

ments and limitations are itemized and defined by the Code of Virginia. The use of entrance fees by a CCRC forms a part of its financial statement each year, including any funds held in escrow (pursuant to the Code of Virginia).

All CCRCs in Virginia are required to register with the State Corporation Commission  and to submit their annual detailed disclosure and financial statements to the State Corporation Commission for review. Their financial statements must also be disseminated to the CCRC's residents as well as to prospective residents.

**Health Related Regulation** — CCRCs in Virginia are regulated by the Virginia Department of Health  and the Virginia Department of Social Services .

All facilities licensed as CCRCs are required to maintain compliance with the Code of Virginia. The Department of Health (nursing facilities) and the Department of Social Services place certain health regulations on various levels of health and medical care provided by CCRCs. These regulations must be met or exceeded by CCRCs.

Additionally, CCRCs are required to demonstrate that their services promote their residents' abilities to maintain the highest functional level. Meeting these criteria allows a CCRC to maintain its licensure and state and federal funding options. The two departments responsible for the regulations perform surveys throughout the year to make sure a facility is in compliance with applicable requirements.

- SEE ASSESSMENT OPTIONS
  - CONTINUING CARE RETIREMENT COMMUNITIES
    - CCRC CONTRACTS
    - CCRC ENTRANCE FEES
    - CCRC FINANCIAL ASSISTANCE
  - VHI LONG-TERM CARE PROVIDER DIRECTORY
  - VIRGINIA, CODE OF
    - CCRC DEFINED
  - VIRGINIA, STATE OF
    - HEALTH, DEPARTMENT OF
    - SOCIAL SERVICES, DEPARTMENT OF
    - STATE CORPORATION COMMISSION

## ASSISTED LIVING FACILITIES

Assisted living facilities  
can provide a warm, congenial lifestyle.

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When home health and community-based care, friends or family cannot fulfill the physical and emotional needs that provide seniors or persons with a disability a safe and productive lifestyle, an assisted living facility may be an appropriate solution. In an assisted living facility, general supervision of its residents as well as assistance with daily activities (such as bathing or dressing) is readily available. Assisted living facilities 🐾 provide varying levels of service options.

### **What Assisted Living Facilities are...**

The Code of Virginia broadly defines an assisted living facility as “...any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting...” 🐾

### **And what they are not:**

- Those facilities or portions of facilities that serve infirm or disabled children or adolescents.
- Those facilities dedicated to care only for persons that are related by blood or marriage. In other words, taking care of four elderly cousins doesn't qualify as an assisted living facility.
- Assisted living facilities are NOT licensed to receive entrance fees from applicants or residents.

## **LEVELS OF SERVICE**

There are many different types of facilities — from private homes to high-rise apartment complexes — within the classification of assisted living facility with two levels of service taking place within them.

**Residential Living** — Services provided at residential levels are intended to provide minimal assistance with ADLs or instrumental ADLs\* for adults who have only minor physical or mental limitations. Residents with residential living status may receive some assisted living services on a regular or on an as-needed basis.

**Assisted Living** — As defined in the Code of Virginia, this level of service in an assisted living facility provides moderate assistance to those who may need more help than those residents enjoying an independent lifestyle at residential living levels. Assisted living services are typically provided by aides and companions. Assisted living services may include assistance with ADLs, help with medications and assistance with the arrangements necessary when off-site medical services are needed.

## **MEALS**

Food service personnel prepare three primary daily meals — breakfast, lunch and dinner; and snacks are also served periodically during the day. Though meals and snacks are prepared to be served in a congregate dining room, when illness dictates, many assisted

\*An instrumental ADL — or IADL — is one that a resident needs to perform social functions such as meal preparation, housekeeping, laundry and money management.

living facilities will arrange for residents to be served in their rooms or in the infirmary. When off-site infirmaries are used, meals and snacks are handled by the off-site facility when the resident's standing agreement with the primary assisted living facility covers this contingency.

## **SOCIAL ACTIVITIES**

Assisted living facilities have various forms of social, recreational and religious activities. Volunteers as well as activity directors or coordinators plan group social opportunities, which include special holiday activities for the residents.

State regulations currently require that a certain number of hours each week be set aside for social activity. In addition to meal times, no less than one hour each day must be devoted to planned socialization, recreation or religious activity.

## **FACILITY AMENITIES**

Many assisted living facilities have on-site facilities that allow residents to take care of personal business. Some facilities may include services such as a small grocery or drug store, laundry/dry cleaner, beauty/barber shops and a small branch bank. Additionally, the following services and facilities are usually included as standard amenity services in the monthly fee. Some or all of these services and facilities may be added to the monthly payment as stipulated in the contract:

- Housekeeping services and/or some laundry services;
- Group and/or individual transportation services

- All facility maintenance and grounds keeping;
- Most utilities (phone responsibility of residents);
- Security services

## **ADMISSION ASSESSMENT**

To provide the best service and appropriate level of care to the individual resident as well as prepare programs that contribute positively to the overall well-being of an assisted living facility's population, it is important for each facility to have a thorough understanding of each resident's physical and emotional needs. Therefore, as with other long-term care services and facilities, assisted living facilities require that an assessment be conducted prior to admission as part of the admission process. The assessment is reviewed and a reassessment is performed at least once a year and whenever there is a significant change in the resident's condition.

