Setting a New Standard for Assisted Living Communities
Debbie Holzer is the clinical project director, Standards and Survey Methods, at The Joint Commission.

In this role she is responsible for developing standards for the Nursing Care Center and Assisted Living Community accreditation programs and the Memory Care, Post-Acute Care, Advanced Palliative Care, and Advanced Total Hip and Total Knee certification programs.
Assisted Living Community:

- Provides housing, meals, and a combination of supervision and personal care services
- Services may also include nursing care, dementia care, medication management, rehabilitation, and palliative care
- Care can be provided in freestanding communities, near or integrated with skilled nursing homes or hospitals, as components of continuing care retirement communities or life plan communities, or at independent housing complexes.
ALC Accreditation Program

Eligibility Requirements

- Is U.S.-based or is owned or operated by the US government.
- Must be operational and providing care
- Has satisfied state law or licensing requirements
- The organization assesses and improves the quality of its care, treatment, and/or services.
- Meets parameters for the minimum number of residents required:
  - For communities with up to 18 beds, it’s 3 residents served, with at least 2 active at the time of survey.
  - For communities with 19 beds or more, it’s 5 residents served, with at least 2 active at the time of survey.
Accreditation Standards

Relevant, Peer-Reviewed Standards

- Developed with consideration to scientific evidence and best practices, as well as state regulations and safety codes
- Constructed with panels of experts with experience in the assisted living community setting
- Extensive field review and input from providers and key stakeholders
- Focus on areas critical to quality, safety and resident experience
Standards Development
Concept Phase

CONCEPT
Law & Reg
Stakeholder Initiatives
Best Practices

EVIDENCE
Literature Review
Clinical Practice Guidelines

VALIDATE
Technical Advisory Panel
Learning Visits

DEVELOP
Draft Standards
Writer Review
Leadership Review

TEST
Field Review
Standards Review Panel
Pilot Test

PUBLISH
Manuals
E-dition

NOTIFICATION
Perspectives
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Surveyor Education
Q&A
Standards Development

Evidence Phase

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Topics Explored

- Scope of services
- Care oversight
- Assessment requirements
- Mental health screening
- Risk management
- Aging in place and end of life considerations
- Dementia care
- Medication management
- Quality improvement processes
- Staffing
- Infection Control
- Resident rights
# Standards Development

## TAP Members/Learning Visits

<table>
<thead>
<tr>
<th><strong>TAP Members</strong></th>
<th><strong>Learning Visits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Alzheimer’s Association</td>
<td>- Heritage Woods of Rockford, IL</td>
</tr>
<tr>
<td>- American Assisted Living Association</td>
<td>- Plymouth Place, LaGrange, IL</td>
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<tr>
<td>- Argentum</td>
<td>- Country Meadows Bethlehem, PA</td>
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<tr>
<td>- American Geriatrics Society</td>
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<tr>
<td>- American Seniors Housing Association</td>
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<tr>
<td>- Board of Pharmacy Specialists – Thomas Clark</td>
<td></td>
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<tr>
<td>- Center for Aging and Health</td>
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<tr>
<td>- Center for Disease Control and Prevention</td>
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<tr>
<td>- The John A. Hartford Foundation</td>
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<tr>
<td>- Leading Age</td>
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<tr>
<td>- National Association of State Long-Term Care Ombudsman Programs</td>
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<tr>
<td>- National Center for Assisted Living (NCAL)</td>
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<tr>
<td>- National Committee for the Prevention of Elder Abuse/The Elder Justice Coalition</td>
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<tr>
<td>- National Network of Career Nursing Assistants</td>
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<tr>
<td>- NCAL Award Recipients</td>
<td></td>
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<tr>
<td>- NCAL Jan Thayer Pioneer Award</td>
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<tr>
<td>- Pioneer Network</td>
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</tr>
<tr>
<td>- The Society for Post-Acute and Long-Term Care (AMDA)</td>
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</tr>
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</table>
Standards Development

Develop Phase

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Test Phase

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Q&A
Survey Method Pilot Tests

Purpose

− Critically evaluate standards application
  − Observation
  − Interviews
  − Record review
− Determine relevance of evaluation activities
− Determine resources and time requirements
− Joint Commission staff
  − Department of Standards and Survey Methods
  − Accreditation and Certification Operations
Survey Method Pilot Tests

