current law, unless the person has a health care agent under a valid and properly activated power of attorney for health care under ch. [155](#), Stats., or a court appointed guardian under ch. [54](#), Stats., except for the admission of an incapacitated individual who does not have such a legal representative, and who is admitted directly from the hospital according to the provision of s. [50.06](#), Stats.



Admission Agreement

DHS 83.29

- Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge.
- A statement that the amount of the security deposit may not exceed one month's fees for services, if a security deposit is collected.
- Terms for holding and charging for a resident's room during a resident's temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency.
- Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.



Grievance Procedure

DHS 83.33

- Include name, address and phone number of advocacy groups
- Include name, address and phone number of department's regional office:
- http://dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm
- Establish a grievance procedure in accordance with s. DHS 94.40
- Assist residents with grievance procedures
- Coercion to discourage an individual from filing a grievance is prohibited
- Maintain a copy of any investigation



Rights of Residents

- Rights of residents living in CBRFs are specified in:
 - Chapter 50.09, Wisconsin Statutes
 - DHS 83.32(3)
 - DHS 94
 - Chapter 51.61, Wisconsin Statutes
 - Chapter 54, 55, 155 and 304, Wisconsin Statutes



Licensee Responsibilities

DHS 83.14

- Comply with all laws
- Report changes in client group, capacity or class to department
- Notify department within 7 days of an administrator change
- Ensure a copy of DHS 83 is available
- Not permit any condition creating a risk to residents' health, safety or welfare
- Ensure that the presence of other occupants does not adversely affect residents' health, safety or welfare



Administrator Qualifications

DHS 83.15

- Capacity to respond to needs of residents and manage the CBRF
- Must meet one of the following:
 - Associate degree or higher in a health care related field; or
 - Bachelor's degree in a field other than in health care and one year experience working in a health care related field; or
 - Bachelor's degree in a field other than in health care and successful completion of a department-approved assisted living administrator's training course; or
 - Minimum of 2 years experience in a health care related field and successful completion of a department-approved assisted living administrator's training course; or
 - A valid nursing home administrator's license

Information regarding a department approved administrator training course:
http://www.dhs.wisconsin.gov/rl_dsl/CBRF/asstdLvgyAdminTrg.htm



Staff Qualifications

DHS 83.16

- All employees must have the skills, education, experience and ability to fulfill the employee's job requirements
- Must be at least 18 years old



Staff Training DHS 83.20

- Standard Precautions
- Fire safety
- First Aid and choking
- Medication administration and management



Staff Training DHS 83.21

- Resident Rights
- Client Group
- Recognizing, Preventing, Managing and Responding to Challenging Behaviors



Staff Training DHS 83.22

- Assessment of Residents
- Individual Service Plan Development
- Provision of Personal Care
- Dietary Training



Admission Procedures

DHS 83.28

- Assessment of resident prior to admission
- Provide written information regarding services available and charges for those services
- Provide admission agreement
- Health screening for communicable disease, including tuberculosis
- Develop temporary service plan
- Explain resident rights, house rules and grievance procedure
- Advanced directive determination



Resident Assessment DHS 83.35

- Completed prior to admission, when there is a change in needs, abilities and condition, and at least annually
- Must include all of the following areas:
 - Physical health
 - Medications
 - Presence and intensity of pain
 - Nursing procedures
 - Mental and emotional health
 - Behavior patterns
 - Risks, including choking, falling and elopement
 - Capacity for self-care
 - Capacity for self-direction
 - Social Participation
- Based on the current diagnostic, medical and social history
- Face-to-face interview with the person and family members
- Written report of the assessment retained in the resident's record



Individual Service Plan

DHS 83.35

- Temporary service plan must be developed on admission
- ISP must be developed within 30 days based on the assessment
- Must include all of the following:
 - Resident's needs and desired outcomes
 - Program services, frequency and approaches
 - Measurable goals with specific time limits for attainment
 - Specified methods for delivering needed care and who is responsible
- Developed with participation by the resident, resident's guardian or designated representative, placing agency and service coordinator
- Dated and signed by the resident or designated representative
- Reviewed annually and with any significant change in the resident's condition or preferences
- Resident care staff shall have continual access to the ISP



DHS 83.31 (4)b Involuntary Discharge

Reasons for involuntary discharge. The CBRF may not involuntarily discharge a resident except for any of the following reasons:

1. Nonpayment of charges, following reasonable opportunity to pay.
2. Care is required that is beyond the CBRF's license classification.
3. Care is required that is inconsistent with the CBRF's program statement and beyond that which the CBRF is required to provide under the terms of the admission agreement and this chapter.
4. Medical care is required that the CBRF cannot provide.
5. There is imminent risk of serious harm to the health or safety of the resident, other residents or employees, as documented in the resident's record.
6. As provided under s. [50.03 \(5m\)](#), Stats.
7. As otherwise permitted by law