Homes that accept non-ambulatory residents are required to meet special building code requirements. Depending on a facility's compliance levels under the Uniform Statewide Building Code, assisted living facility residents may be:

- ambulatory — in response to an emergency physically and mentally capable of exiting the facility without assistance;
- non-ambulatory — unable to exit the facility in an emergency without the assistance of another person.

When a resident is admitted from an institution for people with developmental disabilities or mental illnesses, an agreement between the assisted living

facility and the local community services board, a state mental health clinic or a private facility or physician for the provision of appropriate services is required.

## **STAFFING**

In a small assisted living facility, staff members may do double duty, filling several roles depending on need; in large complexes, staffing may be quite extensive. Regardless of size, five critical areas must be adequately staffed to meet state requirements:

- administrators who are responsible for the management of the home;
- aides and companions who assist the residents with daily activities;
- maintenance and housekeeping staff;
- food service personnel; and
- activities planners and facilitators.

## **RIGHTS AND RESPONSIBILITIES OF RESIDENTS**

We encourage you to review the Rights and Responsibilities document for assisted living facilities. It is part of the Code of Virginia. Facilities must make a copy available in an easily accessible place for review. The facility must also make its policies and procedures for implementing the Rights and Responsibilities available and accessible to the general public as well as residents, relatives and agencies. Read about your rights and responsibilities in this guide 🗝️, then compare it to the assisted living facility's version.

## **A FAST-GROWING, POPULAR OPTION**

Affordability, coupled with the congenial, settled residential character of the facilities have boosted

the popularity of assisted living facilities. Assisted living facilities offer a less-restrictive environment for individuals who need some assistance but do not need the level of care offered by a nursing facility.

Nursing facilities 🐾 by name can be attributed to the fact that they are all dependent on nurses and aides for almost all day-to-day medically-related patient services. That's how they are today and, in fact, — except for licensing requirements — that's exactly how nursing facilities were operated when they began. Nursing facilities were called nursing homes until Medicare and Medicaid brought about radical changes in these facilities' operational standards.

- 🐾 SEE ASSISTED LIVING FACILITIES
  - ASSISTED LIVING FACILITY CHECKLIST
  - VHI LONG-TERM CARE PROVIDER DIRECTORY
  - VIRGINIA, CODE OF
    - ASSISTED LIVING FACILITIES
  - VIRGINIA, STATE OF
    - SOCIAL SERVICES, DEPARTMENT OF





## NURSING FACILITIES AND SKILLED NURSING FACILITIES

With their 100-year-old history, nursing homes — now called nursing facilities and skilled nursing facilities — are one of the most recognized long-term care providers.

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### A QUICK LOOK BACK

Nursing homes were started by a physician in France in 1881. They created little impact in the U.S. until the early 1900s when the Nurses Act of 1919 stipulated new licensing parameters for nurses. America's nursing associations expanded these licensing boundaries by detailing the capabilities level — the education necessary plus the responsibility and accountability that came with it — for carrying out a physician's orders over an extended period of time.

With the advancements in the professional recognition of nurses' capabilities, the door was opened to the development of places specific to around-the-clock nursing care and day-to-day medical care for the ill and disabled. Nurses could now take care of their patients under the orders of — but not constantly watchful eye of — a physician.

Building on this beginning, the National League for Nursing introduced the accreditation of nurses' educational programs. It was this growth of the professional credentialing of the nursing profession and the early findings of geriatric physician specialists and other medical professionals that came together

to form the foundation for what we know today as nursing facilities.

### **WHEN A NURSING FACILITY IS APPROPRIATE**

For the purposes of this guide and in general consumer usage, all 24-hour licensed nursing facilities are considered skilled care facilities. However, the federal government refers to:

- non-Medicare-certified facilities as nursing facilities and to;
- Medicare-certified facilities as skilled nursing facilities or SNFs (Medicare and Medicaid 🗳️).

The Virginia Department of Health recognizes those facilities that do not participate in Medicaid or Medicare as non-participating facilities.

Unless otherwise noted, this section focuses on licensed nursing facilities.

Most nursing facility admissions — more than 70% of them — come as the result of an acute care hospitalization for injury or illness.

Nursing facility care may be needed to:

- continue the recovery process;
- provide hospice services for the terminally ill;
- facilitate rehabilitation; or
- maintain nursing care for a chronic set of medical needs.

Nursing facilities are to be considered when:

- the required period of care is longer than acute care facilities provide;

- alternatives to institutional care are not sufficient for proper medical care;
- 24-hour licensed/registered nursing care is medically necessary; and/or
- short-term or long-term rehabilitative services for injured, disabled or ill persons are needed.

An entire facility or portion of a facility can be licensed as a nursing facility. For example, continuing care retirement communities offer skilled nursing facility services for their residents. Those services can be fulfilled in a special section of their CCRC or in a special section of a hospital that provides long-term care services under contract to the CCRC. Hospitals may also provide skilled nursing care in a long-term care unit — LTCU.