Onsite Activities

- Individual Tracer Activity
  - The residents’ experiences with care and services
  - Resident interview
  - Resident record review

- Competence Assessment
  - Evaluate the knowledge, skills, and abilities of staff
  - Based on the resident population
Survey Method Pilot Tests

Onsite Activities

− Leadership and Data Use
  − Leadership responsibility and accountability
  − Use of data to evaluate ALC’s performance

− Dining and Nutritional Care Service
  − Meal assistance, food preparation, and kitchen sanitation

− Environment of Care and Emergency Management
  − Promote safe, functional, and supportive environment
  − Emergency Preparedness

− Life Safety Building Assessment
## Survey Method Pilot Tests

### ALC Pilots

<table>
<thead>
<tr>
<th>Pilot #1</th>
<th>Pilot #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lakewood Ranch, Fl</td>
<td>• Rice Lake, Wi</td>
</tr>
<tr>
<td>• Licensed Assisted Living</td>
<td>• Licensed Assisted Living</td>
</tr>
<tr>
<td>• Limited Nurse Service Certification</td>
<td>• 68 apartments</td>
</tr>
<tr>
<td>• 212 apartments</td>
<td>• 30 Memory care beds (mild to severe dementia)</td>
</tr>
<tr>
<td>• 40 Memory care beds (mild to severe dementia)</td>
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Notification Phase

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Accreditation Standards

Standards Chapters

Gain visibility into the focus areas of our standards and how they impact your daily care processes, residents and staff.

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety

- Medication Management
- National Patient Safety Goals
- Provision of Care
- Performance Improvement
- Record of Care
- Rights of individual
- Waived Testing
Manage risks regarding:

- Fires
- Hazardous materials and waste
- Medical equipment
- Utility systems
- Safety and Security
- Plan, Implement, Monitor and Improve
Emergency Management

Emergency Operations Plan:
- Hazard Vulnerability Analysis
- Communication
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities
- Resident Clinical and Support Activities
Accreditation Standards
Human Resources Chapter

Human Resources

- Qualifications
- Staffing
- Orientation
- Training and Education
- Competence
- Evaluation of Performance
Accreditation Standards
Infection Prevention and Control Chapter

Infection Prevention and Control

Planning:
- Resources
- Risks
- Goals
- Plan
- Influx

Implementation:
- Activities
- Medical Equipment, Devices & Supplies
- Transmission
- Health Care-Associated Infections

Evaluate and Improve
Accreditation Standards

Information Management Chapter

Information Management

- Managing Information
- Health Information
- Protecting Privacy
- Capturing, Storing, and Retrieving Data
- Knowledge-based Information
Accreditation Standards

Leadership Chapter

Leadership

- Leadership Structure
- Leadership Relationships
- Organization Culture and System Performance
  - Culture of Safety and Quality
  - Using Data
  - Organization-wide Planning
  - Communication
  - Performance Improvement
  - Staffing
  - Service/Process Design
  - Safety Program
- Operations
Accreditation Standards
Life Safety Chapter

Life Safety

- Administrative Activities
- Health Care Occupancy
  - Residential Board and Care Occupancy
    - Small Facilities (4-16)
    - Large Facilities (17 or more)
Accreditation Standards
Medication Management Chapter

Medication Management

- Planning
- Storage
- Ordering and Transcribing
- Preparing and Dispensing
- Administration
- Monitoring
- Evaluation
Accreditation Standards

National Patient Safety Goals (NPSG) Chapter

National Patient Safety Goals

- NPSG.01.01.01: Improve the Accuracy of Resident Identification
- NPSG.03.06.01: Improve the Safety of Using Medications
- NPSG.07.01.01: Reduce the Risk of Health Care-Association Infections
- And NPSG.09.02.01: Reduce the Risk of Resident Harm Resulting from Falls
Accreditation Standards
Provision of Care Chapter

Provision of Care

- Acceptance
- Assessment
- Plan of Care
- Providing Care
- Coordinating Care
- Transitions in Care
Accreditation Standards
Performance Improvement Chapter

Performance Improvement

- Data Collection
  - Medication Errors
  - Adverse Drug Reactions
  - Psychotropic Medication and Opioid Use
- Hospitalizations
- Resident’s Perception
- Data Analysis
- Performance Improvement
Accreditation Standards
Record of Care Chapter

Record of Care

- Clinical Record Components
- Care, Treatment, and Services
- Orders
- Move Out Information
Rights and Responsibilities of Individual

- Fundamental Human Rights
- The Right to Effective Communication
- The Right to Participate in Care Decisions
- The Right to Informed Consent
- The Right to Participate in End-of-Life Decisions
- Resident Responsibilities
Accreditation Standards
Waived Testing Chapter

Waived Testing??