Bedroom Sizes DHS 83.54 (4)

- In existing class AA and class CA CBRFs, single occupancy bedrooms shall have a minimum of 80 square feet per resident and 60 square feet per resident in multiple occupancy bedrooms. Minimum square footage shall be calculated exclusive of toilet rooms and closets.
- In existing class AS, class CS, class ANA and class CNA CBRFs, and all newly constructed CBRFs, single occupancy bedrooms shall have a minimum of 100 square feet per resident and 80 square feet per resident in multiple occupancy bedrooms. Minimum square footage shall be calculated exclusive of toilet rooms and closets.
- A bedroom shared by residents who require different classes of licensure shall meet the highest applicable square footage required for all residents sharing the bedroom.
- BASEMENT BEDROOMS. Basement bedrooms shall have at least 2 means of exiting that provide unobstructed egress to the outside or grade level. Windows in the basement shall not be considered exits.



Common Dining/Living Space

DHS 83.52

- The minimum common dining and living space shall be 60 square feet per ambulatory or semi-ambulatory resident or other occupant, and 90 square feet per non-ambulatory resident or other occupant.
- Egress paths through common-use areas may not be counted in the common space calculation.
- Common dining space shall be large enough to accommodate all residents in no more than 2 shifts.
- ACCESS. Common dining and living space shall be internally accessible to all residents.



Exiting DHS 83.59

- EXITS. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before April 1, 2009, with no more than 2 habitable floors may have one exit from the second floor.
- DHS 83.59(1)(a) Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade.



Fire Protection System

DHS 83.48

INTERCONNECTED SMOKE AND HEAT DETECTION SYSTEM.

- The CBRF shall have an interconnected smoke detection system pursuant to s. 50.035 (2), Stats., and shall have an interconnected heat detection system to protect the entire CBRF so that if any detector is activated, an alarm audible throughout the building will be triggered.
- Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer's recommendation. Smoke detectors powered by the CBRF's electrical system shall be tested by CBRF personnel according to manufacturer's recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system.



Fire Protection System

DHS 83.48

- A complete NFPA 13D residential sprinkler system shall be used in a CBRF licensed for 16 or fewer residents only when each room or compartment in the CBRF requires no more than 2 sprinkler heads. When an NFPA 13D sprinkler system is used it shall have a 30-minute water supply for at least 2 sprinkler heads. Entrance foyers shall have sprinklers. The department may determine an NFPA 13R residential sprinkler system shall be installed in a CBRF with one or more rooms or compartments having an unusually high ceiling, a vaulted ceiling, a ceiling with exposed beams or other design or construction features that inhibit proper water discharge when the square footage of each room or compartment in the CBRF would ordinarily allow an NFPA 13D sprinkler system.
- A complete NFPA 13R residential sprinkler system shall be used in a CBRF licensed for 16 or fewer residents when one or more rooms or compartments in the CBRF require more than 2 sprinkler heads and not more than 4 sprinkler heads. A fire department connection is not required for an NFPA 13R sprinkler system.



Fire Protection System

DHS 83.48

- A complete NFPA 13 automatic sprinkler system shall be used in a CBRF licensed for more than 16 residents.
- All sprinkler systems under subds. 1. to 3. installed after January 1, 1997, shall be equipped with residential sprinkler heads in all bedrooms, apartments, all other habitable rooms and corridors.
- All large facilities initially licensed on or after January 1, 1997, shall be protected by a complete automatic sprinkler system, except a class AA CBRF that has an equivalent safety system approved by the department.
- All large facilities initially licensed before January 1, 1997, of non-fire resistive construction shall be protected by a complete automatic sprinkler system, except a class AA CBRF that has an equivalent safety system approved by the department.



Emergency Plan

DHS 83.47

Procedures for orderly evacuation or other department-approved response during an emergency or disaster. The plan shall include procedures for any resident who refuses to follow evacuation or emergency procedures.

- The CBRF's response to serious illness or accidents.
- Procedures to follow when a resident is missing.
- The CBRF's preparation for and response to severe weather including tornado and flooding.
- A route to dry land when the CBRF is located in a flood plain.
- Location of an emergency shelter for the residents.
- A means of transporting residents to the emergency shelter.
- How meals and medications will be provided to residents at the emergency shelter.