Whether a nursing facility admission follows hospitalization or is the result of a determination by medical professionals that full-time nursing care must be provided, the first requirement for entrance is the admission assessment.

## **NURSING FACILITY ASSESSMENTS**

By law, except for a clinical (medical) debilitation, nursing facilities are responsible for preventing a patient's condition and abilities from diminishing. To uphold this commitment, periodic reassessments are necessary to provide any "then and now" changes that might take place.

Therefore, all licensed nursing facilities must conduct and complete a comprehensive assessment of each

resident within 14 days of admission. A significant change in the resident's condition requires additional assessments and care plan changes.

The medical and functional portions of the assessment form the foundation for the resident's care plan.

A physician must write all orders for the resident's care including orders for:

- medications;
- diet;
- treatments; and
- any changes to standing medical orders.

The facility's administrator or designated supervisor must review and approve all care plan changes before they can be instituted.

## **STAFFING**

A nursing facility is required to maintain interdisciplinary staffing at several levels including:

- licensed nursing facility administrator;
- physician medical directors as well as directors of nursing services;
- nurses trained to provide skilled nursing care; and
- social workers and activities directors.

They are also required to staff or have as consultants:

- a pharmacist;
- therapists that may include physical, occupational and speech therapists;
- food service personnel including a dietary supervisor (minimally a consulting dietician); and
- an interdisciplinary assessment and assurance committee.

And, like hospitals they never close. Service is continuous — 24 hours a day, 365 days a year with trained, licensed nursing staff always present.

## **NURSING CARE**

Today's nursing facilities provide a mix of training levels in their nursing staffs. This allows patient care needs to be matched to the most appropriate levels of training.

However, to be licensed in Virginia:

- a nursing facility must provide around-the-clock licensed nursing care; and
- a Registered Nurse (RN) must be on duty for at least one eight-hour shift of every day, seven days a week.

Licensed nursing care is nursing care provided by any of the following state licensed nursing levels:

- Licensed Practical Nurse — LPN;
- Registered Nurse — RN;
- Clinical Nurse Specialist — CNS/is also registered;
- Registered Nurse Practitioner — RNP.

Skilled nursing care (for example, a Medicare-certified SNF) is appropriate for those whose day-to-day condition is not acute or chronic but who still need 24-hour nursing services. When acute episodes require treatment and care, the nursing facility, with a physician's orders, will move the patient to an acute care hospital.

Certified Nurse Aides provide basic services but are not licensed or registered (degreed) nurses. However, in Virginia, CNAs must:

- complete a certified 120-hour training program;
- pass a competency test within four months of being hired to work in a licensed nursing facility; and
- be registered with the Virginia Nurse Aide Registry.

CNAs may provide assistance with Activities of Daily Living — ADLs:

- bathing, dressing and eating;
- toileting, transferring and bowel/bladder continence

and assistance with Instrumental ADLs (IADLs)

- changing linens or performing other housekeeping duties;
- laundry and meal preparation.

## **PHYSICIAN CARE AND ATTENDANCE**

Even though a nursing facility runs to a physician's orders, nursing facility licensing in Virginia requires that each resident be seen by a physician at least once every 30 days for the first 90 days of care. Thereafter, a physician visit is required every 60 days. In a Medicare-certified skilled nursing facility, physician visits are required upon admission — no later than the 14th day — and every 30 days thereafter. Interim physician visits in both nursing and skilled nursing facilities would be driven by residents' needs.

If you need to see your own physician on a more regular basis and/or it is medically necessary, this is your right but the request should go through

appropriate channels at the facility in which you are receiving care.

## **SOCIALIZATION**

Many nursing facility residents enjoy social activities and the nursing facility is responsible for supplying various levels of social activity that meet the capabilities of all patients. Community agencies also provide out-of-home activities for those who are able. Activities in and out of the home can include:

- social;
- recreational;
- intellectual and;
- religious activities and may even include;
- opportunities for volunteer service.

**Summing Up** — Virginia has many nursing facilities that provide much needed services. Statewide monitoring and consumer response systems have been put in place to ensure that good service and quality care continue.

- Long-term care ombudsmen 🐾 who can help with special patient and family concerns and issues are becoming more plentiful.
- Nursing facilities' compliance with state and federal licensing and certification measures continue to be reviewed and enforced by Virginia authorities.
- Many nursing facilities participate in voluntary accreditation organizations 🐾.
- And, federal guidelines have been strengthened and enforcement improved.

If you are a family member who is responsible for making a nursing facility decision for a member of your family, there are things you can do that can improve your comfort level with your final choice, enhance the overall satisfaction of your choice and improve the care your loved one receives.

A checklist 🗝 of these measures is provided in the resources section of this guide to help you.

- 🗝 SEE JOINT COMMISSION ON ACCREDITATION OF  
HEALTH CARE ORGANIZATIONS  
MEDICAID  
MEDICARE  
NURSING FACILITIES  
NURSING FACILITIES CHECKLIST  
OMBUDSMAN  
VHI LONG-TERM CARE PROVIDER DIRECTORY