IT'S A WAIVED TEST, NOT A WAVE TEST!!
Accreditation Standards

Waived Testing Chapter

Waived Testing

- Policies and Procedures
- Competency of Staff
- Performance of Quality Control Checks
- Recordkeeping
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Accreditation Standards

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Accreditation Requirements

- Accreditation Participation Requirements (APR)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)
- National Patient Safety Goals (NPSG)
- Provision of Care, Treatment, and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment, and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Waived Testing (WT)
## Accreditation Standards

### Accessing Electronic Manual

<table>
<thead>
<tr>
<th>Standard Label</th>
<th>Standard Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.01.01.01</td>
<td>The organization plans activities that minimize risks in the environment of care.</td>
</tr>
<tr>
<td>EC.02.01.01</td>
<td>The organization manages safety and security risks.</td>
</tr>
<tr>
<td>EC.02.01.03</td>
<td>The organization prohibits smoking except in specific circumstances.</td>
</tr>
<tr>
<td>EC.02.02.01</td>
<td>The organization manages risks related to hazardous materials and waste.</td>
</tr>
<tr>
<td>EC.02.03.01</td>
<td>The organization manages fire risks.</td>
</tr>
<tr>
<td>EC.02.03.03</td>
<td>The organization conducts fire drills.</td>
</tr>
<tr>
<td>EC.02.03.05</td>
<td>The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described in the elements of performance of this standard. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.</td>
</tr>
<tr>
<td>EC.02.04.01</td>
<td>The organization manages medical equipment risks.</td>
</tr>
<tr>
<td>EC.02.04.03</td>
<td>The organization inspects, tests, and maintains medical equipment.</td>
</tr>
<tr>
<td>EC.02.05.01</td>
<td>The organization manages risks associated with its utility systems.</td>
</tr>
<tr>
<td>EC.02.05.03</td>
<td>The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but have access to such documentation during survey and as needed.</td>
</tr>
<tr>
<td>EC.02.05.07</td>
<td>The organization inspects, tests, and maintains emergency power systems. Note: This standard does not require organizations to have the types of emergency power equipment described in the elements of performance of this standard. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.</td>
</tr>
<tr>
<td>EC.02.06.01</td>
<td>The organization establishes and maintains a safe, functional environment.</td>
</tr>
<tr>
<td>EC.02.06.03</td>
<td>The organization establishes and maintains a safe and functional dining environment.</td>
</tr>
<tr>
<td>EC.02.06.05</td>
<td>The organization manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.</td>
</tr>
<tr>
<td>EC.03.01.01</td>
<td>Staff are familiar with their roles and responsibilities relative to the environment of care.</td>
</tr>
<tr>
<td>EC.04.01.01</td>
<td>The organization collects information to monitor conditions in the environment.</td>
</tr>
<tr>
<td>EC.04.01.03</td>
<td>The organization analyzes identified environment of care issues.</td>
</tr>
<tr>
<td>EC.04.01.05</td>
<td>The organization improves its environment of care.</td>
</tr>
</tbody>
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### Accreditation Standards