BAL Survey Principle

The Bureau developed a reasonable, efficient and consistent system of regulation, licensing and certification that effectively encourages compliance; maintains accountability; protects public health and safety; fosters quality of life; promotes provider responsibility; supports consumer awareness, responsibility and satisfaction; promotes consumer independence and choice, and protects vulnerable adults



Survey Process

- Unannounced
- Standard surveys (2 year cycle)
- Abbreviated surveys
 - No substantiated complaints
 - No enforcement x 3 years
 - Licensed at least 3 years
- Complaint investigations
- Verification Visits
- Initial Licensing
- Self-Report investigations



Key Code (Core Areas)

- Consumer Rights
- Provision of Services / Quality of Care
- Nutrition and Food Service
- Physical Environment & Safety
- Staff Training
- Medication Management



Bureau of Assisted Living

Assisted Living Survey Process

Off-site Review

Introduction

Tour of facility

Observation

Interviews (Consumer/Family/Staff)

Record review (Consumer/Staff)

Safety Code Review

Compliance-Technical Assistance

Exit Conference

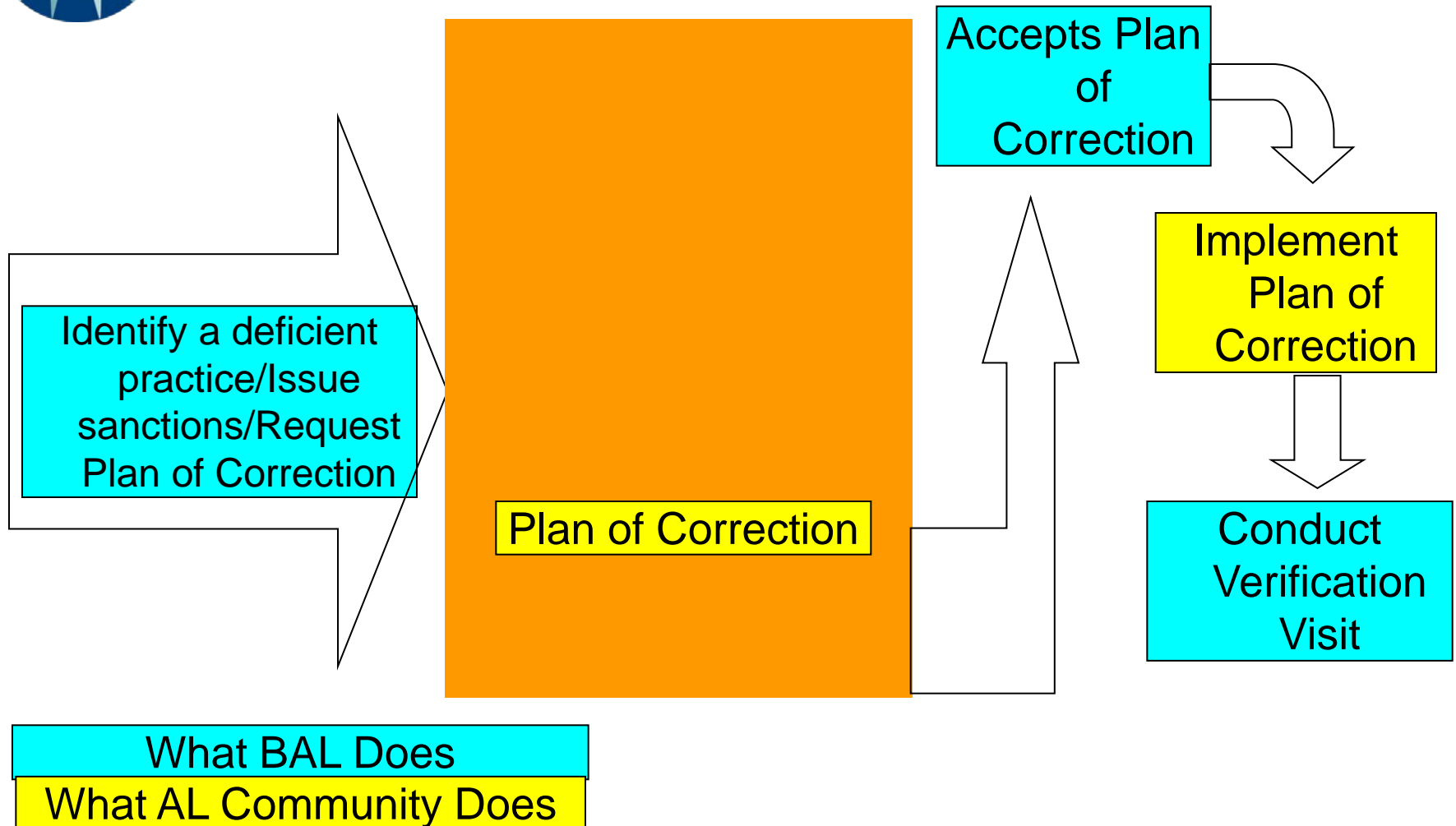
Survey Development

Internal Quality Assurance

SOD Delivery/POC Submission



Sample BAL Survey Process





Thank You

Wisconsin Division of Quality Assurance

The Division of Quality Assurance (DQA), is responsible for assuring the safety, welfare and health of persons using health and community care provider services in Wisconsin.

DQA - Working to Protect - Promote - Provide Quality in Wisconsin's Health Care Facilities

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