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<table>
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<tr>
<th>Nbr</th>
<th>Elements of Performance (EPs)</th>
<th>CMS</th>
<th>New</th>
<th>FSA</th>
<th>DOC</th>
<th>ESP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>The organization has a written plan for providing a safe environment for everyone who enters the organization’s facilities. Note: Facilities include both leased and owned spaces.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ESP-1</td>
</tr>
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<td>5</td>
<td>The organization has a written plan for providing a secure environment for everyone who enters the organization’s facilities. Note: Facilities include both leased and owned spaces.</td>
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<td>The organization has a written plan for managing the following: Utility systems.</td>
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<td>The organization has visitation policies and protocols that contain guidance on the following:</td>
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<tr>
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<td>- Designated entrances and exits for visitors</td>
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<td>- Methods for informing visitors about infection control protocols including hand hygiene, respiratory hygiene/cough etiquette, face masking, and social distancing when appropriate</td>
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<td>- Criteria for instituting visitation restrictions for non-essential visitors and when restrictions will be lifted</td>
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</tr>
<tr>
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<td>- Provisions for remote communication when visitation restrictions are enforced</td>
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</tr>
<tr>
<td></td>
<td>- Posting signs at entrances instructing visitors of pertinent visitation policies</td>
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<tr>
<td></td>
<td>Note: For up-to-date information on the signs and symptoms of transmittable diseases, refer to the Centers for Disease Control and Prevention.</td>
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<td><strong>EC.01.01.01</strong></td>
<td>The organization plans activities that minimize risks in the environment of care.</td>
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#### Rationale for EC.01.01

Risks are inherent in the environment because of the types of care provided and the equipment and materials that are necessary to provide that care. The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur. By identifying one or more individuals to coordinate and manage risk assessment and reduction activities, and to intervene when

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  - Designated entrances and exits for visitors  
  - Methods for informing visitors about infection control protocols including hand hygiene, respiratory hygiene/cough etiquette, face masking, and social distancing when appropriate  
  - A method for tracking all personnel who provide resident care in the facility  
  - Criteria for instituting visitation restrictions for non-essential visitors and when restrictions will be lifted  
  - Provisions for remote communication when visitation restrictions are enforced  
  - Posting signs at entrances instructing visitors of pertinent visitation policies  
Note: For up-to-date information on the signs and symptoms of transmissible diseases, refer to the Centers for Disease Control and Prevention. |     |     |     | ESP-1 |
## Accreditation Standards

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| 4   | **The organization has a written plan for providing a safe environment for everyone who enters the organization’s facilities.**  
*Note: Facilities include both leased and owned spaces.* |
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- Methods for informing visitors about infection control protocols including hand hygiene, respiratory hygiene/cough etiquette, face masking, and social distancing when appropriate  
- A method for tracking all personnel who provide resident care in the facility  
- Criteria for instituting visitation restrictions for non-essential visitors and when restrictions will be lifted  
- Provisions for remote communication when visitation restrictions are enforced  
- Posting signs at entrances instructing visitors of pertinent visitation policies  
*Note: For up-to-date information on the signs and symptoms of transmittable diseases, refer to the Centers for Disease Control and Prevention.* |
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Please enter a search term or phrase and select filtering options below.

Note: Although the Service Profile is applied, the search results will not reflect the Service Profile selections.

Search for: administrator
Program: Hospital Ambulatory Assisted Living Community Behavioral Health and Human Services Critical Access Hospital Home Care Laboratory Nursing Care Center Office Based Surgery
Fields: Standards and Elements of Performance Glossary Rationale and Intros Overviews

Jump to: Glossary | Standards/EPs | Overviews

Glossary: Not searched

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Standards and Elements of Performance: 2 results

HL.02.01.04: The organization permits licensed independent practitioners to provide care, treatment, and services.
Program: Assisted Living Community
Chapter: Human Resources
Introduction: One of the most important and difficult responsibilities of an organization is deciding whether licensed independent practitioners are competent to provide safe, quality care to residents.

Verifying current licensure confirms that licensed independent practitioners are appropriately licensed to practice as required by state and/or federal law. Before permitting or continuing to permit licensed independent practitioners to provide care, treatment, and services, and at the time of licensure expiration, the organization documents required current licensure of a licensed independent practitioner using primary sources, if available (see the Glossary for a definition of primary source). HL.02.01.04 addresses the full process and HL.02.01.05 addresses the temporary process for permitting licensed independent practitioners to provide care, treatment, and services.
Rationale: N/A

Elements of Performance:
11. The licensed independent practitioner provides only those services that he or she has been permitted to perform.
14. The governing body designates, in writing, those licensed independent practitioners who it has determined can provide care, treatment, and services. Note: The governing body may delegate to the organization administrator or committee of two or more voting members of the governing body the authority to designate these individuals.
15. All licensed independent practitioners who provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.
16. At the time of licensure expiration, the organization documents the licensed independent practitioner’s current licensure and any disciplinary actions against the license available through the primary source.